

Your response

Question	Your response
<p>1. Do you agree with our proposed approach to the:</p> <ul style="list-style-type: none"> a) additional measure of informed consent set out in Practice 7.3; b) new Practice 7.15; and c) new Rule 2.17? <p>Please give reasons for your answer.</p>	<p>Additional measure of informed consent set out in Practice 7.3;</p> <p>The Society favours the concept of ‘valid’ consent (BPS Code of Human Research Ethics, 2014), on the basis that making a considered and balanced decision must be supported by having all information relevant to that decision and depends on reaching a reasoned judgement about the relative weights of benefits and harms, and the probabilities of these.</p> <p>Thus the additions to Practice to Follow 7.3 are in accord with the Society’s position on consent.</p> <p>Potential participants should be given adequate time to consider their decision, normally at least 24 hours.</p> <p>Where the production involves a ‘reveal’, potential participants should be informed during the consent process that this is an element of the production.</p> <p>A potential addition to the narrative supporting the proposed Practice would be to add reference to ensuring that potential participants do not hold unrealistic expectations of benefits and their probabilities. For example, participants in reality genre productions will have expectations of consequent ‘fame’, future contracts for advertising or modelling, increase in income, travel or other benefits and may expect these to be more probable and durable than is realistic.</p> <p>When a production is identified as high risk, opportunities should be created to seek renewal of consent as production proceeds and as participants gain a clearer picture of what participation involves and the impacts on them.</p>

The agreement with participants should be clear about the opportunities or lack of them to withdraw from the production and to ask for recorded material to not be included in the edit.

Where the availability of aftercare, if likely to be required, is part of the agreement with the participant, the nature and extent of this should be made clear. The post-broadcast contact with participants in such cases should be proactive and made by a person with the appropriate skills to determine how necessary aftercare is in the specific case.

There should be clarity regarding the nature, extent and limitations of aftercare opportunities, and these should be tailored to the nature of the production, the risk assessment, any psychological screening and support given prior to and during production, and individual vulnerabilities or unusual contextual circumstances that might lead to specific risks of harm associated with the broadcast(s).

Where there is a likelihood of broadcast repeats and sales of programmes to other distributors, this should be made clear to potential participants as part of the consent seeking process.

It should be recognised that the impacts of participation may extend beyond the participant to other persons, such as partners, family members, relations, colleagues and groups and communities, and organisations. A thorough risk assessment will consider such possibilities and identify any needs for consent by persons, groups or organisations other than the participant.

New Practice 7.15:

We do not support the apparent simplicity of labelling certain classes of persons as being 'vulnerable'. Vulnerability is a complex concept and it is important to recognize that it has two interacting components: the unique sensitivity and resilience profiles of individuals and the profiles of stressors and challenges in contexts.

Match or mismatch between these two profiles is what determines the risks and nature of potential harms. Recognising an individual's profile requires careful questioning and probing and appropriate professional skills which are most likely to be possessed by a psychologist or other mental health professional with appropriate experience, qualifications and registration with a professional body. This needs to be complemented with a competently conducted risk assessment of the proposed production to identify the specific stressors and challenges.

All participants are potentially vulnerable to psychosocial risk; vulnerable to foreseen or unforeseen events that can follow not just participation, but the broadcast itself. Exposure to risk that can impact on vulnerability is not located within a ring-fenced, impervious, time-limited system; it is more diffuse and nested within a system of systems. A prime example is the intimate connection between broadcasting and the complex and intricate networks of social media, news channels and legislation. Two of the significant risks to participation in television production are cyber-bullying and harassment and these can be precipitated post-broadcast by an ensuing second wave of on-line electronic-media attention and then a third wave of public attention via social media. To label a person as 'vulnerable' runs the risk of stigmatisation and disempowerment, and fails to recognise that persons with specific vulnerabilities may also have specific capacities for resilience (Brown, K., 2011). Some people in groups traditionally seen as potentially 'vulnerable' have strong objections to being labelled as such (Chambers, R., 1989).

We advocate the recognition that all potential participants will have vulnerabilities and for the proportionate assessment of risks in productions to be closely aligned with the parallel assessment of the presence of specific vulnerabilities in potential participants. Proportionality will recognise that greater attention needs to be paid to such assessments where productions contain challenging or stressful elements.

	<p>Concern has been expressed by psychologists working with productions on sensitive topics that the wellbeing of production staff should also be seen as a matter requiring consideration.</p> <p>New Rule 2.17</p> <p>Yes, the Society recognises that media production exists within the context of human society and has a potential for great influence. Accordingly, we advocate for accepting a shared collective duty for the welfare of all persons within the societies in which broadcasts take place and beyond them.</p>
<p>2. Do you agree with the proposed wording of the:</p> <p>a) additional measure of informed consent set out in Practice 7.3; b) new Practice 7.15; and c) new Rule 2.17?</p> <p>Please give reasons for your answer.</p>	<p>The Society agrees with the proposed wording of the additional measure of informed consent set out in Practice 7.3 and recommends that in guidance to be developed by Ofcom broadcasters are advised to ensure that potential participants' expectations of benefits from participation are not excessive or unrealistic.</p> <p>New Practice 7.15</p> <p>The Society does not agree with the proposed use of the term 'vulnerable people' for the reasons given in response to Question 1(b) above. We recommend a more nuanced wording that recognises individual profiles of vulnerability and resilience in all persons and the context-dependent nature of susceptibility to harms.</p> <p>The Society strongly endorses the wording and intention of the proposed new Rule 2.17.</p> <p>The Society also supports strongly the risk matrix as proposed in the consultation document.</p>

References

BPS Code of Human Research Ethics (2014)

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf>

Brown, K. (2011) 'Vulnerability': Handle with Care, *Ethics and Social Welfare*, 5:3, 313-321.

Chambers, R. (1989) 'Vulnerability, Coping and Policy', *Institute of Development Studies (IDS) Bulletin*, 37:4, pp. 33-40.