

Health & financial claims in programming

Audience attitudes to potential harm

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Ipsos UK



Warning: this report contains discussion of health and financial difficulties which some readers may find upsetting.

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Executive Summary

Ofcom commissioned Ipsos UK to conduct research to update its understanding of audience attitudes towards potential harm from health and financial claims in programming. This topic was last researched in 2017, and this new research refreshes the evidence base, considering shifts in the media landscape, including the influence of the COVID pandemic and the new regulatory framework for Video-on-Demand (VoD) services under the Media Act 2024. The findings will support Ofcom's enforcement of its standards codes.

The research adopted a qualitative approach, combining 17 online focus groups and 15 depth interviews to reach 107 participants from across all four UK nations. The sample included non-religious and non-practising participants, practising religious participants from specific faiths (Christian, Muslim, Hindu, and Sikh)¹, as well as individuals with physical or cognitive disabilities and those experiencing financial difficulties. Hypothetical scenarios were used to prompt participants' thinking and explore their attitudes towards potentially harmful health and financial claims in programming. Fieldwork was conducted between 23rd February and 24th March 2026.

When asked about harm, health and financial claims were not top of participants' minds.

Initially, when asked about harmful content, participants cited examples such as age-inappropriate material (sexual or violent), graphic violence, and content promoting hatred. They did not spontaneously identify health and financial claims as a concern. However, when prompted, they expressed concern about programming on dieting, which they felt could trigger eating disorders, and reality TV promoting unrealistic beauty standards.

Participants judged a claim's credibility, and its potential for harm, based on who makes the claim, how the claim is made, where it is broadcast, and who hears it.

Participants identified **four key factors** that could impact the credibility of a claim:

Who makes the claim: Participants stressed that a speaker's credentials were vital. They found claims more credible when made by professionals with clear, specialist qualifications. A speaker's perceived authority, built on a trusted track record, also increased credibility. Religious leaders were seen to hold significant influence and credibility within their communities, meaning claims could be particularly powerful for those audiences. Conversely, participants were sceptical of claims from celebrities or influencers, assuming a financial motive, and felt it was unacceptable for speakers with commercial interests not to disclose them.

¹ The choice of these religions for inclusion in the research reflects the services that Ofcom has issued broadcasting licences for.

How the claim is made: Participants viewed claims that named specific, serious, or chronic health conditions as potentially highly exploitative. They considered any guarantee of a specific outcome, especially using the word 'cure' or suggesting that alternative remedies could replace conventional medicine, to be dangerous and unacceptable. This concern extended to the use of religion to substantiate claims; participants across all groups found it unacceptable to monetise prayer and dangerous to misuse scripture or the concept of 'God's will' to discourage medical treatment. Although participants felt that people should be allowed to express their opinions and personal experiences, the appropriateness of broadcasting opinions on health was divisive. Participants also felt it was critical to provide clarity about potential risks, viewing the use of only positive testimonials as dangerously one-sided. Finally, they expected a clear distinction between fact and opinion and believed presenters had a duty to remain neutral and to challenge unsubstantiated claims, rather than endorse them.

Where the claim is broadcast: Participants' expectations of broadcasters varied significantly. They viewed Public Service Broadcasters (PSBs) as more credible due to a perceived duty to provide reliable, fact-checked content. More broadly, participants felt that claims broadcast on larger, more mainstream services could be particularly harmful because audiences were more likely to trust the content, encounter it, and because a larger audience meant more people could be exposed to potential harm. Participants expressed more scepticism of non-PSBs since they felt funders or advertisers may have more of an impact on decisions about what to broadcast. Opinion on religious channels was divided; some religious participants saw them as more trustworthy and felt that these channels would only broadcast claims that aligned with their religious beliefs, while others felt health and financial claims had no place there.

Who hears the claim: While participants generally felt they were not personally vulnerable, they agreed that anyone could be susceptible to potential harm from health and financial claims, depending on their circumstances. They consistently identified several groups at increased risk of harm, including: young people, who they saw as impressionable; parents, who might be influenced by claims about their children's health; older people, who they perceived as potentially more isolated and trusting of traditional media, such as linear TV and radio; and people with existing health conditions, disabilities, or financial difficulties, who might be desperate for solutions.

Views differed on balancing personal responsibility with broadcaster duty of care, but participants deemed some claims too risky to broadcast.

Participants expressed three main perspectives on responsibility: some felt audiences should fact-check claims themselves; others argued this responsibility only applies after broadcasters have disclosed all the risks; a third group felt that broadcasters have a duty of care and therefore should not broadcast certain claims and should heavily mitigate potential negative effects. Despite these different views, a consensus emerged that some claims were simply too harmful to be broadcast at all. This included any claims that monetise religion, guarantee specific outcomes, or promote high-risk financial schemes without disclosing the risks.

Participants thought that mitigations are necessary to reduce the potential for harm, with a preference for those that provide more information to audiences in relation to claims.

Overall, participants wanted broadcasters to be given clear guidance on what is and is not permitted, as well as consistent standards for applying mitigations. They felt this would help ensure broadcasters followed what they considered to be good practice principles. However, participants did not rate all mitigations equally, particularly valuing those that provided more information to help audiences make their own judgements:

- **The most effective mitigations** were seen as those that offered evidence, context and external perspectives. Participants identified these as: active challenges from presenters; providing counterbalance through debate; signposting to official sources (like the NHS); and full disclosure of a speaker's credentials and any conflicts of interest.
- **Moderately effective mitigations** included broadcasting responses from relevant experts to anchor claims in official advice, views from independent medics or financial advisers, and delivering timely, specific, and repeated warnings both verbally and/or visually.
- **The least effective mitigations** included generic visual warnings not shown at the point of a claim, and broadcasters not including purchase links.

Introduction

Background

Under the Communications Act 2003, Ofcom is required to draw up a Broadcasting Code ("the Code"), setting standards for the content of television and radio programmes, including in relation to harm and offence. The Code requires broadcasters to provide adequate protection for audiences from potentially harmful content. When considering whether a broadcaster has breached the Code, Ofcom must seek an appropriate balance between ensuring that audiences are adequately protected from potentially harmful material and the broadcaster's and the audience's right to freedom of expression as set out in Article 10 of the European Convention on Human Rights. It must also take account, where applicable, of the right to freedom of thought, conscience and religion (Article 9). Ofcom also takes account of context, for example the programme type, the service on which it is broadcast, time of broadcast, and audience expectations.

The Section of the Code most relevant to health and financial claims is Section Two: Harm and Offence. This section requires broadcasters to apply generally accepted standards to television and radio content to provide adequate protection for members of the public from the inclusion of harmful and/or offensive material.²

In addition, where the programme in question is a religious programme, Section Four of the Code (Religion) may be relevant. This requires for example that religious programmes do not involve any improper exploitation of any susceptibilities of the audience. Programmes including health or financial claims and advice may be broadcast, as long as broadcasters provide adequate protection for viewers or listeners from any potentially harmful content.³ Ofcom has previously investigated programmes making claims about medical conditions or offering solutions for financial problems, including content broadcast during the COVID pandemic and programmes on religious channels. Such claims may discourage audiences from seeking or following professional advice, lead them to stop treatment, promote potentially harmful alternatives, or contribute to financial exploitation or loss. Cultural norms and religious beliefs may further impact how audiences react to content, particularly where conventional medical advice conflicts with strongly held beliefs or the perceived authority of the person making the claim. Ofcom's Guidance says that health or financial claims "*could be especially harmful to people who are vulnerable, for example, those who are suffering from serious medical conditions, or are in serious financial difficulty, who may be more susceptible to these messages*".⁴

² The Broadcasting Code, Section 2: Harm and Offence.

³ Page 2, Guidance Notes, Section 2: Harm and Offence: Issue Twelve: 18 July 2017.

⁴ Page 2, Guidance Notes, Section 2: Harm and Offence: Issue Twelve: 18 July 2017.

Since Ofcom [last commissioned qualitative research on this topic](#) in 2017, the broadcasting landscape and wider context surrounding health and financial information have shifted considerably. For example, the COVID pandemic may have influenced how audiences interpret such content. The regulatory landscape is also evolving. While television and radio services have long been subject to the Broadcasting Code, Video-on-Demand (VoD) services have historically operated under a different regulatory framework. The Media Act 2024 introduced new responsibilities for the most watched VoD services ('Tier 1 Services'⁵), bringing audience protections on those services closer into line with those that already apply to linear broadcasting⁶. Ofcom [consulted on a draft Code](#) for Tier 1 Services earlier in 2026. Against this backdrop, Ofcom commissioned Ipsos UK to refresh the evidence base to update Ofcom's understanding of audience attitudes to potential harm from health and financial claims across linear TV, radio and VoD. This report sets out the findings from this research carried out in early 2026.

Research objectives

This research aims to update Ofcom's understanding of audience attitudes to content involving health and financial claims in programming, last explored qualitatively in 2017. The evidence is intended to provide an understanding of audience expectations of this type of content, in order to support Ofcom's enforcement of its standards codes.

There were three core objectives of the research:

- **Attitudes and perceptions** – to explore audience attitudes to health and financial claims made in general and in religious programming on linear TV, radio and VoD services, and the factors which shape the credibility of, and trust in, these claims.
- **Perceived harm and risk** – to explore audience views on the potential for harm from this content, including the extent to which, and the ways in which, it may present a risk of harm to audiences in general and to those who are more vulnerable, and the specific factors which may increase that risk.
- **Mitigation and protection** – to explore whether audiences think broadcasters can limit potential harm effectively, including the relative effectiveness of different forms of on-air

⁵ The threshold for Tier 1 Services is set out in full in the On-Demand Programme Services (Tier 1 services) Regulations 2026 which came into effect on 1 April 2026. Tier 1 Services are On-Demand Programme Services (ODPS)/ non-UK ODPS with over 500,000 average monthly UK viewers. The new rules will also apply to any ODPS used by Public Service Broadcasters to deliver their public service remit, with the exception of the BBC.

⁶ The Media Act created a new duty for Ofcom to prepare and publish a content standards Code for Tier 1 Services. This duty is at section 368HF of the Communications Act 2003. In addition, all On-Demand Programme Services (ODPS) in the UK must follow the [On-Demand Programme Service Rules](#). ODPS is defined at section 368A of the Communications Act 2003 including jurisdictional criteria, which require that the service has its head office in the UK and editorial decisions about the service are taken in the UK. These ODPS rules reflect statutory duties that will continue to apply to all ODPS, including Tier 1 services.

information and messaging, and how audiences view the balance between protecting viewers and listeners and respecting freedom of expression and religion.

Methodology

Research design

A qualitative approach was adopted to allow for an in-depth exploration of audience attitudes towards health and financial claims in programming. The design combined focus groups with depth interviews supported by a short online follow-up activity completed after the focus groups, to capture reflections on the issues explored.

Focus groups were conducted online to enable participation from audiences across the UK and to support accessibility. Depth interviews were offered to participants with physical or cognitive disabilities, or those experiencing financial difficulties, in a mixed-mode format (face-to-face, online or telephone), with participants choosing the setting in which they felt most comfortable. The depth interviews were conducted one-to-one with the interviewer, but participants were advised beforehand that they could have someone in the interview with them, such as a trusted carer or friend.

Given the qualitative nature of the study, the sample was designed to be purposive rather than representative of the wider UK population or of any specific faith group. The sample size and composition were designed to capture a broad range of perspectives across the audiences of interest. As fieldwork progressed, recurring patterns and themes emerged, and this coupled with the strong sampling approach provided confidence that the themes emerging from this research would be echoed in the wider audience population, even if the granularity of views differs.

Fieldwork

A total of 107 participants took part in the research. Fieldwork was conducted between 23rd February and 24th March 2026, preceded by a pilot phase in January 2026. Participants were recruited from across the UK.

Across the sample, recruitment ensured a mix of UK nations/regions, religions, age, gender, socio-economic group, ethnicity, household composition, attitudes towards freedom of expression, and consumption of linear television, radio and VoD services.

Table 1: Overview of sample

	Number of sessions	Participants	Audience
Online focus groups	9 (including 1 pilot)	48	Non-religious or non-practising participants split by UK nation/region
Online focus groups – religious	8	44	Practising Muslim, Christian, Hindu and Sikh participants ⁷
Depth interviews	15 (including 3 pilot interviews)	15	Participants with cognitive disabilities, physical disabilities, or experiencing financial difficulties
Total	32	107	

Further sample information is included in Annex A of this report.

Focus groups lasted up to two hours, while depth interviews lasted up to one hour.

Use of stimulus within the research

To explore audience attitudes towards potentially harmful health and financial claims in programming, participants were shown a series of hypothetical scenarios throughout the research.

A total of 13 scenarios were used in the study, covering a range of health and financial claims, some in a religious context, across linear television, radio and VoD services. The scenarios provided a consistent basis for discussion and enabled participants to consider a range of factors that may influence perceptions of credibility, vulnerability and potential harm. The scenarios were distributed across the groups and depth interviews to ensure a range of views were collected. Religious scenarios were included across groups and interviews but were explored in greater depth in the religious groups, who were considered more likely to engage with programmes containing these types of claims.

Participants were first asked for their immediate reactions to a scenario before the facilitator or interviewer explored their views in more detail using a series of probes, pre-agreed with Ofcom. Discussions focused on perceptions of harm, audience vulnerability, broadcaster responsibility and the potential effectiveness of different protections or mitigations.

⁷ The choice of these religions for inclusion in the research reflects the religious services that Ofcom has issued broadcasting licences for.

Where relevant, participants' responses to specific scenarios have been pulled out throughout the report to illustrate key findings. These responses have been selected as they exemplify the points made.

An overview of the scenarios used in the research is given in Table 2 overleaf and an example discussion guide is included in Annex C of this report.

Table 2: Overview of hypothetical scenarios used in the research

General Scenarios	
Scenario 1 – Child vaccines	
Content	Shown to
Imagine this hypothetical scenario During a live mid-morning weekday chat show on a major, trusted TV channel, a well-known parenting influencer with a large social media following – who has previously trained as a nurse – is interviewed one-to-one about making health decisions for children. Unprompted, the guest warns parents about the dangers of vaccination for small children, sharing a personal story about their own toddler and urging parents to think twice. The presenter steps in to say that this was the guest's personal experience and adds that official NHS guidance for parents and carers is that routine childhood vaccines are safe and recommended. 	Focus groups: 1. North East England (pilot) 2. London/South East 3. West Midlands 4. Northern Scotland 5. Wales group 2 6. Christian men Interviews: 3
Scenario 2 – Cryptocurrency	
Content	Shown to
Imagine this hypothetical scenario  A mid-morning local radio show that features interviews, reports, music and news, opens the phonelines for a segment on 'getting your finances in order'. This segment includes a panel of investment advisors. During a live phone-in, one of the panel members says they moved money from a workplace pension into a named, unregulated cryptocurrency scheme and "saw far better returns". They read out the scheme's website and contact details. No risks are mentioned, and the presenter thanks the panel member and moves on to the next call.	Focus groups: 1. North East England (pilot) 2. London/South East 3. South West England 4. West Midlands 5. Scottish Borders 6. Christian women Interviews: 5
Scenario 3 – Prescription drugs	
Content	Shown to
Imagine this hypothetical scenario On a lunchtime national current affairs programme on a national radio station, an interviewee introduced as a 'health policy expert' argues that large pharmaceutical companies 'routinely act in ways that harm public health'. The presenter sounds sceptical but does not directly challenge their specific claims. The guest then names a particular prescription drug for a named condition and asserts it 'causes memory loss', despite there being no established scientific evidence for that claim. The interview ends without correction or response from any of the pharmaceutical companies they referred to. 	Focus groups: 1. London/South East 2. South West England 3. Wales 4. Scottish Borders 5. Christian women 6. Sikh men Interviews: 5

Scenario 4 – Wellness	
Content	Shown to
Imagine this hypothetical scenario  A health and fitness segment on a main broadcast TV channel's weekend show is presented by a 'health and fitness guru'. The presenter, who has no medical qualifications, takes viewer calls about 'natural ways to stay well'. They recommend specific herbal remedies and supplement bundles from their own health food shop, including to callers describing serious respiratory symptoms and a history of cancer. A guest on the show laughs, "well, picking up supplements is quicker than getting an NHS appointment", and the segment ends with the presenter promoting their shop's hotline.	Focus groups: 1. South West England 2. West Midlands 3. Northern Ireland 4. Wales group 2 5. Sikh women Interviews: 4
Scenario 5 – COVID vaccine	
Content	Shown to
Imagine this hypothetical scenario A full-length documentary on a streaming service tells the story of the global race to develop COVID-19 vaccines. Midway through, an interviewee from a company supplying personal protective equipment to hospitals is critical of mass vaccination, saying it "would have made commercial sense" for companies to overlook potential side-effects to beat competitors, adding that the "true cost" of the vaccine may not be known for generations. The documentary features some people who argue against this point, but the claims are shown without fact-checking. A general list of sources appears only in the end credits. 	Focus groups: 1. North East England (pilot) 2. Northern Ireland 3. Wales 4. Scottish Borders 5. Muslim men Interviews: 4
Scenario 6 – Natural remedies	
Content	Shown to
Imagine this hypothetical scenario  On a health and wellbeing focused TV channel with a small daytime audience, a weekday series runs a mid-morning 'natural remedies' segment. The presenter claims one particular remedy can treat specific medical conditions. Wearing a white lab coat and introduced on-screen as a medical practitioner, the presenter describes 'scientific' mechanisms, states their elderly mother used the product and was 'cured of her arthritis with no side-effects', and reads multiple testimonials of resolved symptoms. A link to purchase the product appears on the screen throughout the programme.	Focus groups: 1. London/South East 2. Northern Scotland 3. Wales group 2 4. Muslim women Interviews: 5

Scenario 7 – Credit cards

Content

Imagine this hypothetical scenario

At 8:45am, a popular breakfast programme on a well-known TV channel runs a 'Back-to-school budgeting hacks' slot. A regular guest, described as a 'consumer expert' shows how to spread the cost of uniforms and tech using credit cards.

The guest says, "Why pay for them this month, when you can make your pay cheque go further by using credit cards?" and suggests making use of multiple credit cards for food shopping and energy bills as well.

The presenter praises it as a "smart way to manage cashflow" and moves on with the programme.



Shown to

Focus groups:

1. North East England (pilot)
2. Northern Ireland
3. Wales
4. Northern Scotland
5. Wales group 2
6. Muslim women
7. Hindu men

Interviews: 5

Scenario 8 – Measles vaccine

Content

Imagine this hypothetical scenario



A weekday lunchtime show on a local radio station runs a live health segment about a recent rise in measles, for which a vaccine is available.

A guest is introduced as a UK-qualified medical practitioner. After a brief note that the content is "for information only and not a substitute for seeing your GP", the guest explains their view that the illness is spreading because of 5G mobile phone masts, saying the signals "weaken the immune system" – a claim that goes against established medical opinion. They also say the vaccine is being pushed to make money for drug companies and that it is dangerous to take it.

The presenter asks whether this sounds like a conspiracy theory; the guest rejects it and reads out a few lines of what they say is "scientific evidence" and the interview ends.

Shown to

Focus groups:

1. London/South East
2. South West England
3. Northern Ireland
4. Northern Scotland
5. Hindu men
6. Hindu women

Interviews: 3

Scenarios in a religious context

Scenario 9 – Prayer

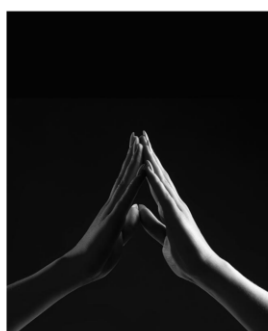
Content

Imagine this hypothetical scenario

A dedicated religious TV channel broadcasts a live service from a large worship venue.

Midway through a blessing, the religious leader invites viewers to donate to them, and says that those who donate will "receive a personal prayer" and can expect "healing in your body" and "financial breakthroughs" in the weeks ahead.

A donation banner stays on screen throughout with a phone number, a website and text that says, "Give now to receive your prayer".

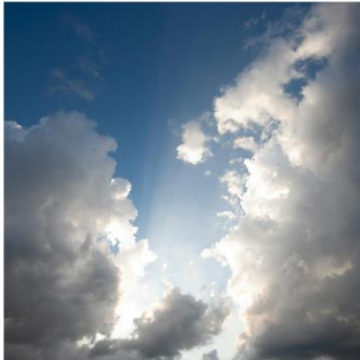


Shown to

Focus groups:

1. North East England (pilot)
2. Northern Scotland
3. Wales group 2
4. Christian men
5. Sikh women
6. Muslim men
7. Muslim women

Interviews: 3

Scenario 10 – Astrology	
Content	Shown to
Imagine this hypothetical scenario  A local radio station airs a live 'Spiritual hour' on Saturday mornings, in which the station host introduces regularly rotating guests. In this particular show, a guest astrologer is introduced to take listener calls (which cost callers money) to give on-air readings. The station's host says, "network charges apply" and encourages people to "get your life back on track today". During readings, the guest astrologer gives specific advice, including telling one caller that a long-term medical condition could be "controlled" by wearing a particular crystal, and advising another that a certain stone can "attract money" and help them "clear debts quickly". At the end of the show, the station's host says, "This programme is for entertainment purposes only; seek professional advice for health or financial matters."	Focus groups: 1. West Midlands 2. Christian men 3. Christian women 4. Sikh men 5. Muslim women 6. Hindu men 7. Hindu women Interviews: 2
Scenario 11 – Objects of faith	
Content	Shown to
Imagine this hypothetical scenario A weekly chat-style show on a mainstream streaming service features a segment called "Objects of Faith". A visiting religious leader displays a set of medals, saying they have been blessed and will "protect you from harm of all kinds – illness, accidents, and money troubles". The host reads a few viewer testimonials about people who "avoided serious illness" and "found unexpected financial relief" after wearing the medals. A link to buy the medals appears on screen. The full episode is available on demand with the purchase link in the description. 	Focus groups: 1. London/South East 2. Northern Ireland 3. Christian women 4. Sikh men 5. Muslim men 6. Hindu women Interviews: 3
Scenario 12 – Spiritual health	
Content	Shown to
Imagine this hypothetical scenario  A weekly faith talk show on a dedicated religious TV streaming service features an episode on "Life choices and faith". The presenter, a well-known religious leader, expresses the view that God regards all people as equal and does not differentiate between them. He states that spiritual separation from God occurs only when individuals reject the idea that God's will is absolute. The presenter refers to scripture to support this interpretation. The presenter then shifts the conversation towards health, stating that individuals should accept whatever God intends for them. He suggests that this includes not participating in health screening / vaccination programmes or following mainstream medical advice for the treatment of medical conditions.	Focus groups: 1. Christian women 2. Sikh men 3. Sikh women 4. Muslim women 5. Hindu men Interviews: 2

Scenario 13 – Guru herbalist

Content	Shown to
Imagine this hypothetical scenario A dedicated religious TV channel airs a weekly early-evening programme called “Faith & Remedies”. The host, a self-described health guru and traditional herbalist, discusses the benefits of herbal medicine, quoting scripture and traditional teachings. During the episode, they recommend named products for treating specific medical conditions (for example, asthma and diabetes), saying these are “safer than pharmaceuticals”. The host repeatedly dismisses mainstream medicine, saying “you don’t need chemicals”, and promotes their own products, with pricing details and QR codes to purchase them. The full programme is uploaded to the channel’s catch-up service with the purchase details visible throughout. 	Focus groups: 1. Scottish Borders 2. Christian men 3. Sikh women 4. Muslim men 5. Hindu men Interviews: 2

Considerations

Two key considerations should be kept in mind when interpreting the findings from this research.

- First, potential harm arising from health and financial claims in programming was not a topic that was top of mind for most participants. The hypothetical scenarios therefore played an important role in helping participants engage with the concept and consider what might constitute potentially harmful content.
- Second, fieldwork took place against the backdrop of two public health scares (a measles outbreak and a separate meningitis outbreak), both of which were covered extensively in the media at the time. These incidents were raised in some of the discussions, and it is possible that they may have influenced participants' views of some of the health-related scenarios, particularly those focused on vaccination.

Media use and perceptions of harmful content

General media use

Participants engaged with a range of fictional and non-fiction programming across TV, radio and VoD services.

Common types of non-fiction or factual programming included news, sports, documentaries, reality TV shows, lifestyle programmes (such as home renovation, cooking programmes and travel shows), chat shows and game shows. Common types of fictional programming included crime, dramas, sci-fi and fantasy.

Participants typically turned to linear TV for news and content related to specific events, for example sports matches or fundraising events such as Children in Need.

“It’s more events like Comic Relief or certain Christmas periods...where I’ll be more, kind of, with the family watching television and watching a lot more live programmes.” (35-54, Financial difficulties)

Participants reported using linear TV often for particular genres, including game shows, soap operas and religious programming. However, much of their wider viewing across other genres was on broadcaster video-on-demand (BVoD) for example, BBC iPlayer or ITVX and subscription video-on-demand (SVoD) services such as Netflix or Amazon Prime Video. Participants appreciated the convenience and choice offered by these services, allowing them to watch what they wanted when they wanted. **Radio** was most commonly consumed when driving or as background noise during working hours, although some noted listening to radio for live sports coverage.

Participants were often particular about where they consumed factual programming, including the news.

There was a preference to watch news, documentaries and other factual programming on the PSB TV channels (e.g. BBC, ITV, Channel 4 and Channel 5), both on linear and on-demand, and on Netflix. For news in particular, participants tended to have a few trusted sources often aligned with their worldview. However, there were participants that reported actively seeking out news from a wider range of platforms to keep up to date with local and international news, or to ensure they were consuming news from a range of sources (e.g. BBC, CNN, Sky and Al Jazeera), which they felt gave them a more informed view.

“If I see different perspectives, I feel like I can make my own informed choice, rather than being spoon-fed. I quite like doing that with the news channels.”
(Male, 55+, West Midlands)

Religious radio stations were popular across the religious groups.

Religious radio stations were widely popular across participants in the religious groups, who accessed these services for both cultural and religious content. Religious content broadcast on TV was less top of mind compared to religious radio stations, but participants spoke about consuming more of these services around religious events, such as Ramadan. Older participants, particularly in the Sikh groups, appeared to engage with a wider range of content broadcast on religious TV channels, including drama, lifestyle shows, cooking programmes and yoga classes.

Engagement with health and financial content

Programming about health was generally not top of mind for participants.

There were a few spontaneous examples given of consuming non-fictional programming about health, including listening to radio call-ins and watching programming about yoga and home remedies on religious TV channels. When prompted, participants recalled a wider range of content across TV, radio and VoD, however they tended not to consume this content on a regular basis. Examples included:

- **Segments of morning TV shows:** examples included *Morning Live*, *Good Morning Britain* and *This Morning*. They remembered content on diet and exercise, as well as discussions of specific health conditions, often involving well-known doctors associated with appearances on these types of programmes.
- **Documentaries and radio programmes discussing specific health issues:** these included programmes on weight loss injections, COVID, endometriosis and mental health. *Panorama* was often cited alongside ‘myth busting’ programmes such as *Con or Cure* or programmes featuring Dr Michael Mosley.
- **News stories:** such as those covering the meningitis and measles outbreaks and historic references to coverage of the COVID pandemic.

Engagement with financial programming was relatively limited.

When prompted, participants were aware of financial content on linear TV and radio, yet regular engagement with this programming was uncommon. Some participants associated financial content more strongly with online services (i.e. specific YouTube channels and podcasts). However, familiarity with Martin Lewis and his programmes was almost universal amongst participants. Some reported watching the *Martin Lewis Money Show Live* and seeing him appear on programming such as *Newsnight* to discuss financial issues like student loans.

Other, less commonly mentioned, types of financial content included segments on morning TV shows, including tips on vouchers and coupons, and BBC radio programming (e.g. *Money Box*). Entertainment programmes related to business or investment, such as *Dragon’s Den*, were also

referenced. Participants typically did not expect to see financial programming on SVoD, as these services were perceived to centre around entertainment rather than education.

Perceptions of harmful content

When asked about their initial perceptions of harmful content, age-inappropriate content was often top of mind for participants. There was a consensus that age-inappropriate content had the potential to harm young people. Age-inappropriate content was typically described as content that was sexual or violent in nature or depicting dangerous or illegal behaviour (e.g. binge drinking, taking drugs etc.)

Beyond age-inappropriate content, other content that was felt to have a high potential to be harmful for all age groups included:

- **Graphic violent content:** Participants felt content depicting extreme violence had the potential to be harmful, as it could be distressing or disturbing to audiences.
- **Sensitive topics such as domestic abuse, suicide and self-harm:** This content was seen as potentially harmful as it could trigger vulnerable groups who have been affected by these topics or lead to dangerous behaviours.
- Content that promotes **hatred, bullying, or discrimination** against a group of people based on a demographic characteristic (e.g. race, sexual orientation, gender etc.) was also viewed as potentially harmful. Participants felt this content could be triggering for some viewers/listeners and cause divisions in society.

"...Anything that's stirring hatred, whether that be racial, whether it be sexual, whether it be gender-based, whether it be sexual orientation, so anything that promotes harm to a group of people based on a characteristic, definitely." (55+, Physical disability)

Health and financial harms were not top of mind for participants. However, when prompted, participants highlighted concerns about content around weight loss, the beauty industry and financial exploitation.

At the start of the research, concerns about the potential for harm in health or finance content were not at the forefront of participants' minds. When prompted about health content, participants expressed concern about programming focused on dieting or weight loss, perceiving this as potentially misleading and harmful. Participants felt that vulnerable audiences could be triggered by such content, potentially leading to issues such as eating disorders, or young people taking weight loss injections irresponsibly. Participants also expressed concern that content promoting the beauty industry could lead to harm, for example relating to body image or side effects from treatments like Botox. Some reality TV programmes were perceived as promoting beauty standards and treatments to impressionable young audiences, and participants felt that these audiences might be harmed when trying to emulate such standards.

Content that was perceived to exploit audiences for financial gain, or that encourages potentially risky financial decisions, was identified as harmful when prompted, as participants felt it could lead to audiences losing money or going into debt. However, financial harm was more associated with online content and adverts rather than programming on linear TV, radio and VoD. Examples included adverts for gambling and payday loans, social media content promoting cryptocurrency or trading advice, and influencers encouraging irresponsible spending by promoting luxury lifestyle content.

By the end of each focus group or interview, participants felt more aware of the types of claims that could lead to health and financial harms. As part of the post-task reflections, participants often highlighted that they would be more cautious of health or finance content in the future.

Harm vs offence

Participants identified four main factors to differentiate harmful from offensive content.

It was initially difficult for participants to explain the difference between harmful content and offensive content. They had not typically thought about these concepts before. When prompted, participants were able to pull out differences which can be broadly summarised as:

- **Intent:** Harm was seen as more intentional in nature than offence. Harm was considered more likely to be malicious, with the intention to promote risky behaviour or to trigger people, compared to offensive content which could be unintentional.

“It’s to do with intent. Offence is caused without ill-meaning intent. I’m not saying all harmful [content] is made with malice, but it has to be the consideration.”

(Male, 18–34, Wales)

- **Impact:** Offence was perceived as more subjective and rooted in individual feelings, whereas harm was seen as more explicit, leading to a tangible impact on audiences (e.g. leading to them engaging in risky behaviour, having an impact on their mental health, in extreme cases leading to physical suffering or even death).

“It feels ‘harmful’ is more explicit and ‘offensive’ is more implicit and room for interpretation.” (Male, 18–34, Muslim)

- **Permanence:** Offence was seen to create a temporary feeling – e.g. audience being shocked by a poor taste joke, or by bad language – while harm was felt to have longer-lasting or even permanent effects.
- **Repetition:** Where unacceptable or offensive content was repeated, this was seen to have a cumulative effect on audiences that could lead to harm (e.g. reinforcing an extreme view could make it seem more acceptable to audiences).

Overall, the potential for harm and offence were felt to be dependent on the audience.

There was a general consensus that the potential for harm and offence is often contextual, depending on audiences' circumstances, perspectives and interpretation. For example, content with offensive language or adult themes would not be acceptable during the day as children may consume it, whereas later in the evening it could be more acceptable. There was a view that the potential for harm is influenced by the background and experiences of audiences and whether they would be impacted by the content. Additional factors were identified that could heighten an individual's risk of harm at a specific point in time – including their mood, the time of day, or how tired they are. Given these contextual considerations, there was a feeling that anyone had the potential to be vulnerable to harm depending on their circumstances.

"I think it's Catch-22. On iPlayer there are a lot of documentaries around surgery and injections.... It's exposing and educating at the same time. It's how you absorb that information. It depends on your perspective." (Female, 35-54, Hindu)

Factors impacting potential harm of health and financial claims

The potential for harm from a health or financial claim was seen as dependent on the credibility of the claim. Where claims were perceived as credible by audiences, there was a feeling that harm was more likely, as credibility was associated with an increased likelihood that claims would be acted upon.

Participants identified a number of factors that can impact the credibility and potential harm of a health or financial claim. These fell into four categories:

- **Who makes** the claim
- **How** the claim is made
- **Where** the claim is broadcast
- **Who hears** the claim

The remainder of this report explores each of these categories in turn, how regulation should be balanced with freedom of expression and freedom of religion, and potential ways to mitigate harm.

Who makes the claim

When judging the credibility and potential harm of content, participants considered details about the person making the claim. This included exploring the claimant's credentials, transparency around their background and intentions, and their perceived authority – all of which informed perceptions of acceptability and potential for harm.

Background and credentials

Credibility was higher when the person making the claim was presented as having qualifications or relevant experience that could be easily understood by audiences.

When considering health claims, medical professionals, and doctors in particular, were perceived as credible sources. For financial claims, the specific credentials participants wanted to see were less readily articulated, although professional independent financial advisers were cited as examples of credible sources. Terms like 'consumer expert' were seen as too vague and difficult to understand for the average audience member.

Given the credibility attributed to claims made by professionals with clear qualifications or relevant experience, participants acknowledged the increased potential for harm if these individuals made false or dangerous claims. However, there was an assumption that these professionals would be unable to make harmful claims without facing professional, financial or reputational consequences (such as losing their job or being sued) and that such consequences would act as a deterrent.

Participants felt health claims were more trustworthy when made by those with specialist qualifications.

General medical credentials were not always seen as sufficient to make a claim credible. There was a preference expressed for hearing claims from specialists in particular areas of medicine. Participants questioned whether a GP or other general medical practitioner would have the right knowledge or skills to accurately discuss specific medical conditions or appropriately answer viewer or listener questions on TV or radio.

"I'm not a great fan of these breakfast doctors who come on the TV and say, 'Well, today we're going to discuss post-natal depression.' (1) It's a bloke, and (2) you know, he's just a GP who's generic...by no means an expert and perhaps shouldn't be...having a phone-in and advising people." (55+, Physical disability)

Claims about specific medical conditions or treatments were felt to require specialist professionals. For example, participants felt that someone making a claim about heart issues should be a cardiologist rather than a GP.

“If it was about kidneys, you'd want a urologist. You want someone who specialises in that field rather than a GP. You'd want someone who is more specific. I'd probably take on board more if it was a specialist rather than a jack of all trades, master of none GP.” (Male, 55+, West Midlands)

However, participants with physical and cognitive disabilities had nuanced views about conventional medicine and the credibility of medical experts.

Participants with disabilities had two distinct views about the credibility of conventional medical sources. One view was that qualifications and specific expertise increased credibility of claims. Among these participants, there was a strong feeling that opinions on health from non-experts should not be broadcast as this could lead to misinformation being spread. A contrary view was that medical credentials or expertise do not automatically increase the credibility of a claim. These participants felt that, because health is a personal topic, ‘truth’ depends on the context and individual.

“I still think very inappropriate to have somebody who's.... not an expert on vaccination, to be making such statements because they could be life threatening, you know, not being vaccinated is statistically a really, really bad thing to do.” (55+, Physical disability)

Participants’ own views on conventional medicine impacted their judgements about health claims.

Participants who were sceptical of conventional medicine, or had negative personal experiences with healthcare professionals, felt that medical credentials had a lower, or even a negative, impact on the credibility of claims. These participants felt that a claim should not necessarily be believed simply because it was made by a medical professional. Participants expressing this view emphasised the importance of hearing multiple perspectives on issues and seeking out further research before making a decision on the accuracy of a claim.

“Just because you have a certificate on the wall, there are medical professions that make mistakes... I think we should all research a bit more.” (Female, 35-54, Northern Ireland)

There was an acknowledgement that even those with credentials could have personal biases and different opinions on health or financial topics.

It was noted that, for certain types of claims, there might be multiple legitimate viewpoints and that medical professionals could disagree with each other on some issues. In these cases, participants called for balanced programming that brings in multiple viewpoints, encouraging debate and giving audiences the information they needed to take an informed view. This is explored in more detail in the ‘How the claim is made’ chapter below.

"I don't take things at face value. Just because someone is an expert, they may not be right. I want to hear from different areas and scientists, to get a fair amount of information on a topic." (Female, 35-54, South West England)

Perceived authority

Familiarity and previous experiences with individuals making claims impacted perceived credibility.

Participants were more likely to believe claims made by individuals they were familiar with and who had a history of sharing health or financial content on TV, radio or VoD. This spanned both health, where examples of well-known medical professionals in the public eye were noted by participants, and financial claims, where participants universally referenced Martin Lewis. There was a consensus that the latter was a trustworthy figure based on his 'track record' of helping people save money and a sense that he advocates on behalf of the consumer rather than business or government interests. Participants reported personal experiences of saving money as a result of his advice, which increased his favourability, and felt his content was impartial and accurate. They noted having engaged with his content in multiple ways, including watching or listening to broadcast content as well as visiting his website and reading newsletters. Participants cited his strong brand, as well as a measured tone, as reasons they considered claims made in his programmes were credible.

"It's his [Martin Lewis] experience and his proven track record that what he says is pretty much correct 99% of the time. The results people have got from it."
(Female, 55+, Hindu)

Presenting as an authority figure without the necessary credentials was seen as adding false credibility to a claim, with a corresponding potential for harm.

It was felt inappropriate for someone to pretend to be a medical professional if they are not. This included using the title 'doctor of healing' if someone was not a qualified doctor. This was considered misleading for audiences, lending undue weight to claims and increasing the likelihood that they would be acted upon.

While falsely using titles such as 'doctor' or 'expert' without relevant credentials was seen as inappropriate, other more subtle cues were viewed as less concerning. For example, an individual wearing a white lab coat raised less concern than other factors discussed in this report, such as the specificity of claims or transparency around conflicts of interest.

Religious leaders were seen to have significant influence among religious audiences – particularly in the Sikh and Hindu communities.

Among religious audiences, religious leaders were felt to carry particular credibility (particularly within the Sikh and Hindu communities). However, both religious and non-religious participants noted that a well-known and respected religious leader may carry influence within their

community. As a result, a religious audience may be more inclined to believe and act on health or financial claims made by that leader. Participants in both groups also noted that this might be heightened if a religious leader spoke the audience's language and/or mirrored their demographic characteristics. Religious participants provided examples of friends and family members who had listened to and believed religious leaders, in some cases, even taking their advice over that of mainstream medical professionals.

"It happened with my relative [who had cancer]... doctors should have come first, but she didn't, she went to her religious leaders first." (Female, 35-54, Sikh)

Conflicts of interest

There were mixed views on whether claims that promote health products or financial claims with the aim of making a profit are acceptable when broadcast on TV, radio or VoD.

While there was a consensus that these sorts of claims need to be handled sensitively, there were two main views on their acceptability:

- **Inherently unacceptable:** participants with this view felt that making a profit from claims as part of broadcast content would always be potentially harmful to those listening. This view came out strongly among participants with physical disabilities who were concerned that audiences would be misled by promotional information disguised as medical advice.
- **Acceptable when the audience is given sufficient information to weigh up a claim.** For these participants, other factors, such as the strength of the claim and the inclusion of any risks associated with the claim, were more important.

There was agreement that anyone making a claim for financial gain should disclose their conflict of interest.

Participants were clear that to reduce the risk of harm, transparency is paramount. For example, if someone making a claim was a brand ambassador for a product being endorsed, this should be made clear to the audience, regardless of platform, channel or type of programme. This was true for both health and financial claims where someone may have a vested interest in the advice they gave.

"I think if somebody is a brand ambassador, that should be mentioned on the programme, certainly once or twice. In fact, all the panel members should be introduced as, 'This person is an independent financial adviser,' so that should all be there. If it's on TV, you can run a banner at the bottom of the programme which is often the case when people appear on TV and they aren't well-known and they will say who they are." (Male, 55+, South West England)

Participants viewed claims made by celebrities and influencers with scepticism, while recognising their potential to cause harm to certain audiences.

Participants assumed that celebrities or social media influencers making health or financial claims would be benefiting financially and potentially receiving exposure that could raise their personal brand. As a result, participants viewed claims made by these individuals with scepticism. However, there was no suggestion that this applied to well-known doctors.

"Celebrities get asked to promote something, the chance of them believing what they promote is remote. They're the last people I'd believe with financial advice. I'd do my own research or ask friends." (Female, 35-54, Wales)

However, participants noted that fans of celebrities and influencers would be inclined to act on claims made by those individuals. For example, if a celebrity endorsed a product, participants felt their fans would be inclined to believe and purchase it in a way they might not if a similar claim came from someone else on TV, VoD or radio. Participants therefore recognised that false or dangerous claims carried potential for harm when made by celebrities or influencers.

"If there is a celebrity claiming to endorse something...you could be hoodwinked to thinking it's a good product as you may like the character they play in a drama." (Female, 35-54, South West England)

Scenario 13: Guru herbalist on a weekly early-evening programme on a dedicated religious TV channel

This scenario was shown to participants in five focus groups and two interviews. While the conversations often focused on the unacceptability of the host dismissing conventional medicine, participants also reflected on who was making the claim and how they presented themselves.

Participants with religious beliefs recognised that gurus may promote herbal remedies and medicines. One view held that this was acceptable given traditions of herbal medicines within certain cultures; an opposing view indicated that only medical professionals should make claims about these types of products.

“They should be a medical professional. How can we trust it if they don't have a qualification?” (Female, 35-54, Sikh)

Participants also recognised that certain audiences would be inclined to trust a guru – particularly where they were familiar with the guru or where that individual was seen as having built up a record of trust within a community. Participants called for transparency over the qualifications of the guru to make health claims about herbal remedies, expressing concern that without qualifications, the host might be hiding behind religion to extort money from vulnerable audiences. When asked whether they would feel differently if the guru described themselves as a 'doctor of healing', participants felt that the title might add misplaced legitimacy to the claim. They perceived this as making audiences susceptible to acting on claims that carry potential for harm, particularly if individuals replace conventional medical interventions with herbal remedies.

“You can't just go around calling yourself a doctor. If you call yourself a medical doctor and you haven't got the qualifications...to me, it would be a red flag.”
(35-54, Financial difficulties)

How the claim is made

How a claim is made can impact its potential for harm. The specific language used, the strength and framing of the claim, and the range of perspectives, or lack thereof, were all cited as having an impact on how participants felt about claims.

Specificity of claim

Naming serious or chronic conditions as part of health claims was viewed as having a high potential for harm given the risks to vulnerable audiences, including those in poor health.

Claims suggesting that a health treatment, product or supplement can treat specific serious or chronic conditions were perceived as harmful due to the severity of the potential outcomes for audiences. These types of claims were seen as highly exploitative, targeting people in poor health, including those suffering from life-threatening or chronic conditions who may be desperate to find a treatment that works, especially where conventional medicine has not provided a cure or relief. Participants noted that people may abandon prescribed treatment in response, creating serious risks, including death.

"If you've got cancer and treatment is not working, you're looking for absolutely every avenue to try and find a treatment. If you see something like, 'Oh wow, it helped somebody with a history of cancer. This might be my saviour.' Your mind goes into overdrive that this might be your lifeline." (Male, 55+, West Midlands)

Guaranteeing specific outcomes was identified as harmful across different types of claims.

There was a consensus that promising specific health or financial outcomes was unacceptable. Participants reflected that what works for one person might not for someone else. For example, a herbal treatment, health product or supplement could improve one person's symptoms and worsen or have no impact on another's. Participants with disabilities, in particular, highlighted the importance of seeking medical advice since health is a personal matter. Similarly for financial products, there was a view that there is no "one-size-fits-all" as individuals will have different circumstances and capacities for risk. There was also a recognition that investments can go up or down, meaning experiences could differ. Participants therefore viewed guarantees of profit or symptom improvement as misleading and potentially dangerous, because people may act on them, expecting the same result for all individuals.

"One particular remedy can treat specific medical issues, well it may or may not do but not for all people...it could also make people a lot worse." (55+, Physical disability)

Claims that use the word 'cure' were deemed as particularly unacceptable due to the strength of the guarantee.

Claims that herbal medicines or supplements can cure serious health conditions were widely regarded as dangerous false promises. Participants across groups felt that supplements and/or herbal medicine could have a place in society and those in religious groups were more likely to reflect positively on these treatments, seeing them as a normal part of their culture. As such, claims around herbal medicines could be acceptable if framed as having health 'benefits'. However, there was a general consensus, including from religious participants, that there should be limits, and using the word 'cure' was seen as unacceptable as it may be unfounded and could lead to harm.

"To say cured, that's quite a big statement to make. I think that's very misleading to people who would be watching this." (18–34, Cognitive disability)

Scenario 6: Presenter on a weekday series of a health and wellbeing-focused TV channel runs a mid-morning segment on 'natural remedies'

This scenario was shown to participants in four focus groups and five interviews. There was a consensus that this scenario could be harmful because it claims that a remedy can cure certain ailments and suggests a guarantee of positive outcomes (e.g. claiming there were 'no side effects' and only showing positive testimonials).

Participants noted particular risks for vulnerable people – for example, those living with arthritis, a chronic condition that affects everyday life and can prompt desperate attempts to find relief. Participants rejected the description of this remedy as a cure and supported describing the supplement as helpful for particular conditions instead. They called for clear guidance that individual responses differ – for example, symptoms may worsen, or supplements may interact adversely with prescribed medication – and that viewers be signposted to GPs, to help prevent harm.

Suggesting that herbal medicine or prayer can replace conventional medicine or NHS advice was seen as having a high potential for harm.

Participants felt strongly that claims that herbal medicine or prayer can replace, instead of complement, conventional medicine could lead to serious harm. They highlighted a number of features they considered potentially harmful. These included content that challenged or dismissed conventional medicine while promoting herbal products, such as claims that pharmaceuticals are harmful chemicals and that herbal remedies are safer. Participants also expressed concern about religious content that suggested individuals should disregard medical advice because it is not aligned with God's intentions.

Participants perceived such claims as carrying significant potential for harm, given that people with serious conditions could stop taking prescribed medicine or treatment as a result.

“The host is repeatedly dismissing mainstream medicine [in scenario 13 – Table 2 on page 12]. You can't. It's baseless. How do you measure whatever they are selling is safer than mainstream medicine? I don't think you can have that in there. It's misleading. I don't have a problem with them selling their products and them saying, 'This has helped me with x, y and z,' but I think to dismiss mainstream medicine and saying it's safer than mainstream medicines is misleading.” (Male, 35-54, Christian)

Use of religion to substantiate claims

Claiming that paying for prayer would lead to healing, or using religion to make promises, was seen as unacceptable across participants.

Scenario 9 (see Table 2 on page 12 for more details) depicted a religious leader inviting viewers to donate in exchange for 'a personal prayer'. When discussing this scenario, religious participants in particular felt that it was acceptable to offer hope through prayer or scripture, and some believed prayer can lead to healing and financial improvement. However, participants across groups agreed that it is unacceptable to promise specific outcomes from prayer that cannot be guaranteed, especially when money is involved.

Religious participants felt that framing prayer as a financial transaction was unacceptable and went against religious principles. They felt that miracles, via prayer, could not be bought, and that those promoting prayer for sale were misusing scripture and other facets of religion to exploit potentially vulnerable audiences.

“It's not a good thing. If you want to pray to God, go to the Gurdwara, go to the church, don't give money. If you want to heal yourself, go to the temple or Gurdwara, go to the church yourself. Don't give money, money doesn't help you to pray strong.” (Female, 18-34, Sikh)

Using the word 'spiritual' to describe astrology was viewed as potentially harmful in some religious groups.

Participants were shown a hypothetical scenario (scenario 10 in Table 2 on page 12) in which a local radio station airs a live programme called 'Spiritual Hour' during which a guest astrologer gives on-air readings to callers for a fee, including telling callers their medical condition and finances can be improved by crystals. For some participants, associating astrology with spirituality was seen as unacceptable and potentially harmful, particularly in the Christian groups. These participants felt that the term 'spiritual' could imply religious authority, legitimising these types of claims and leading to religious audiences acting on them without understanding the source of the claims. There was a view that the word 'spiritual' should be removed from these types of claims and replaced with 'astrology' or other similar wording. However, among other participants, there was also an acknowledgement that astrology is important for some cultures and religions.

“[Scenario 10] is deceptive, it’s saying spiritual hour, people tend to think of something more Christian, but it’s further from Christianity than anything secular.” (Female, 35–54, Christian)

Clarity about potential risks

Showing only positive testimonials was viewed as having a high potential for harm.

Claims that included only positive testimonials without outlining the risks were seen as dangerous because of the potential negative outcomes of acting on a claim where the risks are not understood. There was a concern that harm from these types of claims could be severe and permanent. For example, participants felt that promoting health products using only positive testimonials (particularly as a replacement to conventional medicine or for treating serious conditions) could lead to adverse drug interactions with prescribed medicine or individuals ceasing medical treatment. Likewise, participants felt that promoting a credit card or unregulated cryptocurrency scheme using only positive examples could lead to debt, loss of life savings and, in extreme cases, suicide due to loss of money.

There was a desire and expectation that risks should be clearly communicated. For example, explaining late fees for credit card use, that investments are volatile and can go up as well as down, or the potential for adverse drug interactions. Provision of information about risks was felt to help mitigate the potential harm by showing a more balanced view and allowing the audience to make a more informed decision before acting on a claim.

“They should point out the dangers of credit cards. It is a slippery slope, you have to be strict with how you manage these and if you don’t, you’ll end up with 20 grand debt.” (Male, 35–54, Northern Ireland)

Facts vs opinions

Participants felt that people should be allowed to express their opinions and personal experiences. However, the appropriateness of broadcasting opinions on health was divisive.

There was a general consensus that being able to express personal opinions and experiences is an important part of ensuring freedom of expression within a democracy. However, there were two distinct views on whether opinions are acceptable to broadcast:

- One group of participants felt it was acceptable to broadcast opinions and experiences, as long as it is clear that it is only one viewpoint or experience and that the audience members should come to their own conclusions before acting on any claims. These participants suggested that providing a range of views, flagging official guidance or advising the audience to do further research were all effective ways to frame claims as opinions and help empower audiences to decide for themselves.
- However, there was a contrary view that opinions on health should not be broadcast – only facts or claims that can be backed by evidence. This view was particularly strong among

participants with physical or cognitive disabilities. There was a concern that allowing opinions on health to be broadcast would spread misinformation and could lead to individual and wider societal harms, such as people rejecting vaccinations.

"You would need the scientific evidence. You would need doctors on. You would need people for and against, and the reasons why again... If it's a personal opinion you shouldn't be broadcasting it on TV." (35–54, Physical disability)

Presenting opinions as scientific fact was seen as unacceptable.

Conflating opinion with fact was seen as having the potential for harm. For example, making a strong assertion and claiming it is based on evidence without providing sufficient information, or presenting an opinion as an expert view, rather than a personal one, was seen as unacceptable. There was a desire for a clear distinction to be made between an opinion and a fact.

"The most obvious safeguarding is to make sure it's made obvious when a fact is being quoted rather than an opinion. Everyone's got an opinion, and everyone's opinion is valid, but facts are facts. If you start quoting opinions as facts, that's when there's problems. That would be my biggest safeguarding thing, to make sure these two things are separated." (Male, 55+, Scottish Borders)

Evidence was valued across participants, and distorting evidence was seen to have a potential for harm by misleading audiences.

Participants wanted evidence to back up any claims that were presented to audiences as fact. Providing statistics from research studies or proof of fact-checking by broadcasters was valued and was seen to strengthen claims. There was a desire to know if any products being promoted on TV, radio or VoD had been certified or were regulated and for this information to be disclosed to audiences.

Similarly, participants expected broadcasters to verify claims before they are broadcast, where possible. They felt that broadcasters should understand the types of views a speaker might share before going on air and take steps to check the accuracy of any claims in advance.

Conversely, where claims were felt to distort facts to support a specific view, they were considered to be misleading. For example, one of the tested scenarios included a claim that a drug causes memory loss without any further contextual information (scenario 3 in Table 2 on page 12). This was felt to be potentially misleading or even harmful as memory loss could be a normal side effect, but audiences could become concerned and stop their prescription medication suddenly.

"I think there's many drugs that have that side effect. This is where we come to a place of context. If we already know some drugs cause memory loss, what's the verification of this drug, is there scientific evidence for this claim?" (Female, 35–54, Christian)

While participants were keen for evidence to underpin claims, it is important to note that perceptions of what constituted suitable evidence were partially shaped by individuals' own world view.

However, evidence provided by medical experts was met with some scepticism by participants who had a critical view of the COVID vaccine or conventional medicine more generally.

Participants with a critical view of vaccinations stressed that doctors and conventional medicine can make mistakes. This perspective seemed particularly linked to views on the COVID vaccination; some participants articulated that they felt it had not been well-handled, both because it was seen as rushed out and because they felt communications about the potential risks and side effects were not clear. This was felt to undermine trust in conventional medical sources and prompted some concerns that current evidence could be wrong or incomplete (e.g. some participants felt that the long-term effects of the COVID vaccine are unknown).

Claims that use scripture or reference to 'God's will' as a justification to forgo medical treatment were seen as dangerous across religions.

Across the religious groups, there was a consensus that claims invoking scripture or the will of God as a reason for audiences to forgo medical treatment are misleading and could lead to serious harm. There was a concern that these types of claims could convince religious audiences to abstain from life-saving treatment or screenings that could catch diseases at an early stage. Participants felt that using scripture or suggesting that forgoing medical treatment is 'God's will' is misleading for several reasons:

- 1) Participants were unable to identify any references in scripture that tell people not to take medical treatment.
- 2) Accepting God's will and following medical advice are not contradictory, as people still have a responsibility to take care of themselves.
- 3) God also created doctors and medicine therefore neither should be disregarded.
- 4) There can be different ways to interpret God's will and scripture – making definitive claims to forgo medical treatment that claim to speak on behalf of God without accepting that there may be other interpretations is therefore dangerous.
- 5) Belief is personal and audiences should be able to make up their own mind.

"You can't just say, 'God says this, God says that.' It's not right. We all have our religious beliefs, but you have to make your own mind up about stuff." (Male, 55+, Hindu)

Presenting a range of perspectives

Programming was seen as harmful when it was considered to be biased.

There was a wide consensus that it is important to broadcast varied perspectives and debate to ensure programming is fair and balanced, without prioritising one viewpoint. Including alternative testimonies and outlining risks to claims was seen as necessary to ensure that audiences have the “full picture”. Where claims contradict conventional medical advice or consensus, the inclusion of a medical professional to counterbalance claims was seen to offer helpful context and challenge. However, as discussed above, participants wanted background information on medical professionals’ qualifications and credentials to ensure that they are independent and unbiased.

There was some scepticism that programming can ever be completely balanced or free of bias.

There was a feeling that broadcasting a balanced debate may not be achievable in practice, as it depends on factors that are often outside of broadcasters’ control. This includes how speakers express their views and how discussions play out on live TV. Since guests on live TV can be unpredictable, participants emphasised the importance of the role of the presenter in moderating conversations effectively.

Presenters agreeing with a claim or allowing unevidenced claims to go unchallenged was seen as having a potential for harm.

Participants felt that presenters should not prioritise any one viewpoint, to ensure that debates remain balanced. This included not offering agreement to unbacked or subjective claims (e.g. that credit cards are a “smart way to manage cash flow”) and ensuring that counterpoints are provided to claims showing only one viewpoint or experience. Participants viewed presenters as figures of authority who should remain neutral during debates; offering agreement was therefore seen to legitimise and give credibility to claims.

Participants also wanted presenters to be prepared and ready to challenge claims that could lead to harm – for example, claims that go against conventional medical advice or that make strong assertions without outlining the risks. Challenges considered to be effective included stating that the claim is the speaker’s personal experience/opinion, giving the conventional medical view, offering alternative views for further context and highlighting the risks. Encouraging audiences to look into the topic further and signposting to further information were also seen as useful.

There was a concern that if the presenter does not challenge a claim or provide more context, vulnerable individuals may believe the claim – for example, individuals who are more susceptible due to their circumstances or if their critical thinking skills are diminished.

“I think it just plugs one view and if you haven't got the capacity or capability to do your own research, you're not hearing the full picture or equal sides of things. That will cause harm to people if they're not getting an unbiased opinion.”

(Female, 35-54, South West England)

Where the claim is broadcast

The channel, platform, and programme on which a claim is broadcast influenced participants' judgements about credibility and harm. This often centred around their expectations of specific broadcasters or channels and whether they would expect to see information that they considered to be trustworthy when watching or listening to content on particular services.

Expectations of broadcasters

Participants held varying expectations of broadcasters, which influenced perceived credibility. These expectations appeared to align with the funding models of services.

Public Service Broadcasters were generally seen as providing more credible content.

Participants felt that PSBs had a duty to provide reliable, factual content. They referred to PSBs (e.g. BBC One, BBC Two, ITV, Channel 4 and Channel 5) as more trustworthy than other services. There was a perception and expectation that these broadcasters would diligently fact-check any content, including health and/or financial claims, and would ensure that due diligence was done on any guests to ensure claims were only made by those with appropriate credentials. Therefore, any claims made on PSB channels, radio stations, or associated BVoD services were seen as more credible.

"The more mainstream [the broadcaster], generally the higher my automatic credibility." (35-54, Financial difficulties)

However, attitudes to the BBC were mixed.

Whilst PSBs were generally seen as trustworthy, participants did have varying attitudes towards the BBC that influenced their perceptions of claims made across BBC services. One view was that the BBC was particularly trustworthy given it strives for neutrality and the lack of advertising across its services.

"I find British people as a whole trust the BBC quite a lot, so it feels more trustworthy...they're supposed to be unbiased and non-commercialised, it gives you a degree of, 'It must be fact-checked and honest.' That links with it being less harmful." (Female, 18-34, South West England)

Other participants felt that the BBC was not trustworthy and saw the organisation as only presenting one particular view, sometimes associated with the Government. These participants would be less likely to trust claims made on the BBC and would instead seek wider sources of news and factual information, including health and finance content.

"With BBC news... I feel like the narrative is very one-sided and not giving the true picture, so it's good to see what's happening on a different perspective." (Female, 18-34, Muslim)

Other service providers were met with more scepticism due to the potential influence of funders.

Participants thought that non-PSB commercial broadcasters might be more influenced to show content that contained specific viewpoints if asked to by funders or advertisers. For example, they noted that SVoD services might show a documentary that endorses specific claims or products without feeling like they had to portray other sides of a story, unlike a PSB, who they would expect to ensure a range of perspectives were covered as part of a documentary.

"I think public broadcasting, they're there to support society in that respect and not to make money out of it. So, the ones that don't make money, like the BBC, they're ones I would go to in terms of informative, trustworthy, they're not being paid to endorse something." (Female, 35-54, Christian)

There were also higher expectations of presenters on PSBs compared to other channels.

Presenters on PSBs were expected to remain neutral and not endorse claims. Participants noted that a presenter's views carry weight, given that audiences often engage with programmes specifically for the presenter. Given established trust in PSBs, the influence of presenters on programmes on these channels was seen as significant. Endorsement of a claim by such presenters was perceived as capable of influencing audiences towards ideas or products that could cause health or financial harm.

"I think they should stay neutral. They shouldn't have an opinion, because they'll influence the audience." (Female, 35-54, Northern Ireland)

The style of content broadcast on certain channels or platforms impacted credibility.

Participants felt that the style of programming had an effect on the credibility of claims. For example, some participants viewed claims made on British channels as trustworthy because of the way they were more seriously presented. However, they associated some American channels with a tendency to overdramatise content – particularly factual programming – focusing on "razzmatazz" rather than credible content. Participants acknowledged that they also viewed certain British channels with distrust where, in their opinion, those channels tried to emulate an American style.

"UK TV is different from US TV... if there's a lot of razzmatazz, if you know what I mean, that would turn me off." (35-54, Financial difficulties)

For some, production value also impacted credibility. These participants felt that programmes with higher production values lent credibility to claims and made claims appear more trustworthy. The implication was that a higher budget may mean more research has been carried out and more care has been taken over the fact-checking. At the same time, however, there was a concern that 'aesthetically pleasing' programmes could more easily influence audiences and therefore make audiences more susceptible to harm if claims are dangerous or false. Conversely, claims made as part of content they considered to be 'low budget' were seen as less believable.

Programmes with a track record of investigative journalism were seen as more likely to be credible.

Alongside broadcasters, participants had expectations of specific programmes based on their reputation. Where programmes had been convincingly trustworthy over time to participants, credibility of claims made on these programmes increased. Programmes that had a history of providing factual content, especially those that investigated claims, were seen as particularly trustworthy. For example, *Panorama* or programmes presented by Dr Michael Mosley were noted as being particularly credible given their track record of investigating claims, including about health or finance.

Participants identified three reasons why claims could be particularly harmful if broadcast on more mainstream channels.

Whilst all broadcasters were seen to have responsibility for the content they put out, participants identified three key reasons why mainstream⁸ broadcasters had a higher level of responsibility:

- **Higher trust:** The increased credibility of mainstream channels could increase the potential for harm if they broadcast false or dangerous claims. Participants highlighted that the audience might be more likely to act on claims broadcast on channels they trusted without doing further research or taking other sources of information into account. Similarly, participants were concerned that mainstream services could legitimise a minority view by providing a platform for claims not based on scientific fact.

“What TV channel it's broadcasting on [matters]. If it's popular, people might be more inclined to believe what they say rather than a radio station that's not as popular.” (Female, 35-54, Muslim)

- **Likelihood of seeing the content:** Potential for harm could increase on mainstream channels, as viewers or listeners would be more likely to stumble across content that included dangerous claims than if they were broadcast on smaller or more niche channels. This was particularly seen to be the case with mainstream linear TV or radio channels, where channel or station surfing could mean that audiences could turn on content accidentally. However, this could also extend to mainstream VoD services, as more people would be viewing content on these services compared to more niche services.
- **Increased audience size:** Potential for harm could increase if more people are watching or listening to the content. The greater the audience size, the more participants felt it would

⁸ When discussing 'mainstream' channels, participants were referring to larger or more widely recognised channels, across linear television, VoD services and radio.

be likely that vulnerable individuals or those more susceptible to claims may be hearing dangerous claims and potentially acting upon them.

However, participants were clear that claims made on smaller channels, or those targeted at particular communities, could also be harmful, especially if watched by vulnerable audiences. They still expected smaller broadcasters to mitigate the potential for harm. Mitigations are discussed in the chapter on mitigating harm on page 51.

Religious channels

Participants were divided on the credibility of claims made in religious programmes or on religious channels.

Two distinct views emerged among religious participants about the credibility of claims made on religious channels:

- One view was that claims made on trusted religious channels carried credibility. Where health or financial claims aligned with audience worldviews, they could be perceived as credible. These participants felt that these channels would only broadcast content that was in line with their religious beliefs. As discussed above, this trust was seen to be exacerbated if the claim was made by a religious leader who was also considered credible.

"I'd trust it [religious channel] more. They won't sell you things. They won't lie to you because they can't." (Female, 55+, Christian)

- The opposing view was that health and financial claims had no place in religious programming. Participants with this view felt that if they heard health or financial claims on these channels, it would immediately make them question the validity of the claims. These participants generally felt surprised at the idea that claims would be made on religious channels, having no experience of this in the content they engaged with.

Non-religious participants expressed discomfort about commenting on claims made in religious channels, expressing that they did not feel they had a right to do so. However, there were concerns about whether this content was ethical, given the potential for harm. They felt that a religious channel or programme did not have a place broadcasting health and finance content and worried for the wellbeing of an audience they saw as more susceptible to claims made on these channels. For example, they felt that religious audiences would be more likely to trust claims made by religious leaders and that religious audiences had a higher chance of being exposed to dangerous claims made on religious channels, as they would be more likely to watch these channels compared to other audiences.

"I want to say, 'Stay in your own lane.' If it's a religious programme, stick to religion. Perhaps we don't need to mix the two together." (Female, 18-34, South West England)

Who hears the claim

Vulnerability was viewed as largely situational; participants suggested that, if the context is right, anyone can be vulnerable to harmful health and financial claims. However, they were able to identify certain life stages, health and financial circumstances, and social factors as heightening susceptibility.

During the research, participants commonly reported that they did not feel vulnerable to health and financial claims themselves. They suggested they would personally fact-check claims or exercise caution around claims that appeared to be trying to influence audiences. However, participants did express concern for those they considered more susceptible to being influenced by claims and often referred to specific individuals in their lives who they felt would fall into that group. Therefore, these participants externalised vulnerability, seeing it only as something affecting others.

Groups at increased risk of harm

Participants acknowledged that vulnerability is situational and can change over time.

Participants consistently noted that anyone can be vulnerable to harmful claims, depending on their circumstances at the time they are exposed to the claim. Anyone could be at risk if they rush decisions without research, follow a trend, or are simply influenced by a credible presenter or persuasive segment. Participants noted that there is already a lot of 'influencing' of personal finances through social media and content about health – for example, anti-vaccination content and content promoting and selling vitamins/supplements on social media platforms. Social media was viewed as a space where claims are made regularly and where users must navigate these claims for themselves. Some participants felt that engaging with social media was likely to improve critical thinking skills, because social media users may have more of an understanding of how content is produced and shared. Others suggested that there are individuals who are likely to be influenced by claims whether they appeared on social media or traditional media.

Participants suggested that being interested in particular topics could make an individual more susceptible to claims. For example, they cited scenarios such as someone who believes in astrology encountering a claim in a segment about astrology.

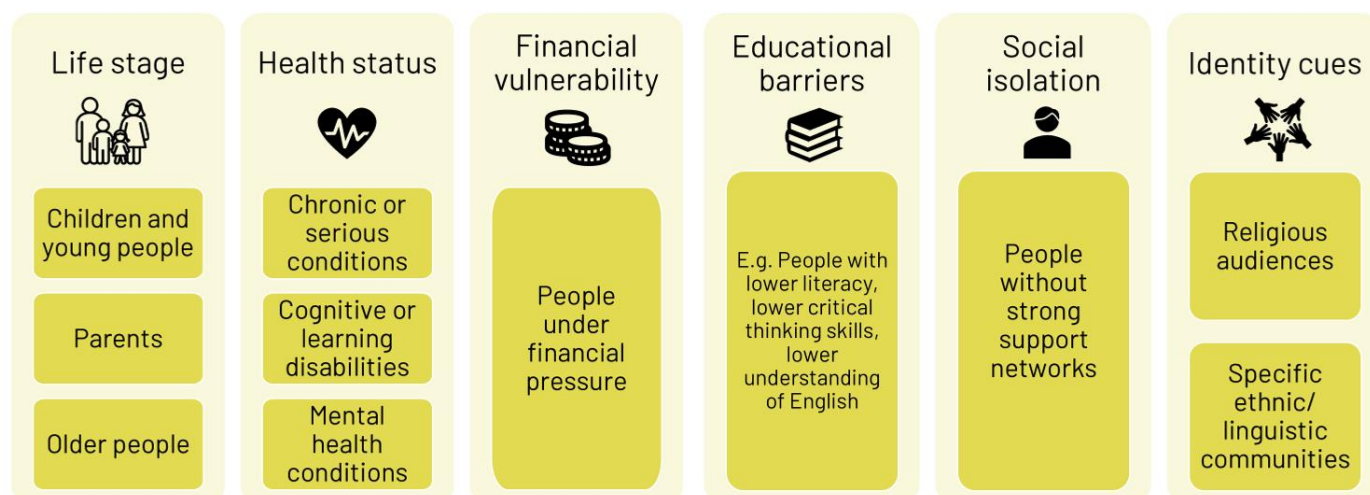
Likewise, an individual's personal situation was felt to impact their likelihood of experiencing harm as a result of claims. Participants recognised that particular life events could make someone suddenly vulnerable. As an example, they described someone who had just inherited a large sum of money coming across a claim encouraging people to invest in a cryptocurrency scheme to see 'far better returns'.

"I think anybody's vulnerable. It just depends on everybody's individual state and circumstance at a given time, and we do live in very tumultuous times. You just don't know what might spark something in somebody." (35-54, Physical disability)

However, several key groups were identified as being at increased risk of harm from health and financial claims.

Participants identified several key circumstances and characteristics which they considered to increase risk of harm from health and financial claims. Participants felt that individuals meeting some of these criteria may particularly benefit from audience protection measures or may require greater consideration and protection from harm.

Figure 1: Groups identified as being at increased risk of harm



Life stage could impact vulnerability to harm from claims.

Across groups, participants felt that **young people** could be particularly impressionable. Participants used the label 'young people' broadly; they referred to children and teenagers, as well as young adults. They felt that young people may want to feel more mature, and therefore, may act on financial claims they hear on TV, radio or VoD. For example, participants referenced teenagers leaving school, not being fully aware of financial repercussions and wanting to use credit cards or get an overdraft. Similarly, participants saw young people as being more likely to be swayed by promotional content from influencers or celebrities.

"I look at the young and how vulnerable they are, they could be on the path to destruction." (Female, 55+, Christian)

However, an alternative view was that, because young people tend to be more proficient with technology than older generations, they may have a better understanding of how information is produced and shared. As a result, they may be less likely than older people to accept claims made in broadcasts at face value.

This came up both in the discussions about the measles scenario (scenario 8), in which a local radio guest suggests it is dangerous to take the measles vaccine, and in the astrology scenario (scenario 10), in which an astrologer suggests that crystals could control illnesses and attract

money. Across both of these scenarios, participants felt that, because younger people often engage with social media and are exposed to influencers and adverts on those platforms, they would be more attuned to spotting sales content or unverified information in broadcast content than older people.

Participants thought **parents or carers** could be at particular risk of harm if targeted by specific claims. For example, scenario 7 included content about using credit cards to purchase school uniforms. Participants felt this could tap into parents' emotional desire to provide for their children, even when facing financial pressures, potentially leading them into debt. In this scenario, the segment about credit cards was shown on a popular breakfast TV programme. Participants felt that the timing may increase the risk of harm, as the audience would likely include non-working parents or those with young children – groups perceived as potentially more susceptible to such claims.

New parents, specifically, were viewed as being susceptible to content about children's health as they may not have considered these issues before and would be more likely to feel worried or even be influenced to forgo vaccination for their child, for example, if they were exposed to a claim that vaccinations are bad for children.

"I think it plays on people's vulnerability, yes. Every parent wants the best for their child or children and, you know, it suggests that you can go about this in a different way without any consequence and it's a fantastic way to go about it."

(55+, Physical disability)

Older people were also singled out as being potentially vulnerable to claims, depending on their experiences with the health system and their level of isolation. They were viewed as being particularly vulnerable to health content as they tend to be in poorer health than younger people, though concerns were also consistently voiced about financial scenarios for pensioners. Time of day was also flagged as a factor for older people. Participants suggested that this group, particularly those who were retired, would be more likely to watch or listen to content in the morning and may therefore be more at risk from claims made at that time. This was highlighted as a particular concern in relation to scenario 2, which featured a mid-morning local radio phone-in that mentioned the benefits of moving money from a pension into a cryptocurrency scheme.

Participants perceived older people as potentially isolated, noting that not having anyone to discuss claims with could remove a barrier to acting upon those claims. Some participants also suggested that as people got older, cognitive decline was more likely, meaning that they may be more susceptible to believing a claim that they may not have believed previously. Additionally, older people were perceived as being less familiar with how information is shared via technology and social media. As a result, participants thought they may not have had the same opportunities to develop critical evaluation skills for identifying disinformation – skills that they saw as equally applicable when assessing content on other platforms, including traditional media such as TV and radio. This group was also considered to have a greater reliance on traditional broadcasting and to potentially be more trusting of claims made through these channels.

“An older person would possibly believe this [scenario 13] more than a younger person, because young people nowadays are so clued up about everything. Even a 6-year-old can show adults what to do with technology”. (55+, Financial difficulties)

Those with health conditions or disabilities were consistently seen as more vulnerable to health and financial claims.

Participants discussed how people living with disabilities (whether a physical, cognitive, or learning disability) were more likely to experience some form of isolation. They felt that if these individuals are more socially isolated, they may have fewer opportunities to question and test information raised in health and financial claims by discussing it with others.

People with chronic or serious health conditions, physical disabilities or people who feel ‘failed’ by mainstream medicine were seen as more likely to try unproven alternative medical treatments. For example, participants were concerned that people with specific health issues often have regular treatments, and that if they decide to stop those treatments in favour of an unproven alternative treatment, their quality of life may decline. The perceived risk rose when specific conditions were named (e.g. cancer, respiratory disease, arthritis), as it increased the specificity and relevance of the claim to those suffering from those conditions.

“I think that it would definitely be harmful for [people with physical or cognitive disabilities] as well, because a lot of disabled people ... they're having treatment, say physiotherapy, things like that, throughout their lives, and they may decide that the claims that are being said on the TV mean that they don't have to have any of that, and then their quality of life will get worse and worse as time goes on, because they're not being cared for, or caring for themselves. Yes, I think a lot of disabled people would be really quite vulnerable to things like that ...it's just worrying, very worrying.” (18-34, Financial difficulties)

Participants thought those with **cognitive or learning disabilities** may be less likely to fact-check and more likely to either take health and financial claims at face value or misinterpret them. This was thought to increase the chances of them substituting or delaying medical treatment in the case of health claims.

People living with **mental health conditions** (such as bipolar disorder or depression) were also described as being at risk of financial and religious claims. While participants did not discuss this in detail, they flagged that these individuals could be more likely to fixate or become hyper-focused on ideas and solutions to problems, as they might be at a particularly vulnerable point in their lives.

“That’s a marketing scam [scenario 10]. If they're able to advertise that on TV and mass produce it, then it can't be that special ... I would say it's false advertising ... people with mental health issues can fixate on stuff like that and it can be a vicious path.” (Female, 18-34, Northern Ireland)

There were opposing views about the vulnerability of individuals experiencing financial difficulties.

There was a general perception among participants that those under financial pressure or struggling with the cost of living were more vulnerable to financial claims as they are likely to be worried about finances already and may buy into quick financial fix claims. For example, when discussing the scenario about credit card promotion (scenario 7), participants suggested that people on lower incomes could see this as free money and therefore get into debt. They raised a similar point about those with low financial literacy, which was seen to exacerbate risk as people may not understand the risks of credit payments or volatile investments.

However, a contrasting view emerged among those who had experience of financial difficulties. They felt they may be less susceptible to financial claims as they had to be particularly careful with money and could not afford to lose it (for example, by buying into cryptocurrency schemes).

“If someone wasn't aware of the dangers of using credit and using debt, it would appear lucrative. The reality is the dangers and consequences hasn't been fully explained. It's harmful as the consequences aren't explained.” (Male, 18–34, Wales)

Participants thought educational barriers may reduce critical thinking, increasing susceptibility to both health and financial claims.

Participants viewed **people with lower literacy or critical thinking skills, or a limited understanding of English**, as potentially lacking the ability or relevant skills to think critically about content or to question information.

Vulnerability was perceived as two-fold for people with lower literacy skills or limited critical thinking skills. First, those with lower literacy skills were thought to potentially struggle to reach independent decisions and might consequently place trust in claims seen on TV, with associated potential for harm. Second, people with lower literacy skills or limited critical thinking skills were spontaneously linked by participants to more deprived situations and lower incomes. Audiences on lower incomes were seen as more vulnerable to financial claims, as they may be more desperate for a solution to money issues, making them more likely to act upon such claims. People with a lower understanding of English were also flagged as being vulnerable, as they were considered more likely to take claims literally or to miss nuance in messaging and only absorb the key claim.

“I think there is a duty for broadcasters to make sure the information they put out is correct and present. I do believe there is an onus on people to watch and come to their own conclusion. It protects people who may not have critical thinking skills or educational ability to be informed. That vetting of information that's being broadcast should be considered with advice around financials and wellbeing.” (Male, 18–34, Wales)

“My mum would fall for [a claim]. A lot of ladies like my mum haven't learned English... They will fall for this. This speaks their own language. It will say 'don't listen to pharmaceutical companies and buy this.' I can imagine my mum falling for this 100%.” (Male, 35-54, Hindu)

People lacking support networks were seen as having limited opportunities to sense-check health claims.

People without strong support networks were viewed as being particularly vulnerable to claims. Participants noted that they themselves would consult their doctors, friends or families for opinions on health claims they were exposed to. They reflected upon those who may not have support networks, acknowledging they may not have anybody to sense-check or discuss claims with. This may make them more likely to believe claims, as their ability to validate them or seek other perspectives is limited.

Using identity cues within claims can exacerbate risks to specific groups.

Views on **religious audiences** were divided. In the non-religious groups, there was agreement that devout audiences may be more likely to follow religious instruction. However, views across the religious participants were more nuanced. While some felt that devout groups were more at risk of believing false or potentially dangerous claims if made on a religious channel or by a religious leader, others felt that devout audiences would be better informed, and so would recognise misuse of scripture or their beliefs.

Ethnic or linguistic minority communities were also seen as being at risk, if claims are delivered in their first language or if the speaker shares demographic characteristics with the audience. Participants in religious groups suggested that these factors make audiences much more likely to believe claims and follow the advice presented – for example, to stop participating in health screening/vaccination programmes as they should accept what God intends for them – leaving them vulnerable to harm.

“I can imagine a lot of people believing this. There will be a community out there who will just believe it because they're speaking their mother tongue, they believe it. They've got their skin colour. They think it's right, and they're going to believe it. It is a segmented community.” (Male, 35-54, Hindu)

When and where claims are made influences who will see or hear them.

Participants felt the time of day when claims were heard was important, as certain slots signalled who was likely to be exposed to claims. They flagged the following slots as targeting specific groups:

- Breakfast TV and radio were seen as reaching parents. For example, the back-to-school budgeting scenario which suggested using credit cards to spread the cost of uniforms and technology, was seen as being aimed at parents as it was shown at 8:45am on a popular breakfast TV show. Participants imagined mums or single parents watching the segment after the school run.
- Mid-morning radio was associated with older people and pensioners.
- Daytime programmes were seen as being likely to reach unemployed people, or those facing financial pressure.
- Pre-watershed content was flagged as being more likely to reach children. While children were not top of mind when thinking about who would be influenced by health and financial claims, there was a concern that children could hear claims about vaccines and want to forgo vaccination as a result. This could lead to harm to their health or disagreements with their parents.

With this in mind, participants thought broadcasters should be thinking about likely audiences and acting accordingly. For example, having a process in place for mitigations (see mitigations chapter on page 51). Participants believed live TV broadcasters should prepare for problematic moments by researching guests' positions ahead of time and developing counterarguments. They saw this preparation as an effective way to shield vulnerable audiences from potentially harmful misinformation.

“[Broadcasters should] make sure they do their due diligence and have a responsibility for researching guests before they come out. Who's paying them, what are their controversial views, what's their social media history? Then they're prepared and the presenter is prepared. The problem is when that misinformation is coming out from one person and you have a presenter having to challenge it. Broadcasters have a responsibility about who's on their show, what they might say and how that might impact who's watching.” (Male, 35-54, Wales)

While children were not a key focus of the discussion, it was felt that using the watershed on linear TV alongside PINs, security codes and age-gates on VoD services would help to limit the likelihood of children being exposed to potentially harmful claims.

Freedom of expression and protecting audiences

Views differed over the balance of audiences taking personal responsibility versus broadcasters exercising a duty of care. Three main perspectives emerged during this discussion:

1. **Audiences have personal responsibility for fact-checking** after being exposed to a claim; although this was caveated for audiences who may require extra protections.
2. **Risks should be disclosed to audiences**; this allows them to make informed choices and any decisions from here onwards are at their own risk.
3. **Broadcasters have a duty of care** and should not broadcast certain claims and heavily mitigate potential negative effects.

Participants felt that audiences should fact-check information themselves.

There was a consistent theme that audiences should do their own research and fact-check claims they are exposed to. Participants felt confident that they personally would do due diligence before acting on a claim. They cited using sources like Google, YouTube or artificial intelligence (AI) such as Claude or ChatGPT, discussing claims with friends and family, or seeking advice from medical professionals or independent financial advisers. They felt people should be able to share opinions and personal experiences on TV, VoD and radio, particularly when a range of views were presented, helping audiences to form their own judgments. A similar argument was made that 'common sense' should be able to lead audiences to distinguish legitimate claims from harmful ones.

"If there's something you want to find out about, you go look at the NHS website or go look at Pfizer or whatever else that's on Google. You go look at three to four and formulate your own opinion. I think that's key. Getting different ideas and formulating your own opinion. If you only go for one and make a decision based on one, you could be lucky or you could be unlucky. It's like shopping around. When you're buying a house, you wouldn't just buy the first house. You'd go look at different ones. Go compare." (Male, 55+, West Midlands)

While the onus was felt to be on individuals to fact-check information, there was a recognition that if left solely to personal responsibility, some individuals may choose not to do this. For example, in the 'health and fitness guru' scenario, a guru recommends herbal remedies and supplement bundles to stay well, naming specific medical conditions. There was a view that audiences have a choice whether they seek medical advice (for example by getting an NHS appointment) or not after being exposed to this claim. In this sense, audiences having personal responsibility may manifest in audiences choosing not to seek more information after being exposed to a claim.

Participants that particularly emphasised personal responsibility felt that it was important for individuals to take accountability for any negative consequences faced as a result of acting upon

claims. They felt that individuals should take ownership of those decisions rather than blaming those making claims as part of broadcast content.

"If anybody does that without taking independent financial advice, then well, survival of the fittest and all that. You cannot blame one individual who expressed an opinion on a chat show for your own actions. But I do think that's the way society is going. It's a blame culture and it's someone else's fault."

(Female, 35-54, Scottish Borders)

Some participants spontaneously linked personal responsibility to regulation, expressing concerns about over-regulation and suggesting that individuals should be able to work things out for themselves. A perception was expressed of living in a 'nanny state'.

"It's what worked for someone [cryptocurrency scheme, scenario 2], you take it as you do. As someone said it, doesn't mean it's gospel and true. People surely need to think for themselves. Just because you see and hear it, doesn't mean it's true. Sometimes it's a bit of a nanny state. Everything has to be too regulated sometimes." (Female, 35-54, South West England)

However, there was a sense that personal responsibility may only come into play once audiences receive sufficient information to make an informed decision.

There were participants who felt that personal responsibility only applies once risks have been fully disclosed. They felt it was the broadcaster's obligation to manage potential harm through mitigations (such as risk warnings, which will be discussed below). Participants recognised that some audiences may have diminished ability to check information due to age, low literacy or having limited critical thinking skills. As a consequence, it was felt to be particularly important for broadcasters to check and challenge claims and provide sufficient information. Once this threshold has been met, audiences can make informed judgements about whether to act based on the claim.

"It should have, in the documentary, it should mention that you need to go and see a doctor, consult for further advice. Especially, the fact that, 'If you choose not to take your COVID vaccine, speak to NHS representatives, speak through all your options, and be mindful of the fact that if you choose not to take it, medically it's been proven this could happen, this could happen, this could happen'. So, it's giving the person an informed choice, so that they can make their own decision about it." (35-54, Financial difficulties)

Scenario 2: Panel member shares experiences during a live phone-in about personal finances on a mid-morning local radio show.

This scenario was shared with participants across six groups and five interviews. Reactions to the scenario fell into three camps:

First, there was a view that this scenario came down to personal responsibility as it was seen as a personal anecdote rather than advice. Participants argued it did not actually tell audiences to move their money from their pensions into the cryptocurrency scheme, and listeners should think for themselves instead.

“To play devil's advocate, the person hasn't actually said anybody else should do it. They just said they'd done it. I don't necessarily agree with it and my initial reaction was that this felt wrong, particularly because they advertised the [cryptocurrency scheme's website]. I think that's the bit that's wrong for me, less so the thing to say, 'I've done this myself.' That, at the end of the day is someone's personal choice.” (Female, 18–34, West Midlands)

Second, there was a more nuanced view that personal responsibility only comes into play once the claim's risks have been fully disclosed. After that, the audience can make an informed choice which they must take accountability for.

“If they've been told, they know what the risks are. It's then up to them to look into it and see if that's the way they want to go.” (35–54, Physical disability)

A third view suggested the scenario should not be broadcast at all given cryptocurrency's volatility and the potentially life-changing financial losses audiences could face. Participants felt the scenario was not justifiable, particularly with the inclusion of contact details and the lack of on-air challenge.

“With cryptocurrency, I genuinely believe that it should not be put out there as an option, because the risks are too high, it's unregulated. There have been too many stories of people losing their money, or it's gone from £100,000 and it's dropped down to £2,000. It's life-changing amounts.” (35–54, Financial difficulties)

The response to this scenario suggests that personal responsibility is nuanced and may only apply once the broadcaster has done its part by being honest about the potential risks of a claim.

Some participants acknowledged that personal responsibility can only go so far and felt that some content is too risky to broadcast.

Participants felt there were limits to the personal responsibility argument and there was a strong feeling that certain claims should not be broadcast, including:

- **Claims that monetise religion**, such as asking audiences for payment to receive prayers for 'healing in your body' and 'financial breakthroughs'. These were strongly opposed, particularly by religious groups, many of whom felt offended by the content. Participants disliked attaching monetary value to a religious idea, commercialising something that should be freely available to all. They also held deeper concerns, feeling it undermined their religion and its teachings, morals and ethics, such as protecting vulnerable people in society.

"Giving money for prayer, no. Prayers are free. Never should you ask for money."

(Male, 55+, Christian)

- **Claims that guarantee outcomes**, for example, products and services claiming to cure serious illness or deliver quick financial gain. Participants felt that promising a specific health or financial outcome was dangerous due to the expectations that audiences would hold in following the claim's advice. Guaranteeing outcomes was seen as harmful where religion (e.g. scripture) was used to promote claims, and where claims discouraged continuation of medical treatment. Participants felt such claims were unacceptable, as audiences may delay medical care – which was seen to be dangerous and, in some cases, could be fatal.

"It should be banned...to say, 'ditch mainstream medicine', it's dangerous and misleading." (Male, 18-34, Muslim)

- **Claims involving high-risk financial schemes without clearly disclosing risks** (e.g. cryptocurrency) were also seen as unacceptable to broadcast. Participants felt as though the risks associated with these kinds of investments could lead to huge losses. By not flagging these risks to audiences, the claim could lead many into life-changing situations, including loss of a home or relationship, developing mental health conditions like depression, or even turning to suicide.
- **Claims made by individuals who do not disclose paid roles or commercial interests.** Participants perceived there to be a risk where speakers are discussing their own products or services, as this suggested the speaker was making claims for personal benefit and might not genuinely believe in the product or service. This was seen as potentially leading people to make harmful decisions, such as investing in high-risk financial schemes, while the speaker benefits.

"That [paid ambassador role] would definitely make me suspicious, especially if it hadn't been disclosed, because then that makes you think that they are trying to deceive you with the information they're giving you, because if you did know that they were a brand ambassador, you would realise that...they're being paid to say these things, and they don't necessarily believe them." (18-34, Financial difficulties)

Beyond these examples, participants felt that claims could be acceptably broadcast if harm was effectively mitigated.

Scenario 9: Religious leader asks for donations for prayers during live broadcast of a service on a dedicated religious TV channel.

This scenario was shown to participants in seven focus groups (including both religious and non-religious participants) and three interviews. The language used within this scenario – 'expect "healing in your body" and "financial breakthroughs" in the weeks ahead' – drew strong objections from participants for two main reasons.

First, language that guarantees outcomes, such as 'expect', was viewed as misleading. As discussed above, participants felt that guaranteeing outcomes within unfounded claims was offering false hope and could result in psychological harm if audiences do not receive the results they expect. On top of this, audiences could face health or financial related harms if they act upon the claim. For example, if they decide to stop medical treatment in hopes that prayer will heal them. Second, participants objected to the imperative call to action within the scenario, to 'give now'. They felt this was a call to action that creates urgency and pressure upon audiences to act on the claim and donate to receive prayer.

Opinions about whether softening the language would make a difference were divided. Some participants felt strongly that softer language would not resolve concerns with the scenario, and that the scenario should not be broadcast either way. However, this scenario was generally deemed as unacceptable for reasons outlined above.

"It just shouldn't be shown. Unless you can be sure the people won't take it literally, I don't see a situation when you can say that, then I don't think it's fair to show it." (Male, 18-34, Muslim)

However, there was also some support for softening the language. Removing 'expect' and 'give now' from the scenario would make outcomes feel less guaranteed and reduce the urgency of the claim. Participants felt this would make audiences feel less compelled to act on the claim.

"There's nothing wrong with donating, but to put that pressure on that it's going to heal your body, no. Just say 'Would you like to donate to receive a prayer?' "
(Female, 55+, Wales)

Mitigating harm

Participants saw mitigations as necessary to reduce the likelihood of, and potential for, harm from health and financial claims. They voiced preferences for mitigations that gave audiences more information, such as presenter challenge, debate and disclosing the speaker's background. These mitigations were seen as particularly effective as they would help inform audiences of the validity of the claim and allow them to come to their own judgements, discouraging them from acting on claims presented in programming. In general, participants did not distinguish between mitigations for TV and radio, largely applying the same principles to both platforms.

Perceived effectiveness and desirability of mitigations

Overall, there was a clear appetite for a consistent framework (i.e. clear guidance on what is and what is not allowed and a standard for how to apply mitigations) to ensure that broadcasters were adhering to what they saw as good practice principles. Post-task reflections echoed this, with participants affirming the importance of having governance and regulations in place to protect the public, and, in particular, the most vulnerable people in society. While discussions did not specifically cover current regulations or views on enforcement, there were a few spontaneous examples of participants reflecting that they wanted to see strong enforcement of harmful content from Ofcom including clear consequences for repeat rule breaches (for example, a ban rather than multiple fines). There was also a desire expressed for proactive monitoring of programmes before they are broadcast, checking potential conflicts of interest of presenters, fact-checking and an easier complaints process.

“For the regulator to keep an eye and have boundaries so people who are more vulnerable, so it's sense checked for them. There needs to be a mechanism in place to hold people to account and not let us to become a state where misinformation rules. It's a contradiction with freedom of speech and needing rules.” (Female, 35-54, South West England)

As discussed in the 'who hears the claim' chapter, participants felt that the service or the time of broadcast were strong influences on who would see or hear the claim. As a result, they desired stronger mitigations when certain audiences may be at risk, especially where unsupported claims were presented without evidence or guarantees were given regarding specific outcomes.

Figure 2 below shows the mitigations discussed by participants and their perceived effectiveness.

Figure 2: Perceived effectiveness of mitigations

Mitigations that participants considered to be most effective

Mitigations that give the audience more information were particularly valued.

Participants felt that mitigations that offered them evidence, context and alternative perspectives at the point that a claim was made were most effective. Disclosing risks and the presentation of counterarguments were valued as ways to enable audiences to form their own judgements on a claim, rather than take it at face value. Participants felt that providing comprehensive information gave audiences the opportunity to decide against taking an action or following advice that may lead to harm – for example, choosing not to receive vaccinations or undertaking a high-risk financial move.

However, participants recognised that shorter, live segments present challenges for broadcasters as format and time restrictions can limit depth.

Participants acknowledged that broadcasters could not offer large amounts of information or host a full debate in shorter slots, and that live segments, whether on TV or radio, present less opportunity to fact-check claims and sources. However, participants did not see live programming as a reason for broadcasters to exhibit poor practice. Presenters were still expected to step in to neutralise or challenge claims, and producers were expected to have a good sense of speakers' views before allowing them on-air to reduce the potential for harm. There was a view that, if broadcasters could not mitigate claims in these situations, the segment simply should not be broadcast (e.g. advice about credit card use should not be confined to a short segment).

Participants felt that presenters challenging claims and helping audiences distinguish between fact and opinion would enable audiences to form judgements.

There was a strong expectation that presenters should actively step in to provide balance to help mitigate any potential harm from claims. To participants, this meant remaining neutral while mediating conversations, reminding audiences of the speakers' credentials, challenging claims and distinguishing between opinion and fact. As set out in the 'how the claim is made' chapter, participants felt that distinguishing between fact and opinion at the point a claim is made would help audiences to understand whether the claim is evidenced. They felt this could potentially prevent audiences from acting on unevidenced claims that lead to harm (for example, parents delaying their children's vaccinations) and encourage them to make more informed decisions.

"A reminder from the presenter that these are opinions and not facts [would work well as a mitigation]." (Male, 35-54, London)

Participants wanted presenters to contextualise claims by signposting audiences to official information.

There was also a strong desire from participants across groups for presenters to contextualise claims and situate them against mainstream guidance by signposting to official information. There was a recurrent theme that signposting audiences to independent sources can be a helpful tool for verifying information. Examples of trusted sources included the NHS, GOV.UK, Citizens Advice, and independent financial advice services. If the programme did this, participants felt they would be better equipped to undertake their own research, making them better placed to form their own judgements on claims. Participants in religious groups noted that this mitigation would be particularly useful if information was available in multiple languages.

However, signposting was seen as less effective if done on-screen, and some scepticism remained over whether audiences would actually follow up with signposting.

There was a concern that signposting could be easily missed if included as an on-screen message, so participants preferred for this to be done verbally by the presenter. For example, audiences may not pay full attention to the TV screen if they are looking at their phone, doing housework or listening to the TV from another room. There was also a view that on-screen messages could be easily ignored as audiences can choose what to read, whereas verbal challenges were seen as more immediate and direct, making them harder to disregard. Providing this information quickly at the point a claim was made may interrupt action pathways by giving audiences a next step before they get a chance to act on a claim. Although some scepticism remained that audiences would actively follow up and seek information from these sources.

Counterbalance through debate was seen as an effective way to help audiences judge claims.

Representing multiple views was important to participants; they wanted to see structured debate. There was a strong desire to hear the risks of the claim, in particular, so audiences are fully

informed of any potential harm they could be exposed to. This was seen to help audiences understand multiple perspectives, their own likely views on the issue, and recognise potential harms (e.g. health-related side effects, late fees for credit cards) before making any decisions to act on the claim.

“If there is a contentious opinion voiced that could cause harm, then there should be a balance put in. If balance is there, then the producer and broadcaster has met their duty to manage the potential harm of what's been said.” (Male, 35-54, North East)

Scenario 1: Social media parenting influencer shares views on vaccination on a live mid-morning weekday chat show on a major, trusted TV channel.

This scenario was shown to participants in six focus groups and three interviews. Participants highly valued the mitigations that gave the audience more information in this scenario. Some were relieved that the presenter stepped in to challenge the claim and felt that, without presenter challenge, the scenario would be dangerous as it goes against NHS guidance. The presenter was seen as having recovered the situation well by providing a neutral view to contrast with the claim, by stating that this was the guest's personal experience, and by sharing official NHS guidance. Participants felt the presenter provided enough balance for the audience to decide whether to vaccinate their children or not. However, despite being generally well-received, there was a view that it was too late for the presenter to step in, as the claim had already been made.

"The presenter seems to have done the right thing. I do think, you know, they needed to make it very plain, which it seems to have done, that it's a personal opinion and actually flies in the face of research and science, which they've almost done as well." (55+, Physical disability)

There was appetite for the presenter to go even further and challenge the claim more, as this was seen as helping the audience to gather more accurate information. However, it was noted that the presenter should not be too vocal as this may cause an argument, which could end up giving more credibility to the original claim. Participants felt that the challenge from the presenter could have been stronger in this scenario and would have liked to have seen them directly challenge the claim.

"The presenter needs to be aware that they can't get into an argument about it because that might convince some people who are watching that there is value in what the other person said." (Male, 35-54, North East)

It was appreciated that the presenter signposted to official NHS guidance. However, there were calls for additional resources, such as links for audiences to do more research. Participants also wanted to see medical professionals, such as clinicians, doctors or medical specialists (who were seen to have more in-depth knowledge than GPs), responding to the claim. This would anchor the segment in mainstream advice, as opposed to allowing it to be a personal anecdote, and reassure audiences that the claim has been researched properly.

Participants recognised that the unpredictable nature of live TV makes it impossible to pre-empt everything a guest might say. Nonetheless, they expected broadcasters to prepare thoroughly by researching guests in advance and ensuring presenters are ready to push back and signpost to further information.

Framing of claims mattered to participants.

Participants wanted broadcasters to consider the framing of a claim; as mentioned in the 'how a claim is made' chapter, they wanted clear information about whether a claim was an opinion, personal experience or established fact. Clarity on the nature of the claim was seen to help audiences to make a more informed choice and reduce the chance that the claim could drive potentially harmful decisions such as taking on an unmanageable amount of credit card debt. They also felt it was important not to guarantee specific outcomes, and they reacted extremely negatively to this within the scenarios.

Participants wanted broadcasters to vet guests and clearly disclose their credentials on air, so audiences can weigh up credibility.

Participants wanted greater transparency about speakers' backgrounds, as they felt it was important for audiences to understand their relevant knowledge and experience. They wanted specific credentials to be provided, enabling audiences to assess the credibility of claims and make informed judgements about whether to trust them. Participants felt that vague descriptions of expertise or job titles could be misleading. This was viewed as particularly important in relation to anecdotal medical claims, given the potential for serious health harms if audiences acted on inaccurate information.

"Well, it's that thing of like, when they introduce someone as an expert, it's like, 'What does that actually mean?' You know? Like, they never really explain, 'This person's done this, qualified in this, studied this.' I mean, anyone can claim to be an expert, if they don't have the background behind them, but you have to rely on that company, or the radio station, that they have done those official checks."

(35-54, Cognitive disability)

Upfront disclosure of conflicts of interest made participants feel more informed about the motivations of the claim.

Participants felt it was important for any conflicts of interest (e.g. commercial interests) to be disclosed before a claim is made. The concern was that, without this disclosure, audiences may unwittingly act upon biased advice. Participants felt disclosure of commercial interests could allow audiences to understand the speaker's motivations in promoting their claim, giving them opportunity to discount the claim should they decide to. This limits the likelihood of audiences acting on harmful claims.

"What they've basically done there is dressed up an advertisement as an informative and factual exchange of information, and I don't think that should've been allowed to happen." (55+, Physical disability)

Mitigations that participants considered moderately effective

Expert responses anchor claims in official advice and help audiences weigh up risks.

Broadcasting a response to the claim from a relevant expert (for example, a clinician or an independent financial adviser) was seen as helping situate claims against mainstream advice. Participants wanted to see clear and specific qualifications, skills and experience. Independence was also viewed as important; if the broadcaster only broadcast non-independent voices such as social media influencers or campaigners, participants worried about bias, feeling this would not effectively reduce harm, particularly for vulnerable groups. For health claims, the preference was for independent medical voices like clinicians or GPs, whereas for financial claims, participants wanted to hear from independent financial advisers or regulators.

“I’d rather see an independent, whether it was a GP or someone of that nature, than the actual manufacturer. For me, I’d think it’s in your best interest to not have that fear out there. For me, it would hold more weight if it was an independent medical individual.” (Female, 35–54, Scottish Borders)

The presence of an expert either providing evidence to back up the claim or providing a counterpoint at the point a claim is made was viewed as a timely and effective mitigation that tests the claim’s evidence and reduces the need to rely on non-official information, reducing the likelihood of audiences taking action immediately upon hearing the claim.

Warnings were viewed as useful, but worked best when timely, visual and verbal.

Generally, there was appetite for both frequent verbal warnings from presenters (which were viewed as the most effective type of warning and best suited to TV and radio), and visual warnings (e.g. banners at the point a claim is made) to ensure warnings are absorbed and to suit a range of viewers, including those who are blind, deaf, or simply consume TV in different ways. Participants thought warnings should be specific, repeated multiple times throughout segments, and often directive (e.g. ‘do not stop medication; speak to your GP’, ‘this is not medical advice’). If warnings are generic, infrequent or easy to miss, audiences may continue to take harmful action.

“There will always be people who ignore it [disclaimer], but to not have them at all seems reckless.” (Female, 35–54, West Midlands)

Mitigations that participants considered least effective

Visual warnings not shown at the point of claim were considered weaker than verbal or more timely warnings.

Among religious groups in particular, there was scepticism over the effectiveness of warnings that are not given at the point of the claim. While participants were broadly supportive of warnings being shown, there was a view that whether someone acts on a claim is more dependent on the individual (e.g. whether they are easily motivated, whether they are more susceptible to claims) and other stronger mitigations, like facilitating debate, rather than showing warnings. They drew comparisons to ‘smoking kills’ warnings on cigarette packs, and responsible gambling messages being shown on gambling adverts. There were suggestions that warnings do not mitigate the claim

itself, which is the core cause of harm, thereby not preventing negative impacts on audiences. This reinforces the need for stronger mitigations, as outlined above.

There were three opposing perspectives on including retailer information.

For more commercial claims, it was generally felt that not including shop information (i.e. links to purchase, contact details) was positive, as it makes it harder to purchase a product or buy into a scheme, which forces audiences to do their own research. This could reduce the chance of audiences taking impulsive actions, such as stopping mainstream medical treatment, or buying into a cryptocurrency scheme.

“Links to purchase things shouldn’t be in the show ... It’s very easy to click a link and next minute you’ve spent money you can’t afford to spend.” (Male, 18–34, Northern Ireland)

However, others felt that not including shop information was not as effective as other mitigations, as it would not address the core harm in the claim and audiences could still try to buy into products and schemes.

Finally, there was a view that contact details should be included, as an avenue for audiences to conduct their own research into the claim before taking any action that could lead to harm.

“I think, yes, [contact details] should be included so that people can do their own due diligence and research.” (18–34, Cognitive disability)

Editing programmes for catch-up divided opinion; some emphasised duty of care while others perceived this as censorship.

On the one hand, where claims were misleading or unsupported, participants felt they should be removed from catch-up. They recognised catch-up as being an opportunity to correct, edit and be more rigorous with fact-checking, limiting the audience size the claim can reach and potentially inflict harm upon. However, others would wonder why certain segments or opinions had been removed.

“The conspiracy part of me would think ‘Why did you take it out?’ Why would you hide someone’s opinion?” (Female, 35–54, Wales)

Summary

While the potential for harm from health and financial claims was not initially top of mind for most participants, when presented with hypothetical scenarios, they had clear views on the use of health and financial claims in broadcasting. The findings indicate that the perceived credibility of a claim is the key determinant of its potential to cause harm. This credibility is shaped by a combination of factors:

- **Who makes the claim**, particularly their credentials and perceived authority.
- **How the claim is made**, including its specificity and framing.
- **Where the claim is broadcast**, with participants holding higher expectations for Public Service Broadcasters.
- **Who hears the claim**, with participants recognising that vulnerability is often situational, yet consistently identifying certain groups as being at greater risk.

Ultimately, while a tension exists between the audience's personal responsibility and the broadcaster's duty of care, participants considered some claims, such as those that monetise religion or guarantee outcomes, unacceptable to broadcast. They expressed a clear desire for a consistent framework of protections, preferring mitigations that empower them with information – such as presenter challenges and balanced debate, to allow them to make their own informed judgements.

Annex A: Methodology

Overview

The methodology was purely qualitative, comprising online focus groups and depth interviews with a purposive sample of individuals from across the UK.

Sampling and recruitment

In order to explore the range and diversity of audiences' experiences of claims made on TV, radio and VoD, a purposive sampling strategy was developed which included a range of key characteristics that might influence individuals' views. This included setting quotas for some characteristics and monitoring for diversity with others. Participants were recruited using professional recruitment agencies to ensure good range and diversity. Recruitment partners used a screener questionnaire to identify suitable participants and share an information sheet, privacy notice and consent form with participants who expressed interest in taking part.

In total 17 focus groups were carried out with a total of 92 participants alongside 15 depth interviews. The tables below show the final samples recruited across the focus groups and depth interviews.

Table 3: Achieved sample for the focus groups

Region	Gender	Age	Socio-economic group	Ethnicity
North East England x 6	2 x male 4 x female	3 x 18-34 1 x 35-54 2 x 55+	2 x AB 2 x C1/C2 2 x DE	5 x White British 1 x Indian
London or the South East x 6	3 x male 3 x female	2 x 18-34 2 x 35-54 2 x 55+	2 x AB 2 x C1/C2 2 x DE	3 x White British 2 x Indian 1 x Other Asian
South West England x 4	1 x male 3 x female	1 x 18-34 2 x 35-54 1 x 55+	1 x AB 2 x C1/C2 1 x DE	3 x White British 1 x Other Mixed/Multiple
West Midlands x 5	3 x male 2 x female	1 x 18-34 2 x 35-54 2 x 55+	2 x AB 1 x C1/C2 2 x DE	3 x White 1 x Black Caribbean 1 x Pakistani
Northern Ireland x 6	3 x male 3 x female	2 x 18-34 2 x 35-54 2 x 55+	2 x AB 2 x C1/C2 2 x DE	6 x White British
Wales x 11	6 x male 5 x female	4 x 18-34 4 x 35-54 3 x 55+	4 x AB 4 x C1/C2 3 x DE	9 x White British 1 x Black British 1 x Mixed British/Iranian
Scotland x 5	3 x male 2 x female	2 x 18-34 2 x 35-54 1 x 55+	2 x AB 1 x C1/C2 2 x DE	5 x White British

Region	Gender	Age	Socio-economic group	Ethnicity
Scottish Borders x 5	3 x male 2 x female	2 x 18-34 2 x 35-54 1 x 55+	1 x AB 2 x C1/C2 2 x DE	5 x White British

Table 4: Achieved sample for the religious focus groups

Religion	Gender	Age	Socio-economic group	Ethnicity
Christian x 11	5 x male 6 x female	4 x 18-34 3 x 35-54 4 x 55+	2 x AB 8 x C1/C2 1 x DE	4 x White British 1 x Mixed Other 1 x Black British 4 x Northern Irish 1 x Asian
Sikh x 12	6 x male 6 x female	3 x 18-34 5 x 35-54 4 x 55+	5 x AB 5 x C1/C2 1 x DE ⁹	12 x Indian
Muslim x 9	4 x male 5 x female	4 x 18-34 2 x 35-54 3 x 55+	3 x AB 5 x C1/C2 1 x DE	5 x Pakistani 1 x Asian Arabic 1 x British Bangladeshi 1 x Asian 1 x Iraqi British
Hindu x 12	6 x male 6 x female	4 x 18-34 4 x 35-54 4 x 55+	7 x AB 2 x C1/C2 3 x DE	11 x Indian 1 x British Indian

Table 5: Achieved sample for the depth interviews

Interview group	Gender	Age	Socio-economic group	Ethnicity
Physical disability x 5	3 x male 2 x female	1 x 18-34 3 x 35-54 1 x 55+	1 x AB 2 x C1/C2 2 x DE	3 x White British 1 x White Irish 1 x Pakistani
Cognitive disability x 5	3 x male 2 x female	2 x 18-34 2 x 35-54 1 x 55+	3 x AB 0 x C1/C2 2 x DE	2 x White British 1 x Any other White background 1 x Sri Lankan 1 x Black African/Caribbean
Experiencing financial difficulties x 5	2 x male 3 x female	1 x 18-34 3 x 35-54 1 x 55+	0 x AB 4 x C1/C2 1 x DE	3 x White British 1 x White Irish 1 x Bangladeshi

⁹ The socio-economic group for one Sikh participant was not recorded.

Fieldwork approach

A pilot group was conducted in January 2026. This was used to test the topic guide, stimulus materials and timing of the groups. Following the pilot, minor changes were made to the topic guide length and order. Three pilot depth interviews were also carried out in January 2026.

Focus groups were carried out online during weekday evenings and lasted two hours. Depth interview participants were given a choice about whether their interview was conducted online, by phone or in person. The interviews were carried out at a time convenient to the participant and lasted up to an hour.

Groups and interviews were guided by a pre-agreed topic guide. Groups were audio recorded but also had a professional notetaker present to create an instant anonymised transcript of the groups. Interviews were audio recorded with the participants' permission and then transcribed to allow for accurate and robust analysis. All participants were told that individual views and quotes would be anonymised and that they had the right to change their mind about participating at any point up until the analysis phase started.

Following the online groups, participants had the option of taking part in a short online post-task asking for their reflections of the group and any thoughts they'd had on the topic of health and finance claims in broadcasting since taking part. Once participants had finished their engagement with the research, they were sent a thank you email which included a leaflet detailing sources of support that they could turn to if needed and a voucher (£60 for group participants, an additional £10 for group participants who completed the post-task, and £50 for interview participants) as a thank-you for their time.

Data management and analysis

Following the fieldwork period, data management and analysis took place. The data from the focus group and interview transcripts were analysed using the framework method of analysis. This involves summarising the data from each research interview into a thematic framework. Columns represent themes and each participant's data is summarised (charted) across a row. The strength of this approach is that it enables systematic and comprehensive analysis of the complete data set in a manageable way and that analysis can be done both thematically and individually. Once the data had been charted into the framework, the analysis phase followed. This began with several team analysis sessions to identify themes emerging from the data to explore in more detail. Following this, different sections of the data were allocated to the team who then undertook various stages of analysis. This included descriptive analysis which involved looking at each research question or theme in turn and exploring the range of views held under that theme with a view to developing categories. The team then looked for patterns and linkages in the data exploring whether characteristics, experiences or circumstances of the various participant groups might link to particular views or experiences of health and financial claims.

Interpretation of the qualitative data

The data from participants who took part in the research represents a good level of range and diversity, and there was a high level of saturation apparent in the data, meaning that the same themes were heard regularly across the data set. We can therefore be reasonably confident that the high-level themes emerging from the qualitative research largely echo those that would be found in the wider audience populations represented in the research, even if the granularity of individual experience varies.

Ethics

At the start of the project, the research team put together an ethical review form identifying the key areas where there might be ethical challenges. This was then reviewed by two members of the internal Ipsos ethics group. Following this process and in line with good social research practice, a range of measures were implemented to ensure the informed consent and wellbeing of both participants and researchers throughout the project. This included (but was not limited to):

- While online focus groups were used with most participants, those with physical or cognitive impairments and participants classed as financially vulnerable were offered a depth interview instead. This was to ensure both their inclusion and comfort.
- All potential participants were given access to an information leaflet and privacy notice prior to deciding whether or not to take part, explaining what their participation would involve, how their data would be used, stored and destroyed, the fact that the interviews would be recorded, the voluntary nature of participation and how to get in touch to ask any questions or to opt out of the research.
- All participants who agreed to go ahead were given a consent form to complete in advance of the group/interview that reiterated the voluntary nature of participation and details about the research process and how data would be used and stored. Participants were reminded throughout the fieldwork about how they could withdraw consent.
- The burden placed on interview participants was minimised by conducting interviews in a manner and at a time chosen by the participant. The interviews were designed to last no more than one hour to keep the time commitment of participation to a minimum, however, the interviewer also checked the time that each participant had available and was responsive to that and in some cases, the interview was significantly shorter than one hour.
- Researchers working on the project received a full briefing ahead of the fieldwork starting, including refresher training on Ipsos's safeguarding and disclosure policy and were encouraged to check in with someone after each interview for a debrief where needed. A limit was placed on the number of interviews researchers could complete in a day.
- Prior to deciding whether or not to take part, participants for the depth interviews were informed in the information sheet that they could have an individual in the interview with

them, such as a trusted carer or friend. It was explained that it was their views that Ipsos were interested in hearing for this research though and all questions would be directed at them.

Annex B: Summary of attitudes towards scenarios

Scenario	Shown to	Views on scenario
Scenario 1 During a live mid-morning weekday chat show on a major, trusted TV channel, a well-known parenting influencer with a large social media following – who has previously trained as a nurse – is interviewed one-to-one about making health decisions for children. Unprompted, the guest warns parents about the dangers of vaccination for small children, sharing a personal story about their own toddler and urging parents to think twice. The presenter steps in to say that this was the guest's personal experience and adds that official NHS guidance for parents and carers is that routine childhood vaccines are safe and recommended.	Focus groups: 1. North East England (pilot), 2. London/South East, 3. West Midlands 4. Northern Scotland, 5. Wales group 2 6. Christian men Interviews: 3	Views of the scenario • One viewpoint was that the claims in this scenario were not very harmful, as participants valued hearing "real-life" stories, felt expressing opinions is acceptable and believed parents are responsible for their own research. • An opposing view, particularly strong among participants with disabilities, was that personal opinions on health are unacceptable to broadcast and only qualified experts should make health claims. • Those who thought the claims in this scenario could be harmful felt they could undermine official health guidance. Possible harm arising from scenario and factors influencing potential harm • The primary harm identified was that parents might choose not to vaccinate their children, putting them at risk. • Harm was seen as being amplified by several factors: the guest's authority as a former nurse; her large social media following; and the credibility of the major TV channel. • Groups identified as being particularly at risk of harm by the claims in this scenario included new parents, the social media influencer's followers, people with fewer educational qualifications, and those with cognitive disabilities. Potential mitigations • There was a broad consensus that the presenter was right to intervene by clarifying the claim was a personal experience and providing official NHS guidance. This mitigation was seen as essential for limiting the potential harm. • It was also suggested that having a doctor or expert on the show to debate the claim would be another effective way to provide a balanced view.
Scenario 2	Focus groups:	Views of the scenario

Scenario	Shown to	Views on scenario
A mid-morning local radio show that features interviews, reports, music and news, opens the phone lines for a segment on 'getting your finances in order'. This segment includes a panel of investment advisers. During a live phone-in, one of the panel members says they moved money from a workplace pension into a named, unregulated cryptocurrency scheme and "saw far better returns". They read out the scheme's website and contact details. No risks are mentioned, and the presenter thanks the panel member and moves on to the next call.	1. North East England (pilot) 2. London/South East 3. South West England 4. West Midlands 5. Scottish Borders 6. Christian women Interviews: 5	• There was general consensus that without any mitigations in place, such as discussion of the risks, the claims in this scenario were unacceptable. Beyond this agreement, views on promoting potentially high-risk products and the level of personal responsibility of the audience were nuanced. • One viewpoint was that the claims in the scenario were inherently harmful because they promoted a potentially high-risk, unregulated product (cryptocurrency), where outcomes could be severe (such as losing life savings). • An opposing view was that promoting cryptocurrency is not inherently harmful as audiences have a personal responsibility to research claims and should not take one person's opinion at face value without seeking further guidance. Possible harm arising from the scenario and factors influencing potential harm • Factors seen to increase the potential for harm included the speaker's perceived authority as an "investment adviser", the provision of direct contact details for the scheme making it quick and easy to take action, and the perceived targeting of retired people (because of the mention of moving money from a pension and the timing of the broadcast being mid-morning). • Participants agreed that if the speaker were an undisclosed brand ambassador, it would be misleading and harmful, as the audience could mistake promotional content for impartial information. • Groups identified as being particularly at risk of harm included retired people, those who are not financially astute, and people experiencing hardship who might be desperate for a solution. Potential mitigations • The most effective mitigations were identified as in-the-moment verbal actions, such as disclosing the risks, including disclaimers about investment volatility, and having the presenter or another guest challenge the claim. • Disclaimers at the beginning or end of the broadcast were seen as less effective, primarily because audiences might tune in only for a specific segment and miss these warnings.
Scenario 3	Focus groups:	Views of the scenario

Scenario	Shown to	Views on scenario
On a lunchtime national current affairs programme on a national radio station, an interviewee introduced as a 'health policy expert' argues that large pharmaceutical companies 'routinely act in ways that harm public health'. The presenter sounds sceptical but does not directly challenge their specific claims. The guest then names a particular prescription drug for a named condition and asserts it 'causes memory loss', despite there being no established scientific evidence for that claim. The interview ends without correction or response from any of the pharmaceutical companies they referred to.	1. London/South East 2. South West England 3. Wales 4. Scottish Borders 5. Christian women 6. Sikh men Interviews: 5	• One view was that the claim in this scenario could be harmful as it was seen as one-sided and makes a claim without providing any statistics or other evidence to back it up, which could lead to people prescribed the medication to stop their treatment if believed. • Others were sceptical that audiences would take action as a result of the claim in this scenario. These participants thought that the claim would be seen as exaggerated or incorrect since all medicines can have side effects and due to the lack of evidence presented. However, there was some acknowledgement that some audiences may be more vulnerable if their critical thinking skills or ability to do their own research is diminished. Possible harm arising from the scenario and factors influencing potential harm • Factors considered to increase the risk of harm included: perceived authority with the title 'expert' and the credibility of broadcasting on a national radio station, with the increased risk of exposure to a larger audience (compared to a smaller audience for local stations). The presenter's failure to challenge the claim or ask for any evidence was also seen to increase the risk of harm. • Older people and people with disabilities were specifically identified as vulnerable groups who may be more likely to believe the claim and stop their treatment, potentially increasing the risk of harm such as severe health issues or death. Potential mitigations • While there was some acknowledgement that live radio can be unpredictable, participants wanted the presenter to be ready to challenge the claim or at least ask for evidence to back it up. • Having an independent clinician provide an on-air response was also seen as an effective mitigation to provide a counterargument and give a more balanced view. This was preferred over having a representative from the pharmaceutical company, as there were concerns that they would have a conflict of interest.
Scenario 4	Focus groups:	Views of the scenario

Scenario	Shown to	Views on scenario
A health and fitness segment on a main broadcast TV channel's weekend show is presented by a 'health and fitness guru'. The presenter, who has no medical qualifications, takes viewer calls about 'natural ways to stay well'. They recommend specific herbal remedies and supplement bundles from their own health food shop, including to callers describing serious respiratory symptoms and a history of cancer. A guest on the show laughs, "well, picking up supplements is quicker than getting an NHS appointment", and the segment ends with the presenter promoting their shop's hotline.	1. South West England 2. West Midlands 3. Northern Ireland 4. Wales group 2 5. Sikh women Interviews: 4	• There was a strong consensus that suggesting that herbal remedies can replace conventional medicine for serious conditions is dangerous and could lead to serious harm including death if audiences forgo their medical treatment. Beyond this agreement, views on the commercialisation of health and level of personal responsibility of the audience were nuanced. • One view was that the example given in the scenario was inherently unethical, as it is a commercial 'sales pitch' disguised as health advice by making recommendations to callers. • In contrast, there was a view that audiences have a degree of personal responsibility to do their own research into claims. However, participants who raised this point agreed that suggesting alternative remedies as a replacement to NHS guidance was wrong. Possible harm arising from the scenario and factors influencing potential harm • Participants considered the risk of harm was amplified by several factors: the presenter's lack of medical qualifications, the conflict of interest in promoting their own shop, the comments disparaging the NHS, the mention of serious conditions such as cancer, and the perceived credibility of a main broadcast TV channel. • Groups identified as being particularly at risk of harm were people with serious health conditions like cancer (who were seen as being targeted in the scenario and may be desperate and willing to try anything), older people (who may be more trusting of main broadcast TV and less able to do their own research), and younger people (who may be susceptible to influencer-style marketing). Potential mitigations • Effective mitigations were seen as clear, verbal disclaimers explaining that the content is not medical advice and that viewers should consult their GP. Having a qualified medical professional on the show to challenge the claims and provide a counterbalance was also seen as helpful. • Not including the shop's hotline was seen as a minor improvement but less effective.

Scenario	Shown to	Views on scenario
		On-screen warnings or banners were also seen as less effective as they could be easily ignored or missed if the TV is on in the background.
Scenario 5 A full-length documentary on a streaming service tells the story of the global race to develop COVID-19 vaccines. Midway through, an interviewee from a company supplying personal protective equipment to hospitals is critical of mass vaccination, saying it “would have made commercial sense” for companies to overlook potential side-effects to beat competitors, adding that the “true cost” of the vaccine may not be known for generations. The documentary features some people who argue against this point, but the claims are shown without fact-checking. A general list of sources appears only in the end credits.	Focus groups: - North East England (pilot) - Northern Ireland - Wales - Scottish Borders - Muslim men Interviews: 4	Views of the scenario - Views on the potential for claims in this scenario to be harmful and their acceptability were divided. - Those who felt the claims were acceptable agreed that it was clear the claims were an opinion (e.g. as the speaker was not trying to promote a product or encourage viewers to take a particular action) and did not feel any mitigation was necessary. However, some within this group highlighted the importance of broadcasting a range of views to ensure one viewpoint is not prioritised. - Those who felt the claim could be harmful felt it should only be broadcast with caveats such as evidence to substantiate the claim (e.g. showing that vaccines are generally safe and the risks of not being vaccinated). Others felt that as the programme was pre-recorded, the claim could be removed, if it cannot be backed by evidence. Possible harm arising from the scenario and factors influencing potential harm - Those who felt the claim in the scenario was dangerous had concerns it could lead to the spread of misinformation and support conspiracy theories around vaccination. - Factors seen to increase the risk of harm included the documentary format, which was seen to give credibility to the information as audiences may assume broadcasters have done their due diligence. There was also a view that the polarising nature of vaccines could make some audiences more believing of claims. Potential mitigations - Effective mitigations were seen as proof of having fact-checked the evidence to substantiate the claim and including speakers with different views in the documentary as a counterpoint.
Scenario 6 On a health and wellbeing focused TV channel with a small daytime audience, a weekday series runs a	Focus groups: - London/South East - Northern Scotland	Views of the scenario There was a strong consensus that the claims in this scenario were misleading and could lead to serious harm, primarily due to the claim that the product can ‘cure’

Scenario	Shown to	Views on scenario
mid-morning 'natural remedies' segment. The presenter claims one particular remedy can treat specific medical conditions. Wearing a white lab coat and introduced on-screen as a medical practitioner, the presenter describes 'scientific' mechanisms, states their elderly mother used the product and was 'cured of her arthritis with no side-effects', and reads multiple testimonials of resolved symptoms. A link to purchase the product appears on the screen throughout the programme.	3. Wales group 2 4. Muslim women Interviews: 5	arthritis and because only positive testimonials were used, suggesting everyone will have the same positive outcome. - While there was some agreement, especially in the religious groups, that natural remedies can have positive health impacts, these participants agreed that claiming these products can cure serious or chronic conditions is misleading. Possible harm arising from the scenario and factors influencing potential harm - Factors seen to increase the risk of harm were: that the information could be biased due to the conflict of interest in providing a link to purchase the product, and the presenter wearing a white lab coat, which presents them as a figure of authority (without the audience having any information about their medical qualifications). However, it was felt that removing these elements alone would not be effective in mitigating harm. - Primary groups at risk were seen to be people with named conditions as they are being specifically targeted and may be desperate for a solution if they are living with pain. Older people were also seen to be at risk. Potential mitigations - Participants wanted to see the language softened to reduce the risk of harm (e.g. removing 'cure' claims). Other effective mitigations identified included verbal warnings that people may not have the same results and that audiences should consult their GP for advice. Banners were seen as useful to an extent, but there were concerns these would be missed and that they are less direct and effective than spoken warnings.
Scenario 7 At 8:45am, a popular breakfast programme on a well-known TV channel runs a 'Back-to-school budgeting hacks' slot. A regular	Focus groups: 1. North East England (pilot) 2. Northern Ireland	Views of the scenario Participants agreed that the claims made in this scenario could be dangerous as there is no discussion of the risks involved with credit cards.

Scenario	Shown to	Views on scenario
guest, described as a ‘consumer expert’ shows how to spread the cost of uniforms and tech using credit cards. The guest says, “Why pay for them this month, when you can make your pay cheque go further by using credit cards?” and suggests making use of multiple credit cards for food shopping and energy bills as well. The presenter praises it as a “smart way to manage cash flow” and moves on with the programme.	3. Wales 4. Northern Scotland 5. Wales group 2 6. Muslim women 7. Hindu men Interviews: 5	- Those who felt strongly that the claims were potentially harmful emphasised that the scenario did not consider that people have different financial circumstances and capacity for risk. There was a concern that the claims could lead to people going into unmanageable debt or damaging their credit rating. - Others acknowledged that using credit cards can be useful, however these participants emphasised that this was only the case if people are able to make monthly payments and felt that the advice was potentially harmful for a general audience. Possible harm arising from the scenario and factors influencing potential harm - Participants considered the risk of harm was amplified by several factors. First, as participants generally felt presenters were unbiased, the presenter’s enthusiastic endorsement of the claim was felt to lend credibility to it. - Second, the timing of the programming on morning TV and the subject matter (the ‘back to school’ segment specifically presenting credit cards as a way to pay for uniforms) were seen as targeting parents. There was concern for single parents and low-income families who may be more financially vulnerable and susceptible to the information, as they want to ‘do the best for their children’. - People with low financial literacy and young people (who some felt may be less aware of the consequences of credit and see it as ‘free money’) were also considered at-risk. Potential mitigations - The most effective mitigations were seen as in-the-moment, verbal warnings. For example, this included the presenter challenging the guest and providing verbal warnings about the risks of credit cards and the need to pay off the balance in full. Signposting to impartial advice or on-screen warnings were seen as less impactful as they would be easy to miss or ignore.
Scenario 8 A weekday lunchtime show on a local radio station runs a live health segment about a recent rise in	Focus groups: 1. London/South East 2. South West England 3. Northern Ireland	Views of the scenario Participants were divided in their views on the potential for harm to arise from claims in this scenario.

Scenario	Shown to	Views on scenario
measles, for which a vaccine is available. A guest is introduced as a UK-qualified medical practitioner. After a brief note that the content is “for information only and not a substitute for seeing your GP”, the guest explains their view that the illness is spreading because of 5G mobile phone masts, saying the signals “weaken the immune system” – a claim that goes against established medical opinion. They also say the vaccine is being pushed to make money for drug companies and that it is dangerous to take it. The presenter asks whether this sounds like a conspiracy theory; the guest rejects it and reads out a few lines of what they say is “scientific evidence” and the interview ends.	4. Northern Scotland 5. Hindu men 6. Hindu women Interviews: 3	- On the one hand, participants felt claims were potentially harmful because they supported what was seen as a conspiracy theory about vaccines that contradicts established medical evidence and advice. Broadcasting the claim on the radio was also seen as providing a mainstream platform for opinions perceived as dangerous, fringe views. - The opposing view was that the claim is just an opinion, that people have different opinions on vaccination and that audiences should be able to make up their own minds. However, there was some acknowledgement that more vulnerable audiences who have diminished critical thinking skills may be more likely to take the claim at face value. Possible harm arising from the scenario and factors influencing potential harm - Factors considered to increase the risk of harm were the title ‘UK-qualified medical practitioner’ giving the claim credibility, the lack of any counterargument making the claim one-sided and the presenter’s weak challenge. - Groups identified as being particularly at risk of harm were new parents making vaccination decisions, older people (who may be more trusting of radio), people with cognitive disabilities, and those with fewer educational qualifications. Potential mitigations - The most effective mitigation was felt to be the presence of another expert – specifically a specialist public health doctor – on the show at the same time to provide a live challenge and create a balanced debate.
Scenario 9 A dedicated religious TV channel broadcasts a live service from a large worship venue. Midway through a blessing, the religious leader invites viewers to	Focus groups: 1. North East England (pilot) 2. Northern Scotland 3. Wales group 2	Views of the scenario There was a strong consensus that the claims in this scenario were unethical and seen as predatory, as they are giving vulnerable people false hope by promising outcomes that cannot be guaranteed (specifically through use of word ‘expect’).

Scenario	Shown to	Views on scenario
donate to them, and says that those who donate will “receive a personal prayer” and can expect “healing in your body” and “financial breakthroughs” in the weeks ahead. A donation banner stays on screen throughout with a phone number, a website and text that says, “Give now to receive your prayer”.	4. Christian men 5. Sikh women 6. Muslim men 7. Muslim women Interviews: 3	• Religious groups were strongly opposed to presenting prayer as a financial transaction. While they felt that it was acceptable to offer hope through prayer and believed financial breakthroughs or healing were possible, they emphasised that prayer should be free and felt that outcomes should not be promised. Possible harm arising from the scenario and factors influencing potential harm • There was a concern that viewers who are terminally ill or struggling financially could be desperate and willing to try anything, making them susceptible to believing the claim and losing money. • Amongst the non-religious groups, there was a view that more devout audiences could be particularly susceptible to believing claims. • However, views amongst the religious groups were more nuanced. On the one hand, religious groups felt devout viewers could be potentially more at-risk of believing claims made by religious leaders at face value. On the other, religious groups felt devout audiences could also be more sceptical of claims as they would be more knowledgeable about religion and recognise if a claim goes against religious principles. Potential mitigations • There was a view that the broadcast should be banned completely as it is a ‘scam’, making false promises that it cannot guarantee. • Others felt that removing the connection between the donation and prayer and including a verbal disclaimer that outcomes are not guaranteed would help mitigate risk of harm.
Scenario 10 A local radio station airs a live ‘Spiritual Hour’ on Saturday mornings, in which the station host introduces regularly rotating guests. In this particular show, a guest astrologer is introduced to take listener calls (which cost callers	Focus groups: 1. West Midlands 2. Christian men 3. Christian women 4. Sikh men 5. Muslim women	Views of the scenario • There were two distinct views on the potential for harm by the claims made in this scenario. • On the one hand, claims were seen as misleading and unethical. These participants felt the claims were false promises and giving unproven medical and

Scenario	Shown to	Views on scenario
money) to give on-air readings. The station's host says, "network charges apply" and encourages people to "get your life back on track today". During readings, the guest astrologer gives specific advice, including telling one caller that a long-term medical condition could be "controlled" by wearing a particular crystal, and advising another that a certain stone can "attract money" and help them "clear debts quickly". At the end of the show, the station's host says, "This programme is for entertainment purposes only; seek professional advice for health or financial matters."	6. Hindu men 7. Hindu women Interviews: 2	financial advice that could lead to vulnerable people losing money or stopping taking their medication. - Another view was that it is 'just a bit of fun' and that audiences have a choice whether to listen to this content and take action. - Among the Hindu and Sikh groups, there was a view that the claims in this scenario were harmful to Asian communities as there is a strong belief in astrology, particularly among the older generations. It was felt that claims were particularly targeting these communities through their belief. Others in these groups, however, felt the claims were acceptable since the programme states it is for entertainment purposes and the guest does not suggest people should stop taking their medication. Possible harm arising from the scenario and factors influencing potential harm - There was a concern in the Christian groups about the use of the word 'spiritual', which was felt to give the information religious credibility. - Groups identified as being particularly at risk of harm were people with long-term health conditions (who might stop their medication), those in financial hardship (who could lose more money), older people, and people with mental health issues or cognitive disabilities. Potential mitigations - There was a strong view that a disclaimer, which says that the programme is for entertainment purposes, should be repeated at the beginning of the broadcast, to reduce the risk of it being missed. Having it solely at the end was seen as a 'tick box' exercise, when potential harm could already have occurred. - Other effective mitigations identified included verbal disclaimers throughout readings, including advising people to not stop their medical treatment and to seek professional advice (e.g. financial advice, GP advice).
Scenario 11 A weekly chat-style show on a mainstream streaming service features a segment called "Objects of Faith".	Focus groups: - London/South East - Northern Ireland - Christian women	Views of the scenario There were strong views that the claims in this scenario were potentially harmful, giving vulnerable people false hope and making strong assertions without evidence to back it up. It was felt to prey on vulnerable people's 'desperation' by

Scenario	Shown to	Views on scenario
A visiting religious leader displays a set of medals, saying they have been blessed and will “protect you from harm of all kinds – illness, accidents, and money troubles”. The host reads a few viewer testimonials about people who “avoided serious illness” and “found unexpected financial relief” after wearing the medals. A link to buy the medals appears on screen. The full episode is available on demand with the purchase link in the description.	4. Sikh men 5. Muslim men 6. Hindu women Interviews: 3	creating a transactional link between buying an object and receiving a guarantee of improved health and finances. - There was an opposing view that it is acceptable to offer hope. However, it was still seen as unacceptable to guarantee outcomes. - Among all religious groups who discussed this scenario, there was a strong view that the claims in this scenario were misleading and that the medals would be fake and not religious. There was a concern that vulnerable audiences could potentially waste their money if claims were believed. There was also opposition to asking for money for religious protection in all the religious groups. - However, there was a contrary view in the Muslim men’s group that if the medals have genuinely come from a sacred site, then it would be acceptable to ask for a donation of the person’s choice. Possible harm arising from the scenario and factors influencing potential harm - There was a concern that the role of the religious leader would give credibility to the claim and risk of harm would be amplified if the leader had a large following. - Other factors seen to increase the risk of harm were the use of positive viewer testimonials and the on-screen link to purchase the medals. - Groups identified as particularly at risk of harm were people experiencing serious illness, those in financial hardship, older people, and people with mental health issues. In the mixed groups, there was a view that devout people would be at risk of harm, while in the religious groups there was a view that newly religious people would be more at risk of harm as they would be less able to discern that the scenario is falsely religious. Potential mitigations - There was a strong view that the claims in this scenario were inherently unethical and should not be broadcast at all. - However, if it is broadcast, desired mitigations included verbal disclaimers to seek medical advice and that ‘outcomes are not guaranteed’. Not including a link to purchase the medals would also make audiences do their own research.
Scenario 12	Focus groups:	Views of the scenario

Scenario	Shown to	Views on scenario
A weekly faith talk show on a dedicated religious TV streaming service features an episode on “Life choices and faith”. The presenter, a well-known religious leader, expresses the view that God regards all people as equal and does not differentiate between them. He states that spiritual separation from God occurs only when individuals reject the idea that God’s will is absolute. The presenter refers to scripture to support this interpretation. The presenter then shifts the conversation towards health, stating that individuals should accept whatever God intends for them. He suggests that this includes not participating in health screening / vaccination programmes or following mainstream medical advice for the treatment of medical conditions.	- Christian women - Sikh men - Sikh women - Muslim women - Hindu men Interviews: 2	- Participants agreed that the claims in this scenario, without any mitigations present, were dangerous. This was because they could lead to severe consequences such as audiences missing early diagnoses, worsening symptoms of illnesses, or death. Beyond this agreement, there was some nuance in views amongst the religious groups as to whether claiming there is a religious justification for forgoing medical treatment is inherently false and harmful. - On the one hand, there was a strong view that the claims described in the scenario were harmful and should not be broadcast because they were seen to misuse scripture and God’s will to justify forgoing medical treatment. - There was an opposing view that the claim in the scenario could be acceptable if there was some debate around the claim, specifically from another religious leader, to give a counterview. This would allow audiences to make up their mind on interpretations of scripture. Possible harm arising from the scenario and factors influencing potential harm - Factors considered to increase the risk of harm were the role of the religious leader as an authority figure could appear to give credibility to the claim. There was a view among Hindu participants that claims made in the mother tongue of the target audience would be more persuasive for Asian communities. Potential mitigations - Those who were strongly opposed to this scenario felt that mitigations did not go far enough. Mitigations such as including disclaimers that views are not representative of the broadcaster, or softening language to say ‘in our religion, we believe this’ were seen as ‘tick box’ exercises and ineffective. - Mitigations considered to be more effective included disclaimers throughout programming that audiences should speak to their GP and continue to follow treatments. However, those strongly opposed to the scenario still felt that the claims should not be broadcast and that religion should not be used as a justification to forgo medical treatment.
Scenario 13 A dedicated religious TV channel airs a weekly early-evening programme	Focus groups: Scottish Borders	Views of the scenario

Scenario	Shown to	Views on scenario
called "Faith & Remedies". The host, a self-described health guru and traditional herbalist, discusses the benefits of herbal medicine, quoting scripture and traditional teachings. During the episode, they recommend named products for treating specific medical conditions (for example, asthma and diabetes), saying these are "safer than pharmaceuticals". The host repeatedly dismisses mainstream medicine, saying "you don't need chemicals", and promotes their own products, with pricing details and QR codes to purchase them. The full programme is uploaded to the channel's catch-up service with the purchase details visible throughout.	2. Christian men 3. Sikh women 4. Muslim men 5. Hindu men Interviews: 2	- There was a strong consensus that the claims made in this scenario were dangerous as they could potentially lead to serious harm if people were to forgo conventional medicine or medical treatment as a result. - This view was driven by the host repeatedly dismissing conventional medicine, naming specific medical conditions and the framing of herbal medicines as a replacement for conventional medicine. - While there was some agreement, particularly among the religious groups, that herbal remedies can be beneficial, these participants agreed that remedies should be presented as complementary to conventional medicine and advice, rather than as a replacement. Possible harm arising from the scenario and factors influencing potential harm - Risk of harm was seen as being amplified by the following factors: the use of religious scripture to give credibility to the claim; the conflict of interest from the host selling their own product via QR codes; and the unsubstantiated claim that remedies are safer than pharmaceuticals. - Groups identified as being particularly at risk of harm were people suffering from the specific medical conditions named, who may be desperate for a cure or relief of their symptoms, and people with strong religious faith who might be more inclined to trust a guru on a faith-based channel. Potential mitigations - The most effective mitigation was seen as reframing the advice as complementary to conventional medicine, rather than as a replacement. Alongside this, clear verbal disclaimers to always consult a GP before taking remedies and to not stop taking prescribed medicine were seen as necessary. - On-screen text warnings (such as 'these are faith-based views') were seen as weak and ineffective, as they would likely be ignored or missed.

Annex C: Example discussion guide used during the research

Timings	Discussion
5 mins	Introduction and set up
	Facilitator to introduce self, notetakers, and any observers. • Explain the role of Ipsos - we are an independent research agency, aiming to help you share your views, ensuring we hear from everyone. Ipsos is working with Ofcom, the communications regulator, on a research study which aims to understand what is important to people when they are watching or listening to content. • Briefly introduce any observers from Ofcom and live notetakers, Explain anonymity and MRS Guidelines: • Explain that the groups will be audio recorded, this will be securely held and deleted at the end of the research. • Explain that we will start the recording after we have done introductions. Explain that personal information, e.g., full name, email etc. will not be shared with Ofcom. If needed ask participants to remove any surnames from their Zoom name/do this for participants as they enter the group. • Written report - will use quotes but no detailed attribution. Housekeeping/ground rules: • All opinions are valid / no right or wrong answers. • Disagreements are fine but respect each other's opinions. • Please try not to talk over each other. • The group will last 2 hours and there will be a short break in the middle.

	• There will be a lot to cover so we may need to move people on. This is not personal, but only to ensure we fit everything in. • Please keep your videos on throughout the group. • Please sit somewhere you're unlikely to be interrupted in so you can participate in the discussion. We'll be discussing some topics that could be considered sensitive or not appropriate for children. If you have children in the background, please be aware of this as you may want to make sure they are not in the room during the discussion. If you do need to leave to use the bathroom or to attend to something urgent then that's fine but please try to minimise this. • If your Wi-Fi stops working or you disconnect from the call, then please try your best to rejoin. If possible, we will get someone to call you to help you to join the discussion again. If my Wi-Fi drops out, then please wait on the call until I'm able to rejoin. • We will be audio recording the discussion so we have an accurate record of the conversation, but that will only be used for the research, and we want this to be a safe space where people can share their opinions in confidence, so would ask that you <u>do not circulate any information to do with this discussion with anyone outside of the group, e.g., in conversation, on social media.</u> <u>Participant introductions:</u> Facilitator to ask each participant for their name, where they are from, and one programme they have watched or listened to during the previous week.
5 mins	Media consumption habits (including any health/financial content)
	SWITCH ON RECORDING Today we'll be discussing your views on content that is broadcast on TV, video-on demand services, and radio. We're interested in content that is shown as part of programmes, rather than adverts or content on social media platforms. MODERATOR TO SHOW PLATFORM STIMULUS SLIDE

	To begin with, I want to explore how you watch or listen to programmes in more detail. What sort of programmes do you typically watch or listen to? Where do you typically go to watch or listen to content? • Linear (traditional scheduled) TV, VoD (video on demand), radio? • What channel / station / website / app? <i>If not sufficiently covered, what about factual/non-fictional programming? (e.g. documentaries, news programmes, day time chat or panel shows)</i>
15 mins	Exploring health and finance content
	I now want to discuss programming that covers health in particular, this could include whole programmes or parts of programmes. Please think about programmes on TV, catch-up or video-on-demand services, and radio. When I say health, please think about health or medicine. In general, where would you expect to see or hear content related to health or medicine? (probe on channel/radio station, platform, type of programme, time of day) • Where would you be less likely to expect this type of content? • Do you recall having seen or heard any content related to health or medicine recently? ○ Did this have a positive or negative impression on you in any way? ○ What makes you say that? <i>(Probe but only if needed/discussion is straying away from core content: e.g. a guest on a morning tv show talking about their experience with a weight loss drug, a politician speaking about health and medicines)</i>

What factors would influence how you view health claims made in programming? Why? *(Capture top of mind responses on these questions, then move through:*

- Platform (probe on linear vs VoD vs radio)
- Channel
- Type of programme
- Who is making the claim
 - What is it about someone that might change your views on health claims?
- Single vs multiple views presented

How do you feel about health claims made on a religious channel or part of a religious programme?

I now want to ask about content related to finance. When I say finance, please think about personal finances and how to manage your money.

In general, where would you expect to see or hear content related to personal finances? (probe on channel/radio station, platform, type of programme, time of day)

- **Where would you be less likely to expect this type of content?**
- **Do you recall having seen or heard any content related to personal finances recently?**
 - Did this have a positive or negative impression on you in any way?
 - What makes you say that?

What factors would influence how you view financial claims made in programming? Why? *(Capture top of mind responses on these questions, then move through:*

	• Platform (probe on linear vs VoD vs radio) • Channel • Type of programme • Who is making the claim ○ What is it about someone that might change your views on finance claims? • Single vs multiple views presented How do you feel about finance claims made on a religious channel or part of a religious programme?
15 mins	Exploring harm
	I want to move on now to discuss your views on potentially 'harmful' content. What comes to mind when you think about harmful content? • What do you think defines 'harmful' content? • How do you think this might differ from 'offensive' content? • What type of content could be considered harmful? Show slide of examples of harmful content vs offensive content

Examples of types of harm and offence

Harmful content

Programmes that, for example:

- Promote dangerous behaviour or hate speech
- Could result in financial harm (e.g. investment advice) or harm to health (e.g. suggestions to abandon treatment for serious illness)
- Encourage self-harm or suicide

Offensive content

Programmes that, for example, include:

- Offensive language
- Violence
- Sex
- Humiliation
- Distress
- Violation of human dignity
- Discriminatory treatment or language

MODERATOR READ OUT: I'd like to note that there is some overlap between harmful content and offensive content. Some examples may fall into both categories – they are not completely separate.

What do you think about these examples?

- Do they make sense?
- How much do they ring true with what you think 'harmful' content is? Why/why not?
- Is there anything you disagree with?
- Is there anything missing?

Can you think of any content that makes claims about health or medicine that could be considered harmful?

- What would this look like?

- In what ways might this be harmful?
- Who do you think health claims could harm?
 - Are there any groups/people you think might be particularly vulnerable?
 - What makes you say that?

What about content that makes claims around personal finances – can you think of anything that could be considered harmful?

- What would this look like?
- In what ways might this be harmful?
- Who do you think finance claims could harm?
 - Are there any groups/people you think might be particularly vulnerable?
 - What makes you say that?

Are there any factors that influence your view of whether content that includes health or financial claims could be harmful?

Capture top of mind views only using probes if groups struggle to think of anything. For any factors suggested check whether point relates to health or financial claims, or both:

- *Platform (e.g. radio, Linear TV, VoD etc.)*
- *Channel*
- *Programme type/genre (e.g. educational/factual, entertainment, religious?)*
- *Potential audience characteristics (e.g. old, young)*

- *Size of the audience*
- *Timing (i.e. what time it is broadcast)*
- *Likelihood of unintentional exposure*
- *Format (e.g. chat show, live tv, pre-recorded?)*
- *Whether the claim is challenged/different points of view are also provided*
- *Person making the claim:*
 - *Gender*
 - *Religion*
 - *Age*
- *Authority of the person making the claim, e.g. their seniority/job title/claimed credentials?*
- *How the person is presented/what they are wearing (e.g. white coat, religious/symbolic dress?)*
- *Body language (eye contact, manner of speech, tone of voice, speaking to the camera)*
- *Role (presenter vs guest?)*

Does it make a difference if these claims were broadcast on a religious programme?

- Why/why not?

(If time allows) **Have you noticed any programmes that have any information/messages (verbal or written) letting you know the content could be potentially harmful?**

- What did you think about these messages?

50 minutes (incl. 5 min comfort break)	Reviewing specific scenarios
	We're going to do something a bit different now. I'm now going to share my screen and read out some hypothetical scenarios of content that might be broadcast including health and financial claims and ask for your reactions. Moderator to use 5 minute comfort break as needed/appropriate during this section. FACILITATOR TO SHOW SCENARIO AND ASK: First, can I just check whether you're clear on what's being described here? • Was anything confusing? • Would you like me to recap anything? What are your thoughts on this scenario? How would you feel about this being broadcast? What are the risks of this being shown, if any?/ What potential harms might this content have?

	Who might be harmed by it?	
	General probes (IF NOT SUFFICIENTLY COVERED): Would you expect to see this claim in this type of programming? Why/why not? <i>(Probe on platform/format in scenario)</i> What information or protections might you want around this type of content <u>if any</u>? Are there any factors that would influence your view on whether the claims might be harmful? Why/why not? <i>Probe on:</i> • The intended audience:	Scenario specific probes MODERATOR TO ASK SPECIFIC PROBES: Moderator to add in based on scenario rotation document

	○ Younger or older audiences ○ Financially vulnerable (e.g. struggling to pay their bills) ○ Living with physical disabilities or chronic illness ○ Living with cognitive disabilities • The time (e.g., is it on in the morning, afternoon, or evening, post watershed etc.) • The channel / station it is on • Platform (e.g., Linear/broadcast TV vs. BVoD vs. SVoD vs radio) • The genre/type of the programme • The format of the show (e.g., call-ins vs. panel discussion vs. monologue; pre-recorded vs. live) • Who they are speaking to / who else is on the show (e.g. experts, other views)	
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	• Availability of information, messages etc. TO INTRODUCE CHARACTER PROFILES. I want now to think about how others might feel about this scenario. How do you think the following people might feel about this scenario? What makes you say that? • Older person • Person with a physical disability • Person with a cognitive disability • Someone facing financial difficulties How would you feel about this person watching/listening to this content? Why? What are the risks, if any, of this person watching/listening to the content? Why?	
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	How might they be harmed by it if at all? ○ How, if at all, does this affect your view of the content overall? Would the presence of...[probe on each below] change your views in any way? • Information or messages (e.g. that alert the viewer about the content and may give caveats about the views expressed) • Advising contact with doctors or other professionals or support organisations • Challenging views expressed/showing a balance of views	
25 mins	Reflecting on factors and mitigations	
	Now that we've looked through some specific scenarios, I want us to start wrapping our discussion up and reflect on the different factors that might impact / influence the likelihood of harm from health or finance claims made in broadcast content, as well as different ways to mitigate potential harm.	

Thinking back over our discussion today, what are the main factors that impact how you feel about health or personal finance claims in broadcast content?

Capture initial responses. If participants are struggling, moderator to refer back to any factors discussed during the scenarios.

This could include: severity of claim, person making the claim, channel, platform, intended audience etc.

For each factor brought up by participants:

- In what ways does this factor impact harm?
 - What makes you say that? *Probe for any disagreements*
 - To what extent is this a factor for both health and financial harms?
- Is there anything that you think could help mitigate this harm? *(If participants are struggling, probe on: information banners, presenters providing information, verbal warnings/disclaimers etc.)*
 - How effective do you think this type of mitigation might be?
 - What makes you say that?
 - Is there anything else you think broadcasters should do to mitigate this risk of harm?
 - How important do you think it is for there to be rules around this?

	▪ What makes you say that? ○ How does this balance with freedom of expression? ○ What about freedom of religion if this was part of a religious programme?
5 mins	Attitudes towards regulating content
	I want to end by reflecting on everything we've been discussing today. We are doing this research for Ofcom, the media regulator who are in charge of enforcing rules about content broadcast on TV, radio and video on-demand services, including content that might cause health or financial harm. Thinking about everything we have discussed today, what's one thing you would like Ofcom to take away from the discussion we have had? FACILITATOR TO CLOSE SESSION: Ask if there is anything else they would like to share.

Provide an exit ramp – i.e. what are people's plans for the rest of this evening/this weekend?

Thank participants and explain next steps:

- Note they will get an email from us tomorrow detailing how to access the post-task. This will come to the email that they gave the recruiter. They will need to use this email address to register with Indeemo in order to access the post-task.
- They will receive their thank-you payment. We strive to get this to them in the next day or two but can take up to a week to process.
- They can get in touch with us with any questions using the email provided on the information sheets:
broadcastingresearch@ipsos.com

Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.



ISO 20252

This is the international specific standard for market, opinion and social research, including insights and data analytics. Ipsos UK was the first company in the world to gain this accreditation.



Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos UK endorse and support the core MRS brand values of professionalism, research excellence and business effectiveness, and commit to comply with the MRS Code of Conduct throughout the organisation & we were the first company to sign our organisation up to the requirements & self-regulation of the MRS Code; more than 350 companies have followed our lead.



ISO 9001

International general company standard with a focus on continual improvement through quality management systems. In 1994 we became one of the early adopters of the ISO 9001 business standard.



ISO 27001

International standard for information security designed to ensure the selection of adequate and proportionate security controls. Ipsos UK was the first research company in the UK to be awarded this in August 2008.



The UK General Data Protection Regulation (UK GDPR) and the UK Data Protection Act 2018 (DPA)

Ipsos UK is required to comply with the UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA). These cover the processing of personal data and the protection of privacy.



HMG Cyber Essentials

Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet. This is a government-backed, key deliverable of the UK's National Cyber Security Programme. Ipsos UK was assessed and validated for certification in 2016.



Fair Data

Ipsos UK is signed up as a "Fair Data" company by agreeing to adhere to twelve core principles. The principles support and complement other standards such as ISOs, and the requirements of data protection legislation.