



Health and wealth claims in programming: audience attitudes to potential harm

RESEARCH REPORT

Prepared for:

Ofcom



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1 EXECUTIVE SUMMARY

1.1 Introduction

Ofcom is required under the Communications Act 2003 to draw up a Broadcasting Code (“the Code”) which sets standards for the content of television and radio programmes. The rules cover a wide range of areas, including harm and offence.

The Code requires broadcasters to provide adequate protection for members of the public from any harmful content in television and radio programmes. Ofcom must balance the need to protect viewers and listeners from potential harm against the broadcaster’s and the audience’s right to freedom of expression and their right to freedom of religion, as set out in the European Convention on Human Rights. Ofcom also takes into account the context of the programme when deciding whether the rules have been breached, for example, the programme type, audience expectations, and whether any warnings or other information were provided to protect the audience from potential harm.

In recent years, Ofcom has received complaints about several general and religious programmes that included potentially harmful health or wealth advice and claims. On investigation, Ofcom identified that in some of these cases, there was a risk that vulnerable viewers and listeners could:

- Be discouraged from seeking medical advice for potentially serious health concerns
- Be discouraged from giving proper weight to that advice
- Stop an existing course of medical treatment without proper advice
- Be harmed by alternative treatments or their combination with conventional medicine
- Suffer financial loss or harm due to wealth advice or claims made in a programme

Ofcom commissioned this research, consisting of a series of focus groups and in-depth interviews with members of the public, to inform its decisions about whether potentially harmful content involving health or wealth claims in programmes is in breach of the Code.

The specific objectives of this research were to:

- Explore public attitudes to health and wealth claims made in general and in religious programming.
- Explore public attitudes to the potential for harm from programming, including

the extent to which, and the ways in which, it might present a risk of harm to audiences in general and specifically to vulnerable people¹.

- Explore whether the steps broadcasters take to protect audiences from potential harm in these programmes is acceptable and effective, such as messages advising audiences to consult a qualified medical practitioner.
- Provide evidence to inform Ofcom in balancing the need to protect audiences from potential harm against the rights to freedom of expression and freedom of religion.

Optimisa Research conducted qualitative research, incorporating a mix of deliberative focus groups and in-depth interviews to allow for a detailed exploration of the potential for harm arising from health and wealth claims in programmes. The research comprised three distinct types of participant group:

- ***Non-religious participants*** - who were not actively practising any religion.
- ***Religious participants*** - who were actively practising their religion.
- ***Carers*** - who were all regularly looking after an adult family member or providing voluntary support in the community for sick, elderly or disabled adults.

Participants were recruited to represent a range of different ages, socio-economic groups and faiths across several different locations in the UK. In-depth interviews were used to allow for a specific focus on those acting in a carer capacity for those who were felt to be potentially more vulnerable to harm.

This type of research is very challenging due to the complex nature of the topic discussed. In order to understand generally accepted standards, reactions to six hypothetical programme scenarios were explored across all group discussions and in-depth interviews. These scenarios provided a broad range of examples of potential financial harm and/or harm to health resulting from advice and claims in programmes. Discussion was facilitated through the use of scenarios to try and unpick the various elements of the debate. This was important as participants' opinions are often nuanced, and/or contradictory, and people do not always hold a single point of view.

¹ Vulnerable people were defined as: those who have relevant health conditions or are in financial difficulty.

1.2 Key findings

Q. How well is the concept of harm in programming understood?

A. The concept of harm in programming was broadly understood as content which was directly damaging to audiences in that it had the potential to cause detriment to people's lives.

Spontaneously, participants were more able to cite examples of content that may cause harm to health, rather than financial harm. In particular, there was recognition of the risks of content recommending alternative treatments and cures, which could have severe consequences on those affected, particularly if linked to more serious conditions.

Q. Which audiences were felt to be most at risk of harm?

A. While participants themselves did not tend to feel they had been harmed by content, there was recognition that particular audiences may be more vulnerable.

Participants struggled to identify examples of when they themselves had been harmed by content, but were concerned about risks to vulnerable audiences, such as those with financial or medical difficulties. In addition, the interviews with carers identified three key factors affecting the potential vulnerability of individuals:

- ***Level of isolation*** – those on their own were felt to be more impressionable, as they wouldn't have anyone to discuss the content they had seen or heard with.
- ***Openness to alternatives*** – attitudes to alternative treatments (e.g. herbal or spiritual) were also felt to be a key determinant in how people may react to different scenarios.
- ***Severity of condition*** – finally, the more extreme the person's situation the greater the perceived risk involved.

Q. What types of programme were felt to carry the greatest risk of harm?

A. Participants felt that there was potential for harm across all programme genres, but there was greatest concern about content which directly targeted people with serious health conditions or financial problems.

Participants felt that the potential for harm existed across all types of programming depending on how information is presented and whether any steps are taken to protect audiences. Participants felt the greatest potential for harm was in programmes which appeared to target vulnerable audiences, and therefore could be perceived as exploiting them. For example, in one scenario shown to participants, it was implied that a viewer's debt problem could be solved by donating all of their money to a religious charity. This was felt to be a highly targeted message, and it was noted that those with the most serious financial problems may be more likely to act out of desperation. Similarly, content involving claims about health was felt to be of greater concern if it included more serious conditions such as cancer.

Q. Does religious programming present particular challenges in comparison to other genres?

A. Potential for harm in religious programming was seen as relatively high. It was recognised that content may include offering advice on serious matters, and audiences would be more inclined to believe in the authority of the speaker.

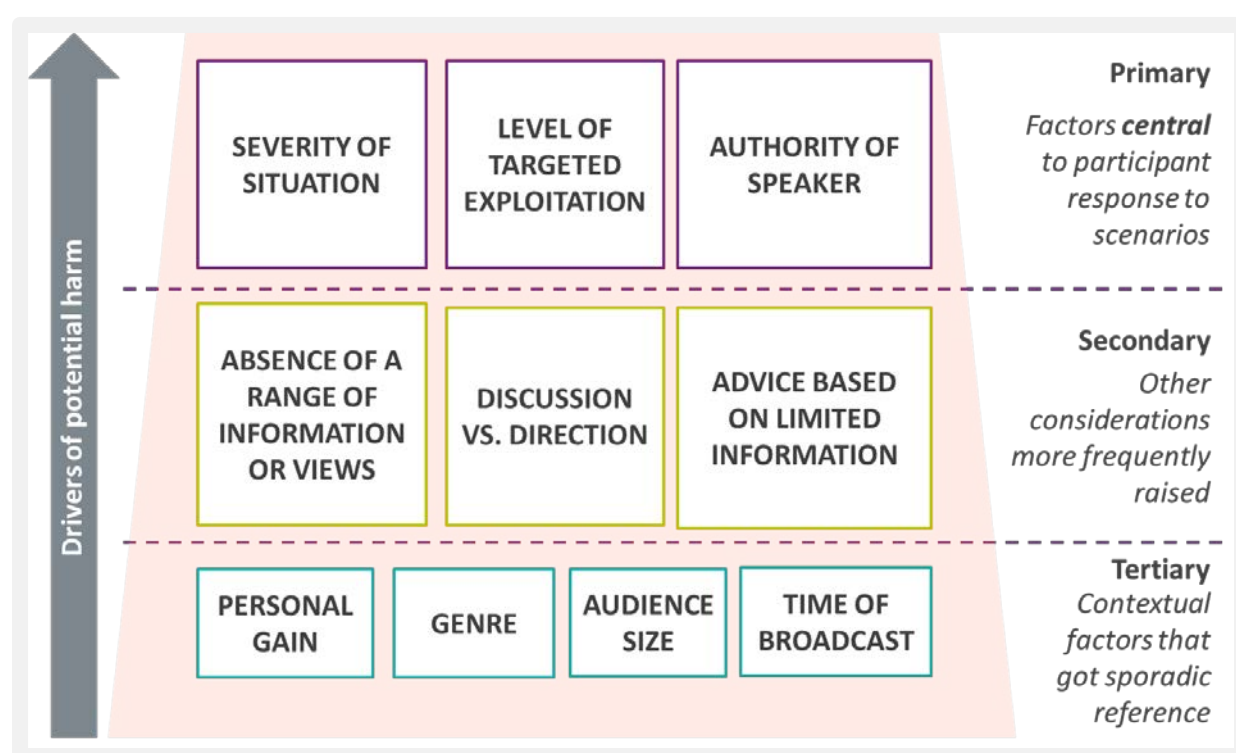
Non-religious participants tended to feel less strongly about the potential for harm in religious programming; they felt less able to make decisions about when content went beyond acceptable levels with regard to freedom of religion. Religious participants tended to feel more strongly about the potential for harm in religious programming; they recognised it could be highly influential among a targeted and potentially vulnerable audience.

Q. What are the factors which underpin the potential for harm?

A. Participants identified a range of factors which impact on the level of potential harm. Based on their responses, a clear hierarchy emerged of primary, secondary and tertiary drivers of potential harm.

The hierarchy depicted in Figure 1 below, shows the relative severity of the range of factors which participants identified as having an impact on the level of potential harm. These factors can be ranked into three tiers, with factors within each tier having a similar level of potential impact.

Figure 1: Hierarchy of factors which impact on level of potential harm



In terms of **primary drivers** of potential for harm, participants saw the most potential for harm in scenarios where there was one or more of the following:

- **Severity of the situation** – a focus on serious illnesses (e.g. cancer, epilepsy, diabetes, heart conditions) or severe debt had the potential for more dangerous outcomes.
- **Level of ‘targeted’ exploitation** – where content appears to be directly targeting vulnerable audiences (e.g. making claims to cancer sufferers or those with serious debt issues).
- **Authority of the speaker** - a speaker who is familiar, respected, presented as an expert or a religious preacher or a community leader.

Secondary considerations often raised as contributory factors in increasing potential for harm were:

- **Absence of a range of information or views** – while freedom of expression was respected, there was a concern about the absence of a range of information or views, particularly in debates and discussions, and/or warnings to consider conventional medical or financial advice before acting on the content of programmes.

- **Discussion vs. direction** – a particular concern in programmes where the audience is being directed to take a certain course of action.
- **Advice based on limited information** – where financial or medical advice is being offered based on very limited information about the audience (e.g. medical history).

Tertiary factors that received fewer mentions influencing perceptions of potential for harm were:

- **Personal gain** – participants were wary of content that appeared to involve personal gain (e.g. where presenters were promoting their own products). This was seen as self-serving and lacking neutrality.
- **Genre** – potential for harm was felt to exist across genres, depending on how content is presented and whether or not any steps are taken to protect audience members. However, it was acknowledged that genres which present factual information, such as documentaries and religious programming, may carry greater risks as they are likely to have greater credibility with the target audience.
- **Audience size** – participants noted that audience size had a bearing on the level of impact (i.e. a larger audience would increase the potential impact, while a smaller audience would decrease the potential impact). However, in general there was a feeling that the rules needed to be applied similarly across the spectrum.
- **Time of broadcast** – it was recognised that this would affect the likely audience; however those most at risk (i.e. those with financial or medical difficulties) would not necessarily be protected by measures such as the watershed.

Q. What could broadcasters do to protect vulnerable audiences?

A. Participants felt that broadcasters should provide clear warnings to protect vulnerable audiences from potential harm.

This typically centred around providing information about seeking conventional financial or medical advice at the start, during breaks and at the end of programmes. Providing warnings at multiple times and if possible, in both text and voice-over format was felt to be important in ensuring the information is not missed. It was recognised that warnings may be of questionable impact if directly contradicted by comments made by an authoritative speaker. In this context, additional consideration needs to be given as to if and how these messages can be delivered without being undermined. There were also some doubts about

the effectiveness of scrolling messages given that their impact may be too minimal and quickly ignored. Challenges/caveats to claims made within a programme were seen as difficult to execute (unless via a presenter in a debate).

Q. Are there any wider considerations in providing warnings on religious programming?

A. Care needs to be taken when providing warnings to audiences on religious programming, so as not to undermine freedom of religion.

It was also recognised that there is a need to balance the rights of freedom of religion against the potential for harm in religious programming. For example, there were some concerns about warnings which directly challenged or contradicted the words of religious speakers given people's rights to express and share their religious beliefs. In these instances, it was felt to be important that the tone of any warning remains neutral i.e. not challenging the views expressed, but encouraging audiences to seek medical advice or to consider their financial situation before acting.

These key findings are explored in greater detail in the report including detailed analysis of the specific scenarios used to facilitate discussions among participants. This analysis supplements the hierarchy of factors which impact on the level of potential harm and techniques for broadcasters to protect audiences.

3 BACKGROUND, OBJECTIVES & METHODOLOGY

3.1 Background

Ofcom is required under the Communications Act 2003 to draw up a Broadcasting Code (“the Code”) which sets standards for the content of television and radio programmes. The rules cover a wide range of areas, including harm and offence.

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In recent years, Ofcom has received complaints about several general and religious programmes that included potentially harmful health or wealth advice and claims. On investigation, Ofcom identified that in some of these cases, there was a risk that vulnerable viewers and listeners could:

- Be discouraged from seeking medical advice for potentially serious health concerns
- Be discouraged from giving proper weight to that advice
- Stop an existing course of medical treatment without proper advice
- Be harmed by alternative treatments or their combination with conventional medicine
- Suffer financial loss or harm due to wealth advice or claims made in a programme

In assessing programmes that contain health or wealth claims, Ofcom considers the following sections of the Code:

- Section 2: Harm and Offence – This requires that broadcasters must provide adequate protection for members of the public when including material in programmes which is potentially harmful. This could include the presentation of advice on issues such as health and finance.

In addition, where the programme in question is a religious programme, as has been the case in some of Ofcom’s investigations in this area, the following section of the Code may also be relevant:

- Section 4: Religion – This requires that religious programmes should not involve any improper exploitation of any audience susceptibilities. Such susceptibilities could include particular health or financial issues, for which the individual is seeking support.

3.2 Research objectives

Ofcom commissioned this research, consisting of a series of focus group discussions and in-depth interviews with members of the public, to inform its decisions about whether potentially harmful content involving health or wealth claims in programmes is in breach of the Code.

The specific objectives of this research were to:

- Explore public attitudes to health and wealth claims made in general and in religious programming.
- Explore public attitudes to the potential for harm from programming, including the extent to which, and the ways in which, it might present a risk of harm to audiences in general and specifically to vulnerable people².
- Explore whether audiences think broadcasters can limit potential harm effectively, such as through messages or warnings broadcast to viewers and listeners advising audiences to consult a qualified medical practitioner.
- Provide evidence to inform Ofcom in balancing the need to protect audiences from potential harm against the rights to freedom of expression and freedom of religion.

3.3 Methodology

Description and rationale

The research was designed to be qualitative in nature, incorporating a mix of deliberative focus group discussions and in-depth interviews. Participants were recruited to represent a range of different ages, socio-economic groups, and faiths (non-religious, Christian, Muslim, Hindu, and Sikh). Given the qualitative nature of the study the sample was designed to be illustrative and was not representative of all religions or faiths³.

² Vulnerable people were defined as: those who have relevant health conditions or have financial difficulties.

³ These religions were selected due to being the most common faiths found in the UK in terms of number of adherents (as found in the 2011 census). The faith groups selected from the target audiences for the majority of religious channel broadcasting.

Sixteen group discussions of between eight and ten participants were conducted, each lasting two hours. These sessions allowed researchers to take a deliberative approach, firstly introducing the role of Ofcom and the relevant principles of the Code, before asking participants to consider the potential for harm in a range of different scenarios, and how these could or should be mitigated.

Six in-depth one-to-one interviews each lasting one and a half hours were carried out with people in their homes. These interviews were conducted with people acting in a formal or informal carer capacity for audiences who were felt to be potentially more vulnerable to harm. They followed a similar structure to the group discussions but allowed for a deeper understanding of the potential impact of health and wealth claims on vulnerable audiences.

Use of stimulus within the research

To understand what audiences considered generally acceptable, reactions to six hypothetical programme scenarios were explored in all group discussions and depth interviews. Half of the scenarios were relevant to general programming (scenarios A-C), and half specifically to religious programming (scenarios D-F). These scenarios provided a broad range of examples of potential financial harm and/or harm to health in broadcasting, ensuring a more considered evaluative discussion across all research sessions. These hypothetical scenarios also enabled exploration of the impact of a range of contextual factors and mitigations (such as warnings) on the perceived potential for harm. The six scenarios tested are shown below in Figures 2 and 3:

Figure 2: General programming scenarios shown in research

A

A lecture providing lifestyle advice presented by a holistic medicine practitioner on a general channel. During the lecture the practitioner encourages viewers to phone in for advice.

He recommends herbal remedies and promotes his own products as effective treatments to cure illnesses and ailments ranging from a cold, indigestion, and hair loss to diabetes.

An on-screen scrolling message is displayed throughout the lecture advising viewers to visit a doctor if they are suffering from any health problems.

B

An item on a magazine style live morning show, featuring a discussion on effective pain management, is broadcast on a public service channel. The discussion includes a range of views on the effectiveness of conventional ways to help manage pain.

On a number of occasions during the discussion a participant strongly states that the only way to effectively manage pain is by not taking any recommended medication.

The presenter does not challenge these views, but other guests argue in favour of pain killers and emphasise the importance of following the advice of a medical professional.

C

A documentary about the growth of the pharmaceutical industry and cancer treatments is broadcast on a general channel on satellite TV.

The documentary includes details of alternative treatments for cancer. It is argued that these alternative treatments are effective but are not used by the medical profession to treat cancer because it is not in the economic or in the professional interests of doctors and the pharmaceutical industry to research and develop these treatments.

On a number of occasions, the narrator criticises conventional medicine, saying that the side effects of these treatments can cause additional complications.

Figure 3: Religious programming scenarios shown in research

D

A religious service is broadcast from a place of worship on a dedicated religious channel on satellite TV.

A message at the start, on the screen and in a voiceover, advises viewers to visit a doctor before making any decisions based on the programme.

The preacher repeatedly criticises conventional medicine, saying that it is not as effective as prayer for healing serious illnesses.

Towards the end of the service, the preacher lays his hands on a young girl from the congregation who has been diagnosed with cancer, and declares that she has been cured.

E

A scripture-based discussion programme, with a panel of religious scholars and a presenter, covering a variety of topics, is broadcast on a local radio station.

On a number of occasions during the programme, the scholars recommend spiritual remedies, which are said to be effective at treating ailments and illnesses ranging from dizziness and fainting to heart disease and epilepsy.

Towards the end of the programme, the presenter advises listeners to consult their doctor if they have any concerns about their health, before they act on the suggestions of the scholars.

F

An appeal for donations to a religious charity is broadcast on a dedicated religious channel on cable TV.

The presenter says that prayers will be said on behalf of viewers in exchange for donations. He emphasises the power of prayer to transform lives, citing examples of miracles.

The programme also features personal testimony from a woman who says that she was in debt, but gave the last money she had to the charity. She says that her debts were cleared as a result.

A consistent approach was used to explore reactions to the scenarios across the study as outlined below:

- **Scenarios were presented on boards:** they were shown this way rather than by using video or audio clips in order to neutralise the content (i.e. to avoid focus on specific faiths) and ensure consistency in terms of language used, and length of each example. Presenting fictional scenarios also allowed us to explore a wide range of factors which it was hypothesised may impact on the perceived potential for harm e.g. channel, genre, timing, authority of presenter, inclusion of warnings, inclusion of a range of views.
- **Initial reactions to the scenarios were captured in individual task books prior to discussing as a group:** participants were asked to give a score out of five in terms of the perceived potential for harm in each scenario and provide a brief rationale. This was important given the subjective nature of the topic, ensuring that differences of opinion were captured and helping to avoid 'group think' (i.e. opinions being influenced by others in a group environment).
- **Moderators prompted on wider considerations during discussions:** It was recognised that participants tended to focus more on the content of the scenarios initially, rather than wider contextual factors such as genre and potential size of audience. As such, participants were provided with a list of factors which Ofcom might consider that included: likely levels of harm and offence; likely size and make-up of the potential audience; likely audience expectations and understanding of the programme's content; likelihood of people being unintentionally exposed to content; different expectations depending on programme genre and authority of the person speaking. Moderators explored the perceived importance of each of these factors when discussing the potential for harm in each scenario.

While using this approach had significant benefits, it was noted that there was a limit to how far participants can assess mitigations without seeing them in context of the programme as a whole. However, on balance the use of hypothetical scenarios was preferred as it allowed us to ensure content shown was faith neutral, as well as ensuring greater consistency and control.

Sample composition

The research comprised three distinct types of participant group:

- **Non-religious participants:** who were not actively practising any religion – these were split by age and life stage (i.e. children at home or no children at home).

- **Religious participants:** who were actively practising religion – they were split by strength of faith (defined by the number of times they attended a place of worship), and their religion (Muslim, Christian, Hindu and Sikh). For the purposes of this research an even split of Hindus and Sikhs were recruited into mixed faith group discussions. This was a pragmatic solution based given the limited number of groups being conducted, the ability to recruit this audience in a similar area, and the desire to maintain a gender split.
- **Carers:** who were all regularly looking after an adult family member or providing voluntary support in the community for sick, elderly or disabled adults. All were looking after an adult who was practising a religion and had either medical or financial difficulties.

Group sample structure

An overview of the sample structure for the sixteen group discussions is shown below:

Figure 4: Sample structure of group discussions with non-religious participants

Non-religious participants	Younger (aged 25-45)	Older (aged 45+)	TOTAL
ABC1	2	2	4
C2DE	2	2	4
TOTAL NO. OF GROUPS	4	4	8 X 2 hour groups

Beyond this, the recruitment ensured a mix in terms of; gender, ethnicity, life stage, TV viewing behaviour and platforms used and attitudes towards freedom of expression and openness to new ideas.

Figure 5: Sample structure of group discussions with religious participants

Religious participants	Moderate faith	Strong faith	TOTAL
Muslim	1 x Mixed	1 x Male 1 x Female	3
Christian	1 x Mixed	1 x Male 1 x Female	3
Hindu and Sikh	1 x Male 1 x Female		2
TOTAL NO. OF GROUPS			8 x 2 hour groups

Across the religious groups we ensured a mix of: age (25-70), social grade (BC1C2DE), ethnicity, life stage, TV viewing behaviour and platforms used and attitudes towards freedom of expression and openness to new ideas.

Depth sample structure

The six in-depth interviews were all conducted with carers who act in an informal carer role for an adult with medical and/or financial difficulties. The vulnerable groups cared for included those with: dementia, arthritis, elderly with financial difficulties, Alzheimer's disease, mobility issues.

To ensure that all carers were looking after an adult who was more likely to come across the type of programming being explored in the research, all were looking after adults who were religious, regularly watched television, and had a Sky or Virgin Media subscription.

Please note that due to the differences in sample structures and splits, the quotes throughout the report describe the audiences in the following ways:

- *Non-religious – highlights age, socio-economic grade and location.*
- *Religious – highlights their religion, strength of faith, gender and location.*
- *Carers – location only.*

Fieldwork locations

Figure 6: Fieldwork locations



The fieldwork took place across six locations in England, Northern Ireland, Scotland and Wales, from Thursday 12th January to Thursday 26th January 2017.

4 CONTEXT

4.1 Perceptions of harm in programming

Method:

Participants were briefly introduced to the role of Ofcom and the Broadcasting Code, before perceptions of harm in programming were explored in detail. The concepts of harm and offence as detailed in the Code were introduced to participants in order to ensure understanding of the distinction. The rules for broadcasters which cover harm were explained as follows:

- *Material that is potentially harmful should be appropriately limited:*
 - *To ensure that members of the public are adequately protected from harmful material (e.g. harm to health or wealth) in television programmes.*
 - *This includes the presentation of advice, including guidance for individuals on issues such as health and finance.*
 - *There is no prohibition on harmful material, provided sufficient steps are taken to provide adequate protection.*

After spontaneous views on potential for harm had been discussed, the discussion focussed on exploring perceptions of the potential for harm to health and financial harm from programming. The discussions we focussed on whether there were any differences in terms of perceived potential for harm, depending on programme genre.

The distinction between content that had the potential to cause offence and potential to cause harm was broadly understood at a high level.

There were wide variations in the types of content that people found offensive and these included racism, bad language, sexual scenes and violence. Reactions to this type of content were subjective and personal.

"I think anyone can be offended by content – it could be something that's about religion, politics or racism."

Non-religious, Older, C2DE, Leeds

In contrast, although potentially harmful content might not elicit a strong personal response (and participants struggled to think of relevant examples that had affected them), it could be very concerning from a societal point of view. Participants were quick to recognise that some audiences may be more vulnerable e.g. children or the elderly. Thinking of examples

where there was the potential for harm was more difficult and mostly centred around overt discrimination of particular minority groups.

"Harm is more about impact. It's encouraging other people to do something."

Non-religious, Younger, ABC1, London

"Harm is something you might inflict on yourself...you might see something on TV and think I like what she's doing so I'm going to try that out."

Muslim, Moderate faith, Male, Leeds

Although harm was the focus of this research, it is worth noting that participants' reactions to the scenarios were heightened in some cases by the offence caused, and we refer to this later in this report.

Summary points

- The distinction between the concepts of harm and offence was broadly understood
- Participants struggled to see a personal impact of harmful content and were more concerned about the impact this content might have on society and more vulnerable audiences

Perceptions of the potential for programmes to cause harm to health

Spontaneously, participants were more likely to cite examples of programmes that had the potential to cause harm to health rather than financial harm. The main example given was:

Recommending alternative treatments & cures – programmes that recommend treatments and cures and do not appear to have clear scientific backing or safeguarding were cited as having the potential to cause harm to health. This concern was heightened where treatments were linked to more serious illnesses and hence more serious potential outcomes.

Other issues highlighted by participants included the promotion of medical procedures without requisite safety warnings (e.g. self-removal of tattoos, Botox and plastic surgery) and programming about fad diets and misinformation about particular food groups.

"Food programming telling you what to eat or not to, can influence people."

Non-religious, Older, C2DE, Glasgow

"If you have a doctor on TV telling you something is right or wrong you're more likely to take this advice"

Christian, Strong faith, Female, London

"Plastic surgery – they don't tell you about the risks, it's all positives"

Muslim, Strong faith, Female, London

Summary points

- There was a clear understanding of programme content that had the potential to cause harm to health
- Programmes that promoted alternative treatments to conventional medicine, without clear scientific backing or safeguarding were a key concern
- This concern was heightened if the treatments were presented as being for more serious illnesses

Perceptions of the potential for programmes to cause harm to wealth

Initially participants found it hard to identify examples of financial harm in programmes without prompting and they frequently gravitated towards examples of advertising aimed at financially vulnerable audiences. There was limited recall of programmes which had the potential to cause harm to wealth specifically.

When given more time to reflect on this, there was unprompted recall of scandals involving the unfair use of premium rate phone lines in some programmes when audiences were voting or entering competitions, phoning in or sending text messages.

Some religious participants also spontaneously referenced programmes on designated religious channels which request donations. This view was expressed across denominations represented, with this occurrence being mentioned by Christian, Muslim, Hindu and Sikh participants. The main concern identified was the level of influence these channels were perceived to have over more vulnerable members of the community, such as older viewers or those with mobility issues. These viewers may be unable to attend religious services, and it was felt they would rely on these channels to connect with their faith. However, the

participants were familiar and comfortable with this approach of requesting donations via television programmes.

“Elderly have money and are more susceptible to being tricked.”

Christian, Strong faith, Male, London

Summary points

- Examples of programmes that had the potential to cause financial harm were harder for participants to identify
- After further consideration, the main examples cited included premium call rate scandals and programmes on designated religious channels which requested donations

Perceptions of potential for harm across genres

It was recognised that there is potential for harm, either to health or wealth, across all programme genres, depending on how content is presented and whether any steps are taken to protect audience members. That said, both non-religious and religious participants generally suggested that programmes presenting factual information provided greater potential for harm than fictional shows (e.g. dramas or comedy).

In particular, the potential for harm in religious programmes was perceived to be high given content might cover serious topic areas and be highly influential among the target audience. Some religious participants also felt that religious channels were likely to be watched by more vulnerable audiences who are housebound and therefore unable to attend a place of worship. Similarly, it was felt that documentaries have relatively high potential for harm, because they could air more extreme points of views without providing an alternative or counter claim to the argument. It was also recognised that viewers may assume that information provided in documentaries had been well researched and therefore could be trusted.

News programmes were mentioned by a minority of participants as being potentially harmful, although this was from an emotional perspective i.e. potential worry or distress from some serious incidents, rather than physical danger.

In contrast, fictional content such as comedy and drama was seen to have low potential for harm. That said, some participants did feel there was some potential for viewers to mimic behaviours from these shows.

Across genres, it was recognised that there were a number of ways in which audiences could be protected from harm. Those spontaneously referenced included: showing programmes after the watershed on TV, voiceover warnings shown before shows or after advert breaks and/or providing phone numbers or links to additional information for people affected by any of the themes included within the programme.

Summary points

- It was recognised that there is potential for harm across all programme genres depending on how information is presented and whether any steps are taken to protect audiences
- That said, there was felt to be greater potential for harm where information is presented to audiences as fact and is felt to be highly credible to the target audience. This was seen as more likely in religious programming and documentaries

5 GENERAL PROGRAMMING SCENARIOS

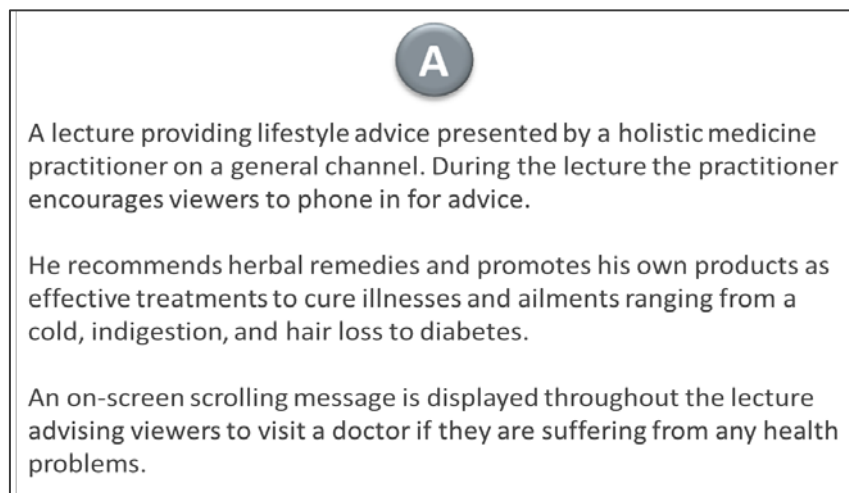
Method:

Participants were presented with three hypothetical scenarios on boards, covering general programming (A-C). Each scenario was taken in turn, and participants were asked to assess the potential for harm individually, prior to discussing more widely as a group. This approach facilitated debate and enabled us to identify the factors that drive and reduce the potential for harm.

5.1 Scenario A

Scenario A outlined an example of potential harm to health, and potential financial harm, in general programming. The detail of the scenario, as shown to participants, is below:

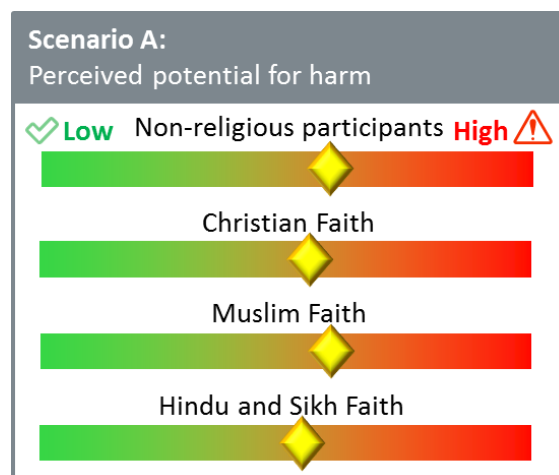
Figure 7: Outline of scenario A



This scenario received polarising comments across the groups, with participants feeling that there was some potential for both harm to health and financial harm, but for many this was reduced by the presence of a warning advising viewers to visit a doctor if they were suffering from any health problems.

Overall, therefore, this scenario was felt to have moderate potential to cause harm. Figure 8 below outlines the potential for harm across the non-religious and religious groups.

Figure 8: Scenario A – Perceived potential for harm across different participant groups

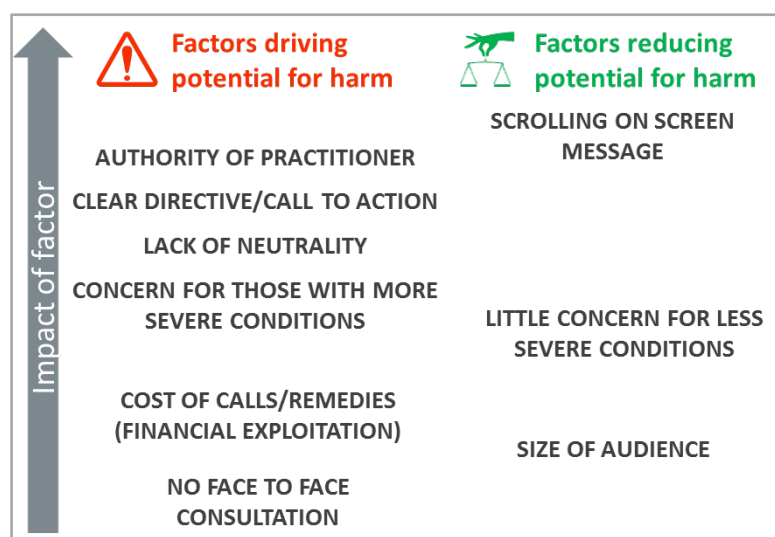


As shown in Figure 8 above, there were few noticeable differences across the non-religious and religious groups in terms of how much potential for harm this scenario was perceived to offer.

However, in the C2DE groups, some participants were vociferous supporters of herbal or alternative remedies, and as such felt it was particularly important to protect freedom of expression and personal choice about appropriate medical practice in this example.

Figure 9 below summarises the key factors cited as driving the potential for harm along with those felt to be contributing to reducing any potential for harm.

Figure 9: Factors driving, and factors reducing, potential for harm in Scenario A



We now outline each of these factors in more detail:

Factors driving the potential for harm

Many participants saw some potential for harm to health in this scenario. In addition, the potential consequences of switching remedies without consulting a medical professional were also seen to be quite dangerous, particularly for those with more severe conditions. The factors which were felt to increase the potential for harm in this example included:

- **Authority of practitioner** – This was an overriding concern amongst participants, as it was felt the advice provided may well be acted on unilaterally, particularly as they had been given a platform on a general, and therefore perceived to be credible, channel.
- **Clear directive/call to action** – The authority of the practitioner was felt to be particularly powerful when combined with a *direct call to action* (i.e. the practitioner is encouraging viewers to telephone for advice).
- **Lack of neutrality** – Participants were also suspicious of the practitioner promoting his own remedies. The advice was seen to be potentially biased and there was the possibility of financial exploitation as the practitioner was seen as personally gaining from the situation.
- **Concern for those with more severe conditions** – While most of the conditions referenced were felt to be less severe, the mention of diabetes raised concerns amongst participants, as risks were felt to be higher if potentially altering treatment plans for more severe conditions.
- **Cost of calls or remedies (financial exploitation)** – Several participants also expressed concerns about the potential for financial harm given the potential cost of remedies compared to alternatives. In addition, the cost of the phone-in advice was not explicit and was highlighted as another factor which may cause financial detriment.
- **No face to face consultation** – There was some concern that the practitioner would not know a viewer's medical history before selling them the remedies, which could be potentially harmful.

"You'd think this lecture is by a medical practitioner so they must know what they're doing"

Sikh, Mixed faith, Male, Birmingham

“Encouraging people to phone in for advice and using the show to promote his own product, which seems to cure anything, from any problem you seem to have...it doesn’t necessarily tell me that he is qualified to give this advice”

Christian, Strong faith, Male, London

“Potential for financial loss, buying products that aren’t going to do anything, wasting money on that...for the most part probably quite harmless”

Non-religious, Older, ABC1, Cardiff

Participants felt that those most vulnerable to harm as a result of watching this programme were:

- Those who had diabetes (rather than less serious conditions)
- Those who were more desperate for a cure to a chronic/serious medical issue, i.e. their emotional state had been affected by their condition
- Those who had tried more traditional remedies that had not worked and were looking for something new.

“There are a lot of people if it’s a daytime programme that might be unemployed and have medical needs, so there might be financial harm”

Muslim, Strong faith, Male, London

Factors reducing the potential for harm

As shown in Figure 8, participants felt that the **presence of the on-screen scrolling message**, which highlighted that viewers should visit a doctor if they are suffering from any of these health problems, significantly reduced the perceived potential for harm. However, a few participants did feel there was a danger the scrolling messages could be ignored if on-screen throughout the programme.

A large minority in our sample believed in the effectiveness of alternative or herbal remedies and felt this was just a personal choice. Therefore, they considered this scenario to have low potential for harm, especially if these products were not replacing, but instead complementing, conventional medicine.

Other factors which were felt to reduce the potential for harm in this example were:

- **Little concern for less severe conditions** – All participants were less concerned about the potential for harm with more ‘everyday ailments’ such as colds.
- **Size of audience** – Participants also felt the potential impact was reduced by the likely size of the audience in this scenario. It was felt that the overall size of the audience potentially at risk of harm was relatively small.

“I do not think this is harmful, there is a rolling scroll and advice to see a doctor.”

Hindu, Mixed faith, Female, Birmingham

“The disclaimer is what I like, it’s covering everyone.”

Christian, Strong faith, Female, London

Suggestions for audience protection: Scenario A

Participants made some suggestions on how broadcasters could limit the potential for financial harm in this scenario. These included providing greater transparency around the cost of remedies and how this compares to alternatives, by providing this information on-screen. There was also suggestion that there needed to be more clarity about the cost of calls, with many feeling that this information should be shown on-screen as well as stated by the presenter.

Summary of Scenario A

- The key factors driving the potential for harm were;
 - The authority of the practitioner
 - The clear call to action
 - The lack of neutrality
 - The concern for those with more severe conditions
 - The cost of the calls/remedies
 - No face to face consultation
- The key factors reducing the potential for harm were;
 - The scrolling on-screen message
 - The inclusion of less severe conditions
 - The size of the target audience
- In summary, the potential for harm to health in Scenario A was felt to be moderate as although there were a number of factors perceived to be driving potential for harm, this was felt to be significantly reduced by the on-screen message

5.2 Scenario B

Scenario B outlined an example of potential harm to health in a programme on a public service channel. The detail of the scenario, as shown to participants, is below:

Figure 10: Outline of scenario B

B

An item on a magazine style live morning show, featuring a discussion on effective pain management, is broadcast on a public service channel. The discussion includes a range of views on the effectiveness of conventional ways to help manage pain.

On a number of occasions during the discussion a participant strongly states that the only way to effectively manage pain is by not taking any recommended medication.

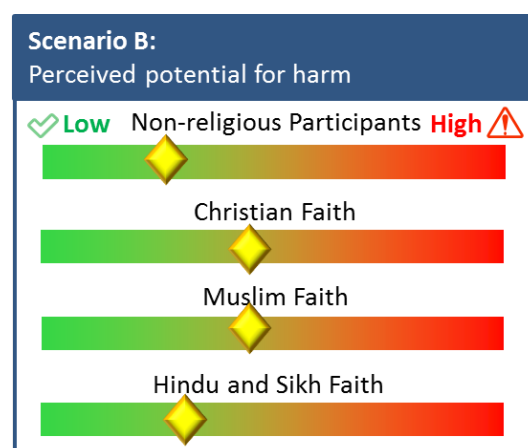
The presenter does not challenge these views, but other guests argue in favour of pain killers and emphasise the importance of following the advice of a medical professional.

At an overall level, participants tended to agree that the potential for harm in this scenario was relatively low, because any factors identified as driving harm were minimised by the balanced nature of the discussion.

“They’re having a discussion, they’re not telling you to do anything.”
Non-religious, Older, ABC1, Cardiff

Figure 11 below outlines the potential for harm across the non-religious and religious groups.

Figure 11: Scenario B – Perceived potential for harm across different participant groups



As shown in Figure 11 above, there was a consensus across non-religious and religious participants that the potential for harm was relatively low.

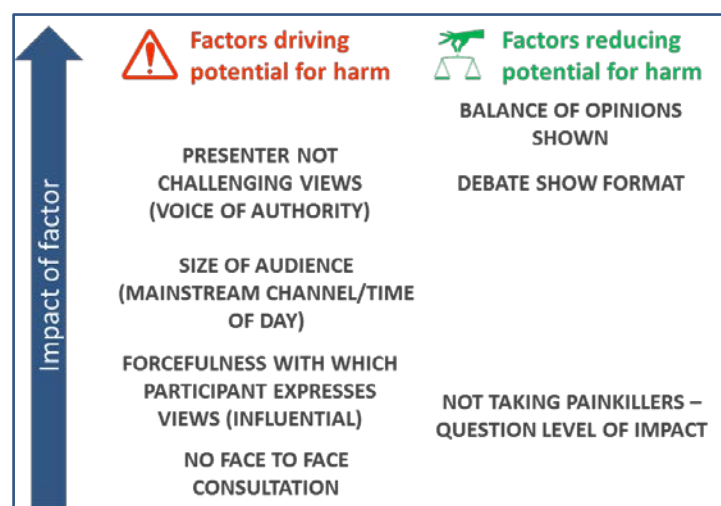
It was noted, however, that those who tended to watch this type of daytime programming (in the sample they were typically younger, female participants) were slightly more concerned by the potential levels of influence that participants in the show can have on viewers, particularly as the presenter does not mitigate against strong points of view.

“Harmful because a participant states not to take painkillers, whereas most pain management is helped by painkillers.”

Muslim, Moderate faith, Female, Leeds

Figure 12 below summarises the key factors cited as driving the potential for harm along with those felt to be contributing to reducing any potential for harm.

Figure 12: Factors driving, and factors reducing, potential for harm in Scenario B



Factors driving the potential for harm

A minority of participants saw some potential for harm to health in Scenario B given people might stop taking their pain medicine. However, this perception of potential harm was, for some, driven by offence i.e. participants personally disagreed with the strength of the contributor’s viewpoint.

The factors felt to increase the potential for harm in this example were:

- **Presenter not challenging views (voice of authority)** – The key factor influencing participants’ views was the lack of counter view provided by either the broadcaster or the presenter. Viewers were familiar with the use of warnings on programmes

discussing health and some believed both the broadcaster and the presenter had a responsibility to provide further guidance.

- **Size of audience** – The potential audience size and composition was also a concern, along with the fact it was being shown on a Non-religious channel and at a time when people perceived to be most vulnerable were at home (i.e. those unable to work due to illness or disability).
- **Forcefulness with which participant expresses views** – The scenario states the participant ‘strongly’ provides his/her opinion. Some felt that the potential for harm was related to the status and authority of this individual. If it is someone who is respected by the audience, particularly if they are more vulnerable, then this could be more damaging.
- **No face-to-face consultation** – As with scenario A, it was seen by a minority of participants as lacking in responsibility to provide this sort of guidance without a medical consultation.

“I think the presenter should have challenged them more”

Muslim, Moderate faith, Female, Leeds

“Telling someone not to take painkillers if they are in pain could be detrimental to their health.”

Christian, Strong faith, Male, London

Participants felt that those most vulnerable to harm as a result of watching this programme were:

- Those who are currently using medication to manage their pain; and
- Those who are at home during the day due to lack of mobility or illness and perceived to be more vulnerable.

“Vulnerable people who are elderly and housebound might take the advice and not take painkillers, not go to the doctors.”

Carer, London

Factors reducing the potential for harm

Overall, despite the inclusion of an extreme viewpoint concerning pain medication, the existence of a range of more conventional views and the format of the show in allowing guests to challenge the more extreme view, meant that the level of potential harm was reduced.

"The participant has their own views, but they're challenged. If it was only their opinion shown, then it would be harmful."

Hindu, Mixed faith, female, Birmingham

"It's an open debate so I don't think it's harmful."

Non-religious, Younger, ABC1, Glasgow

Crucially, the argument made by many participants was that personal views were expected on this sort of show, as this was simply freedom of expression. In addition, given a range of views are offered, if an audience member opts to take this advice, then this was considered to be their freedom of choice. There were mixed views on the role of the presenter in this scenario, some felt they should provide an information message and others felt it was acceptable for them not to comment. All participants agreed, however, that the presenter should not endorse either view but should remain neutral.

"These are personal views, as long as they're not endorsed by the presenter, it's fine"

Hindu, Mixed faith, Male, Birmingham

The factors felt to reduce the potential for harm in this example were:

- **Balance of opinions shown** – Having a range of opinions, including views promoting more conventional treatments, was felt to provide the audience with sufficient information to make their own decisions based on the content, i.e. if they choose to stop taking painkillers then they are using their freedom of choice.
- **Debate show format** – The ability for guests to challenge the guest with the more extreme view was felt to limit the potential level of harm to audiences. The majority of participants felt that, given the nature of the show, the presenter should in fact remain neutral and that the balance provided by the other contributors was sufficient in countering the more extreme view.

- **Not taking painkillers (question on the level of impact)** – A few participants felt that withdrawal of painkillers was not necessarily a major risk i.e. not life-threatening. However, participants recognised that the potential for harm might depend on the context i.e. the severity of the illnesses referenced.

"It's a discussion, everyone is entitled to their opinion, they're not forcing anyone to take their way of thinking, and there is no right or wrong."

Christian, Strong faith, Male, London

"I don't think anyone would take any notice of it. If they are in pain they're going to take painkillers."

Sikh, Mixed faith, Male, Birmingham

"It wasn't the presenter who said don't take pain relief, it was just one of the participants in the discussion"

Sikh, Mixed faith, Female, Birmingham

Suggestions for audience protection: Scenario B

Those who felt there was greater potential for harm said that the broadcaster or presenter (given their position of authority) had a duty to close the show with a warning. It was suggested that this message should explain that anyone considering taking action as a result of the opinions expressed in the show should firstly seek advice from a medical professional.


Summary of Scenario B

- The key factors driving the potential for harm were;
 - The presenter not challenging views
 - The size of target audience
 - The forcefulness with which the contributor expresses views
 - No face to face consultation
- The key factors reducing the potential for harm were;
 - The balance of opinions shown
 - The debate show format
 - The low impact of message (not taking painkillers)
- In summary, most participants felt that the debate show format and the balance of opinions significantly reduced the impact of the factors driving potential for harm to health.

5.3 Scenario C

Scenario C outlined an example of potential harm to health in a programme on a general channel. The detail of the scenario, as shown to participants, is below:

Figure 13: Outline of Scenario C



A documentary about the growth of the pharmaceutical industry and cancer treatments is broadcast on a general channel on satellite TV.

The documentary includes details of alternative treatments for cancer. It is argued that these alternative treatments are effective but are not used by the medical profession to treat cancer because it is not in the economic or in the professional interests of doctors and the pharmaceutical industry to research and develop these treatments.

On a number of occasions, the narrator criticises conventional medicine, saying that the side effects of these treatments can cause additional complications.

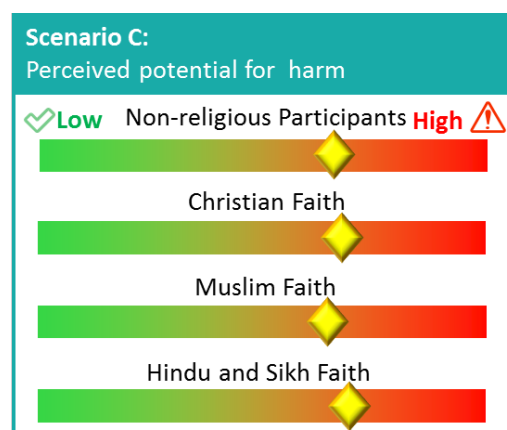
This scenario caused much debate, with the topic of cancer and its treatment eliciting stronger reactions, as participants often had experience of dealing with the consequences of this condition (first hand or through friends or family).

Overall, participants felt the potential for harm to health was moderately high.

While there was agreement that there was potential harm, for some this was felt to be acceptable given it was an investigative documentary. For others, this was much less clear. For them, the lack of an alternative viewpoint and the potential risks of cancer patients altering their treatments was felt to outweigh the argument for freedom of expression.

Figure 14 below outlines the perceived potential for harm across the non-religious and religious groups.

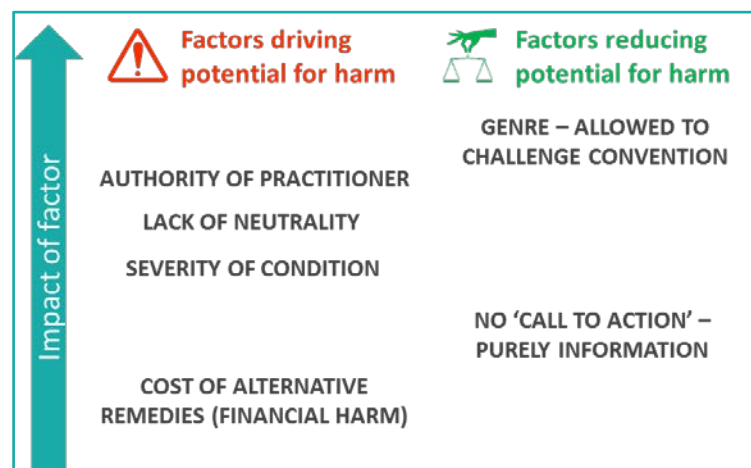
Figure 14: Scenario C – Perceived potential for harm across different participant groups



As shown in Figure 14, the range of views did not strongly differ across non-religious and religious groups. In addition, there were no clear differences by demographics, such as age, gender or social grade.

Figure 15 below summarises the key factors cited as driving the potential for harm along with those felt to be contributing to reducing any potential for harm.

Figure 15: Factors driving, and factors reducing, potential for harm in Scenario C



Factors driving the potential for harm

The topic of the documentary (alternative treatments for cancer) elicited a heated debate amongst participants. This was largely because many had personal experiences of dealing with cancer or knowing someone who has/had cancer and considered alternative treatments. The sensitive nature of the topic and the fact the documentary was challenging conventional knowledge resulted in mixed reactions.

Personal viewpoints on alternative medicine were influential in determining participants' position on the potential for harm to health, from those both for and against alternative approaches to cancer treatment.

"People should have access to different treatments advice and choices"

Muslim, Strong faith, Female, London

"They have a duty to validate what is being said...they should prove it before it goes out"

Non-religious, Older, C2DE, Glasgow

"It's a viewpoint. There are alternatives in the private sector – it's just free speech to hear about it"

Non-religious, Older, C2DE Glasgow

Participants felt those most vulnerable to harm because of watching this programme were cancer sufferers and their carers; in particular, those who were not responding as hoped to conventional medicine, as they might be particularly desperate to find an effective treatment.

“The terminally ill would do anything to prolong their life and their family members are vulnerable”

Non-religious, Older, ABC1, Cardiff

Irrespective of participants’ personal opinions about alternative cancer treatments and the pharmaceutical industry, there was consistent recognition that there was both potential for harm to health and potential for financial harm:

- **Harm to health** - It was seen as encouraging vulnerable groups to consider alternative treatments which ultimately could result in unilateral decisions about medication being made without consulting professionals. It was not felt to be as potentially harmful as if the audience was being directly advised to try alternative treatments.
 - **Authority of the practitioner** – There was a widespread belief that documentaries are based on substantial research and evidence. Therefore, participants felt that the content would be perceived by audiences to be based on fact and therefore reliable.
 - **Lack of neutrality** – While it was not felt to be unusual for a documentary to be one-sided, the lack of an alternative viewpoint offered in this example was felt to be compounded by the lack of any warnings to encourage audiences to consider an alternative view.
 - **Severity of the condition** – Participants recognised that there is a need for particular care when cancer is referred to in programming, given this is a life-threatening illness. As such, the potential consequences if people alter their medication as a result of watching the show were seen as far greater than the risks involved in the other scenarios shown. Participants felt individuals might be desperate to find a treatment that works for either themselves or the people they care for and therefore the potential likelihood of viewers acting on the content of the programme was a concern.

“There doesn’t seem to be any medical facts that they are basing this all on, the narrator criticised conventional medicine and unfortunately cancer sufferers are a vulnerable group, it could be their last port of call.”

Christian, Strong faith, Male, London

"It's not researched, it's experimenting on people and it's not regulated. It will cause more harm than good."

Muslim, Moderate faith, Male, Leeds

- **Financial harm:** A secondary consideration in this scenario for potential harm was financial detriment:
 - **Cost of alternative remedies** – There was recognition that alternative remedies could be very expensive, and any subsequent impact of people seeking out the treatments referenced in the documentary could be financially detrimental.

"I think this gives people false hope, they might spend lots of money in the hope that they could be cured"

Non-religious, Older, ABC1, Cardiff

"It could be harmful to someone who really wants it and doesn't have the funds and gets into financial harm and debt"

Muslim, Strong faith, Female, London

Factors reducing the potential for harm

The factors felt to reduce the potential for harm in this example were:

- **Genre** – Regardless of how participants felt about alternative treatments for cancer, it was widely acknowledged across the group discussions and in-depth interviews that it is acceptable for documentaries to challenge convention. Participants stated that documentary makers have a right to offer unconventional viewpoints and that the broadcaster does not necessarily need to provide a balanced view within the programme itself.
- **No call to action** – Additionally, many recognised that this documentary was about information provision and it was not advice. This lack of a call to action was felt to reduce the perceived potential for harm, as the programme was not suggesting viewers take action.

"People can make up their own minds; they are a lot more responsible and a lot more alert to programmes and with the internet these days."

Christian, Strong faith, Male, London

"It's a different viewing public to the other one which was a morning show, this is a documentary focusing on pharmaceutical industry so I felt it was fine for them to do that."

Christian, Strong faith, Female, London

"I think people have got the right to know about things that are out there."

Non-religious, Older, ABC1, Cardiff

Suggestions for audience protection: Scenario C

The suggestions to protect audiences from potential harm included:

- **Harm to health** – Participants tended to raise a need for information to be provided before or after advert breaks and at the end of the show advising the audience to discuss current treatment with medical professionals before making any decisions based on the views expressed in the programme. There were also some suggestions that web links to further information about these alternative treatments should be provided, aimed at those who may be affected by the content discussed in the programme.
- **Financial harm** – Web links to further information on the cost of alternative treatments was also suggested.

Summary of Scenario C

- The key factors driving the potential for harm were;
 - The authority of practitioner
 - The lack of neutrality
 - The concern for those with more severe conditions
 - The cost of alternative remedies
- The key factors reducing the potential for harm were;
 - The genre – allowed to challenge convention
 - No call to action
- In summary, it was felt that this scenario had moderate to high potential to cause harm to health
- While it was recognised that freedom of expression was important to respect, the general consensus was that the broadcaster needed to do more to protect audiences given the serious nature of the content

6 RELIGIOUS PROGRAMMING SCENARIOS

6.1 Reactions to potential for harm in religious programmes

Method:

Participants were shown the principles of the Code, which relate to religious programming and asked to consider the potential for harm in this genre. Participants were then presented with three hypothetical scenarios relating to religious programming (D-F). Each scenario was taken in turn, and participants were asked to assess the potential for harm individually, prior to discussing more widely as a group. The scenarios were used to facilitate debate to enable the nature of potential harm to be explored and understood.

Introduction

As identified in section 3.1, participants across both non-religious and religious groups felt that there was greater potential for harm in religious programmes than other genres/types of programming. It was suggested that viewpoints offered in religious programmes would have a high degree of credibility among the target audience.

Spontaneously, participants were able to identify examples of potentially harmful content which might be shown on religious programmes. Frequently this involved content encouraging audiences to pray instead of using conventional medicine. Religious participants from across the different faiths also identified the potential for financial harm, as there was relatively high awareness of audience members being encouraged to make donations on religious channels. While this was not in itself felt to be harmful, it was recognised that this could potentially cause financial detriment to audiences that are more vulnerable (i.e. those with limited funds and/or in debt).

When considering potential for harm in religious programmes both non-religious and religious participants noted the importance of protecting freedom of religion. It was seen as important to protect people's rights to believe in and practice their religion. Participants felt that viewers of religious channels would expect strong religious sentiment to be present.

The need to protect the right to expressing religious beliefs when combined with the need to protect against harm meant that the religious programme scenarios created considerable debate, eliciting more layered and complex responses across all participants.

Participants in the non-religious groups were sometimes uncomfortable judging what was right or wrong with regard to freedom of religion. For some, there was a preference to defer these judgements to religious communities themselves.

However, religious groups tended to have much stronger reactions to some of the religious scenarios (particularly scenarios D and F). Among these participants, there was considerable concern about the potential for health or financial harm amongst a very particular target audience. Religious participants noted that the viewers of religious programmes may be sometimes more isolated (i.e. housebound and therefore unable to attend a place of worship), and this could potentially lead them to be more vulnerable to messages from religious channels. In some instances, however, participants' reactions appeared to be driven by offence rather than harm, i.e. they considered that this type of programme could show their religion in a negative light.

"I think there could be financial harm, for example, I have seen documentaries that tell you about religious companies that profit from vulnerable people like the elderly."

Carer, London

"On some channels they show the names and you might know the person and think they've done £100 so I'll donate a bit more"

Carer, Birmingham

Summary points

- Participants felt there is a need to balance freedom of religion and potential for harm in religious programmes
- Potential for harm in religious programmes was seen as relatively high; it was recognised that content may offer advice on serious matters, and that this content would be highly credible among the target audience
- Non-religious participants tended to feel less strongly about the potential for harm in religious programmes; they felt less able to make decisions relating to freedom of religion
- Religious participants tended to feel more strongly about the potential for harm in religious programmes; they recognised it could be highly influential among a targeted and potentially vulnerable audience

6.2 Scenario D

Scenario D outlined an example of potential harm to health, which was broadcast on a religious channel. The detail of the scenario, as shown to participants, is below:

Figure 16: Outline of Scenario D

D

A religious service is broadcast from a place of worship on a dedicated religious channel on satellite TV.

A message at the start, on the screen and in a voiceover, advises viewers to visit a doctor before making any decisions based on the programme.

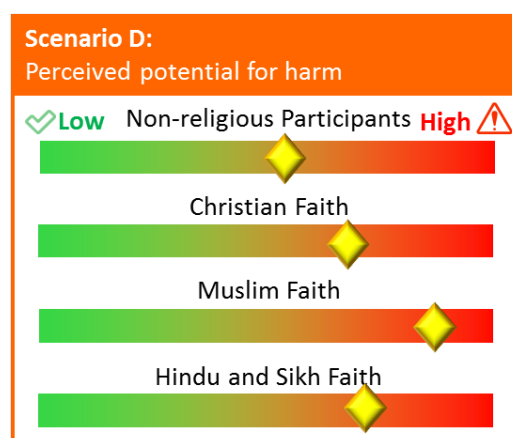
The preacher repeatedly criticises conventional medicine, saying that it is not as effective as prayer for healing serious illnesses.

Towards the end of the service, the preacher lays his hands on a young girl from the congregation who has been diagnosed with cancer, and declares that she has been cured.

This scenario elicited polarised responses, as participants tried to determine the acceptable balance between freedom of religion and the potential to cause harm to health.

Figure 17 below outlines the participants' scores for potential for harm across the non-religious and religious groups.

Figure 17: Scenario D – Perceived potential for harm across different participant groups



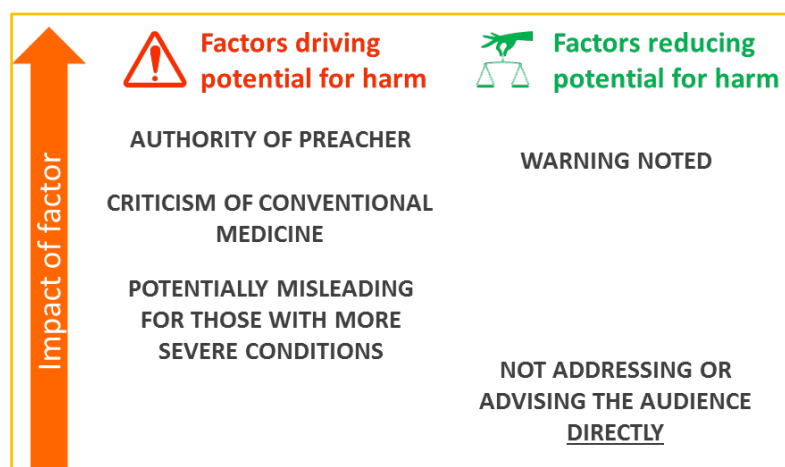
As shown in Figure 17, the religious participants tended to feel scenario D had greater potential to cause harm to health than the non-religious participants.

The religious participants were able to envisage the potential risks to more vulnerable audiences, as they felt the people who watched religious channels were potentially more isolated than other believers and likely to believe content of this nature.

In the religious groups, there was a sense that religious belief was being taken too far; most participants did not personally believe that preachers in their faith could cure cancer. In particular, Muslim participants felt that this scenario did not fit with their faith and this enhanced their perceptions of potential harm to health.

Figure 18 below summarises the key factors cited as driving the potential for harm along with those felt to be contributing to reducing any potential for harm.

Figure 18: Factors driving, and factors reducing, potential for harm in Scenario D



Factors driving the potential for harm

Religious participants saw the potential for harm to health amongst a particularly targeted audience. They felt that the audience was likely to include a proportion of those too ill/infirm to attend a place of worship, and for them religious channels may represent an alternative to attending a live service. The audience members' potential isolation was also a factor considered; in contrast to being amongst a congregation at the service, viewing this content alone at home was seen as heightening their level of vulnerability to the messages because no one else might be present to offer a different perspective on what they had seen.

Looking at the factors which were felt to increase the potential for harm in more detail:

- **Authority of preacher** – Participants acknowledged that the authority of the preacher was likely to be very influential, especially for those of stronger faith. There was, therefore, concern that viewers that are more vulnerable could follow his recommendations without seeking advice from a medical professional.
- **Criticism of conventional medicine** – Participants felt that the preacher's criticism of conventional medicine was very persuasive for those more desperate and/or those of stronger faith. They were concerned that some viewers may stop their medication, against the advice of medical professionals. Criticism of conventional

medicine alone was felt to be potentially harmful, but perceived potential harm was increased if an alternative was recommended, be that prayer or alternative medicines.

- **Potentially misleading for those with more severe conditions** – While there was concern for any audience member who may stop their medication, the greatest concern was for those with more serious illnesses such as cancer, where the consequences of stopping conventional medicine were likely to be more harmful.

"The preacher's presentation is going to be powerful and engaging."

Non-religious, Older, ABC1, Cardiff

"This is terrible, it should be banned. It's not based on evidence but the people watching it may believe it"

Non-religious, Younger, C2DE, Belfast

"If you follow that religion, you're going to trust them and it could be dangerous if people stop taking their drugs"

Muslim, Strong faith, Female, Whitechapel

Factors reducing the potential for harm

Participants found it challenging to determine what they felt was acceptable with regard to freedom of religion, when weighed up against the potential to cause harm to health.

While there was debate and polarising opinions, some Non-religious and religious participants recognised that it *was* a religious service and as such, the audience might expect this kind of message, irrespective of their personal opinion on the legitimacy of the claims.

"It's in a religious service, if it was on normal TV then I would go higher in the harm stakes. I don't have a problem with it it's shown on a religious service."

Christian, Strong faith, Female, London

The factors felt to reduce the potential for harm in this example were:

- **Warning** – Participants recognised that there was some information already present in the scenario, via a voiced over message at the beginning of the programme.
- **Not addressing or advising the audience directly** – Participants noted that the preacher was not directly addressing or advising the TV audience, even if they personally disagreed with what the preacher was claiming.

"It's on a religious channel so only religious people are likely to watch this and they get these kinds of messages in church anyway"

Non-religious, Older, ABC1, Belfast

"[A] disclaimer is given and even though he knocked medication, I didn't hear an invitation for the viewer to receive whatever he is giving...."

Christian, Strong faith, Female, London

Suggestions for audience protection: Scenario D

Participants felt that the voice over message at the beginning of the programme was valuable to protect against potential harm. However, it was also felt that more warnings may be necessary because there was a danger viewers would miss the messaging if they missed the beginning of the programme.

That said, there was debate about where, when and what messages could be provided whilst avoiding undermining freedom of religion. Participants recognised the challenge around the timing of any warning, as any information provided while the preacher was speaking was seen as potentially infringing on freedom of religion. There was also felt to be a danger that the preacher's speech could undermine the warning itself, although this was somewhat mitigated by the fact the preacher is not directly addressing the audience member.

"You're limiting people's beliefs...who are you to not let them pursue them"

Non-religious, Younger, ABC1, Glasgow

It was suggested that further warnings should be delivered after each advert break (if applicable) and at the end of the broadcast to ensure all viewers were exposed to this information, without disrupting the viewing experience. In addition, these messages should

remain neutral (e.g. recommending seeking medical advice), rather than directly contradicting what the preacher is saying.

The delivery of the warning was also discussed and it was widely suggested that it needed to be accessible to all to limit potential harm effectively. For example, there was perceived to be value in using both voiceover and on-screen text to minimise the chances of this content being missed, and to cater for those who may have difficulty reading. Likewise, it was suggested that this should be language appropriate, i.e. be in the same language as the service being shown.


Summary of Scenario D

- The key factors driving the potential for harm were;
 - The authority of preacher
 - The criticism of conventional medicine
 - Potentially misleading for those with more severe conditions
- The key factors reducing the potential for harm were;
 - The warning is noted
 - Not addressing or advising the audience directly
- In summary, it was felt that this scenario had moderate potential to cause harm to health. Particularly vulnerable were those of strong faith who were too ill or infirm to attend a place of worship

6.3 Scenario E

Scenario E outlined an example of potential harm to health on a religious programme on local radio. The detail of the scenario, as shown to participants is below:

Figure 19: Outline of Scenario E



A scripture-based discussion programme, with a panel of religious scholars and a presenter, covering a variety of topics, is broadcast on a local radio station.

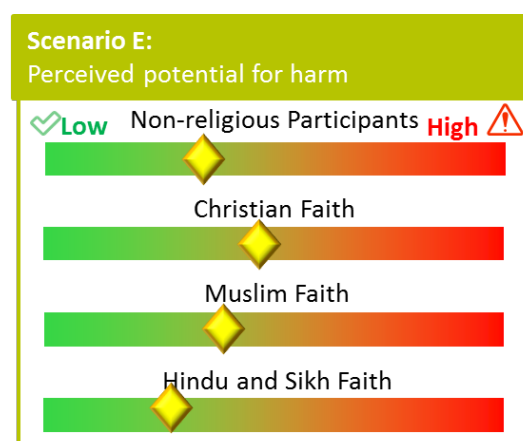
On a number of occasions during the programme, the scholars recommend spiritual remedies, which are said to be effective at treating ailments and illnesses ranging from dizziness and fainting to heart disease and epilepsy.

Towards the end of the programme, the presenter advises listeners to consult their doctor if they have any concerns about their health, before they act on the suggestions of the scholars.

Participants felt that the potential for harm in Scenario E was not very high given the presence of an on-air information message delivered by the presenter, and the wider perception that radio was a less powerful medium than the television.

The on-air information message provided by the presenter at the end of the programme was felt to be appropriate, as it was not interrupting the scholars during the discussion i.e. it was not seen as infringing on freedom of religion. Figure 20 below outlines the potential for harm across the non-religious and religious groups.

Figure 20: Scenario E – Perceived potential for harm across different participant groups

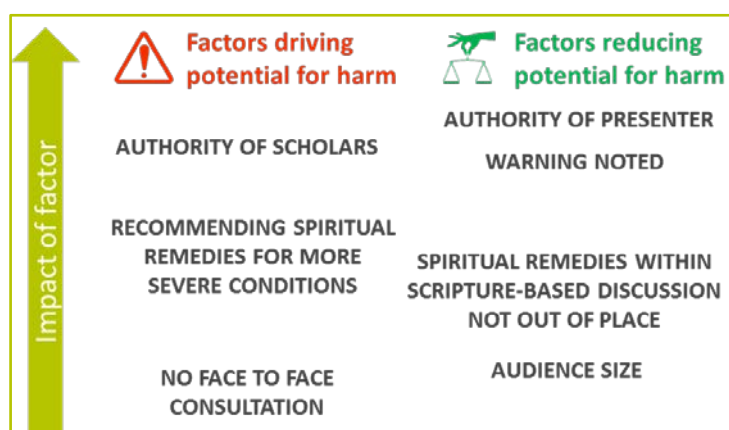


As shown in Figure 20 above, the Christian and Muslim faith groups were slightly more concerned about the potential for harm in this scenario. This was largely to do with the

respect these participants had for the authority of the scholars and their perception that those of faith would listen to and potentially follow their advice.

Figure 21 below summarises the key factors cited as driving the potential for harm along with those felt to be contributing to reducing any potential for harm.

Figure 21: Factors driving, and factors reducing, potential for harm in Scenario E



Factors driving the potential for harm

Discussions about the potential for harm centred on the perceived appropriateness of scholars recommending spiritual remedies for more severe illnesses. The key considerations to emerge were as follows:

- **Authority of scholars** – The main factor contributing to participants’ perceptions of potential harm was the authority of the scholars. Religious participants felt that the views of scholars would be very persuasive with listeners of very strong faith. Some of the non-religious participants expressed concern that it was not the scholars’ role to offer health advice.
- **Recommending spiritual remedies for more severe conditions** – The fact that the scenario detailed some particularly serious conditions such as heart disease and epilepsy exacerbated the concerns some had for potential harm. This was because it was felt that spiritual remedies alone should not be used to treat these illnesses.
- **No face-to-face consultation** – In addition, many participants pointed out that conditions such as dizziness and fainting could be symptoms of a more serious illness therefore the lack of face-to-face consultation / understanding of a patient’s medical history could increase the potential for harm to health.

“The fact it is a scholar also may make people more keen to go in a certain direction. It affects freedom of choice.”

Muslim, Moderate faith, Female, Leeds

"For the lesser degrees of ailments it might actually do some good. When it comes to epilepsy and heart disease it might help but...not in isolation."

Non-religious, Older, ABC1, Cardiff

Factors reducing the potential for harm

The factors felt to reduce the potential for harm in this example were:

- **Authority of presenter** – Overall, it was felt that the presenter was in a position of authority and so his advice to the audience to seek medical advice was highly credible.
- **Warning** – The presenter's message at the end of the show was seen as appropriate to ensure the audience considered all options before taking any action based on the discussion. This information was considered to be appropriately timed. To have interrupted the scholars during their discussion to advise audience members to seek conventional medical advice was seen as inappropriate and conflicting with their freedom to express their religious beliefs.
- **Spiritual remedies within scripture-based programme not out of place** – Additionally, participants felt the fact that spiritual remedies were being discussed on this programme was completely acceptable and in line with expectations of the genre. Participants also noted that the scholars are not recommending that audience members only use spiritual remedies. Religious participants tended to assume that the spiritual remedies were being positioned as complementary to conventional medicine and there was no call to stop conventional medicine, or any direct criticism of conventional medicine.
- **Audience size** – Given it was a programme on a local radio station, participants felt that the potential audience, and therefore the size of the vulnerable listener population, was likely to be relatively small.

"It's fine as the presenter advises the listener to consult their doctor before making their decision. It is an option of spiritual medication."

Muslim, Strong faith, Female, London

"Radio is less harmful, you can't see the presenters and the presenter warns 'consult your doctor'."

Muslim, Strong faith, Female, London

"I think because it's on a radio show people will not be harmed as much. If it was on a TV documentary, it would be more harmful. The presenter advised as well."

Sikh, Mixed faith, Female, Birmingham

"It's not trying to sell you something, it's not saying stop your medication. I don't think Ofcom needs to do anything here"

Non-religious, Younger, ABC1, Glasgow

Suggestions for audience protection: Scenario E

Participants did not generally feel there was any need for further moderation of Scenario E. However, a few individuals did share comments about radio being a difficult medium for ensuring effectiveness of warnings. It was felt that the audience could easily switch between stations and miss such messages. The alternative view to this was that this behaviour was symptomatic of not fully engaging, and this may reduce the potential for harm in any case.

"Being on the radio, you could miss the warning message as people tend to flick about channels on the radio"

Non-religious, Older, C2DE, Glasgow


Summary of Scenario E

- The key factors driving the potential for harm were;
 - The authority of scholars
 - Recommending spiritual remedies for more severe conditions
 - No face-to-face consultation
- The key factors reducing the potential for harm were;
 - The authority of presenter
 - The warning given by the presenter
 - Spiritual remedies within scripture based discussion
 - The audience size
- In summary, participants felt the potential for harm in Scenario E was limited due to the nature of the message i.e. promotion of spiritual remedies, but not at the expense of conventional medicine. Additionally, the provision of an information message from the presenter at the end of the discussion was deemed sufficient in mitigating any risks

6.4 Scenario F

Scenario F outlined an example of religious programme with the potential to cause financial harm. The detail of the scenario, as shown to participants, is below:

Figure 22: Outline of Scenario F



An appeal for donations to a religious charity is broadcast on a dedicated religious channel on cable TV.

The presenter says that prayers will be said on behalf of viewers in exchange for donations. He emphasises the power of prayer to transform lives, citing examples of miracles.

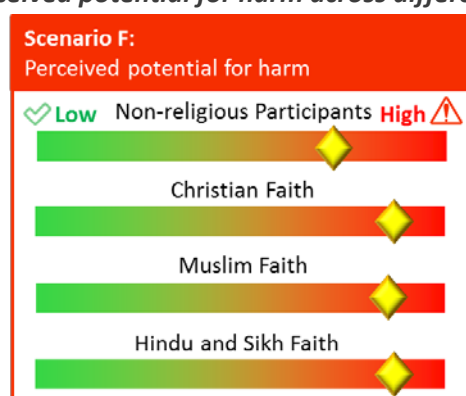
The programme also features personal testimony from a woman who says that she was in debt, but gave the last money she had to the charity. She says that her debts were cleared as a result.

This scenario was perceived to have the greatest potential for harm across all participants. This was due to the perception that it was explicitly targeting vulnerable audiences. Participants felt that the use of a personal testimony was potentially very powerful and the clear call to action could potentially lead vulnerable audiences to act in a way that causes them financial harm. Likewise, it was noted that content of this nature could result in harm to health if medical testimonies were used. However, the levels of offence this scenario generated amongst participants also affected their judgement about the potential for harm; they found it difficult to separate potential harm and offence.

"It's terrible, they're almost like shopping channel sales people"
Non-religious, Older, ABC1, Belfast

Figure 23 below outlines the potential for harm across the non-religious and religious groups.

Figure 23: Scenario F – Perceived potential for harm across different participant groups



As shown in Figure 23 above, religious participants held stronger views about the potential for harm presented by this scenario. The idea of offering prayers in exchange for donations was contentious, irrespective of faith. In conjunction with the testimony this request for donations was seen as particularly problematic, even if individuals themselves believed in the power of prayer.

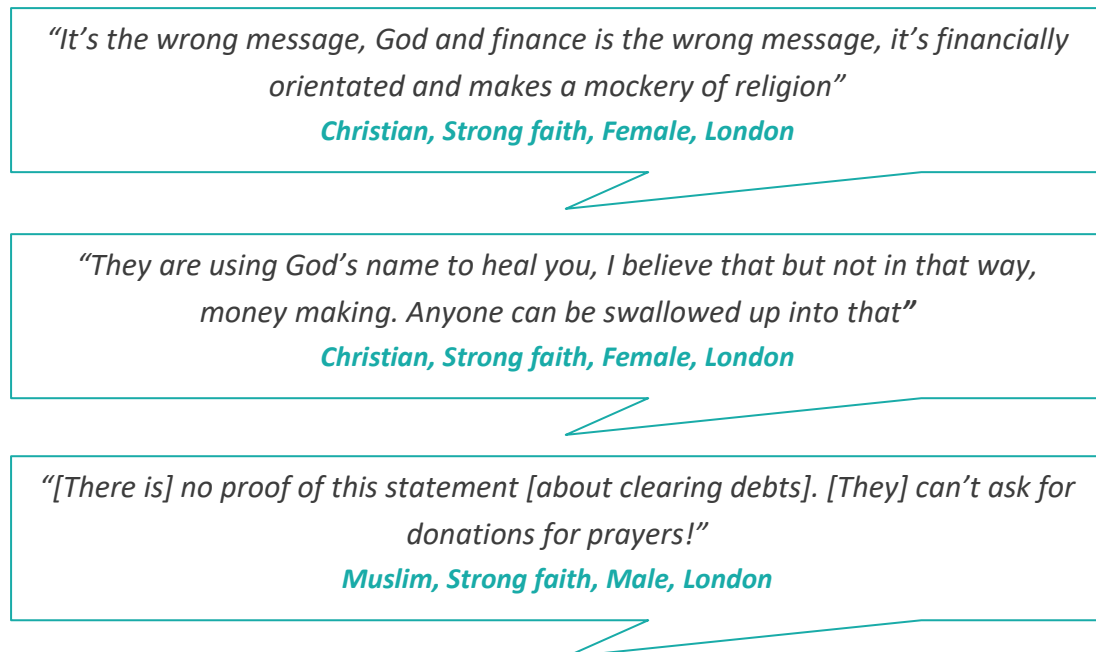
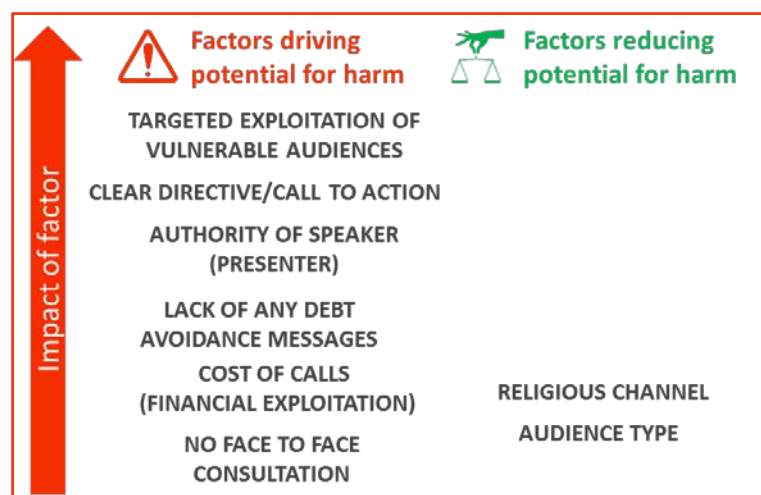


Figure 24 below summarises the key factors cited as driving the potential for harm along with those felt to be contributing to reducing any potential for harm.

Figure 24: Factors driving, and factors reducing, potential for harm in Scenario F



Factors driving the potential for harm

There was a strong sense in this scenario that there was high risk of harm among a small, but very targeted audience, i.e. viewers of that specific faith who were in financial difficulty. The factors felt to increase the potential for harm in this example were:

- **Targeted exploitation of vulnerable audiences** – The personal testimony was felt to be the key factor in determining the potential for harm. Across all the groups, this was seen as attempting to directly target those who were currently in a position of financial hardship.
- **Clear directive/call to action** – This scenario was felt to have a clear direct call to action. Participants were concerned it had the potential to lead those more vulnerable into further financial difficulties.
- **Authority of speaker (presenter)** – Participants highlighted that this programme was being broadcast on a religious channel, which will be watched by those who have strong faith and who were likely to respect the authority of the presenter. Religious participants of all faiths reacted particularly strongly to this; they claimed they knew people who could potentially be influenced by this type of plea. Some religious participants had seen programmes of this nature where donations were being requested. It was suggested that in this scenario the testimony was very powerful as it made the situation very relatable.
- **Lack of any debt avoidance messages** – Within this scenario there was the lack of any warnings advising consideration of alternative approaches to managing debt.
- **Cost of calls** – The cost of the call was also questioned by participants, as rates were not made explicit in this hypothetical scenario. If in reality these costs were made clear to the viewer, it was recognised that this would not add to the potential for financial harm.

“The power of prayer when balanced can be strong but it is free and there is no evidence debt would be cleared.”
Non-religious, Older, ABC1, Belfast

The general consensus was that those who were of strong faith and in a more desperate financial situation were most at risk, as they would be more likely to want to believe in their faith and follow the recommended action. In addition, vulnerability was felt to be heightened among those who were not able to visit a place of worship due to illness or mobility issues and as such to access and connect with their place of worship.

Factors reducing the potential for harm

The idea of asking for donations on a religious channel was accepted. It was seen as an individual’s freedom to choose whether they wanted to donate. Religious participants

frequently referred to the similarities with the practice of asking for donations that takes place regularly in places of worship.

Factors felt to reduce the potential for harm in this example were:

- **Religious channel** – Participants recognised that this is a religious channel and that there is a need to allow for freedom of religion.
- **Audience type** – It was also felt by some that the content would broadly fit with audience expectations.

“I don’t think it’s affecting the vast majority of the public, it’s affecting those who believe in such healings and therefore it’s their own choice”

Christian, Strong faith, Female, London

“I know people who would give money in the hope that ‘good will come back to them’ – it can help some people to think this”

Carer, Birmingham

However, despite this, there was the general belief that this scenario could not be justified by freedom of religion and freedom of expression. For the majority of participants these rights were not felt to mitigate against the targeted nature of the call to action.

Suggestions for audience protection: Scenario F

When considering how broadcasters could guard against financial harm in programmes, there was widespread concern about the effectiveness of warnings in this scenario. The strength of the message was felt to undermine any potential warning advising the audience to seek professional financial advice. The apparent contradiction between the potential warning and the content was felt to be particularly problematic in this scenario as the presenter spoke directly to the audience. Religious participants in particular questioned whether the personal testimony directly encouraging people in debt to donate should be banned completely.

“It’s the validity of the claim for me. Will it do what it says it will? It is exploitation!”

Non-religious, Younger, ABC1, Glasgow

In addition to potentially removing the testimony, participants felt that a clear warning was required about the need to seek advice if suffering from any financial difficulties. This should remain neutral (e.g. recommending seeking financial advice) so it doesn't contradict what the speaker is saying and protects freedom of religion. It was also considered to be more effective if delivered as a voiceover and an on-screen message.

Summary of Scenario F

- The key factors driving the potential for harm were;
 - The targeted exploitation of vulnerable audiences
 - A clear, directive call to action
 - The authority of speaker
 - The lack of any warnings
 - The cost of calls
- The key factors reducing the potential for harm were;
 - Religious channel
 - The audience type
- In summary, this scenario was felt to have the greatest potential for both financial harm and harm to health. This was heightened by the personal testimony and clear call to action

7 CARERS' PERCEPTIONS OF VULNERABLE AUDIENCES

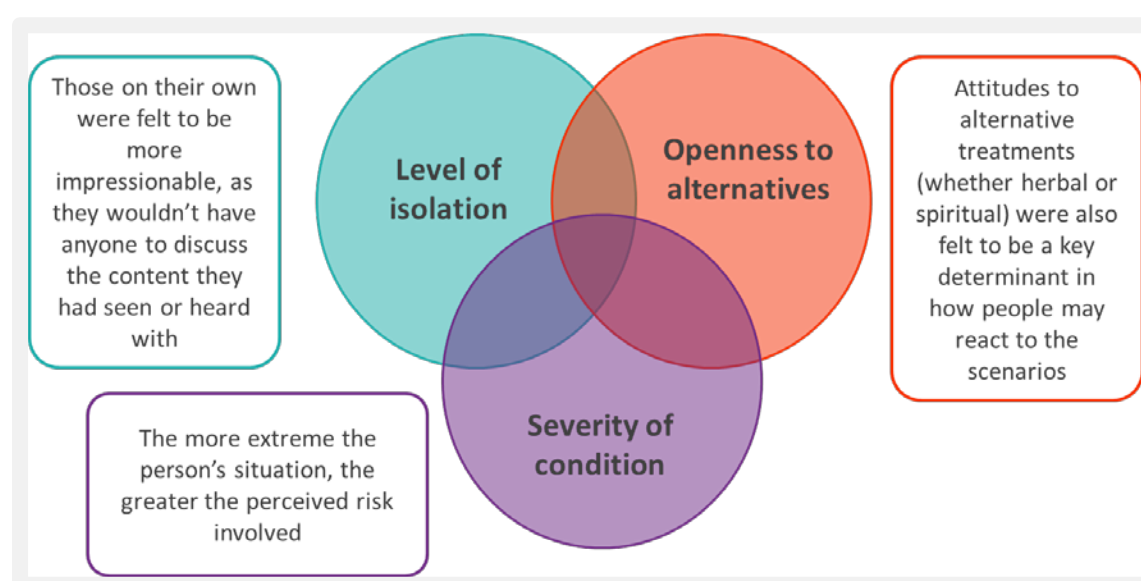
7.1 Perceptions of carers on more vulnerable audiences

Method:

One-to-one interviews were conducted with people acting in a carer capacity for audiences who were felt to be potentially more vulnerable to harm. Their views were used as a proxy for the views of vulnerable audiences, due to the challenges of speaking to this audience directly about these issues.

Those operating in a carer capacity tended to have similar views to other participants in terms of the scenarios which were perceived to be more or less harmful. They had mixed views about the extent to which the people they cared for were more vulnerable to harm, with three distinct influencing factors emerging. These were as follows:

Figure 25: Overview of factors that impact on level of vulnerability



Taking each of these in turn:

Level of isolation

Carers tended to be more concerned about the potential for harm from programming if the people that they cared for were often watching television alone. This was particularly the case when the carer did not live with the person they cared for e.g. elderly relatives living on their own, or those who operated as a carer in the community through a place of worship (i.e. they were assigned this role specifically due to the person requiring support).

In some instances, it was identified that religious channels did act as an alternative to visiting a place of worship (where this was not possible due to ill health and/or poor mobility), and as such this could be particularly influential.

"I visit an elderly lady and she's often at home by herself... I think they are at risk of things like financial scams"

Carer, London

"My grandmother watches religious channels, as she can't always get to church at this time of year [arthritis]... she'll listen to anything the preacher says"

Carer, London

"I think it affects elderly people the most because you do have some elderly people who have nothing but the television."

Muslim, Moderate faith, Female, Leeds

Openness to alternatives

Carers felt that the pre-existing beliefs of the people they cared for would determine the way that they would react to the scenarios presented. This presented a dilemma in terms of freedom of choice balanced against the extent to which their beliefs were being exploited.

One carer stated how her mother with severe arthritis had bought several herbal remedies (including shark oil) from a teleshopping channel and she was dubious about the actual impact – with the potential harm being financial rather than health-related.

Likewise, another carer knew her elderly father was very open to alternative remedies and for him, there was a significant risk of him stopping his prescribed medicine if advised to do so via a television programme. While she recognised it was important to offer alternatives, she did feel it was necessary to warn against taking this sort of potentially harmful action unilaterally, without consulting medical practitioners.

The nature of a person's religious belief was also felt to be a factor to consider. For example, one carer spoke of her elderly grandmother watching Christian channels and felt she would be strongly influenced by preachers e.g. if donations were asked for, she would telephone and make a donation. Similarly, another carer recognised requests of this nature from broadcasters aimed at the South Asian community. She felt her father, who lived with them but spent a lot of time watching religious channels, would be susceptible to requests to

donate. In this instance though, she did not feel he was vulnerable financially, given he was relatively well off.

"My Mum has arthritis and she'll often see things for that on [teleshopping channels] and I think it's quite expensive"

Carer, London

"If my grandmother sees things like that [scenario F], she might donate because she does believe what she sees on these channels"

Carer, London

Severity of condition

A further point which emerged from the groups as well as the carer interviews, was that there was a correlation between the severity of the person's situation (medical or financial) and level of desperation; this was felt to potentially impair judgement. Some examples included;

- A carer whose mother has severe arthritis and felt she would try any remedies if advocated on television; and
- A cancer survivor who talked about using a range of treatments and stated they would have tried anything.

In some groups, it was also noted that carers themselves may be more susceptible e.g. when looking for cures for long-term partners or children. One respondent whose grandson had severe epilepsy from birth spoke of how desperate his daughter had been at the time, and would therefore have been likely to try any spiritual or herbal cures suggested on television or radio.

"When I had cancer I would've tried anything... I did try spiritualism and went to one of these [evangelical] churches, but I didn't feel comfortable with it"

Christian, Strong faith, Female, London

"When my grandson had epilepsy my daughter would've done anything... if she hears something on the radio about spiritual healing she'll try it"

Non-religious, Older, C2DE, Leeds

"It would be less harm if it's just referring to eyes, cold and nose, rather than talking about illnesses that are more serious."

Carer, London

Summary points

- Carers identified three key factors which were felt to increase the potential for harm among vulnerable audiences (those with medical or financial difficulties):
 - *Level of isolation* – Those on their own were felt to be more impressionable, as they would not have anyone to discuss the content they had seen or heard with
 - *Openness to alternatives* – Attitudes to alternative treatments (whether herbal or spiritual) were also felt to be a key determinant in how people may react to different scenarios
 - *Severity of condition* – Finally, the more extreme the person's situation (whether debt or medical), the greater the perceived risk involved

8 HOW CAN BROADCASTERS PROTECT AUDIENCES?

Participants felt vulnerable audiences could be better protected from potential harm in most of the scenarios presented to them.

A key concern for participants was that the chance of warnings being seen or heard should be maximised. In this respect, any message aired just once – particularly connected to more severe health conditions – was potentially easy to miss.

“You could go and make a cup of tea and miss it”

Hindu, Mixed faith, Female, Birmingham

“When documentaries or programmes are aired, please please put disclaimers on so gullible, naïve, experimental and unaware viewers have a chance to recognise not to follow or believe anything they watch.”

Hindu, Mixed faith, Female, Birmingham

As shown in Figure 26, participants provided a number of suggestions regarding the timing and type of information they expected for the six scenarios presented to them.

Figure 26: Overview of warnings which should be used in each scenario

Timing	Type of Warning	Relevant Scenarios
Start of Programme	Voiceover warning to contact medical professional before acting on contents of the programme	C D
During the Programme	Presenter positioned as potentially doing more to ensure a counter viewpoint in discussions when more extreme medical views are offered	B
	On screen advice to contact debt specialist before donating (at end of testimony sequence)	F
	Scrolling on-screen medical warning – to contact medical professional before acting	A
Ad Breaks	Further voiceover warning to contact medical professional before acting on contents of the programme	C D
End of Programme	Further voiceover warning to contact medical professional before acting	D
	Voiceover signposting to further information on content discussed	C
	Presenter to reiterate message to speak to medical professional before acting	B E

Typically, participants felt that warnings about the potential for harm in the programme needed to be in a voice over at the beginning and end of a broadcast, and during advertising breaks, if applicable. It was apparent that any messages related to health was prioritised over messages related to debt or financial risk, often because participants feared the severity of the consequences of any harm caused by impulsive decision making related to medication.

"I think that there should be some advice at the beginning of the programme, that they should say 'always consult your doctor' and then at the end."

Carer, Birmingham

"A way to limit harm would be at the start of the show, as that's the first thing you hear, then at the end. At first they could say 'consult your doctor', then at the end, they could give a phone number, so you realise what's going on."

Carer, London

There was some concern about the likely effectiveness of on-going scrolling messaging, in particular because viewers might not take in written information as readily or easily as a voiceover (especially if English was a second language). A few participants also expressed concern about scrolling messages becoming too familiar and ultimately too easy to ignore.

"I just think people underestimate how much like wallpaper these messages become. People don't look at them really, do they."

Non-religious, Older, ABC1, Cardiff

"It should be a voiceover, so you can hear it. Sometimes if it's just words they go too fast, so there's more chance of hearing it."

Carer, London

Participants often expected warnings to counter more extreme views or actions expressed in the **general scenarios (A-C)**. Due to greater familiarity with the format and type of programming, and the anticipation of a larger viewing audience, there was more certainty that messages to guard against the potential for harm and to signpost to further information or help would be present.

"You just get used to hearing those warnings in things like This Morning if they have someone on who says eat vegetables and don't take your medication. I guess you kind of expect it to be there."

Non-religious, Younger, C2DE, Cardiff

With **religious programme scenarios (D-F)**, there was more confusion about how and where to place appropriate warnings while respecting both freedom of expression and religion. As such, participants were concerned about the effectiveness of any health or debt related warnings in addressing religious channels' audiences. There were suggestions that any health or debt messages might have little impact in comparison to the strength of the messages offered by the authority figures in the scenarios. This was felt to particularly be the case where warnings directly contradicted comments made by a religious speaker. In these instances it was recognised that ensuring information messages have cut-through among the vulnerable audiences affected would be a real challenge. In particular, it was predicted that any on-screen scrolling messages would not stand out or would be unlikely to continue to hold audiences' attention.

"On-screen advice is ignored quite a lot as people are used to seeing it there. It should just be shown before the clip"

Sikh, Mixed faith, Female, Birmingham

There were also a number of concerns about health or debt warnings undermining freedom of religion. Non-religious audiences were unsure what constituted acceptable levels of mitigation against harm, and what messaging was potentially insensitive with regard to freedom of religion. Participants with stronger faith (across all religions) also showed some concern about warnings contradicting or challenging the religious message or speaker too overtly.

"It's difficult to balance. Stay as the guardian and don't become the guard"

Non-religious, Younger, ABC1, Glasgow

"I don't think they can just dismiss the message that the preacher's offering. It feels disrespectful. So these things need to be treated very carefully, whether I personally agree with him or not."

Christian, Moderate faith, Mixed gender, London

Despite uncertainty and concern about insensitivity among non-religious participants, religious participants were generally clearer about the need for warnings being present in religious scenarios. It was seen as important that the provision of information should mitigate against potential harm for the most vulnerable (either long-term ill or in severe debt) and potentially isolated audiences. However, they felt the tone needed to be neutral, and not challenging the views being expressed – i.e. encouraging but not confrontational. In these scenarios, it was also felt that wider consideration needs to be given to the impact of a particularly powerful testimony undermining any warnings present (as was felt to be the case in Scenario F) and how situations like this should be dealt with.

Counter-views offered by a presenter, or warnings on screen or voiced over during the programme, were difficult to gain a consensus about. Both non-religious and religious participants felt that these challenges/caveats to claims were potentially too heavy-handed and confrontational. They were only seen as appropriate if delivered by a presenter as part of a debate/discussion (e.g. as in Scenario B).

“TV Presenters are in control so they should emphasise things like pain killers are short term, saying you must consult your doctor if symptoms persist.”

Carer, London

Summary points

- In nearly all scenarios, there was a perception that more could be done to protect vulnerable audiences from potential harm
- Religious scenarios (especially D & F) tended to elicit a stronger reaction from participants, but they also provided a challenge about what, where and how warnings contradicting the message within the broadcast should be placed so as not to undermine freedom of religion – particularly if delivered by a preacher from a place of worship
- That said, for religious participants, warnings were seen as necessary, as long as the tone was neutral i.e. not challenging the views expressed, but encouraging audiences to seek medical advice or to consider their financial situation before acting

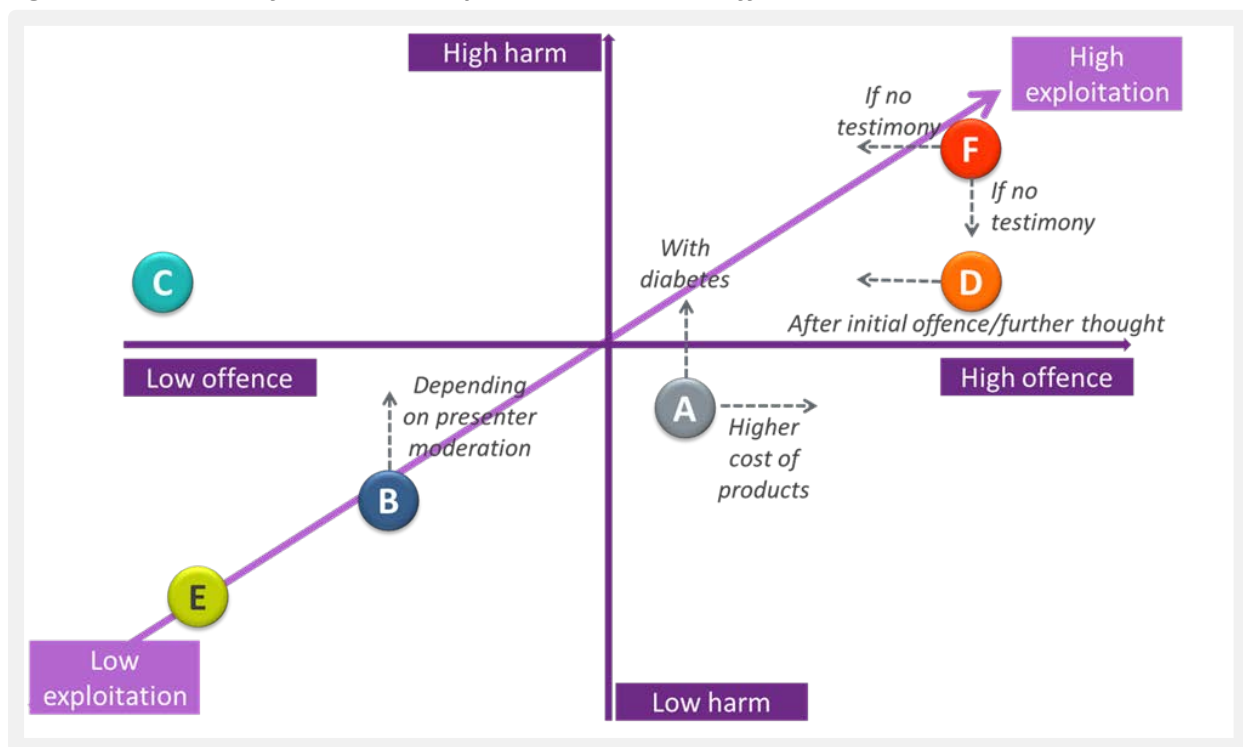
9 OVERALL IMPLICATIONS

9.1 Emerging drivers of potential harm

When going through the scenarios with participants, we were able to unpick the factors which were, to a greater or less extent, driving the potential for harm. When doing this, we also found that participant reactions were based on perception of both harm and offence.

The summary matrix (Figure 27) shows that scenarios where participants felt particular audiences were being directly targeted and exploited were seen as having high potential for harm and elicited a strong personal sense of offence. These scenarios were positioned as clearly addressing and/or seeking response from particularly vulnerable audiences such as those with cancer (Scenario D) or those in severe debt (Scenario F).

Figure 27: Overview of the relationship between harm and offence in each



Conversely, Figure 27 shows there was little perceived targeted exploitation in **Scenarios E & B**. As such, the potential level of harm and offence were relatively low in these scenarios.

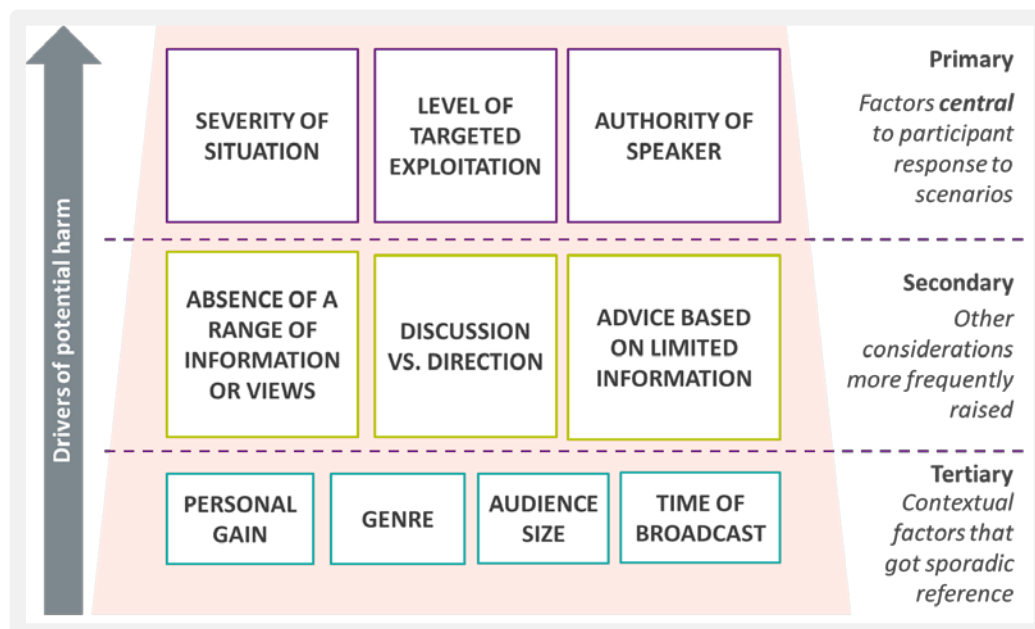
Several key factors emerged which underpinned the strength of reaction to each scenario. These have been split into:

- **Primary drivers**, central to how participants responded to scenarios
- **Secondary considerations**, raised frequently in general discussion about the scenario although not necessarily initially

- **Tertiary factors**, only referred to sporadically.

These are shown in Figure 28.

Figure 28: Hierarchy of factors which impact on level of potential harm



PRIMARY FACTORS

Severity of the condition/situation – Acting on claims when faced with extreme debt or health conditions such as cancer, diabetes or epilepsy were seen as having potentially more dangerous outcomes, thus necessitating greater protection to reduce the potential for harm.

“Cancer – definitely where it can hit the heart strings”

Sikh, Mixed faith, Female, Birmingham

Level of targeted exploitation – Participants felt those scenarios where a particular group was clearly being targeted (e.g. cancer sufferers, the seriously ill, viewers or listeners who are in debt) with persuasive messages/claims which were not fully evidenced were potentially the most harmful. It was suggested these viewing audiences could be more isolated and/or desperate for a change to their circumstances so that they would be more likely to believe claims and take action based on them.

"Because the presenter states that if you don't donate you won't be prayed for – it's exploitation."

Christian, Strong faith, Female, London

Authority of the speaker – In scenarios where the speaker was very familiar, an expert or a respected member of their faith, their words had additional weight and the potential to be more persuasive. The more authoritative the speaker was deemed to be, the more concerned participants were that warnings were needed to provide an alternative view and help guard against potential for harm.

"The narrator has several times highlighted that conventional medication is harmful. That's strongly influential."

Non-religious, Older, C2DE, Glasgow

"Messages should come from experienced people, but not a preacher or a presenter. They shouldn't be telling people what they should do or shouldn't do."

Carer, Birmingham

SECONDARY FACTORS

Absence of a range of information or views – Although participants respected freedom of expression, there was a desire to see balance within debates and discussions. This was particularly evident on Non-religious and general entertainment channels where the audience size was likely to be significant. There was more acceptance of content offering one perspective on an issue within genres such as documentaries or via content on religious channels, but participants felt it was also important to ensure warnings and/or signposting were present for those potentially more vulnerable to acting on the content of programmes.

"There should be a disclaimer if the person is stating it as a fact, not their opinion."

Non-religious, Younger, ABC1, Glasgow

"There should be statements saying that what you've seen is not proven."

Hindu, Mixed Faith, Female, Birmingham

Discussion vs. direction – Participants felt that the potential for harm was greater if a message was taken as a direct call to action rather than just opinion within a broadcast. It was suggested that audiences were more likely to act if it felt that a programme was directly addressing them (e.g. as in Scenario F) rather than simply airing and debating varying opinions (e.g. as in Scenario B).

“There’s the point that he’s really wanting the poorest people to call in, no matter what [scenario F]. That’s not true with some of the other ones, it’s more just their opinion, it’s offered and you do with that information what you want.”

Christian, Strong faith, Female, London

Advice based on limited information – Participants were concerned by advice or donation requests (either medical or to a lesser extent financial) being offered based on very limited information about the audience. In particular, it was noted that a face-to-face medical consultation was very difficult to conduct meaningfully over the telephone without knowing any background medical history (e.g. as in Scenario A). In this respect, there was concern that judgement and advice could be offered based on very little reliable information.

“How does this guy justify telling a person what to do about their condition on the basis of a 2 minute phone call? I find it very worrying that it could happen.”

Non-religious, Younger, ABC1, London

TERTIARY FACTORS

Tertiary factors received far fewer mentions than the primary and secondary factors, in terms of their perceived influence on the potential for harm. Detail on the tertiary factors are below.

Personal gain – Participants were particularly averse to programming that promoted personal gain at the expense of particular vulnerable groups. This was seen as potentially causing financial harm (e.g. if encouraged to donate money despite being in debt). Programmes where presenters are promoting their own products (e.g. Scenario A) were perceived as particularly self-serving and lacking neutrality.

"These programmes (Scenario F) happen and people donate for their faith but you should know where the money is going."

Hindu, Mixed faith, Male, Birmingham

"There's got to be more wholesome information about who they've helped and not helped. It's all about them making money, seemingly."

Sikh, Mixed Faith, Female, Birmingham

Genre – There were different expectations of documentaries (i.e. often accepted as offering one perspective) compared to discussion/chat shows (i.e. usually seen as offering a range of perspectives), but genre was not a core consideration for most participants in determining the potential for harm. Indeed, the reaction to scenarios highlights that there was felt to be potential for harm across a range of different genres, depending on how the information provided was conveyed.

"It's fair for things to be one sided as long as it says these are only opinions"

Hindu, Mixed Faith, Female, Birmingham

"Whether it's a radio discussion or a documentary, you come to the programme with a predetermined opinion of how influenced you'll be."

Non-religious, Older, C2DE, Glasgow

"It depends on the roles people play within the programme."

Sikh, Female, Mixed Faith, Birmingham

Audience size – Although reactions often included comments relating to audience size, in general there was a feeling that the rules needed to be applied similarly across the spectrum. That said, it was noted that programmes on Non-religious channels would typically have a wider range of audience members than more niche channels where the content is likely to be more actively sought.

"I don't really buy the idea that a big audience means it's more important to have warning messages. I think the little channels that hardly anyone watches are probably more of a problem really as they might go under the radar."

Non-religious, Younger, C2DE, Cardiff

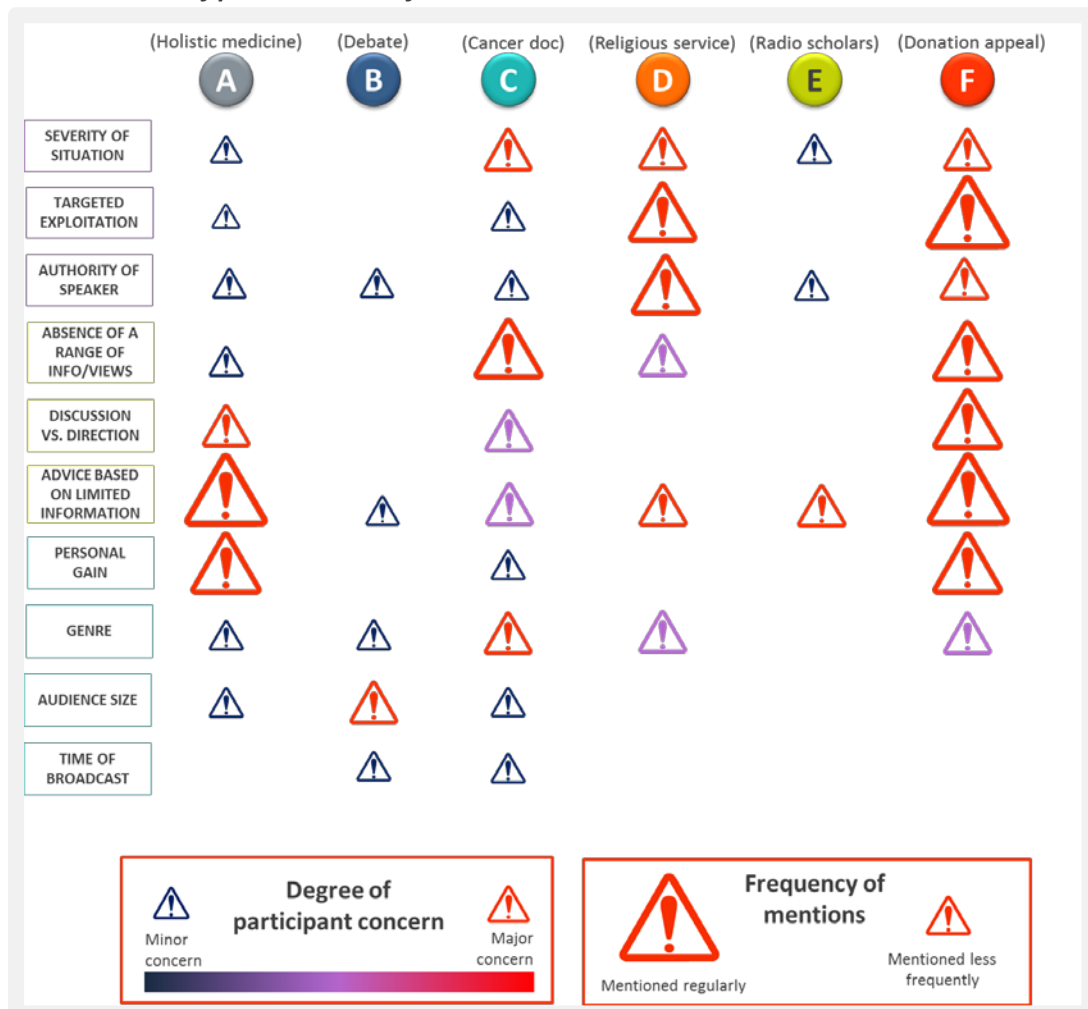
"If you're going to watch a religious programme, you've already bought into it"
Non-religious, Younger, ABC1, London

Time of broadcast – Although the time of broadcast was seen as important to consider in terms of likely audience and therefore potential for harm, in the examples shown, younger audiences (i.e. those protected by the watershed) were not felt to be unduly at risk of potential harm.

I'm not sure time matters with these. I wouldn't be worried about my boy seeing these, maybe not the cancer one [scenario C] but overall it's not a big issue."
Hindu, Female, Mixed Faith, Birmingham

Figure 29 shows how all of the scenarios measure against these key drivers of potential harm. As shown, Scenarios F, D and C elicit stronger reaction from participants with regard to the primary and secondary drivers, and were therefore believed to have greater potential for harm.

Figure 29: Overview of potential harm factors across the scenarios



10 FINAL CONCLUSIONS

10.1 Potential for harm in programming

All participants broadly understood the potential for harm in programming, but it was easier to cite examples of content that may cause harm to health, rather than financial harm. In particular, there was recognition of the risks involved where content recommends alternative treatments or cures which could have severe consequences, especially for people with serious conditions.

When considered further, participants felt there was potential for harm across all programme genres but there was greatest concern about content which directly addressed those with serious health conditions or financial difficulties.

While participants themselves did not tend to feel they had been harmed by content, there was recognition that particular audiences may be more vulnerable (e.g. those with financial or medical difficulties). Three key factors emerged which were felt to increase the risk of potential harm to vulnerable audiences:

- **Level of isolation** – Those on their own were felt to be more impressionable, as they would not have anyone to discuss the content they had seen or heard with.
- **Openness to alternatives** – Attitudes to alternative treatments (whether herbal or spiritual) were also felt to be a key determinant in how people may react to different scenarios.
- **Severity of condition** – Finally, the more extreme the person's situation (whether debt or medical), the greater the perceived risk involved.

Potential for harm in religious programming was seen as relatively high compared to general programming. This was largely due to the fact that this type of content is likely to include advice on serious matters, and audiences would be more inclined to believe in the authority of the speaker. This was felt more strongly among religious participants who recognised such programming could be highly influential among a targeted audience, which might include vulnerable individuals.

10.2 How broadcasters can protect audiences

Overall, broadcasters were felt to have a clear responsibility to provide warnings to protect vulnerable audiences from potential harm when broadcasting content including claims about finance or health related issues. This typically centred on providing information about seeking conventional financial or medical advice at the start, during breaks and at the end of programmes. Providing warnings at multiple times and if possible in both text and voice-over format was felt to be important in ensuring the content is not missed. There were

some doubts about the effectiveness of scrolling messages given that their impact may be too minimal and quickly ignored.

Challenges and caveats to claims made within a programme were seen as difficult to execute (unless via a presenter in a debate). Further to this, warnings were felt to be of questionable impact if they were directly contradicted by comments made directly by an authoritative speaker. In this context, additional consideration needs to be given as to if and how these messages can be delivered without being undermined.

It was also recognised that there is a need to balance the rights of freedom of religion against the potential for harm in religious programming. For example, there were some concerns about warnings which directly challenged or contradicted the words of religious speakers given people's rights to express and share their religious beliefs. In these instances, it was felt to be important that the tone of any warning remains neutral i.e. not challenging the views expressed, but encouraging audiences to seek medical advice or to consider their financial situation before acting.

11 APPENDICES

11.1 Qualitative discussion guide

Discussion Plan Overview		
Introduction/ warm up	Purpose of section: Put respondent at ease, introduce the research, find out some background details of respondents, relax them, get the respondent talking	5 minutes
Introduction to broadcast regulation	Purpose of section: To explore perceptions of broadcast media regulations; spontaneous views and expectations of any guidelines, the role of Ofcom and the broadcasting code and its impact on perceptions	10 minutes
Offence and harm in broadcast media	Purpose of section: To introduce the areas of offence and harm and explore harm in more detail and to specifically understand; spontaneous knowledge, potential occasions of harm within specific programming, identify the profile of potentially vulnerable audiences and possible dangers	15 minutes
Exploring reactions to Harm scenarios	Purpose of section: To explore reactions to a range of scenarios to understand the extent to which Ofcom should act in each case, key considerations prior to action and explore role of context and its impact on perceptions	25 minutes
Principles that apply to religion	Purpose of section: To explore the principles of religious programming; to understand spontaneous perceptions of rules and broadcasting rules / standards	10 minutes
Exploring reactions to Religious scenarios	Purpose of section: To explore reactions to a range of scenarios to understand the extent to which Ofcom should act in each case, key considerations prior to action and explore role of context and its impact on perceptions	25 minutes
Perceptions of mitigations	Purpose of section: Explore perceptions of acceptable/effective ways to limit potential harm; reactions to the approaches broadcasters might take to limit potential harm, views on specific messaging and warning formats and other potential actions	15 minutes
Team exercise	Purpose of section: To explore perceptions of how Ofcom should act going forward and understand overall group consensus on best practice for when breaches of the rules might be recorded, potential harm and most effective solutions to reduce harm	10 minutes
Summary/ Close	Purpose of this section: Obtain key points of takeout	5 minutes

Group Activities



Taskbook




Team Exercise




Flipchart




Stimulus


Introduction / warm up	Purpose of section: Put respondent at ease, introduce the research, find out some background details of respondents, relax them, get the respondent talking	5 minutes
	<ul style="list-style-type: none"> • Thank respondent for taking part • Introduce self and Optimisa Research • Broad outline/structure of the session • Privacy/anonymity • Audio recording • Ask for any questions and concerns before starting • A little bit about themselves <ul style="list-style-type: none"> ○ Family ○ Work ○ Interests and hobbies ○ Favourite TV channel and programme 	
Introduction to broadcast regulation	Purpose of section: To explore perceptions of broadcast media regulations; spontaneous views and expectations of any guidelines, the role of Ofcom and the broadcasting code and its impact on perceptions	10 minutes
	<p>MODERATOR TO EXPLAIN WE'D LIKE TO FOCUS ON RULES AND REGULATIONS THAT TV AND RADIO HAVE TO ADHERE TO.</p> <ul style="list-style-type: none"> • What do you think TV and Radio broadcasters have to be careful about? <ul style="list-style-type: none"> ○ What do you think most complaints received are focused on? <p>NOW THINKING OF REGULATIONS IN MORE DETAIL. MODERATOR TO EXPLAIN THAT BY REGULATIONS WE MEAN ENSURING THAT TELEVISION AND RADIO PROGRAMMES COMPLY WITH A SET OF BROADCASTING STANDARDS TO PROTECT AUDIENCES</p> <ul style="list-style-type: none"> • Explore spontaneous perceptions <ul style="list-style-type: none"> ○ Do you know anything about TV/radio regulations? Probe on specific bodies they're aware of, if any ○ Probe on awareness of any rules/regulations in place • If not already mentioned above, introduce Ofcom. Moderator to prompt with stimulus introducing an explanation of Ofcom's role 	


	<div> <p>What is Ofcom?</p> <ul style="list-style-type: none"> Ofcom is an independent regulator for UK communications industries, with responsibilities across TV, radio, telephone and post As a regulator, Ofcom has to consider what is best for people, but also society as a whole and both need to be taken into account when making decisions Ofcom also has a duty to protect children and other vulnerable groups </div> <div> <p>How does Ofcom regulate TV?</p> <ul style="list-style-type: none"> Ofcom sets rules which broadcasters must follow to make sure they comply with the law. These rules are in the Broadcasting Code. Ofcom investigates complaints after programmes have been broadcast and can fine broadcasters if they commit serious breaches of the rules There are also a number of ways that viewers and listeners can be alerted to challenging programmes, for example how late a programme is shown (after the watershed) or warnings at the start of a programme. Ofcom conducts audience research to make sure its rules reflect current public opinion on programme standards. </div> <p>MODERATOR NOTE IN CASE RECEIVE ANY QUERIES: Ofcom does not pre-comply content for it is broadcast. That is the responsibility of the broadcaster. Regulation happens AFTER something is broadcast and that only licensed TV and radio channels are covered.</p>	
Offence and harm in broadcast media	Purpose of section: To explore areas of offence and harm in more detail to understand; spontaneous knowledge.	15 minutes
	<p>MODERATOR TO EXPLAIN THAT ONE OF THE KEY AREAS OF BROADCASTING REGULATION IS HARM AND OFFENCE – AND THIS IS WHAT WE’D LIKE TO TALK ABOUT NOW...</p> <ul style="list-style-type: none"> MODERATOR TO INTRODUCE OFFENCE AND HARM USING THE STIMULUS BELOW – Show Offence first, and then harm explaining that this is what we want to focus on for the remainder of the discussion 	




	<div data-bbox="395 203 1283 582"> <p style="text-align: center;">Offence</p> <p style="text-align: center;">Material that may offend must be justified by the context</p> <ul style="list-style-type: none"> • To ensure that members of the public are adequately protected from the inclusion of offensive material in television and radio programmes • There is no prohibition on offensive material, but material which may cause offence must be justified by context: Context means factors such as: the subject of the programme, channel, time of broadcast, size and type of audience </div> <div data-bbox="395 602 1283 972"> <p style="text-align: center;">Harm</p> <p style="text-align: center;">Material that is potentially harmful should be appropriately limited</p> <ul style="list-style-type: none"> • To ensure that members of the public are adequately protected from harmful material (<i>e.g. financial or medical harm</i>) in television programmes • This includes the presentation of advice, including guidance for individuals on issues such as health and finance </div> <div data-bbox="193 1010 328 1097"> <p>STIMULUS</p> </div> <p>Then discuss – emphasising that we’re focusing on harm:</p> <ul style="list-style-type: none"> • Any questions about the principle of Harm – check clarity and understanding (i.e. is it clear how it is different from offence?) • Can you think of any examples for harm? (Probe for health related and financial related) • How do you feel about this principle in terms of the wider societal impact (introduce the citizen’s perspective)? (PROMPT WITH STIMULUS IF REQUIRED) <div data-bbox="411 1420 1283 1576"> <p style="text-align: center;">Citizens’ Perspective</p> <p style="text-align: center;">Consider any wider implications for society e.g. who might be affected/ who might feel differently</p> </div> <ul style="list-style-type: none"> • How do you feel about this principle balanced with freedom of expression (INTRODUCE CONCEPT HERE)? <div data-bbox="411 1700 1283 1800"> <p>Freedom of expression is everyone’s right to hold opinions without interference and to seek, receive and share information and ideas</p> </div> <ul style="list-style-type: none"> • What types of situations do you imagine this principle is in place to protect? • Who is being ‘protected’ by this regulation? <ul style="list-style-type: none"> ○ To what extent are themselves at risk? ○ Which audiences are most at risk? 	
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<div data-bbox="215 1003 354 1093" data-label="Text">STIMULUS</div> <div data-bbox="194 1294 335 1384" data-label="Text">STIMULUS</div>	<p>MODERATOR NOTE: We want to focus on the potential for harm in TV/radio programming – move discussion away from advertising if referenced</p> <p>FOCUSING SPECIFICALLY ON ‘MEDICAL’ HARM In what situations may this occur?</p> <ul style="list-style-type: none"> • Focusing specifically on ‘medical’ harm – in what situations may this occur? • On what types of programming might this occur? SPONTANEOUS THEN PROMPT WITH EXAMPLES ON SORTCARDS INCLUDING RELIGIOUS PROGRAMMING, NEWS/DOCUMENTARIES/ETC. • How would you describe the type of person most vulnerable to them? Any common characteristics? SPONTANEOUS THEN PROMPT WITH POTENTIAL VULNERABLE AUDIENCES E.G. THOSE WITH HEALTH PROBLEMS/THOSE WITH FINANCIAL DIFFICULTIES <ul style="list-style-type: none"> ○ Any specific considerations for protecting these audiences from harm? <p>PROMPT WITH SPECIFIC EXAMPLES OF POTENTIAL MEDICAL HARM TO SHOW THE SORTS OF THINGS WE’RE TALKING ABOUT. MODERATOR NOTE: INTRODUCE THESE EARLIER IN THE DISCUSSION IF RESPONDENTS STRUGGLING TO THINK OF EXAMPLES</p> <p>MODERATOR NOTE: THESE ARE ALL EXAMPLES OF POTENTIAL HARM AND NOT PROVEN ACTUAL HARM</p> <div data-bbox="399 1339 1286 1603"> <p>Specific types of potential medical harm:</p> <ul style="list-style-type: none"> • Telling a viewer to stop their medical treatment or not go to the doctor • Giving guarantees of medical success or cure • Promotion of medicinal products within programmes without any scientific or medical evidence to back-up claims </div> <p>FOCUSING SPECIFICALLY ON POTENTIAL ‘FINANCIAL’ HARM In what situations may this occur?</p> <ul style="list-style-type: none"> • On what types of programming might this occur? SPONTANEOUS THEN PROMPT WITH EXAMPLES ON SORTCARDS INCLUDING RELIGIOUS PROGRAMMING, NEWS/DOCUMENTARIES ETC. • How would you describe the type of person most vulnerable to them? Any common characteristics? SPONTANEOUS THEN PROMPT WITH POTENTIAL VULNERABLE AUDIENCES E.G. THOSE WITH HEALTH PROBLEMS/THOSE WITH 	
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	<p>FINANCIAL DIFFICULTIES</p> <ul style="list-style-type: none"> ○ Any specific considerations for protecting these audiences from harm? <p>PROMPT WITH SPECIFIC EXAMPLES OF POTENTIAL FINANCIAL HARM TO SHOW THE SORTS OF THINGS TALKING ABOUT – MODERATOR NOTE: INTRODUCE EARLIER IN THE DISCUSSION IF RESPONDENTS STRUGGLING TO THINK OF EXAMPLES</p> <div> <p>Specific types of potential financial harm:</p> <ul style="list-style-type: none"> • Undermining regulated financial advice on how to clear debt • Encouraging viewers to call up to seek advice on lengthy phone calls • Asking for a telephone donation to a charity which is not registered, and where the money is not going where they say it is </div>	
Exploring reactions to 'harm' scenarios	<p>Purpose of section: To explore reactions to a range of scenarios to understand the extent to which Ofcom should act in each case, key considerations prior to action and explore role of context and its impact on perceptions</p>	25 minutes
<div>STIMULUS</div> <div>STIMULUS</div> <div>STIMULUS</div> <div>  </div>	<p>MODERATOR TO EXPLAIN THAT WE'RE NEXT TO LOOK AT SOME DIFFERENT SCENARIOS WHERE THERE MAY BE POTENTIAL FOR HARM.</p> <p>Moderator to explain that context is really important when Ofcom consider whether there is potential for harm. Some examples of contextual factors are shown here, and we want you to consider these when determining the potential for harm in the examples we show you:</p> <div> <p>Examples of contextual factors to consider...</p> <ul style="list-style-type: none"> • Likely levels of harm and offence • Likely size and make-up of the potential audience • Likely audience expectations and understanding of the programmes content • Likelihood of people being unintentionally exposed to content • Different expectations depending on programme genre • Authority of the person speaking </div> <p>Moderator to give each respondent HANDOUT 1: Definition of harm & Examples of contextual factors to consider and use these when thinking about the potential for harm in each scenario...</p> <p>Introduce 3 x Harm Scenarios and rotate order shown across the groups</p>	

	<p>For each scenario the moderator to ask participants to;</p> <p>INDIVIDUAL TASKBOOKLET EXERCISE 1: REACTIONS TO SCENARIOS</p> <ul style="list-style-type: none"> • Individually and without discussion, give a score out of 5 in terms of potential for harm and explain your score • We would like them to consider how harmful they feel it is as an individual before thinking about wider societal considerations <p>FLIPCHART</p> <ul style="list-style-type: none"> • Regroup and explore perceptions of each scenario in turn: <ul style="list-style-type: none"> ○ Initial reactions to this scenario ○ Explore extent that harm is perceived to exist ○ What are your considerations in determining this? Probe for personal view in the first instance? ○ What are the wider considerations for society? (citizens' perspective) ○ Who might be at risk in this scenario? What is the risk? (EXPLORE EXTENT SEVERITY OF CONDITION HAS AN IMPACT) ○ What should Ofcom consider in dealing with a complaint around a scenario of this nature? ○ What, if anything, is the case/reason for Ofcom taking action? ○ What, if anything, is the case/reason for Ofcom NOT taking action? ○ How important is freedom of expression in this scenario? PROMPT WITH STIM IF REQUIRED ○ If Ofcom were to take greater action, what do you think should be done to reduce harm in this instance? <p>SPECIFIC PROMPTS FOR EACH SCENARIO (IF NOT ALREADY COVERED)</p> <ul style="list-style-type: none"> • Scenario A <ul style="list-style-type: none"> ○ Probe on the range of illnesses and what (if any) difference this makes... <ul style="list-style-type: none"> ▪ What if only the less serious were covered? ○ Is having a message throughout the programme too intrusive? Does it impinge on freedom of expression? ○ Probe on the financial aspect of phoning in? • Scenario B <ul style="list-style-type: none"> ○ Does the fact it's on a public service channel (e.g. BBC/ITV/C4) make a difference? ○ Does the warning need to come from the presenter, 	
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	<p>as the voice of the programme?</p> <ul style="list-style-type: none"> • Scenario C <ul style="list-style-type: none"> ○ Does the genre make a difference here? I.e. documentaries expected to challenge orthodoxies ○ Could a combination of criticizing conventional medicines and promoting alternatives be harmful? <p>ONCE ALL SCENARIOS HAVE BEEN COVERED MODERATOR TO ASK RESPONDENTS TO RANK THEM IN TERMS OF LEVEL OF POTENTIAL HARM</p> <p><i>MODERATOR TO REVISIT AND EXPLORE RANKINGS IN MORE DETAIL AT THE END OF THE RELIGIOUS SCENARIOS SECTION (DON'T WANT THEM TO RATIONALISE TOO MUCH BEFORE WE GET THROUGH THESE SCENARIOS)</i></p>	
Principles that apply to religion	Purpose of section: To explore the principles of religious programming; understand spontaneous perceptions of rules and broadcasting rules / standards	10 mins
<div data-bbox="199 1081 338 1169" data-label="Image"></div> <div data-bbox="263 1803 331 1888" data-label="Image"></div>	<p>MODERATOR TO EXPLAIN WE'D LIKE TO FOCUS ON THE PRINCIPLES OF HARM RELATING TO RELIGIOUS PROGRAMMING</p> <p>STIMULUS</p> <ul style="list-style-type: none"> • Principles for religious programming <div data-bbox="411 1187 1278 1350" data-label="Complex-Block"> <p style="text-align: center;">Religion</p> <p>A religious programme is a programme which deals with matters of religion as the central subject, or as a significant part, of the programme</p> </div> <p>Then discuss:</p> <ul style="list-style-type: none"> • Initial reactions • Any questions about the principles • Can you think of any examples for potential harm in this context? (Probe for health related and financial related) • How do you feel about this alongside the wider rules around freedom of expression? [MODERATOR NOTE: IMPORTANT TO DRAW OUT CLEARLY] • Probe individual vs. wider citizens' view <p>FLIPCHART</p> <ul style="list-style-type: none"> • What types of situations do you imagine these principles are in place to protect? • Who is being 'protected' in these examples? 	

Exploring reactions to 'religious' scenarios	Purpose of section: To explore reactions to a range of scenarios to understand the extent to which Ofcom should act in each case, key considerations prior to action and explore role of context and its impact on perceptions	25 minutes
<div data-bbox="199 392 338 481"></div> <div data-bbox="220 571 309 660"></div> <div data-bbox="233 869 300 952"></div>	<p>Moderator to introduce 3 x religious scenarios (written up as case studies to prevent any unconscious faith based biases) and rotate order shown across the groups</p> <p>For each scenario, the moderator to ask participants to;</p> <p>INDIVIDUAL TASKBOOKLET EXERCISE 2: REACTIONS TO SCENARIOS</p> <ul style="list-style-type: none"> Individually and without discussion, give a score out of 5 in terms of potential for harm and explain your score We would like them to consider how harmful they feel it is as an individual before thinking about wider societal considerations Remind respondents to use HANDOUT 1 in considering their responses <p>FLIPCHART</p> <ul style="list-style-type: none"> Regroup and explore perceptions of each scenario in turn: <ul style="list-style-type: none"> Initial reactions to this scenario Explore extent that potential harm is perceived to exist What are your considerations in determining this? Probe for personal view in the first instance? What are the wider considerations for society? (citizens' perspective) Who might be at risk in this scenario? What should Ofcom consider in dealing with a complaint around a scenario of this nature? What, if anything, is the case/reason for Ofcom taking action? What, if anything, is the case/reason for Ofcom NOT taking action? How important is freedom of expression in this scenario? If Ofcom were to take greater action, what do you think should be done to reduce harm in this instance? <p>SPECIFIC PROMPTS FOR EACH SCENARIO (IF NOT ALREADY COVERED)</p> <ul style="list-style-type: none"> Scenario D 	

	<ul style="list-style-type: none"> ○ Importance of freedom of expression i.e. to enable non-conventional views to be expressed, and alternative approaches to be available as a result ○ Ability of viewers to balance the pros and cons of any information presented and make their own decisions <p>WITH THESE POINTS IN MIND - REVISIT THE SCENARIOS AND EXPLORE WHEN TAKING ACTION IS MORE OR LESS APPROPRIATE</p>	
Perceptions of mitigations	Purpose of section: Explore perceptions of acceptable/effective ways to limit potential harm; reactions to approaches broadcasters might take to limit potential harm, views on specific messaging and warning formats and other potential actions	15 minutes
	<ul style="list-style-type: none"> • What could help to reduce the potential for harm in the scenarios we've explored? <ul style="list-style-type: none"> ○ Explore any differences between financial vs. medical harm ○ Differences depending on scenarios we've explored? ○ How reliable are warnings if there is a warning on screen but there is still for criticism of conventional medicine and treatments within the programme? (Explore whether it depends on who voices this opinion?) • Once spontaneous views have been explored prompt with specific examples below – take each in turn and explore perceptions. <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Potential mitigations</p> <ul style="list-style-type: none"> • On-screen messages shown when claims are made • Advising contact with medical professionals • Providing a challenge to any claims made • Advice given at the start of a programme </div> <ul style="list-style-type: none"> • What should the advice/messaging say? <ul style="list-style-type: none"> ○ To protect against financial harm ○ To protect against medical harm ○ Should it differ depending on type of programming (e.g. if it is religious vs. non-religious) • How should the message/ advice be delivered? SPONTANEOUS THEN PROMPT ON: <ul style="list-style-type: none"> ○ Positioning in the programme – beginning, whilst claims are made, the end 	

	<ul style="list-style-type: none"> ○ Frequency – once, a few times, throughout ○ Format – text, voiceover, presenter talking to camera <ul style="list-style-type: none"> ▪ If text – should it be a scrolling bar or full screen • In what instances could these messages aiming to reduce harm be undermined? SPONTANEOUS THEN PROMPT ON; <ul style="list-style-type: none"> ○ Time shown ○ How presented e.g. whether presented as a valid alternative viewpoint • How can Ofcom protect against this? • How should the use of messaging balanced against the need to allow for freedom of expression / religious beliefs? 	
Team exercise	Purpose of section: To explore perceptions of how Ofcom should act going forward and understand overall group consensus on best practice for when breaches of the rules might be recorded, potential harm and most effective mitigations	10 mins
 	<p>GROUP TASK: YOU'RE IN CHARGE (NICE TO HAVE – I.E. CUT IF RUNNING OUT OF TIME)</p> <p>Moderator to ask participants to split into 2 groups for a team task which asks them to imagine they are in charge of protecting viewers from any potential harm and exploitation, particularly from health messages on TV. So please consider the following...</p> <ul style="list-style-type: none"> • Who is it your priority to protect? • Where do you think viewers are most at risk from health messaging? • What would be your approach for reducing any potential harm and why would that be the most appropriate/effective? • What are your key considerations when deciding to take action? e.g. balancing freedom of expression vs. need to protect <p>FLIPCHART</p> <ul style="list-style-type: none"> • Regroup and each team to present back. Following that, explore further to gain a group consensus on; <ul style="list-style-type: none"> ○ Priority audiences and risk areas ○ Most effective approach ○ Key considerations/best practice when taking action 	

Summary/ Close	Purpose of this section: Obtain key points of takeout	5 minutes
	<ul style="list-style-type: none"> • If the ambition of this research is to guide Ofcom's future policy on protecting audiences from health and financial advice content that is potentially harmful ... <ul style="list-style-type: none"> ○ What is your final advice to Ofcom? <p>THANK & CLOSE</p>	