Memis Ayinla
Inquiry Manager
Digital, Culture, Media and Sport Select Committee
House of Commons
London SW1A 0AA

26 June 2019

Dear Ms Ayinla,

Reality TV inquiry

I am writing further to the above inquiry announcement on 15 May and to your letter of
11 June seeking evidence to aid the committee’s inquiry into reality TV.

Endemol Shine UK is a leading production group making television shows for all major
UK broadcasters. The company is made up of 19 individual production labels with the
majority specialising in specific television genres.

The welfare of contributors is a key consideration in all of our productions. Our approach,
in each case, takes into account the format of the show, the specific needs of individual
contributors and the requirements of the relevant commissioning broadcaster. We have
evolved a best practice approach, founded on more than 20 years’ experience in the
field.

Shows are large and complex exercises and, to aid the inquiry, we have focused here on
one production, Big Brother, as arguably the most high-profile ‘reality’ show in our recent
catalogue.

Big Brother was on air in the UK for 19 years and, during this time, over 250 contributors
took part. On Channel 4 (2000 - 2010), and subsequently on Channel 5 (2011 - 2018),
its contributor care policies were developed and honed to make them as robust as
possible and taking into account significant external developments such as the rise of
social media and its potential impact on contributors.

As well as internal governance procedures, the show evolved in close co-operation with
the broadcaster at the time and under the regulatory supervision of Ofcom.

In our evidence, we outline the show’s welfare processes from application through to exit
and beyond from the 2018 Big Brother series. We have also provided the titles and
professional qualifications of the mental health and other medical professionals attached
to the show. A range of policies and documents relating to the welfare processes have
been summarised for the committee’s ease of reference.
Contracts for individual contributors to Big Brother rarely varied between contributors and in the most recent series only on occasion owing to practical issues around timing, when an individual was entering the show later in the run. Our contributor contracts did contain a liability clause which was drafted in close collaboration with and subject to approval by the relevant broadcaster. Contributors were also advised to take independent legal advice before signing the contract.

Owing to the sheer volume of recording for this production (approximately 90 x 60 minute discs per day), not all footage was transcribed. However, action in the house was closely monitored at all times. Editorial logs served a critical, dual editorial and well-being function, recording details of what was said and done in the house and informing the show’s producers. In addition, a range of logs, including those pertaining to medical and housemate welfare were kept. There was also a digital system in place for retrieving footage.

We hope that the committee finds this information useful in its inquiry.

Yours sincerely

[Signature]

John Parsons
General Counsel
Endemol Shine UK
Digital Culture Media and Sport Select Committee Reality TV Inquiry

BIG BROTHER UK WELFARE PROCESSES

BIG BROTHER MENTAL HEALTH TEAM, WELFARE TEAM & GENERAL PRACTITIONER

Clinical support for the production is led by a consistent, interdisciplinary team of specialists with a close understanding of the format environment and the needs of participants in that context.

- Dr Gareth Smith, (MBChB, MRCPsych, Psychiatrist) is an independent psychiatrist who is engaged throughout the whole series from pre-filming to aftercare, which lasts a minimum 6 months. A copy of Dr Smith's professional biography is attached.

- Claire Evans, psychotherapist (mental health nurse, Cognitive Behavioural Therapist, Dialectical Behavioural Therapist) engaged for pre-filming, launch, the final filming day and if required contracted for aftercare.

- Welfare Team – Senior Welfare Producer, Assistant Producer & Researcher employed for the care of housemates, housemates' family & friends. Contracted from final stages of auditions, during filming and aftercare weeks after transmission.

- Dr Genevieve Small (MBBS BSc MRCP MRCPCH FRCPGP) Medical Officer contracted from auditions and while on air until finale programme.

The following provides a complete overview of the processes surrounding the selection, briefing, supervision and aftercare of participants.

1. APPLICATION AND AUDITION PROCESSES

STAGE 1 - ONLINE APPLICATION (5,000+ applicants)

Application form, photos and video submitted
Followed by phone call or video call

Stage 1 Paperwork: Casting Advertisement, Twitter & Facebook Posts1, Application Form, Application Form Terms & Conditions, Privacy Statement and Application FAQs.

STAGE 2 - INVITED AUDITIONS (1,500+ applicants)

Applicants are invited to auditions held at a number of venues around the UK and Ireland. The auditions consist of two parts. Part one of the auditions day consists of registration, group games and an individual interview. Part two consists of the process set out at Stage 3 below.

1 We’ve attached copies of these published materials as specifically requested by the Committee.
Stage 2 Paperwork: Extended Research Questionnaire, Audition Confidentiality Letter, Audition Release Form and Audition Privacy Statement.

Throughout the above stages of applications and auditions, producers observe the general behaviour and demeanour of applicants in a number of situations and note any pertinent concerns. Our psychiatrist Dr Smith is retained and available to the producers to discuss any of these concerns as and when required.

**STAGE 3 - SUCCESSFUL AUDITION APPLICANTS (Approximately 400 applicants)**

Part 2 of the auditions day is an extended filmed diary room interview. Applicants then head to a form-filling room to read and complete the forms below.

Stage 3 Paperwork: Medical Cover Letter, Medical Questionnaire, Dietary Requirements, Consent for access to Medical Records, Additional Information Cover Letter, Additional Information and Legal Matters Form, Important Information Document.

**STAGE 4 & 5 - SHORTLISTED APPLICANTS (Approximately 100 applicants)**

Applicants have an interview with the executive producers of the series and psychiatric evaluation sessions. Applications for DBS, Medical Reports and Background Checks.

Stage 4 & 5 Paperwork: Shortlist Confirmation email, Psychiatric Evaluation Consent Form, GP Report, GP Letter and DBS email – England & Wales

Paperwork is gathered stage by stage in our selection process and includes biographical information, including whether the applicant has appeared on other TV shows, a medical questionnaire, proof of address etc. A detailed check of the applicant’s social media profiles and posts is also conducted. Background checks, DBS checks and medical records are obtained for all shortlisted applicants. The medical records are thoroughly reviewed by Dr Small or another GP within her surgery and additionally may be reviewed by our mental health team. If required, the applicant’s own GP will be contacted directly to aid in the assessment of suitability.

**Explaining the downsides**

We provide each applicant with two written copies of our Important Information Document and this is read through and explained to them individually and at length. This is done separately with a senior producer and Dr Smith. The document provides a thorough explanation of the downsides of taking part in the programme. Its aim is to manage any unrealistic expectations and it is used as a significant pause in the process to enable applicants to reflect on and raise any personal concerns about how taking part in the programme might affect them individually.

Dr Smith and producers stress any relevant areas that might affect the applicant, e.g. if they are a teacher that this could negatively impact their career.

Applicants are required to take this document away with them and are asked to talk it through with one person close to them and to consider what the negative impact could be for them personally. The person with whom they have talked it through must sign a statement confirming that they have done this, and the applicant also signs to say that they have done this.
Shortlisted applicants have one-hour interviews separately with our independent mental health team, Dr Gareth Smith, Psychiatrist and Claire Evans, Psychotherapist. It is at this point that Dr Smith also talks them through any negative implications that the programme could have for them and additionally assesses whether the applicant has adequate support systems in place at home.

The mental health team will provide a report on each applicant and each applicant will be thoroughly discussed between the mental health team and the senior programme team. The mental health team may decide that it is not in the applicant’s best interests to take part in the show and if that is the case the applicant will not enter the house.

Throughout all of the above process, applicants will also have direct contact with welfare team members.

The selection of applicants to move to the next stage of the process is carried out in conjunction with the broadcaster.

**STAGE 6 - FINAL SHORTLIST (Approximately 20 applicants)**

Communication: via ‘phone and confirmation email.

Stage 6 Paperwork: Housemate Confirmation email, Housemate Agreement (includes The Big Brother Rules), Shortlist Letter to GP, Medical Questionnaire & Examination to be completed with Housemate’s GP.

Home visits may be conducted for applicants, which will include meeting family members and friends. For the 2018 Big Brother Series home visits were conducted for all applicants in the final shortlist. This may be with a producer or with our mental health team, depending on what further observation the mental health team, executive producers and welfare team feel is appropriate or needed. This is on a case by case basis.

The final line-up of housemates entering the house is decided in conjunction with the broadcaster.

**STAGE 7 - SHORTLY BEFORE ENTERING THE HOUSE**

Stage 7 Paperwork: Suitcase inventory, Personal items declaration, Pre-entry Medical Questionnaire, Friends & Family List, Emergency Event Contact, Emergency Contacts, Confiscated Valuables & General Items Inventory, Small Overnight Bag Checklist.

Prior to the launch of the programme, all producers and senior producers receive a briefing from our psychiatrist. He will give a general mental health overview of housemates and note any specific things the production should monitor.

Immediately prior to entry the housemates will spend time out of the public gaze, in our care under the supervision of a programme chaperone. Their behaviour will be constantly
observed and the chaperone will have been briefed by our mental health team and will be in close contact with our welfare team. Our welfare team also provide close support to housemates in the lead up to launch.

Shortly before entering the house all housemates will have a medical check and face-to-face chat with the GP, Dr Small (or another GP within her surgery).

They will all have a further face-to-face meeting with our mental health team on launch day.

The production welfare team are also on hand and provide close support for all housemates on the launch day.

Housemates will be given a thorough briefing by an executive producer about the rules in the house, behaviour in the house and the ramifications of unacceptable behaviour.

2. **WHILE IN THE HOUSE AND THE PROGRAMME IS ON AIR**

The welfare of participants is an integral part of the management of the production and forms part of a process of continuous review and scrutiny. Dr Smith is on call 24/7 and is on site observing the house most days. He is in constant contact with the welfare team and is based in the welfare office when on site. The welfare team are based in a separate office to the editorial team and the welfare office receives a feed of live footage from the house and diary room in order to properly monitor housemate welfare.

A GP is available 24/7 and there is also a medic on site 24 hours a day. The housemates’ welfare is constantly monitored and recorded in a log that is distributed to members of the senior production team. Any medical requirements are actioned, monitored and recorded in a log that is distributed to members of the senior production team. The welfare team work on rota so that someone is on call 24/7. Any issues or concerns arising during the series are discussed with the broadcaster and its compliance team.

All housemates have confidential off-camera psychiatric appraisal chats (which are not filmed) at a halfway point in the series with Dr Smith. All housemates are free to request a psychiatric chat with Dr Smith at any time during the series. We would separately arrange a psychiatric chat if at any point there is a concern about a housemate’s general wellbeing.

The welfare team (and mental health team if required) communicate with housemates’ friends and family throughout production. If there are any specific media-related matters for friends and family, then they would be assisted by Outside Organisation as required. Outside Organisation are an independently contracted company who are engaged to act for the housemates. The scope of their work is to support and advise Big Brother housemates and their friends and family in handling the media (including social media) and to seek out positive publicity opportunities if so desired by the housemate. Outside Organisation are a well-established and experienced PR Agency with a wide range of high profile clients in media and sport, as well as representing corporations and brands. They have been working with Big Brother housemates since 2003.

Paperwork: Emergency Procedures Document, Channel 5 Compliance Checklist and Protocols (for production team), the Welfare Log, the Potentially Unacceptable Behaviour (PUB) Log, the Intervention Log, the Housemate Overnight Welfare Log for the Gallery, the Medical Log Handover, the Alcohol Log, the Childcare Provision Log, the Friends &
Family Log and the Loggers Handover.

3. **FOLLOWING EVICTION FROM THE HOUSE**

Upon being evicted from the house, all housemates will be debriefed about their time in the house and any relevant events and reaction in the outside world by Dr Smith and an Executive Producer.

Dealing with media interest is an important challenge for any housemate's well-being after departure from the house. A key step is a meeting with a member of the Outside Organisation Team to discuss any pressing media related matters. The Outside Organisation Team will also have also collated key press cuttings for each housemate during their time in the house.

The welfare team and other members of production are in contact with housemates who have been evicted before the finale as they appear on the companion show, Big Brother's Bit On The Side. For housemates who leave the house for a reason other than an eviction i.e. they are removed or leave early, the welfare team will put in place an individual plan following discussion with the executive producers, the broadcaster and Dr Smith.

4. **BACK IN THE OUTSIDE WORLD**

All housemates are dealt with individually following their time in the house, as each person's experience is unique. The aftercare arranged will depend on their situation. This may change once the series is off-air and time has gone by. If felt necessary, this may involve security and contact with the welfare team. Each housemate has the services of Outside Organisation (detailed in 2 above) available for two weeks after their eviction and the Outside Organisation will continue to pass on any press enquiries or media opportunities after the two-week period.

As standard, psychiatrist support is available on request for six months after the end of the series. At the six-month point the housemates are called to see if they would like to schedule further consultations with Dr Smith. This psychiatrist support may be extended for a further six months if Dr Smith thinks this is clinically necessary.

*Endemol Shine UK*
*June 2019*
Dr Gareth Smith MB ChB, MRCPsych

CONSULTANT PSYCHIATRIST

Qualifications:
MB ChB,
Member of the Royal College of Psychiatrists (MRCPsych)

Media Experience

I have been a psychiatrist for 25 years, specialising in Adult psychiatry, psychosexual medicine and gender dysphoria. I have also worked within the television and newspaper industry for over 17 years.

As well as psychological screening for production companies I also have ongoing responsibility for the psychological welfare of contributors on a number of high profile programmes including Big Brother/Celebrity Big Brother (C5), TOWIE (ITVBe), Geordie Shore (MTV), Celebs Go Dating (ITV2), Shipwrecked (E4), The Royal World (MTV), One Click Away (C4), Drag Lab (C4) True Love or True Lies (MTV) Heartbreak Holiday (BBC3) and Ru Paul's Drag Race UK (BBC3). I currently work full time as a freelance consultant for Television having given up clinical NHS practice 7 years ago.

As well as fourteen series of Big Brother/Celebrity Big Brother, I have worked on two series of The Restaurant for BBC2, two series of Make me a Supermodel for Five, two series of Bad Lads Army for ITV and To The Ends of the Earth for BBC One. Other credits include Teen Big Brother C4 (1 series); Shattered C4 (1 series); the 24 Hour Quiz ITV1 (1 series); Britain’s Worst Parent Channel 5 (1 series); The Mind of Michael Jackson Channel 5 Documentary. I have screened and advised Objective Productions on several Derren Brown series for C4, including Apocalypse, The Séance and Experiments.

Other credits include: The Hoarder Next Door C4 (3 series); Extreme Schools CBBC (2 series); The Big Performance CBBC (1 series) The Nightmare Neighbour Next Door C5 (ongoing); Benefits Britain 1947 C4 (1 series), The Choir and the Childrens Choir BBC2 (2 series); First Dates C4 (2 series); The World’s Worst Job Interview C4 (expert presenter); Ladies of London BBCworldwide/Bravo (3 series); Wanted A Family of my Own ITV (1 series); Red or Black ITV (1 series); Married at First Sight C4 (2 series); Bring Back Borstal for ITV1; Special Forces-Ultimate Hell Week (2 series) and Britain's Hardest Grafter for BBC. Recent credits include, Escape (C4), Million Pound Menu (BBC), Big Painting Challenge (BBC) and Astronauts, Have you got what it takes? (BBC). Current projects include Shipwrecked (E4), The Royal World (MTV), TOWIE (ITVbe) Geordie Shore (MTV), Celebs Go Dating (E4), The Charlotte Show (MTV), Drag Lab(C4), Ru Paul’s Drag Race UK (BBC3) and First Dates Hotel (C4).
I was the medical columnist and adviser for The Sunday Mail Newspaper for 13 years, with a readership of 2.5 million and have been published in The Sunday Herald, I-On Magazine and Cosmopolitan Magazine.

**Undergraduate Education:**

University of Aberdeen Medical School 1987-1992
3M industry Prize 1992

**Medical Posts Held**

**Consultant Psychiatrist**

**October 2009-Sept 2011** - Stobhill Hospital/Larkfield CMHT
Consultant in Adult General Psychiatry (16-65 age group)

My post involved the management of inpatients and outpatients in a semi rural and affluent area of the city. I was Chairman of the North and East Glasgow Division of Psychiatry. I was a member of the Glasgow and Clyde Psychiatric Advisory Committee. I was an Honorary Senior Clinical Lecturer at Glasgow University and was involved in undergraduate and post graduate education. I was a member of the executive management group for East Dunbartonshire Clinical Healthcare Partnership.

**Consultant Psychiatrist**

**October 2008-October 2009**
Stobhill Hospital/Springpark and Shawpark Resource Centres
Consultant in Adult General Psychiatry

After a period working outside the NHS I returned to Glasgow. My post involved the management of inpatients in an acute psychiatric admission ward as well as working within a CMHT. I managed a caseload of over 300 patients. I attended allocations meetings, clinical business meetings, executive meetings, case reviews as well as regular Care programming approach meetings. I supervised junior medical staff and had consultant responsibility for a continuing care ward. I was instrumental in initiating slow stream rehabilitation for patients in the continuing care ward. I formulated care plans for each patient, highlighting those that had the ability to live within a community setting and I actively worked with support agencies to facilitate this move.

**Consultant Psychiatrist**

**April 2006-March 2007**
Gartnavel Royal Hospital/Riverside Resource Centre, Glasgow
Consultant in Adult General Psychiatry
I had the pleasure of being invited to return to a post I had filled 9 months earlier. I had responsibility for a caseload of over 250 patients. I ran outpatient clinics within the CMHT and managed patients on the acute admission ward. I was involved in the internal education programme within the CMHT as well as supervising junior medical staff. I regularly met with the multi-disciplinary team to discuss patients both formally at case review meetings and more informally in small groups. I chaired meetings within the CMHT and attended divisional meetings, allocation meetings, business meetings and CPA’s. I was involved in Mental Health Act work, supplying legal reports for both the Procurator Fiscal and independent solicitors as well as providing second opinions for other approved medical practitioners.

**Consultant Psychiatrist**  
**September 2005 - March 2006**  
Southern General Hospital/Rosseale Resource Centre, Glasgow  
Consultant in Adult general Psychiatry

I was invited back to work within Rosseale Resource Centre having previously worked there 18 months earlier. The post is largely hospital based with offices and clinics located at the Southern site. I attended the CMHT for weekly review meetings, business meetings and allocations and would engage in frequent home visits with CMHT staff. I supervised a psychiatric trainee as well as getting involved in the teaching and examination of medical students attached to the unit. I conducted Mental Health Act work as well as providing court reports for the Procurator Fiscal and Independent Solicitors.

**Consultant Psychiatrist**  
**February 2005 - September 2005**  
Gartnavel Royal Hospital/Riverside Resource Centre, Glasgow  
Consultant in Adult General Psychiatry

During my first period at Riverside Resource Centre, I had responsibility for a caseload that had not had a permanent consultant for some time. This gave me extensive experience in caseload management and the challenges associated with this.

**Consultant Psychiatrist**  
**September 2004 – January 2005**  
Murray Royal Hospital, Perth  
Consultant in Adult General/Community Psychiatry

I gained experience working in a rural and affluent area of Scotland. The post covered half of Perth City and I had responsibility for inpatient beds in Murray Royal. The service was going through significant changes mainly surrounding the integration of the two resource centers in Perth. As the only consultant based in the City for several months I supported staff through a difficult transitional period. I actively liaised with local GP’s who were dissatisfied with the service and was involved in service planning meetings specifically looking at co-locating the two resource
centers in Perth.

**Consultant Psychiatrist**  
**June 2004-August 2004**  
Albett Psychiatric Unit, Glan Clwyd Hospital, Bodelwyddan, Clwyd  
Consultant in Adult General Psychiatry

During my time in North Wales I gained experience in working within a mental health system that differs from our own. I had experience of the English Mental Health Act and worked within quite a deprived area of the country. I covered patients in an inpatient ward as well as having responsibility for patients within the local IPCU. I ran clinics in the local CMHT, held regular case review meetings, allocation meetings and CPA’s.

**Specialist Registrar in Adult General Psychiatry**  
**November 2003-February 2004**  
Southern General Hospital/Rossdale Resource Centre  
Acting Consultant in Community Psychiatry

For the last three months of my Specialist Registrar training I worked as an acting consultant. During this post I gained experience of assuming full responsibility for an inpatient and outpatient caseload together with the commitments and demands placed on consultants in a busy service.

**November 2002- November 2003**  
Trainer Dr Tom Brown  
SpR in Liaison Psychiatry: Western Infirmary Glasgow/Gartnavel General Hospital

I worked for a year in the liaison service provided to the West of Glasgow. I gained extensive experience in the management of psychiatric syndromes within a general medical setting as well as in the management of unexplained medical syndromes.

**May 2002- November 2002**  
Trainer Dr J Baird  
SpR in Forensic Psychiatry: The Douglas Inch Centre and Barlinnie Prison, Glasgow

I gained significant experience in legal work mainly for the Procurator Fiscal. I visited several of Scotland’s prisons as well as young offenders institutions. I provided psychiatric reports on fitness to plead for those accused of murder. I was involved in weekly visits to Barlinnie Prison conducting regular psychiatric assessments on inmates. My on-call covered the Sherriff Court for the management and assessment of prisoners with mental health issues.
February 2002-May 2002  
Trainer Dr M Osborne  
Visiting Medical Officer: The Mental Welfare Commission for Scotland, Edinburgh

During this post I had the opportunity to visit patients around Scotland who were appealing against their detentions. I also visited patients with incapacity in nursing homes around the country. This offered invaluable experience and made my practice more patient centered. I regularly attended Commission meetings to present cases. I was involved in a hospital visit and attended suicide reviews.

February 2001-February 2002  
Trainer Dr S Groves  
SpR in Adult General Psychiatry: Ravenscraig Hospital, Greenock

My first SpR post was in a district general hospital in an area of high urban deprivation. I carried my own caseload and ran clinics in outlying general practice surgeries as well as managing patients within the acute admission ward.

Special Interest Sessions Jan 2001-Nov 2003 ongoing weekly clinic  
Transgender Psychiatry and Psychosexual Liaison Clinic  
The Sandyford Initiative, Glasgow

I worked within a busy service for sexual and reproductive health. I was instrumental in setting up an onsite psychiatric service for patients within the Centre for sexual and reproductive health and because of this chose to keep all of my specialist interest sessions there throughout my SpR training. This post now has a half time consultant in post. I saw and assessed patients with gender identity disorder, and acted as a psychiatric liaison with their GP, endocrinologists and GU surgeons. I also ran an erectile dysfunction service and gained experience in psychosexual counseling. I saw patients referred from within the Sandyford Initiative for psychiatric assessment and treatment, especially in the area of depression due to the menopause and premenstrual syndromes.

Staff Grade in Psychiatry  
January 1999-February 2001  
Psychiatrist in Addictions/Community Psychiatry

SHO in Psychiatry  
August 1998-January 1999  
Forensic Psychiatry, The State Hospital, Carstairs, Lanarkshire

February 1998-August 1998  
Adult Psychiatry, Royal Alexandria Hospital, Paisley
Psychiatric Resident Bermuda  
**July 1996-February 1998**  
Resident Psychiatrist, St Brendan’s Hospital, Hamilton, Bermuda

Registrar in Psychiatry  
**February 1996-July 1996**  
Child Psychiatry, Knightswood Clinic, Glasgow

**August 1995-February 1996**  
Adult General Psychiatry, Leverndale Hospital, Glasgow

SHO in Psychiatry  
**February 1995-August 1995**  
Adolescent Psychiatry, Knightswood Clinic/The Adolescent Unit, Glasgow

**August 1994-February 1995**  
Psychotherapy, Carswell House, Glasgow

**February 1994-August 1994**  
Trainer Dr P Flannigan  
SHO in Psychiatry of Old Age, Parkhead Hospital, Glasgow

**August 1993-February 1993**  
Psychiatry of Addiction, Parkhead Hospital, Glasgow

Pre Registration Posts  
**February 1993-August 1993**  
General/Orthopaedic surgery, Edinburgh Royal Infirmary, Edinburgh

**August 1992-February 1993**  
General Medicine/Infectious Diseases, City Hospital, Edinburgh
BIG BROTHER IS COMING TO GET YOU!

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Think you would be a unique housemate?
Want the experience of a lifetime?
Or do you know someone who’d be perfect?
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BIG BROTHER IS BACK! Are you the perfect family duo? Want the chance to win life changing £££? Apply NOW https://www.bigbrotherauditions.com/

HELLO...THIS IS BIG BROTHER... Apply NOW for your life changing chance to enter the house in Summer 2018 https://www.bigbrotherauditions.com/

BIG BROTHER WANTS YOU... Don't miss your chance for the experience of a lifetime in 2018, apply NOW: https://www.bigbrotherauditions.com/

BIG BROTHER IS BACK & WANTS YOU... Apply NOW for your chance to spend summer 2018 in TVs most famous house, https://www.bigbrotherauditions.com/

BIG BROTHER IS BACK! Are you the perfect housemate? Want the chance to win life changing £££? Apply NOW https://www.bigbrotherauditions.com/

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HELLO...THIS IS BIG BROTHER... Apply NOW for your life changing chance to enter the house in summer 2018 https://www.bigbrotherauditions.com/

BIG BROTHER IS BACK... Are you the perfect housemate, or know someone who is? Now's your chance to prove it! https://www.bigbrotherauditions.com/

BIG BROTHER WANTS YOU... Don't miss your chance for the experience of a lifetime in 2018, apply NOW: https://www.bigbrotherauditions.com/

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FACEBOOK POSTS:

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THE ORIGINAL SOCIAL EXPERIMENT IS BACK ON C5 NEXT SUMMER
Think you could be a unique housemate?
Do you have something to say that the nation needs to hear?
Want the experience of a lifetime that money can’t buy?
Or do you know someone who’d be perfect?
FOR THE OPPORTUNITY TO SPEND AN UNFORGETTABLE SUMMER IN BRITAIN’S MOST FAMOUS HOUSE AND THE CHANCE OF WINNING THE GRAND PRIZE, GO TO: www.bigbrotherauditions.com
T&C’s apply, see website for more details or follow us on social media
Mems Ayinla  
Inquiry Manager  
Digital, Culture, Media and Sport Select Committee  
House of Commons  
London SW1A 0AA

1 July 2019

Dear Ms Ayinla

Reality TV Inquiry

Following our submission of evidence of 26 June, detailing the contributor welfare processes established for reality TV series Big Brother, I am writing to provide further evidence as requested by the committee to aid its inquiry into Reality TV.

I have enclosed an overview of the contributor welfare procedures for the shows Hunted, MasterChef and One Born Every Minute, outlining the processes and practices in place to support and protect contributors to these shows before, during and after production.

As explained in previous correspondence, the welfare of contributors is a key consideration across all of our productions. Our approach in each case takes into account the format of the show, the specific needs of individual contributors and the requirements of the relevant commissioning broadcaster.

The involvement of contributors differs greatly between the shows presented here and this is reflected in the processes in place.

We hope that the committee finds this information useful to its inquiry.

Yours sincerely,

John Parsons  
General Counsel  
Endemol Shine UK
HUNTED - UK Welfare Processes

Hunted is a popular Channel 4 show, now in its fifth series, in which contestants are challenged to evade capture by a team of specialist hunters. Those who manage to evade the team of hunters for a period of 25 days win a share of a cash prize. The show’s premise is to explore how difficult it is for a person, or a group of people, to disappear in 21st century Britain, where surveillance and digital monitoring are commonplace. A celebrity version of the show was launched in 2017.

The producers of the programme recognise that Hunted is an immersive and challenging experience for those taking part and accordingly implemented a series of protocols and duty of care processes designed to ensure that the wellbeing and safety of those taking part is risk-managed throughout production.

1) APPLICATION AND AUDITION PROCESSES

Casting

Casting for Hunted is initially undertaken using an online application process. Calls for applicants are sometimes added to the credits of the final episode of the previous series and are posted on Channel 4’s website and via Hunted’s social media platforms (Facebook, Twitter and Instagram). In addition, targeted casting approaches are made to organisations that represent groups across the UK (e.g. those representing different industries, associations supporting racial diversity or LGBTQ+ representation and disability action groups) in order to ensure that those who apply are drawn from a cross-section of British society. Applicants are asked to complete a series of questions exploring why they want to take part and submit a short video.

The casting team (which is led by a senior casting producer with over 10 years’ experience in casting popular factual programming) will initially undertake a ‘phone conversation with prospective applicants discussing their application form. From the outset, the casting team talks to the applicants about how they manage stress and the anxiety that might be provoked by being pursued by the programme’s hunters.

Auditions [Approximately 170 applications (including pairs and individuals)]

Those invited to audition will be asked to discuss in further detail why they want to go on the run in the programme and their plans for their time on the programme, how they intend to evade capture and any plans on how to fool the hunters. The casting team will talk again to the auditionees about the potential stress of taking part in such an immersive challenge and will explore with them how they feel about giving the hunters access to their personal life including access to their email account, mobile devices etc., such access being part and parcel of the show’s format. The casting team is specifically looking for auditionees who they believe have the mental and physical resilience both to cope with the stresses of the programme and to be able successfully to evade capture.
At this stage auditionees will be asked to disclose anything in their background which could affect their participation in the show, or which could come to light, for example via press or social media, if they were to take part. The auditionees are reassured that any information disclosed is not necessarily a bar to participation, but they are asked to be transparent and honest so that producers can provide proper support.

**Shortlisted applicants [Approximately 25-30 applications]**

The production team will conduct background checks using social media, Lexis Nexis and wider online checks on this initial shortlist.

The final list of around 15 contributors or pairs (including three to five reserves) selected to take part in the show is decided by the Executive Producer, Series Producer, Senior Casting Producer and the broadcaster’s commissioning team.

At this stage, the production team will undertake Disclosure Barring Service checks on the final shortlisted applicants. These potential contributors are also required to meet the show’s psychologist in order to get a picture of whether they are mentally and emotionally equipped to take part in the programme.

Dr Howard Fine (Consultant Clinical Psychologist, BPS Chartered Clinical Psychologist, and registered with the HCPC as a Practitioner Psychologist) has been working on the show since its first series. A copy of Dr Fine’s professional biography is attached. He meets each potential contributor face-to-face for at least an hour, and particular attention is paid to the applicant’s ability to cope with the pressures of taking part in the show, such as dealing with stress and feelings of paranoia.

Dr Fine shares a report with the Executive Producer, Production Executive and Head of Legal & Business Affairs and, if any issues are flagged, the report will also be shared with Channel 4’s Commissioning Editor and compliance lawyer. If Dr Fine feels that it is not in the applicant’s best interests to take part in the show, then they will not go any further in the process. He may also suggest that specific measures are implemented to support individual contributors if we were to proceed. These will usually focus on how to identify symptoms of decline in a contributor’s mood and how the production team can support the contributor if that happens.

Those selected to take part (including any reserves) will be asked to provide additional personal data for the purpose of the investigation. For example, information about their communications and social media accounts. They are also required to ask approximately 10 friends and family members to agree to participate in the programme, so that they have a network of contacts to rely upon while on the run.

These ‘friends and family’ are required to provide similar personal information to the main contributors themselves so the hunters can effectively investigate these individuals, if needed. The casting team talk through what is expected of the friends and family and explain to them the agreement they are asked to sign, to ensure they fully understand the nature of the programme and why their personal information is needed. If they have any questions the
casting team cannot answer, these are referred to the Head of Legal and Business Affairs who will then speak to the friends and family. Anyone declining to take part will not be filmed.

All contributors meet with the Executive Producer and Head of Legal & Business Affairs or Senior Lawyer before entering into an agreement. In this meeting the contract is explained in plain language and the individual given the opportunity to ask questions. A supplemental agreement pertaining to data protection and privacy is also provided and discussed in this meeting as well as a separate contributor guide summarising how the show works, the level of commitment required and emergency protocols. For those contributors going on the run as a pair, this meeting is done with them together. Contributors can choose to put some areas of their life (e.g. their work email) “off limits” to the hunters, but cannot then use those elements to help them evade capture.

The contributors take the contract away with them after the meeting to give them further time to read it through, to discuss it with someone if they wish to and to ask us any further questions they may have. The programme’s production team will also talk the contributors through the entire production, edit and transmission process (including how to deal with social media).

2. DURING FILMING

Health and safety is carefully risk-managed throughout filming. Each contributor, or pair of contributors, is paired with an ‘embedded’ producer/director who will be with them at all times, and who is in daily contact with the Executive Producers and Series Producer.

All the embedded producer/directors are briefed by the Executive Producers (with advice from Dr Fine) before they start filming about how to spot signs of potentially harmful stress, and, if any concerns are raised, the Executive Producers will speak to the contributor and, if still concerned, recommend a conversation with Dr Fine. The contributors are also aware that they can request a conversation with Dr Fine at any time.

Protocols are in place to ensure that any particularly stressful and dynamic situations such as capture are managed safely. The production team and the hunters (who also have access to psychological support from Dr Fine if required) receive training on how to avoid and de-escalate any potentially difficult scenarios (including standing down the hunters) if required for health and safety reasons. All contributors are also given two hours’ health and safety training before filming begins.

Any personal data collected from contributors, and their participating friends and family, is managed carefully and the production has specific additional data protection systems in place to protect data provided by, or accessed about, the contributor. This includes limiting access to a small team of individuals, undertaking DBS checks in relation to those who are managing this sensitive data, using secure online portals for sharing any sensitive data with the hunters and a phased deletion process to ensure that producers only retain this sensitive data to the extent actually required to produce the programme and comply with its regulatory obligations.
We manage friends and family data in the same way as the fugitives’. However, whereas the fugitives have a face-to-face meeting to explain their contract, friends and family receive an explanation of their contract (by ‘phone or in person) from the casting team. The casting team uses support from the legal team in explaining the contract in plain language and any concerns are referred to the legal team. Like the fugitives, friends and family can put areas of their life "off limits" (e.g. part of their home, work email) and they are not required to sign the contract unless and until they are satisfied with the reassurances provided.

During filming, either the Senior Casting Producer or the Casting Producer stays on to act as liaison for friends and family. They will speak to them in advance of any hunter visit (to check availability) and follow up afterwards to see how the visit went and if they have any concerns or questions. If the friends and family are feeling overwhelmed by the hunters’ investigation, the Senior Casting Producer/Producer will refer to the Executive Producer and the legal team. If required, we will put that individual off limits for a period of time so they can have a break from being investigated by the hunters.

3. AFTER FILMING

Each contributor, whether leaving the show having been caught or having evaded capture and made it to the end of filming, has a mandatory review with Dr Fine (usually within a week of the contributor’s participation in the programme ending). Dr Fine provides us with a debrief report that explains how the contributor is feeling and the highs and lows of their experience. He also gives advice on the contributors’ transition back into normal life. If he raises any concerns, we take his advice on next steps such as arranging further video calls or a meeting in person.

Each contributor is provided with an aftercare guide, which includes details about the editing process and advice on how to manage social media. They also receive a bespoke letter outlining any intrusive surveillance by the hunters affecting them or family and friends who have taken part, such as access to online accounts, and providing advice on how to strengthen passwords and improve their online security. An additional online security document is provided, if necessary, which gives more detailed information, specific to each contributor, on how to undo or secure any access the hunters may have gained to their privacy during the programme.

Fugitives are given a debrief in person by the Series Producer/Executive Producer and the Senior Casting Producer/Casting Producer. Some friends and family signed up to participate are never filmed or investigated and many of those who are filmed are not investigated in an intrusive sense. If the hunters do use any intrusive techniques on friends and family, then that person will receive a letter outlining those techniques and providing advice on how to strengthen passwords and improve online security and, if relevant, an additional online security document. They are sent this by email and the Senior Casting Producer/Casting Producer will also call them.

The production team stay in regular contact with all contributors throughout the editing process and, prior to transmission, all contributors are given a reminder about how to manage
social media, privacy settings and how to deal with unpleasant posts. We keep this part of the process under close review and continue to respond to any concerns raised with us. The contributors are briefed each week prior to transmission about significant scenes in the upcoming episode and are reminded that Dr Fine is available to them should they have any concerns.

After transmission, all contributors are given a dedicated point of contact within the production team (and a senior production staff member thereafter, if needs be) and follow-up calls are made 6 – 8 weeks after transmission and again approximately six months after transmission. During these calls, the contact checks on the contributor’s well-being and how they feel about their experience. Dr Fine is also available for further support if required.

Endemol Shine UK
July 2019
Dr. Howard Fine  BSc (Hons) MSc PsychD C.Psychol AFBPsS  
Consultant Clinical Psychologist  
Paediatric Neuropsychologist

EDUCATION AND QUALIFICATIONS

University of Surrey  (2001 - 2004)  
GUILFORD, GU2 7XH

DOCTORAL PROGRAMME IN  
CLINICAL PSYCHOLOGY

University of Westminster  (1997 - 1999)  
LONDON, W1P 4DJ

MSc HEALTH PSYCHOLOGY  
Merit

Hull University  (1993 - 1996)  
Hull, East Yorkshire

BSc (HONS) PSYCHOLOGY  
Degree Classification: 2.1 (GBR)

WORK EXPERIENCE

Recolo UK Ltd,  
LONDON W1 (Aug ’06 – Present)  
Director / Co-founder  
Consultant Paediatric Neuropsychologist

As well as holding a clinical caseload, as a Director of the practice, I hold senior clinical, supervisory, and management roles. I am committed to delivering regular input and dissemination of skills at national and international conferences, through publications, and teaching, including providing specialist Paediatric Neuropsychology and Developmental teaching to the UCL, UEL, Royal Holloway, Salomon’s and Surrey Doctoral Clinical Psychology courses. I also provide specialist teaching on Traumatic Brain Injury for the British Psychological Society’s postgraduate MSc in Paediatric Neuropsychology at the Institute of Child Health. I am the co-chair of the London Paediatric Neuropsychology Special Interest Group.

Recolo UK Ltd was founded by myself and Drs Katie Byard and Jonathan Reed, having since grown to a group of 45 clinicians. Based in Harley Street, Recolo UK Ltd, offers an expert, high quality and effective community neuropsychological rehabilitation service to children and young adults. Our service aims to produce the best possible outcome for children and young people with a neurological disability. Recolo UK Ltd provides community-based neuropsychological rehabilitation. We recognise the need to view the child and their needs in the context of their family and community, including school and friendship groups as well as in the wider professional network. Our rehabilitation programmes involve working directly with these different systems as well as with the individual to provide optimum recovery and development. Our rehabilitation programmes take place within the family system in the community. Recolo UK Ltd recognises the role of the family in the care and rehabilitation of the child with brain injury, and that any rehabilitation programme must include psychological support for families in this role and in their adjustment to brain injury, alongside any work with the child.

Paediatric Liaison Team, The Royal London Hospital  
LONDON E1 (Nov ’04 – Dec ‘10)  
(Jan ‘11 – Jan ‘14)  
Lead Paediatric Neuropsychologist  
Supervising Paediatric Neuropsychologist

Providing a specialist neuropsychological assessment and interventions for children and young people with acquired and developmental cognitive difficulties; providing highly specialist psychological assessment and therapy, including development and implementation of specialist psychological interventions; offering a specialist child neuropsychological consultation services for clinicians working in the London boroughs of Tower Hamlets, Hackney and Newham, and chairing the East London Special Interest Group in Neuropsychology. Children with acute acquired brain injury or neurologically based problems affecting their thinking and behaviour are a particular priority. Many of the patients seen have physical, emotional, language, mental and cultural barriers to communication. Non-clinical duties including supervising qualified Clinical Psychologist and Trainees, consultation to paediatric medical teams, audit lead, and policy and service development.

PTSD specialist input included assessment and intervention for children and families following traumatic injuries resulting from serious assaults and road traffic accidents. This may also involve adjustment to disability, body image and maxillofacial injuries, familial bereavement and grief. With the expertise gained
from my doctoral research on ‘Resilience to PTSD in Emergency Workers’, I also consulted with the London Helicopter Emergency Service following the July 2005 London bombings, as well as offering on-going specialist educative support and consultation to local Mental Health services regarding psychosocial support following major incidents. This further extended to work with the Foreign & Commonwealth Office / British Red Cross Specialist Psychological Emergency Trauma Support Team.

Since leaving the Royal London Hospital in a paid capacity, I maintained an honorary role, offering supervision and consultation to the service.

Birkbeck College, Faculty of Continuing Education
LONDON, WC1 (Sept ‘00 – Present)
Lecturing to undergraduates on adult education courses, developing courses and lecturing on the Foundations of Modern Psychology, Psychology of Child Development, Psychological Factors in Chronic Illness, Health Psychology, and Psychology of Terrorism.

Pain Management Service, The Hillingdon Hospital NHS Trust
UXBRIDGE, UB6 (Jun ‘00 – Aug ‘01)
Conducted Pain Management Programmes, clinical audit, and contribution to on-going research.

London Transport Trauma Research and Counselling Unit
LONDON, NW1 (Oct ‘99 – Aug ‘01)
Research focusing on developing staff support services for survivors of PTSD.

Psychiatric & Psychological Consultant Services Ltd.,
LONDON, W1 (Apr ‘99 – May ‘00)

Mood Clinic, East London & The City NHS Trust
LONDON, E5 (Jul ‘99 – May ‘00)

Royal Free Hospital & University College London Schools of Medicine
LONDON, NW3 (Nov ‘98 – Nov ‘99)

MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

- Foreign & Commonwealth Office / British Red Cross Specialist Psychological Emergency Trauma Support Team – Responding to International disasters involving British citizens (Henry Dunant Award, 2012 for International disaster response, and gain in 2018 for responding to Grenfell Tower).
- British Psychological Society (Chartered)
- Associate Fellow of the British Psychological Society
- HCPC Registered Psychologist
- Register of Applied Psychology Practice Supervisors
- BPS Division of Neuropsychology (Full Member)
- BPS Division of Clinical Psychology (Full Member)
- BPS Faculty for Children & Young People (Member)
- British Association of Behavioural & Cognitive Psychotherapies

PUBLICATIONS


**MEDIA**

Dr. Howard Fine has appeared on the BBC 10 O’clock News and Sky News consulting on psychological aspects of terrorism and mass trauma events, child development, contributor welfare in the media, and Channel 4 and Channel 5 programming on Child Development. He regularly consults on parenting programmes for the BBC and Channel 4. He is also the pre-production and post-production Consulting Psychologist on a number of documentaries and health education programmes for all the British mainstream broadcasters, as well as satellite channels, international broadcasters and Stream Video on Demand services. Dr. Howard Fine works alongside channel commissioners, production companies and independent production companies since 2007, and with a turnover of approximately 150 different programmes a year, supporting project development through to post-transmission aftercare.

**REFERENCES**

Available on request
MASTERCHEF and MASTERCHEF: THE PROFESSIONALS - UK Welfare Processes

MasterChef is a successful and well-established cookery competition format which has been on air in the UK in its current form for 15 years. There are three versions of the show running on BBC One and BBC Two: MasterChef, where amateur cooks compete over a course of several heats and challenges; MasterChef: The Professionals, where professional chefs compete over the course of the series; and Celebrity MasterChef, where well-known faces take part. Since its launch in 2005, MasterChef has seen almost 2000 amateur and professional chefs take part.

For the purposes of this document we have focussed on the processes in place for MasterChef and MasterChef: The Professionals, as these touch members of the public most directly.

1) APPLICATION AND AUDITION PROCESSES

Casting
Casting for MasterChef and MasterChef: The Professionals is initially conducted via online application forms. Invitations to apply will be shared via links on the BBC website and via MasterChef social media platforms (Facebook and Twitter) and, in the case of MasterChef: The Professionals, targeted approaches will be made to associations that represent restaurants, pubs, chefs and the broader catering industry. The initial application form includes questions regarding the applicant’s greatest achievements and most difficult challenges. The focus both of the MasterChef casting and the series is on the contributors’ skills.

Before formal auditions, the casting team will speak to the majority of applicants over the ‘phone to assess their eligibility and suitability for the series. The casting team will explain from this early stage that the competition and filming can be stressful and try to understand from the applicant how they usually manage pressure.

Auditions
[350 – 500 are taken to this stage for MasterChef and approximately 150 for MasterChef: The Professionals]

Those invited to audition for the MasterChef series are asked to bring along a dish that can be “plated up” during the audition. The auditionees are asked to talk about their dish and have a broader discussion about their love for food and influences/inspirations.

For those auditioning for MasterChef: The Professionals, as well as a long discussion about their food and style, there will also be a discussion about the auditionee’s work history and experiences of being in a professional kitchen or catering environment. Auditions are filmed but all auditionees are given assurances that this footage is not for broadcast.

Those called for auditions are assessed by producers for their suitability for the programme and their ability to cope with the associated pressures of taking part in a televised cookery competition. Vulnerabilities and any difficult experiences or issues in their backgrounds which
have been raised during the application or audition process are discussed with the individual in order to identify any sensitivities. If producers do not consider it to be in the individual's best interest to take part in the programme, they are not taken any further.

All potential contributors have the filming process explained to them in detail and the production team will again emphasise from the outset that the competition itself, and the filming process, can be stressful. Producers will also discuss what happens after the show goes on air in order to manage expectations of what their appearance will achieve, for example in terms of career progression.

**Shortlisted applicants**

[50–60 contributors are shortlisted]

Once auditionees have been short-listed, they will be asked to participate in further checks and meetings. This includes Disclosure Barring Service (DBS) checks together with social media, Lexis Nexis and wider online searches.

The catering industry has a long track record of enabling people who have served custodial sentences to re-establish themselves in the labour market. A criminal record is not necessarily therefore a barrier to participating in the programme, although any unspent convictions would be discussed with the Executive Editor, Series Producer and Head of Legal & Business Affairs and would be referred to the BBC's Commissioning and Editorial Policy teams before a decision is taken.

For MasterChef: The Professionals, two work references are also taken for each chef being considered which include questions on experience, strengths and weaknesses and ability to deal with pressure.

If there are any concerns, e.g. a disclosure of mental health issues or complex personal circumstances, they are referred in confidence to the Executive Editor, Series Producer and the BBC's Commissioning and Editorial Policy teams. The production also has access to an experienced psychologist available to discuss any concerns raised with a potential contributor if required.

All potential contestants are also required to complete a Statement of Health and, given the nature of the programme, it is particularly important to be aware of any allergies, intolerances or dietary restrictions.

**2. DURING FILMING**

Throughout filming, all contributors are chaperoned by a producer or assistant producer. As we have a number of location-based shoots to arrange and produce alongside studio activity, there are a number of producers and assistant producers working on a series. In all, a team of four or five producers and assistant producers manage contributor welfare during filming. Contestants are also encouraged to support each other as, while they are competitors, they
can empathise with their shared experience and provide a valuable, additional support network for each other.

Although feedback from the judges can be difficult to receive, it is designed to be constructive rather than unpleasant. The judges only ever critique a contestant’s food and not the individual. If it appears that a contributor is becoming stressed or upset, they are given time to pause and to speak with a member of the team about their feelings.

3. AFTER FILMING

When a contestant has left the competition, they are given the contact details of a member of the production team in case they have any queries. If a contestant was particularly disappointed or upset to leave the competition, a call is scheduled with a producer for the day following their exit. All contestants are emailed and called within a few days of filming to thank them for taking part and check that that they have had a positive experience.

All contestants are emailed in advance of transmission to confirm when their episode will appear and to share social media guidance and contact details for both a production contact and the show’s external PR team, an experienced public relations agency, specialising in television, who have been working on the show for over 10 years.

If there is any press or media interest, the agency, in consultation with the Executive Editor, and where relevant the Head of Legal & Business Affairs, will guide contestants through the process.

During transmission, social media response from the public is monitored and advice on how to handle unpleasant or offensive communications via social media provided. Our experience to date, however, is that the social media reaction to the show and its contestants is predominantly positive and supportive.

Those who make it past the quarter finals (who will appear in more than two episodes) are given an additional level of support. They are briefed in person by the Executive Editor, Series Producer and the agency PR team in relation to managing attention from the press and social media and are also given advice on any plans they have to pursue a career in food. Again, contestants have contacts for senior production staff (usually the Series Producer) and the PR agency and are encouraged to discuss any concerns that they may have.

Screenings are held for those contestants who make it past the quarter finals and each contestant is shown the episodes from the series until the episode in which they are eliminated. The primary purpose of these screenings is to help contestants prepare themselves for being on television and to give them an opportunity to voice any concerns about the process.

Should it be required, a psychologist would be made available to contestants before, during and after transmission.
Producers and the PR team remain in contact with contributors for months and in some cases years after the series has been transmitted. We will help those seeking to further a career in food to find agents and have a continuing, mutually beneficial commercial relationship with many. We have worked with finalists (usually the final three from each series of MasterChef) on numerous projects, including book publishing, recipe creation for our licensing activities, pop-up restaurants and live events (both in the UK and Dubai) and on the Amazon Webstore. We also help them with providing images, quotes and social media support for their own projects - mainly books, supper clubs or restaurant openings.

Endemol Shine UK
July 2019
ONE BORN EVERY MINUTE - UK Welfare Processes

One Born Every Minute is a BAFTA-winning observational documentary series produced by Dragonfly Film and Television which ran for 11 series on Channel 4 from 2010 to 2018 and was filmed at five hospitals around the UK (in Southampton, Leeds, Bristol, Liverpool and Birmingham). Working closely with the relevant hospital trust and predominantly using fixed rig cameras, the programme was filmed in maternity wards following hospital staff and parents-to-be as their babies were born.

The Committee has identified the programme as being of interest, hence this submission. However, we would not consider One Born Every Minute to be a ‘Reality TV’ show, but a documentary series. The production team only filmed events that were already going to happen, with full consent of those taking part, and with no interference or control. The process of selecting contributors (parents and staff) to appear in the series was also very different to the selection process for a reality TV programme.

Across 112 episodes and over 300 births, the feedback that the production team has received has been that parents have overwhelmingly seen their participation in the series as a positive experience and have enjoyed having a record of their birth story.

In addition, hospitals\(^1\) who have taken part in the series have also been extremely positive about having taken part (witnessed by the number of hospitals which have hosted multiple series) and have reported that, during filming and transmission of a series, applications to become a midwife go up and overall staff morale is raised. We still have good relations with many hospitals.

Since One Born Every Minute, we have filmed two series of Surgeons: On the Edge of Life at Birmingham, plus Ambulance in London, West Midlands, Manchester and Liverpool, and other programmes at Birmingham Children’s Hospital and at St Andrew’s Healthcare (for

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\(^1\) **Southampton (Series 1 & 2)**
Southampton Maternity and Neo-natal Services Princess Anne Hospital, Coxford Road, Southampton, Hampshire, SO16 5YA

**Leeds (S3 & S4)**
Leeds Teaching Trust Maternity and Neonatal Services, Leeds General Infirmary, Great George Street, Leeds, West Yorkshire, LS1 3EX

**Bristol (S5 & S6)**
North Bristol NHS Trust and Southmead Hospital (Maternity Unit), Southmead Hospital (Maternity Unit), Southmead Road, Westbury-on-Tryn, Bristol BS10 5NB

**Liverpool (S7, S8, S9, S10)**
Liverpool’s Women NHS Foundation Trust, Liverpool’s Women Hospital (Maternity Unit), Crown Street, Liverpool L8 7SS

**Birmingham (S11)**
Birmingham Women’s and Children’s NHS Foundation Trust, Birmingham Women’s Hospital, Mindelsohn Way, Edgbaston, Birmingham B15 2TG
mental health). This is a testament to a reputation of trust we have built with hospitals, their staff and patients.

The paramount concern of the producers, at all times, was the wellbeing of mothers and babies. An access agreement was entered into with each hospital before production and at the start of the production process a Code of Conduct was agreed with the hospital. This formed the basis of the working relationship between the hospital and the producers and dealt with issues of privacy, consent, duty of care to patients and to staff and how unexpected or difficult situations that could arise during the course of filming were to be dealt with.

Filming was conducted in an NHS regulated environment and, in addition to the usual requirement to follow broadcaster and Ofcom codes and guidelines, the producers had to comply with a wide range of requirements (e.g. specific Health and Safety Assessments, Hospital Safeguarding policies and Infection Control Procedures) before and during the filming.

1) APPLICATION / CONTRIBUTOR SELECTION PROCESSES

The producers worked closely with the hospitals and their safeguarding teams throughout the production process.

Staff

The hospital and producers made hospital staff aware through dedicated briefings and the hospital’s internal communications team that filming was happening. Anyone who did not want to be filmed was identified in advance of filming and did not feature in the series. It was a priority to ensure we did not disturb the day-to-day running of the hospitals or interfere with the care they provide. We also paid an access fee to cover any additional costs associated with our filming so that we were not using up NHS resources.

Members of the production team attended the hospital six weeks prior to filming in order to introduce themselves to staff and to check staff consents. If any non-consenting members of staff were inadvertently filmed in the background, and essential footage was included in the programmes, their faces would be blurred.

Parents

The hospital itself would write in advance to any prospective mothers who were due to give birth during the filming period to make them aware of the filming and that the producers were looking for contributors. That letter assured the prospective mothers that they were under no obligation to be filmed, but it provided contact details for those interested in taking part. Prospective mothers/parents then contacted the producers by phone or email to express their interest. They would speak to a producer or an assistant producer (AP) who would normally then become their primary contact throughout the production process.

Teams including producers and APs would also attend antenatal clinics across the region, to engage with interested expectant parents and answer any questions they might have. At this stage they would normally already have received the letter from the hospital, but on occasion this might be the first contact we had with them.
Advertisements were also placed on Facebook aimed at local Facebook groups, pregnancy discussion forums etc. Again, as local expectant mothers, they were likely already to have received the letter sent by the hospital. Contact details were given for any interested parents to get in touch via ‘phone or email.

A list of potential participants was put together and this list was passed on to senior staff at the hospital by the series producer. At this point the hospital safeguarding team screened people out of the process whom they flagged as being potentially vulnerable for any reason. The hospital would then let us know (without our being advised as to the reason) if anyone should be excluded from consideration and those parents did not participate in the series.

Once a shortlist of prospective mothers/parents had been produced, the producers/APs would speak to them in more detail about the series, the process of filming, editing and beyond and explain that not all births would be filmed or feature in the series. Prospective mothers/parents still wishing to take part would be researched via Lexis Nexis and would be asked to complete self-declaration forms as part of our due diligence.

The person who first made contact with mothers/parents would usually become their point of contact for the rest of the production. Those contacts developed good relationships with parents and our teams were able to listen to and understand any concerns they may have throughout the production process.

If, following the hospital screening and background checks mentioned above, the hospital and producers were happy for prospective mothers/parents to take part and the prospective mothers/parents still wanted to take part in the series, they would be asked to sign a “letter of intent” to participate. This letter of intent was the first stage in a two-stage consent process.

2) DURING FILMING
The first part of filming would usually take place in the prospective mother’s/parents’ home, or another suitable location if filming at their home was not possible. This would consist of an interview in advance of the birth during which the mother/parents were asked about their back story and their hopes for their future baby.

Filming at the hospital usually took place via discreet fixed camera rigs set up in certain delivery rooms and operating theatres on the maternity ward and a filming notice was placed in those rooms. This notice would remind mothers/parents that they would not be filmed or included in the series if they had not given consent. Fixed-rig filming is an unobtrusive way of filming. Although members of the production team were visible (wearing scrubs of a different colour) from time-to-time, this was kept to a minimum with the intention that filming did not impact on the labour. Very occasionally handheld cameras would be used, with the consent of the parents, for example if the rigged rooms were busy with another birth.

Notices were also placed elsewhere on the ward, so that it would be clear to all entering the ward that filming was taking place and that only those consenting to take part in the programme would be identifiable in the broadcast series.
If the producers were asked by the parents or the hospital staff to stop filming and/or leave a treatment room at any time the producers would do that.

An appropriate time after the birth of the baby (i.e. once the mother and baby were suitably rested and ready to go home – most often around 24 hours after the birth but sometimes several days later), the mother/parents would be contacted again by the producers to sign a release form confirming consent to broadcast (this was stage two of the consent process). If the mother/parents had changed their mind about being in the series, then their footage would not be broadcast.

In addition, if something had gone unexpectedly wrong during a birth or afterwards, then issues such as the personal concerns of the parents or staff involved and the legal position of the hospital would be discussed with the parents, hospital and producers. If the parents decided they didn’t want to appear in the programme, then their footage would not be used. Any unresolved cases would not be included in the programme.

3) AFTER FILMING

A viewing of a working edit of the sections of the episode featuring the relevant birth was arranged for all the mothers/parents (and, if they wished, one or two close family members or friends) before broadcast. This viewing provided an opportunity for the mothers/parents to raise any questions or concerns and for any factual errors to be brought to the producer’s attention – and so they knew what to expect prior to broadcast.

We arranged a viewing of each episode for the hospital prior to broadcast. This would be attended by senior hospital staff, including the head of midwifery and the clinical director (or other comparable roles/seniority depending on the hospital). The clinical team would assess the programme for factual accuracy, which would include medical information, representation of births and the clinical narrative. Editorial control remained with Channel 4.

Once Channel 4 had confirmed transmission dates, mothers/parents were told the date of transmission of their episode. A couple of weeks before transmission they were provided with guidelines on how to deal with social media following transmission. If a mother’s birth story had been filmed but didn’t make it into the finished series, then producers would send her an edited and produced DVD of her birth for her own personal use.

All the mothers filmed were already in the NHS system and had a support network of midwives and healthcare professionals before, during and after the birth. The producers (via their main point of contact) stayed in touch with mothers/parents throughout the production process and after broadcast and if they had any concerns related directly to the filming, they could contact them at any point.

Endemol Shine UK

July 2019