Your response

Question		Your response
1.	Do you agree with our rationale for proposed new Rules 2.17 and 2.18? Please give reasons for your answer.	Yes, for the reasons you noted.
2.	Do you agree with the proposed meaning of 'participant' for the purpose of these rules? Please give reasons for your answer.	On page 15 of the English consultation document (the Welsh document is incomplete for some reason), the definition of 'participant' notes: " <i>It would</i> <i>not cover those featured in a programme</i> <i>due to its coverage of an event, e.g.</i> <i>players in a sports game.</i> " We feel that improved clarity is required regarding the type of event excluded here. We assume that the intention is to exclude events organised by third parties or events that take place independent of the production (e.g. Eisteddfod). We also assume that an event organised for production (e.g. 'Côr Cymru'), would fall within this definition. Is this interpretation correct, and if so, is it possible to note this either in the definition or the guidance?
3.	Do you agree with the proposed scope of these rules? Please give reasons.	Yes, for the reasons you noted.
4.	Do you agree with the proposed wording for the new Rules 2.17 and 2.18? Please give reasons for your answer.	In terms of 2.17, we note the intention to use the terminology 'welfare, well-being and dignity' instead of what is currently noted in rule 1.28, namely 'physical and emotional well- being'. Although we agree that change is required, we are not convinced that the difference between 'welfare' and 'well-being' is clear enough. It also doesn't do justice to the fact that taking due care to avoid causing mental ill-health or making it worse is the main aim. We therefore propose that a simpler change to 'physical welfare and mental health' would be more appropriate and easier to understand, given how recognised the use of the term 'mental health' is these days.
5.	Do you agree that Rule 1.28 should be amended in this way? Please give reasons for your answer.	Our response to question 4, above, is relevant here as well.

6.	Do you agree that Rule 1.29 should be amended in this way? Please give reasons for your answer.	Yes, for the reasons you noted.
7.	Do you agree with our proposed approach to the Code guidance? Please give reasons.	Yes, in general, but the guidance would need to be considered in full before ultimately confirming this. We feel that the opportunity should be taken to deal with a question which arises often in our experience, namely when should a participant expect to have a psychological assessment, and/or when should medical advice be sought. Although we fully agree that the broadcaster should decide, we also feel that it would be beneficial to have additional guidance in order for them to reach the correct decision. Of course, a psychological assessment or medical advice may be essential. However, it may also be expensive, cause delays and it may interfere with the participant's privacy. In accordance with the concept of ensuring due care proportionally and in a way that encourages rather than impedes daring productions, it would be useful to have a list of factors which suggest that assessment/advice should be received, or examples of general situations where it could be appropriate. Also, in the same way, a list of factors or examples of situations where they would not be required.
8.	Can you provide examples of best practice in the due care of programme participants which you think should be included in the guidance? Please share details if possible.	Yn Y Gwaed We broadcast a series of programmes which consider the career choices of young people. After researching their genealogy, the young people find out what their ancestors used to do as work. They go on to find out whether these occupations or talents are in their blood (yn eu gwaed). A welfare protocol was put in place. The potential risks for participants along with potential safety measures were listed. These included ensuring the following: * a casting process where complete and honest information was received from both sides; * personal statement forms; * physical and psychological assessments at Bangor University, following the <i>BPS Code of Conduct and Ethics</i> (March 2006);

 * advice and counselling from a qualified psychologist where required; * a process for the sharing of difficult information deriving from the research; * advice form regarding social media provided; * risk assessment carried out regarding the potential detrimental outcomes for other members of the family; and * direct contact person from the production team appointed
Dathlu Dewrder - Tlws Plant S4C We broadcast a programme which included vulnerable adults and children. The aim of the programme was to celebrate and award children who had been exceptionally brave. A welfare protocol was put in place. In accordance with the protocol:
 * a children and vulnerable adults protection officer was appointed; * a mental health risk assessment was carried out for every participant, and was reviewed at each stage: pre-production; during production; and post-production; * a detailed information leaflet was provided to parents, guardians and appropriate adults and regular and close communication was maintained both verbally and in writing in order to ensure informed consent; * the willingness to access professional advice and to discuss matters with family, friends and organisations was noted, e.g. schools where
 appropriate or necessary; * it was ensured that parents/guardians/appropriate adults were present on all filming days and they were consulted throughout the whole process; * participation was discussed with the participants before broadcasting/revealing. Advice and support were provided regarding the possibility of a negative response, including feedback on social media; and * we committed to keep in touch with the families after the production in order to ensure that the relevant support was still available to them.