Review of Personal, Social, Health and Economics (PSHE) Education

Response Form

The closing date is: 30 November 2011

Department for Education

THIS FORM IS NOT INTERACTIVE. If you wish to respond electronically please use the online response facility available on the Department for Education website (http://www.education.gov.uk/consultations).

Information provided in response to this request for representations, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes, primarily the Freedom of Information Act 2000 and the Data Protection Act 1998.

If you want all, or any part, of your response to be treated as confidential, please explain why you consider it to be confidential.

If a request for disclosure of the information you have provided is received, your explanation about why you consider it to be confidential will be taken into account, but no assurance can be given that confidentiality can be maintained. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data (name and address and any other identifying material) in accordance with the Data Protection Act 1998, and in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

Please tick if you want us to keep your response confidential. ☐

Reason for confidentiality:

Name	Dr Jenny McWhirter
Organisation (if applicable)	Royal Society for the Prevention of Accidents
Address:	RoSPA House 28 Calthorpe Road Edgbaston BIRMINGHAM B15 1RP

If your enquiry is related to the policy content of the PSHE review you can contact the public enquiry unit on:

Telephone: 0370 000 2288

e-mail: PSHEEducation.review@education.gsi.gov.uk

If you have a query relating to the review process you can contact the Consultation Unit on:

Telephone: 0370 000 2288

e-mail: consultation.unit@education.gsi.gov.uk

Please tick one category that best describes you as a respondent.

☐ Teacher	☐ School Leader	☐ Governor
☐ Parent	☐ Pupil	☐ Local Authority
☐ Teaching Association/Union	X VCS Sector/Charity	☐ Educational Provider
☐ Subject Association	☐ Other	

Please Specify: **RoSPA** aims to save lives and reduce injuries, in the home, on the road, in the workplace and at leisure. Unintentional injury is a leading cause of death and serious injury for children and young people of school age. RoSPA believes safety education makes an important contribution to enabling children and young people lead safe, active and health lifestyles.

About You

Please use this space to tell us about yourself and your job role.

Comments: **Risk education adviser for RoSPA.** My role involves advising providers of safety and risk education on the best evidence for effective approaches to safety education in schools and during leisure activities. I also advise on research methods for working with children and young people and on evaluating safety education. Prior to working for RoSPA I was education adviser for DrugScope, a national charity promoting effective measures to prevent harm from substance misuse. I have been chair of the Drug Education Forum and of the Drug Education Practitioners' Forum. I was a member of the DCSF group which reviewed the status of drug education, coincidental with the MacDonald Review. I am a member of the PSHE Association. As a freelance researcher I have carried out research into primary school children's needs with respect to financial education, on behalf of PfEG. While at the University of Southampton I carried out academic research into the effectiveness of PSHE education over a period of 20 years. I also ran the MSc programme in Health Education with Health Promotion. As a result of my experience, I have a broad and well informed understanding of PSHE education in general and safety and risk education in particular.

Please supply up-to-date evidence to answer any or all of the questions in the review. You may want to focus on only those questions most relevant to you.

Q1) What do you consider the core outcomes PSHE education should achieve and what areas of basic core knowledge and awareness should pupils be expected to acquire at school through PSHE education?

Comments: The core outcomes of PSHE education should reflect the needs of children and young people to be able to live safe, active and healthy lives where they achieve their full potential. To achieve these outcomes children and young people need to acquire awareness of themselves and others, of the behaviour which may place them at risk of harm and of how to maintain or modify their own behaviour in order to be safe and healthy. Children and young people also need specific knowledge, depending on their context or the activity in which they are involved.

For example they should know how to keep safe by water, on the road and at home. However, knowledge and awareness of safety rules and behaviour are not enough to keep children and young people safe. As many studies in public health and health related behaviour have shown, health knowledge is a necessary but not sufficient requirement for positive health behaviour. Children and young people also need a positive attitude towards their own health and well being and the confidence to put their knowledge and understanding of health related behaviour into practice. Crucially, they need skills in order to keep themselves safe, whether these are physical skills such as being able to swim or throw a rope to a person in the water, or personal skills such as negotiating safer behaviour with their peers.

In summary and with specific reference to safety education, children and young people need the capability to keep themselves and others safe.

As far as safety education is concerned, the outcomes we seek for children and young people are that they are able to:

- recognise hazards,
- assess the risks and benefits of an activity
- and manage the risks to themselves and others, as appropriate for their age and stage of development.

P4 of 'Road Safety: A guide for healthy schools' gives an example of how capability in road safety can be related to children and young people's developing understanding of risk:
http://www.rospa.com/roadsafety/info/healthy_schools08.pdf

This summary is based on a large scale study of 6000 11-18 year olds in Essex schools in 2004 *McWhirter, J.M. and South, N. (2004) Young people and Risk Report for Government Office East*

The PSHE Association has published a briefing paper for its members which expresses a similar view about the centrality of risk education to PSHE. In a recent survey of members of the PSHE Association, 98% of respondents supported this view.

Q2) Have you got any evidence that demonstrates why a) existing elements and b) new elements should be part of the PSHE education curriculum?
Your answer should provide a summary of the evidence and where appropriate contain the title, author and publication date of research.

Comments: Some aspects of safety education are routinely taught as part of the curriculum, for example in PE, Design and Technology, Science and Art. Safety knowledge and skills specific to these subjects should be taught in a coordinated way at each Key Stage. However, knowledge of the specific rules about keeping safe in one situation is not readily transferable to new situations or to the use of new or unfamiliar technologies. In addition to activity or location-specific safety education, children and young people need risk education, where they are regularly challenged and involved in assessing risks to themselves and others.

Risk education provides a broad foundation for PSHE education and for safety education. The current framework for PSHE education includes risk as a key concept and risk assessment and risk management as key processes. Teachers tell us that have found this approach useful as it enables them to include safety education in a range of contexts and settings including Learning Outside the Classroom and during work experience.

An understanding of risk and how to manage risk applies not just to safety education, but across the whole of the PSHE education curriculum, for example in situations where children and young people may be offered drugs, or where they may be embarking on a sexual relationship.

RoSPA, with the PSHE Association researched and developed 10 principles for effective safety education (aimed at preventing or minimising unintentional injury, bullying, violence and self harm) for the DCSF. The 10 principles are based on evidence published in peer reviewed journals up to 2005. http://www.rospa.com/safetyeducation/policy/ten-principles.aspx

A more recent review carried out as part of the evaluation of Child Safety Education Coalition has confirmed the validity of these principles.

Mulvaney C, Watson M, Errington G. *Safety education impact and good practice: a review.* Health Education (In press, Jan 2012)

In addition I have carried out a review of PSHE education for the PSHE

Association, which explores the underpinning theories which inform health education, health promotion and public health actions with respect to children and young people. The review explains how these theories relate to the teaching of PSHE education and are also summarised as 10 principles. http://www.pshe-association.org.uk/resources_search_details.aspx?ResourceId=333

Recent reviews of safety education, safeguarding and PSHE education in schools has revealed that while there is excellent practice in safety education in some schools, and that some specific interventions are well planned and implemented, there is a lack of curriculum planning and coherence in many others, so that many children and young people do not receive the opportunities at school they need to be able to keep themselves safe:

http://www.ofsted.gov.uk/resources/safeguarding-schools-best-practice

https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR080.pdf

http://www.csec.org.uk/archived-website/tools/info/safe_practices_survey_report.pdfsurvey.

Safety and risk education should continue to be a part of the PSHE curriculum.

Q3) Which elements of PSHE education, if any, should be made statutory (in addition to sex education) within the basic curriculum?

Comments: Since April 1, 2008, all Local Safeguarding Children's Boards have had a statutory responsibility for reviewing the deaths of all children from birth up to 18 years (excluding still births). Child Death Overview Panels (CDOPs) conduct the reviews on behalf of LSCBs.

Since 2010 CDOPs have been required to identify if there were any "modifiable" factors in a death.

A "modifiable" death is defined as where there were factors which may have contributed to the death.

Data for 2010-11:

Of the 4,061 child deaths that were reviewed in 2010-11, 225 (6%) related to deaths categorised as "trauma and other external factors" - the category related to accidents.

Importantly, deaths categorised as being due to "trauma and other external factors" had the highest proportion of deaths with modifiable factors (68%). By contrast, deaths due to "malignancy" had the lowest proportion of modifiable factors (4%).

However, of the 800 modifiable deaths, 152 (19%) were due to "trauma and external factors". "Perinatal/neonatal events" also accounted for 19% of modifiable deaths. The only category of death that accounted for a higher proportion of modifiable deaths was the "sudden unexpected, unexplained" deaths category - 22%.

In addition to identifying categories of death (e.g. "trauma and external factors"), CDOPs also record the "event" that caused the death. For five types of event, more than 50% of deaths were identified as having modifiable factors:

- **Drowning - 29 deaths, of which 72% had modifiable factors**
- **Road traffic accident/collision - 107 deaths, of which 69% had modifiable factors**
- Apparent suicide - 62 deaths, of which 65% had modifiable factors
- Sudden unexpected death in infancy - 353 deaths, of which 54% had modifiable factors
- **Other non-intentional injury/accident/trauma - 89 deaths, of which 52% had modifiable factors.**

Across all categories of death, the 15-17-year-old age group had the greatest proportion of modifiable deaths (38%). These data emphasise the importance of offering children and young people a well planned and coherent curriculum for safety and risk education throughout primary and secondary education.

While the data from one year should be treated with caution due to the relatively small numbers, it is important to recognise that mortality data represent the tip of the iceberg with respect to unintended injury. Across all age groups approximately 3 times more people experience serious and life changing injury, when compared with those whose injuries are fatal. This represents a lifetime of pain for individuals, care for families and cost to the nation.

On the basis of these data RoSPA could argue that safety and risk education represent a special case, and should be seeking statutory status for this aspect of PSHE education. However, we do not seek its statutory status except as part of PSHE education as a whole, alongside properly co-ordinated safety specific teaching in relevant statutory subjects such science, PE etc.

We also agree with the view of the PSHE Association that safety and risk education should be an integral part of PSHE education and that if the programmes of study are not to be made statutory, then there should be a statutory entitlement for all children of school age to well planned, properly taught PSHE education, as part of a broad and balanced curriculum. Furthermore, this should be commented upon within the new Ofsted inspection framework, which further underlines the importance of PSHE education and safeguarding for schools. We firmly believe that the knowledge, understanding, skills and attitudes developed in PSHE education are complementary to those which are needed to be safe. Being able to negotiate safer behaviour among your peers is a skill which is equally important at a party where alcohol is being served as it is beside a frozen lake in midwinter, or when being offered a lift by a drunk driver.

RoSPA also believes that to separate safety and risk education from PSHE education would lead to greater fragmentation into topic and subject specific 'safety rules' rather than help children and young people to be able to assess the risks to themselves and others wherever they may be. Hence we continue to support the view that the Department for Education should seek to raise the status of the whole of PSHE education, whether through statutory status or other means.

Q4) Are the National, non-statutory frameworks and programmes of study an effective way of defining content?

Yes	x No	☐ Not Sure

Comments: The inclusion of risk as a key concept and risk assessment and management as key processes in the current non-statutory framework provides teachers with a strong foundation for safety education and for the whole of PSHE education.

However, RoSPA supports the view that a statutory framework would ensure that the health and wellbeing needs of children and young people would be given appropriate status alongside their academic needs. It is an old, but true, maxim that children who are unwell, unhappy, who feel unsafe or stressed or who lack confidence do not learn or achieve their full potential.

With statutory (or equivalent) status, teachers could be properly trained during their initial teacher training to assess children's needs with respect to PSHE education and to use effective approaches in the classroom; headteachers would be expected to make proper provision for the staffing, time-tabling, programme-planning, methodology, and assessment of PSHE education and the inspection of PSHE education would be more systematic than is currently the case.

In addition it would be relatively straightforward to define specific safety knowledge and skills, relevant to subjects taught in schools, to home and road safety and during outdoor activities planned for school age children. RoSPA would be willing to participate in such an exercise, if it were clear that this would be part of PSHE education, where the capability to identify hazards, assess and manage risks were core outcomes.

Q5) How can schools better decide for themselves what more pupils need to know, in consultation with parents and others locally?

Comments: Local and national data sets should be regularly reviewed by schools to help shape their priorities with respect to injury risks to children and young people. A balance should be struck between local priorities (e.g. water safety in sea side communities) and national priorities (e.g. road safety). However, there remains an overall right to know agenda that should not be dependant on local views (e.g. water safety in a location where there are no open waters).

In addition to epidemiological data there are several classroom and school based methods for finding out the specific learning needs of children and young people with respect to PSHE education. These include traditional surveys of health related behaviour, but also more child-friendly approaches such as draw and write, focus group interviews and small group discussions all of which can be used by teachers or consultants working to support schools with their planning. These methods have proved their worth in the

last 20 years and have enabled teachers to plan curriculum programmes to match the needs of their pupils while also meeting the expectations of their parents and health experts. There have been numerous action research projects carried out by local authorities and schools where teachers have used these methods to inform their curriculum planning. Examples from published research include:

Wetton N.M. and McWhirter J.M., (1998) 'Image based research and curriculum development in health education' in: *Image based research - a source book for qualitative researchers* Ed: Prosser J. Falmer Press

McWhirter, J.M., Young, A.J. and Wetton, N.M. (2004) In a class of its own: Introducing a new tool for understanding adolescents' perceptions of the world of drugs *Health Education Journal* **63**(4) 307-323

McWhirter, J.M., Collins, M., Wetton, N.M., Bryant I., and Newton Bishop J.A. (2000) Evaluating safe in the sun, a curriculum programme for primary schools *Health Education Research* **15**(2) 203-217

McWhirter J.M., Boddington N., Perry D., Clements, I. and Wetton N.M. (2000) A multi-level approach to community focussed training in drug education: part 2 - teachers as researchers and partners in curriculum development *Health Education* **100** (1) 9-22

Boddington N., Perry D., Clements I., Wetton N.M., and McWhirter, J.M. (1999) A multi-level approach to community focussed training in drug education: Part 1: - working with parents, governors and school staff *Health Education* November 1999 (6) 244 – 252

McWhirter, J.M. and Weston, R. (1994) 'Sharks, cliffs and jagged rocks: Children's concepts of risk' *Health Education* (March - 2) 8-11

McWhirter J (1994) Children's perceptions of risk - Journal of Health and Safety: 10 p21-29 Proceedings of the British Health and Safety Society Conference: Safety Education.

McWhirter, J.M. (1993) 'A teenager's view of puberty' *Health Education* (May) 9-11

McWhirter, J.M. and South, N. (2004) *Young people and Risk* Report for Government Office East

McWhirter, J.M., Young, A.J. and Wetton, N.M. (2002) '*Children's changing perceptions of the world of drugs'* For: Home Office.

McWhirter, J.M.(2002) '*It makes you feel it how it is: An evaluation of - S'Cool to be Safe on the Road – a theatre in education project'* For RoSPA

McWhirter, J.M. (1997) '*Spiralling into control: A review of the development of children's understanding of safety related concepts*' For: RoSPA.

PSHE education is the only subject in school where teachers are expected to be able to bring together local and national data with the views of parents, children and young people in order to plan a coherent curriculum, particularly a curriculum with such important outcomes for the future of children and young people. In our view, without training in PSHE education, few teachers have the capability to carry out these tasks. In RoSPA's view, where the PSHE curriculum and the entitlement to PSHE education remain non-statutory, teachers will not receive training to enable them to develop that capability.

How do you think the statutory guidance on sex and relationships education could be simplified, especially in relation to:

6 a) Strengthening the priority given to teaching about relationships?

Comments: Separating out sex and relationships education from PSHE education implies that 'relationships' education is only important in the sexual context; whereas evidence shows that promoting positive relationships with others helps to reduce bullying, prevent violence and self harm and helps children and young people to keep themselves and others safe. Strengthening the status of PSHE education in schools would reinforce the importance of relationships education across the whole of PSHE education.

6 b) The importance of positive parenting?

Comments: Ensuring the safety of young and dependent children is essential to good parenting education. Specific safety knowledge, understanding and skills are required, as is an ability to recognise hazards, assess risks and benefits and manage risk on behalf of others.

6 c) Teaching young people about sexual consent?

Comments: Sexual consent requires many skills which apply in other situations e.g. keeping safe on the road, including negotiating skills. Separating sex and relationships education out from PSHE education has always been, and will continue to be, counterproductive.

Q7) Have you got any examples of case studies that show particular best practice in teaching PSHE education and achieving the outcomes we want for PSHE education?
Your answer should be evidence based and provide details of real-life case studies.

Comments:

Have Fun Be Safe

The 'Have Fun Be Safe' week project delivered by CSEC with year 10 students (14-15 year olds) at Heartlands Academy in Birmingham, June 2010. The name, 'Have Fun Be Safe', was adopted by the students from the WHO and UNICEF report into Child Injury Prevention (December 2008).

Pupils planned and co-ordinated the activities for their peers, throughout Child Safety Week. Each day the programme concentrated on one of the five key areas of unintended injury:

- Road Traffic (Monday)
- Trips and Falls (Tuesday)
- Burns and Scalds (Wednesday)
- Drowning (Thursday)
- Poisoning (Friday)

A documentary-style DVD was produced reflecting the programme the students coordinated.

The head teacher said,
'This project has really brought out the qualities [of our students] working together, as a group and sustaining that focus to pass on a key message to others... It has been wonderful to see the young people grow, to see the way in which they worked with so many agencies during the week was just fantastic.' Mrs Glynis Jones, Principal, Heartlands Academy.

Safety focus for educational visits to farms (Farming and Countryside Educational visits, FACE)

With the support of CSEC, FACE has developed a new approach to practical safety education to use during farm visits. The aim of the programme is to use farm visits to help children develop skills to prevent unintended injuries to themselves and others, not just on farms but also elsewhere in the countryside.

The project encourages both children and farmers to take a more active approach to safety, letting children interact with farm hazards in a controlled environment.

One of the activities encourages children to assess the risks of various locations around a farm: interacting with animals, including approaching and feeding them, is covered in a range of activities, as is staying safe in the field - a topic which includes water safety and the identification of poisonous plants and berries. Barn and machinery safety and the importance of good hand washing also feature in the project.

The programme is flexible and contributes to existing farm visits, enabling the maximum number of children to receive training.

Fire safety and arson prevention: Street Heat (A dvd and lesson plans developed by Merseyside Fire and Rescue Service)

Street Heat is a resource including a dvd and lesson plans aimed at pupils in Key stages 3 and 4. The resource has the joint aim of reducing arson and fire related deaths and developing speaking and listening skills within the English national curriculum. The resource is delivered by operational firefighters and English teachers in schools in Merseyside. The dvd deals dramatically but sensitively with the link between antisocial behaviour and fire related injuries from a range of perspectives. Local young people and firefighters all took part in the dvd. The effectiveness of the approach has been evaluated:
http://www.merseyfire.gov.uk/aspx/pages/fire_auth/pdf/CFO_014_10_APPENDIX_A.pdf

Keeping yourself safe while helping others: The following notes are an extract from the report of a visit by a retired HMI to St John's Southworth Primary School, Burnley to review 'adopting safe practices' for a report for the DCSF:

http://www.csec.org.uk/archived-website/tools/info/safe_practices_survey_report.pdfsurvey.

Focus (i.e. main purpose of the activity) Identifying hazards Adopting safe practices	**Context :** Class lesson, with introduction by a visitor (ex-staff) focused on a recent personal experience which tested the lesson's overall investigative question of "Is confidence enough?" which was to guide later writing by pupils.

Evaluation

- An excellent beginning to a lesson, subsequently well developed by the class teacher. The incident was so well described that not only were the pupils totally captivated but also were there, facing the decisions themselves. Simply, the visitor was on a normal journey, driving a route often taken on a quiet country road, when a car travelling in the opposite directed gradually veered across the road, hit a wall and overturned. The visitor took the pupils through the whole sequence of decisions, such as stopping her car in safe place, finding the hazard lights, only 40p left on mobile, dialling emergency number but not knowing the name of the road or the post code despite using route regularly; running to a cottage some distance away to get more information; not able to reach the driver when she returned; delegating roles to other helpers such as warning any oncoming traffic – and so on.
- As it was a true incident there was no happy ending as the driver had died at the wheel, and the visitor sensitively moved on to the emotional consequences for herself and others of the tragedy. Pupils were full of questions, almost every hand in the class was raised as they realised the importance of having knowledge as well as confidence to deal with such incidents, and the key fact of not making it any worse by good anticipation of other potential hazards.
- Pupils had ample time to discuss their own ideas with "talking partners" and class teacher moved them on to explore the specific individual skills and knowledge that they considered would help them in a different situations, including swimming and life saving skills; road user skills; cycling' dealing with emergencies; dealing with medicines and drugs; skills which would enable them to tell people how they feel, etc. Further time is allocated for pupils to write personal checklist to decide which skills and knowledge they have and which they would like to develop further.

Summary of Main Points (<u>Strengths</u> & areas for development)

1. A challenging presentation and task which promoted pupils' thinking about hazards and keeping save beyond the basic facts – likely to reinforce understanding at a level appropriate to Y6 and in a variety contexts,
2. Effective way to introduce pupils to thinking about positive consequences of actions without lecturing or blame – especially the focus on " the assessing and managing risks" aspect.
3. Gained the motivation of pupils across the ability range.

Q8) How can PSHE education be improved using levers proposed in the Schools White Paper, such as Teaching Schools, or through alternative methods of improving quality, such as the use of experienced external agencies (public, private and voluntary) to support schools?

Comments:

Training:
PSHE education, and in particular safety education, could be improved if all agencies which work in or with schools were expected to demonstrate the standards of the PSHE CPD programme, either though attending training or by presenting a portfolio of evidence which demonstrates their work achieves the minimum standard.

However, until recently teachers and other practitioners could not specialise in safety education as part of the PSHE CPD programme. This excluded many external contributors to safety education such as fire and rescue staff from gaining a better understanding of effective practice in PSHE education. As a result many external contributors have continued to offer approaches to safety education which conflicts with best practice in PSHE education, leaving teachers and pupils confused. Through the CSEC project (now ceased) RoSPA was able to offer the PSHE CPD training to 10 practitioners who fulfil this role in different part of England and is seeking funding to continue to be able to offer this training in the future.

Valued exceptions to this include some 'safety centres' which offer children in Years 5 and 6 an opportunity to experience risk in simulated environments. http://www.hse.gov.uk/research/rrpdf/rr187.pdf

See also the Injury Minimisation Programme for Schools (IMPS) which operates in some hospital A&E departments See Frederick, K et al (2000) 'An evaluation of the effectiveness of the Injury Minimization Programme for Schools (I.M.P.S.)' Injury Prevention, June 2000, vol 6, no 2, p 92-95

Accreditation:
Examples like the projects described above were previously able to apply for accreditation by the LASER project (Learning About Safety by Experiencing Risk) run by RoSPA with DH funding for which has now ceased. The Laser Alliance, a membership organisation hosted by RoSPA supports these projects by continuing to offer this accreditation. The scheme should be promoted to schools as a way of ensuring that the safety education opportunity offered to children and young people continues to meet a high standard.

http://www.lasersafety.org.uk/why/laser_accreditation.htm

Support:
Advanced skills teachers, PSHE education consultants and Healthy School consultants have all been able to provide support for teachers who have not had the opportunity to develop their skills during their initial teacher education. Where these roles continue to exist, PSHE education is more likely to be better planned and co-ordinated within schools.

Inspection:
In addition we believe that the revised draft Ofsted framework with its

emphasis on ‘the behaviour and safety of pupils at school’, ‘pupils’ spiritual, moral, social and cultural development at the school’ and the emphasis on school improvement will help schools to recognise the importance of PSHE education.

Q9) Have you got any examples of good practice in assessing and tracking pupils' progress in PSHE education?

Your answer should be evidence based and provide details of real-life case studies.

‘Comments:

The methods described in response to Q5 can and are also used to assess pupils’ learning following a PSHE education programme.

Q10) How might schools define and account for PSHE education's outcomes to pupils, parents and local people?

Comments:
PSHE education should have a higher profile in school prospectuses. Schools should state clearly the expected outcomes from their PSHE programmes, as with all curriculum areas. These should be described in terms of the awareness, knowledge, understanding and skills which pupils can acquire as a result of engaging in:

- the PSHE education programme,
- the informal curriculum
- through out of school activities.

Schools are not accountable for the long term health outcomes of children and young people which will also be influenced by their environment, cultural background, genetic make up and many other factors.

Q11) Please use this space to provide us with your views and any other comments about PSHE.

Comments:

RoSPA welcomes the opportunity to take part in this review. We have consulted widely on this response, including members of the RoSPA National Safety and Risk Education Committee,
and the Laser Alliance (an organisation for safety practitioners) http://www.lasersafety.org.uk/index.htm . This consultation response is supported by members of the National Water Safety Forum. Including, among others, the Royal National Lifeboat Institute, Royal Lifesaving Society and British Waterways (http://www.nationalwatersafety.org.uk/).

Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

Please acknowledge this reply x

Here at the Department for Education we carry out our research on many different topics and consultations. As your views are valuable to us, would it be alright if we were to contact you again from time to time either for research or to send through consultation documents?

xYes	☐No

All DfE public consultations are required to conform to the following criteria within the Government Code of Practice on Consultation:

Criterion 1: Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2: Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3: Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4: Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5: Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6: Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7: Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you have any comments on how DfE consultations and reviews are conducted, please contact Carole Edge, DfE Consultation Co-ordinator, Tel: 01928 438060 / email: carole.edge@education.gsi.gov.uk

Thank you for taking time to respond to this request for representations

Completed questionnaires and other responses should be sent to the address shown below by 30 November 2011

Send by post to: Department for Education, Consultation Unit, Area 1C, Castle View House, Runcorn, Cheshire WA7 2GJ

Send by e-mail to: PSHEEducation.review@education.gsi.gov.uk