



**Irish Heart Foundation
Submission**

**Primary Curriculum Review
and Redevelopment**

***Draft Primary Curriculum
Framework***

December 2020



Organisation submission details

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Introduction

The Irish Heart Foundation (IHF) welcomes the opportunity to make a submission to the National Council for Curriculum and Assessment to this consultation on the Draft Primary Curriculum Framework.

Non-communicable diseases are a major cause of mortality and morbidity globally. The World Health Organization (WHO) has estimated that NCDs account for 80% of the global burden of disease.¹ Most NCDs are associated with modifiable lifestyle factors. The Irish Heart Foundation (IHF) promotes policy changes that reduce premature death and disability from cardiovascular disease (CVD).

In this submission we focus on curriculum areas as they relate to our work in preventing CVD.

The Irish Heart Foundation is committed in our work with schools, particularly focused on increasing opportunities for physical activity, increasing knowledge of CPR and supporting schools in their efforts to provide healthy food for students. The IHF has worked in and with schools on physical activity and wellbeing for many years on programmes including Y-PATH 'PE 4 ME', Action for Life, Bizzy Breaks for bizzy bodies and bizzy minds, Let's Get Active, Happy Heart @ School, CPR 4 Schools, and the Irish Heart Foundation's Schools Health Literacy programme. Many of these programmes are part-funded by the HSE while our physical education programmes are in partnership with the PDST and DCU.

The Draft Primary Curriculum Framework: Initial Comments

The IHF welcomes that the redeveloped curriculum includes wellbeing as one of the five broad curriculum areas. However, major ambiguity and uncertainty surrounds the document in terms of metrics, detail, and components of the curriculum in terms of how it is to be delivered.

In the first instance, clarification is needed on the definition of wellbeing; this is very much a subjective term open to interpretation. The Irish Heart Foundation would like to see the subject area of Wellbeing broken down into specific areas. In Scotland, for example, the acronym SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included) is used for Wellbeing factors/indicators and this is basis for Health and Wellbeing in schools. Within the subject area of Health and Wellbeing there are 6 organisers (below) with experience and outcome statements for each. Benchmarks area also provided for three areas of (1) Food and Health, (2) Physical Education and (3) Personal and Social Education.

¹ WHO. (2013) Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: World Health Organization

Health and wellbeing is structured into six organisers:

- Mental, emotional, social and physical wellbeing
- Planning for choices and changes
- Physical education, physical activity and sport
- Food and health
- Substance misuse
- Relationships, sexual health and parenthood

Those in blue are the responsibility of all.

(Physical activity and sport at early and first levels.)

This would be a useful tool to be used here and would provide much needed clarity on what wellbeing encompasses. Furthermore, in defining wellbeing, the Irish Heart Foundation would like to see consistency in terminology and clear progression from primary to post primary and Junior Cycle Wellbeing.

Secondly, the attributes of key competency “Fostering Wellbeing” are laid out in table 2, page 10 of the document, but there is no corresponding detail of the tools or concepts that will be used to link the curriculum to the attributes e.g. how are we equipping children with the necessary skills that will result in them being able to show awareness of how to make good choices in relation to well-being or to participate with confidence and skill in physical activity? It is only by providing clarity and detail on timetabling and curriculum content that this will be efficiently operationalised.

Fostering wellbeing	<ul style="list-style-type: none"> • Showing awareness of how to make good choices in relation to wellbeing • Participating with growing confidence and skill in physical activity • Being self-aware and resilient • Acting responsibly and showing care towards self and others • Being spiritual and having a sense of purpose and meaning • Being persistent and flexible in solving problems • Being able to assess risk and respond
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Considering the vision of the Draft Primary Curriculum Framework notes the aim to “provide a strong foundation for every child to thrive and flourish... supporting each child to make progress in all areas of their learning and development”, the Irish Heart Foundation sees an important opportunity to embed physical and health literacy in children within the wellbeing competence of the framework. While the Draft Framework is not short of references to wellbeing and what it means, the Irish Heart Foundation would welcome further clarity on how skills will be imparted to “equip children with the essential knowledge, skills, concepts, dispositions, attitudes and values which enable them to adapt and deal with a range of situations, challenges and contexts in support of broader learning goals” (page 7). Current and future decisions around health in childhood, adolescence and adulthood depend on the knowledge and skills gained early on and literacy, or more specifically, health literacy is key to this.

Indeed, the Irish Heart Foundation would recommend that the expectations and attributes for “Fostering Wellbeing” are organised into strands, that can then each be planned and implemented accordingly, perhaps drawing on the Scottish example. Moreover, it then allows teachers to participate in focused professional learning opportunities accordingly. In this manner also, further consideration must be given to the weekly allocation for wellbeing, particularly given the diversity and broad range of topics to be covered. The Irish Heart Foundation strongly believes that dedicated time is set aside for learning about health and wellbeing, and that PE, in particular, needs protected time weekly.

In this submission, the Irish Heart Foundation will focus on aspects of the primary school curriculum that we believe should be reinforced in the wellbeing curriculum, as well as aspects that need dedicated timings within the indicative timetables. Clearer definition of wellbeing and its components, we believe, can give better structure and instruction to the Curriculum.

Physical Education and Physical Activity

Commitments to encourage all citizens, and particularly young people, to be physically active is reflected in Government interventions and policies, most recently the cross-Departmental *Healthy Ireland*² and the National Physical Activity Plan. Action 3.2 of *Healthy Ireland*, the Government’s cross-government framework for improved health and wellbeing, contains the commitment to “fully implement Social Personal and Health Education (SPHE) in primary, post-primary and Youthreach settings, including implementation of the Physical Education programme and the Active Schools Flag initiative.”

The *Get Ireland Active! National Physical Activity Plan for Ireland*³ is a programme under the Healthy Ireland Framework. The National Physical Activity Plan recommends that “all children and young people should be active, at a moderate to vigorous level, for at least 60 minutes every day. This should include muscle-strengthening, flexibility and bone-strengthening exercises 3 times a week.”⁴ Targets for children contained within the plan include increasing by 1% per annum in the proportion of children undertaking at least 60 minutes of moderate to vigorous physical activity every day and decreasing by 0.5% per annum in the proportion of children who do not take any weekly physical activity.

However, the Children’s Sport Participation and Physical Activity Study 2018⁵ found that only 13% of children met the National Physical Activity Guidelines of at least 60 minutes of moderate-to-vigorous physical activity every day (17% primary school pupils and 10% post primary school pupils). These figures are lower than the 19% and 12% recorded in primary

² Government of Ireland (2013) *Healthy Ireland – a framework for improved health and wellbeing*. Dublin: The Stationery Office.

³ Department of Health. (2016). *Get Ireland Active! National Physical Activity Plan for Ireland*. Available from: <http://health.gov.ie/wp-content/uploads/2016/01/Get-Ireland-Active-the-National-Physical-Activity-Plan.pdf>

⁴ *Ibid* p6

⁵ Woods CB, Powell C, Saunders JA, O’Brien W, Murphy MH, Duff C, Farmer O, Johnston A., Connolly S. and Belton S. (2018). *The Children’s Sport Participation and Physical Activity Study 2018 (CSPPA 2018)*. Department of Physical Education and Sport Sciences, University of Limerick, Limerick, Ireland, Sport Ireland, and Healthy Ireland, Dublin, Ireland and Sport Northern Ireland, Belfast, Northern Ireland

and post primary schools respectively in 2010. In terms of physical education in primary schools:

- 51% of primary school pupils reported receiving Physical Education classes at least twice a week in 2018 compared to 41% in 2010.
- 18% of primary pupils reported receiving 30 minutes or less of Physical Education per week in 2018 compared to 22% in 2010.
- The games strand dominates what is on offer in primary and post primary Physical Education. Outdoor and adventure activities, aquatics and gymnastics are poorly represented.

Of the barriers to meeting physical activity recommendations reported by schools in round 5 of Childhood Obesity Surveillance Initiative⁶, time was third most commonly reported at 37.4% behind weather and facilities.

Physical activity is an integral part of a healthy childhood and should be a natural part of everyday life. Physical activity benefits young people physically, socially and emotionally and improves cardiovascular and metabolic health. Children and young people should have the opportunity to be active every day during their normal activities, through PE, play, games, sports, recreation and active travel. It has been highlighted that “primary schools represent an excellent environment to develop healthy physical activity habits, which can be augmented by the Active Schools Flag programme and a good quality Physical Education curriculum.”⁷

Physical Education is a core element in encouraging and equipping children and young people to be physically active. While PE is not the sole means of encouraging young people to be physically active, it plays an important role in embedding physical activity in young people’s lives and provides them with the skills required to engage in physical and sporting activities over their lifetimes. There is a need for clear physical literacy in schools - which incorporates physical activity, physical fitness motivation and confidence for physical activity, physical activity knowledge and understanding and fundamental movement skills. This could be achieved by increased habitual physical activity during school time.

The Irish Heart Foundation strongly believe that the new curriculum should highlight that physical activity and Physical Education are not synonymous or interchangeable. Physical Education is structured, planned and has specific learning objectives. While Physical Education certainly contributes to daily physical activity and helps children to build the skills and knowledge that will enable them to live an active life, this should not be the only opportunity to engage in and learn about physical activity during school time. We would like to see emphasis on explicit distinctions between the two terms and promotion of both. Weekly allocation of PE time should not be ‘covered’ by general physical activity (e.g. Daily Mile, GoNoodle etc.) and opportunities for structured and unstructured physical activity and

⁶ Mitchell L, Bel-Serrat S, Stanley I, Hegarty T, McCann L, Mehegan J, Murrin C, Heinen M, Kelleher C (2020). The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland - Findings from 2018 and 2019. [Online] Available from: <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/childhood-obesity-surveillance-initiativecosi/childhood-obesity-surveillance-initiative-report-2020.pdf>

⁷ Woods CB, Powell C, Saunders JA, O’Brien W, Murphy MH, Duff C, Farmer O, Johnston A., Connolly S. and Belton S. (2018). The Children’s Sport Participation and Physical Activity Study 2018 (CSPPA 2018). Department of Physical Education and Sport Sciences, University of Limerick, Limerick, Ireland, Sport Ireland, and Healthy Ireland, Dublin, Ireland and Sport Northern Ireland, Belfast, Northern Ireland p84

play should be provided daily regardless of PE provision. A good example of this can be seen in the Scottish curriculum in which one of the six organisers of the Health and Wellbeing curriculum area is 'Physical activity, Physical Education and Sport'.

Given that schools have direct contact with children and youth for on average 6 hours per day, primary school aged pupils are now spending an average of 5.1 hours per day in sedentary leisure time⁸ and for up to 13 years of their critical social, psychological, physical and intellectual development, there is strong rationale for school-based programmes aimed at increasing physical activity levels, and reducing inactivity.⁹ Indeed, the current guideline of 60 minutes per week is already considered a low threshold by international standards; UNESCO research indicates that for primary schools globally the average is 97 minutes while across European countries the average is 109 minutes.¹⁰ A weekly allocation of 120 minutes is recommended for quality PE¹¹. Therefore, a focus on physical activity should be put, as well as physical education, with opportunities for young people to engage in physical activity during the school day created.

While the Department of Education and Skills currently recommend that primary school pupils receive 60 minutes, of Physical Education per week, the Children's Sport Participation and Physical Activity Study 2018 recommended that educational policy needs to change the word recommendation to 'requirement', and each child, irrespective of gender or age, must receive this required time.

The development of the new Primary Curriculum Framework provides an important opportunity to embed the physical education requirements into educational policy, providing clear instruction for educators on what is required of them and ensuring children reach the physical activity guidelines.

As noted by IPPEA in their submission, while the flexibility and agency given to schools is welcome, there is a risk of overemphasis on the games strand for PE as is currently seen in schools in Ireland.¹² It is important that the strands and elements of the Physical Education/Physical and Health Education curriculum specification include a broad variety of components that highlight engagement with movement and understanding the body. The Australian HPE curriculum is a good example of this with three sub-strands (Learning through movement, Understanding movement and Moving our body) for the Movement and physical activity strand of HPE. PE should be for everyone and emphasise participation and progression over athletic ability or performance.

⁸ Woods CB, Powell C, Saunders JA, O'Brien W, Murphy MH, Duff C, Farmer O, Johnston A., Connolly S. and Belton S. (2018). The Children's Sport Participation and Physical Activity Study 2018 (CSPPA 2018). Department of Physical Education and Sport Sciences, University of Limerick, Limerick, Ireland, Sport Ireland, and Healthy Ireland, Dublin, Ireland and Sport Northern Ireland, Belfast, Northern Ireland.

⁹ Centers for Disease Control and Prevention (2011). School Health Guidelines to Promote Healthy Eating and PA. MMWR 2011;60 (No. 5)

¹⁰ Hardman, K., Murphy, C., Routen, A. C., & Tones, S. (2014). World-wide survey of school physical education: Final Report. UNESCO.

¹¹ McLennan, N., & Thompson, J. (2015). Quality physical education (QPE): Guidelines for policy makers. UNESCO Publishing

¹² Woods CB, Powell C, Saunders JA, O'Brien W, Murphy MH, Duff C, Farmer O, Johnston A., Connolly S. and Belton S. (2018). The Children's Sport Participation and Physical Activity Study 2018 (CSPPA 2018). Department of Physical Education and Sport Sciences, University of Limerick, Limerick, Ireland, Sport Ireland, and Healthy Ireland, Dublin, Ireland and Sport Northern Ireland, Belfast, Northern Ireland.

Students should be given opportunities to learn by doing. Their PE and PA should include participating kinesthetically in activities in school halls, in open spaces in the school, and outdoors; working with various types of equipment; and working in a variety of group contexts.

Health and Wellbeing Considerations

When considering introducing concepts of ‘health’ and ‘wellbeing’ for the school context, the Irish Heart Foundation believe that it is critically important that the definitions used highlight positive aspects of health and not merely a medical model, based on absence of disease. This is of relevance particularly in the area of mental health, which should be an everyday consideration and not just to be focused on when crises develop. Similarly, ‘wellbeing’ as a term should not be used interchangeably with single strands or areas within the concept of Wellbeing itself e.g. mental health, risking creating a hierarchy of aspects, or neglecting others.

Health promotion in a school context is more important than ever and while the Wellbeing Framework for Practice and the School-Self Evaluation follows a framework similar to the HSE’s previous Health Promoting Schools initiative, clear health education and promotion content and messages should be established for primary school children. The subject area of Wellbeing must take this into account. Irish research has indicated that young people who are less physically active have a narrow understanding of health and associate ‘being healthy’ mainly with body image¹³, indicating a need for greater education around the meaning of health and a structured curriculum to teach children how to live healthful lives.

There is an opportunity to highlight connections between the Key Competencies and health (in particular Communicating, Learning to Learn and Being a Digital Learner). For example, health and wellbeing are heavily influenced by factors such as mass marketing, digital spaces and access to information. Knowing how to find, access and critically assess health information is a key aspect of health literacy. Therefore, digital wellbeing¹⁴ should also be highlighted as an important consideration for children’s health and wellbeing, at the intersection of digital literacy and fluency and values literacy and fluency. As digital spaces become more ubiquitous than physical ones, it is important to acknowledge the importance of acting within one’s values both online and offline, and the knock-on impact of this for wellbeing. This includes covering topics like self-image and values, construction of identity (offline and online), digital footprints, critical thinking and digital citizenship.

Health Literacy

“Health literacy is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information

¹³ Belton, S., O’Brien, W., Meegan, S., Woods, C., & Issartel, J. (2014). Youth-physical activity towards health: Evidence and background to the development of the Y-PATH physical activity intervention for adolescents. *BMC Public Health*, 14(1), 122.

¹⁴ Chambers, F. C., Jones, A., Murphy, O., & Sandford, R. (2018). *Design Thinking for Digital Well-being: Theory and Practice for Educators*. Routledge.

in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.”¹⁵

Health literacy is recognised as determinant of health by the WHO i.e. if children are not health literate it poses significant challenges to their current and future health. Furthermore, promoting health literacy in early years can significantly reduce health inequalities.¹⁶

The SHE network states that ‘health literacy will have an impact on educational outcomes such as learning achievements, academic competencies, critical thinking, and it will enable pupils to become empowered individuals as well as ethically and socially responsible citizens. Addressing health literacy in schools will not only sustain academic and health outcomes in pupils and teachers, school principals, and school staff, but it will contribute to increased health equity within society. Health literacy empowers children and adolescents to address and change the social, commercial, cultural, and political determinants of health, especially critical health literacy.’¹⁷ The Irish Heart Foundation believes that there is scope to intertwine health literacy into the primary school curriculum given that many of the concepts highlighted in this new curriculum are similar to those within health literacy, such as critical thinking.

“Learning at school about their health and what is needed for good health is also crucial for a child’s development. This was a key point from the children’s consultation. It is important that the school environment is consistent and promotes the availability of healthy food as well as supporting teachers and students with the skills to facilitate healthy eating.”¹⁸

The National Obesity Plan prescribes ‘Ten Steps Forward’ to deal with obesity, with many actions to be commenced in the first year. One such measure is to “Develop and implement a ‘whole of school’ approach to healthy lifestyle programmes (including, but not limited to the curriculum, on nutrition, physical activity and exercise, smoking, alcohol and mental wellbeing).”

The teaching of curriculum subjects is a school’s core activity; thus, developing pupils’ health literacy through class-room teaching and learning should be a central focus if we wish to strengthen the sustainability of school health promotion.

Irish Heart Foundation (IHF) Schools Health Literacy project is a registered World Health Organisation (WHO) National Health Literacy Demonstration Project. The project is currently

¹⁵ Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H., & (HLS-EU) Consortium Health Literacy Project European (2012). Health literacy and public health: a systematic review and integration of definitions and models. *BMC public health*, 12, 80. <https://doi.org/10.1186/1471-2458-12-80>

¹⁶ Manganello, J. A. (2008) ‘Health literacy and adolescents: a framework and agenda for future research’, *Health Education Research*, 23(5), pp. 840-847. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/18024979>

¹⁷ <https://www.schoolsforhealth.org/sites/default/files/editor/fact-sheets/factsheet-2020-english.pdf>

¹⁸ Department of Health. (2016). A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025. [Online] Available from: <https://assets.gov.ie/10073/ccbd6325268b48da80b8a9e5421a9eae.pdf>

developing a health literacy measurement tool and building an health literacy intervention for Wellbeing at post primary schools.

Commented [LH1]: Irish Heart Foundation (IHF) Schools Health Literacy project, is a registered World Health Organisation (WHO) National Health Literacy Demonstration Project. The project is currently developing a health literacy measurement tool and building an health literacy intervention for Wellbeing at post primary schools.

Food Literacy

Interventions to improve food and nutrition literacy can have a positive effect on the food and nutrition skills and dietary patterns of children including food selection, food preparation, increased fruit and vegetable consumption, increased self-efficacy in these areas, and improved diet quality. The term 'food literacy' is defined as 'a collection of interrelated knowledge, skills, and behaviours required to plan, manage, select, prepare and eat foods to meet needs and determine food intake'.¹⁹ Critical attributes of food literacy consist of nutrition knowledge, cooking skills, eating behaviours, knowledge of where food originates from and the ability to prepare healthy nutritious foods.²⁰ The school environment has been identified by the WHO as an ideal setting in which youth consume approximately one-third to one-half of their daily food intake²¹ and, as such, this should be a core consideration in the development of the primary school curriculum. Indeed, the 2018 Report of the Joint Committee on Education and Skills *Report on tackling of obesity and the promotion of healthy eating in schools*²² made a recommendation that "children are taught cookery skills, nutrition etc. from a young age as part of the core curriculum so that they can lead healthier lifestyles".

Conclusion

While the Irish Heart Foundation (IHF) welcomes the opportunity to make a submission to the National Council for Curriculum and Assessment to this consultation on the Draft Primary Curriculum Framework, we believe that there is still a lot of work outstanding, particularly with relation to wellbeing as one of the five curriculum areas.

More specifically, more exploratory work is needed on Wellbeing as it relates to the primary school curriculum, as we recognise that it is such a comprehensive area that this consultation in itself cannot possibly address the myriad of issues that are presenting with it. In that regard, the Irish Heart Foundation and our experts in health promotion and school-based health promotion initiatives, would be happy to discuss this further, with a view to addressing the issues addressed in this submission further and in greater detail. Furthermore, health promotion professionals must be engaged in the next step of planning wellbeing as a curriculum area.

¹⁹ Vidgen, HA & Gallegos, D (2014) Defining food literacy and its components. *Appetite* 76, 50–59 p72

²⁰ Vidgen, HA & Gallegos, D (2012) Defining Food Literacy, Its Components, Development and Relationship to Food Intake: A Case Study of Young People and Disadvantage. Brisbane, QLD: Queensland University of Technology

²¹ World Health Organization (2008) School policy framework: implementation of the WHO global strategy on diet, physical activity and health.

²² Available from:

https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_education_and_skills/reports/2018/2018-07-11_report-on-tackling-of-obesity-and-the-promotion-of-healthy-eating-in-schools_en.pdf