

ACKNOWLEDGEMENTS

The updating and adaptation of this **ACTION FOR LIFE** resource (2007) began in May 2005 with the establishment of a national advisory group. The materials were developed by the Irish Heart Foundation in association with the Junior Cycle Physical Education Support Service (Department of Education and Science) during 2006 and then piloted by practicing teachers from January to March, 2007.

The support and contribution of those listed below in the development of the **ACTION FOR LIFE** resource is gratefully acknowledged.

ADVISORY GROUP :

Mr. Tony Collison	Second-level Support Service, Department of Education and Science
Ms. Sabrina Gollnow	Irish Heart Foundation (May – December 2006)
Ms. Ger Halbert	National Council for Curriculum and Assessment
Ms. Yvonne Kelly	Irish Heart Foundation
Dr. Ann MacPhail	Physical Education and Sports Science Department, University of Limerick
Mr. Con Moynihan	Physical Education Association of Ireland (PEAI)
Ms. Maureen Mulvihill	Irish Heart Foundation (Chair)
Dr. Mary O'Flaherty	Junior Cycle Physical Education Support Service, Department of Education and Science
Ms. Maura O'Sullivan Ryan	National Council for Exercise and Fitness, University of Limerick; Consultant and Facilitator to Action for Life 1988-2006
Ms. Sheila O'Sullivan	Action for Life Tutor

OTHER CONTRIBUTORS :

Mr. James Kelly	Newpark Comprehensive, Blackrock, Co. Dublin
Ms. Siobhán Marren	National Certificate in Exercise and Fitness
Ms. Ger Murphy	Junior Cycle Physical Education Support Service, Department of Education and Science
Mr. Dónal O' Callaghan	Heywood Community School, Ballinacill, Co. Laois

PARTICIPATING TEACHERS :

Ms. Mary Barrett	St. Brigid's Vocational School, Cross St., Loughrea, Co. Galway
Ms. Marian Carey	Presentation Brothers College, Mardyke, Cork
Mr. Tommy Cradock	Scoil Mhuire agus Pádraig, Swinford, Co. Mayo
Mr. Tom Dillon	St. Joseph's School, Spanish Point, Co. Clare
Ms. Carol Dunning	Coláiste Bhríde, New Road, Clondalkin, Dublin 22
Ms. Mary Halpin	Scoil Cara, Kilcock, Co. Kildare
Mr. Dónal Lyons	Coláiste Choilm, Ballincollig, Co. Cork
Mr. Gary Kiernan	Oaklands Community College, St. Senan's Avenue, Edenderry, Co. Offaly
Ms. Elva Moriarty	Coláiste Bhríde, Enniscorthy, Co. Wexford
Ms. Annette Ni Cháthain	Coláiste Muire, Tuar Mhic Éadaigh, Co. Mhuigh Eo
Ms. Clodagh O'Gorman	Deansrath Community College, New Nangor Road, Clondalkin, Dublin 22
Mr. Ivan O'Mahony	Ballincollig Community School, Innismore, Ballincollig, Co. Cork
Mr. Noel O'Malley	Sancta Maria College, Louisburgh, Co. Mayo
Mr. John Michael Porter	CBS Mountgarrett, New Ross, Co. Wexford
Ms. Claire Quinn	Galway Community College, Móinín na gCiseach, Galway
Mr. John Sheehan	St. Clement's College, South Circular Road, Limerick
Mr. Raymond Woolley	Moate Community School, Church St., Moate, Co. Westmeath



BACKGROUND INFORMATION

PHYSICAL ACTIVITY, PHYSICAL EDUCATION AND HEALTH

Regular physical activity for young people can have important beneficial effects on the current and future health of young people ^{1,2}. These include :

- Optimisation of physical fitness, health and well-being, and growth and development for example:
 - Enhanced psychological well-being
 - Enhanced self esteem
 - Enhanced moral and social development
 - Reduction in overweight and obesity.
- Modification of the evolution of risk factors, such as blood pressure and weight, which protect against future diseases such as cardiovascular disease and diabetes.
- Establishment of a healthy lifestyle aiming to increase the likelihood that this will be carried through into adult life.

Physical inactivity is a serious and increasing public health problem and one of the major causes of chronic diseases including cardiovascular disease, type 2 diabetes and certain types of cancer ^{3,4}. In relation to physical activity in children and young people, in particular, there has been increased focus as a result of current levels of overweight and obesity. The report from the National Task Force on Obesity estimates that over 300,000 children on the island of Ireland are overweight or obese and this figure is increasing by 10,000 each year ⁵. The only current data in relation to adolescents shows that 20% of 15-17 year olds are obese ⁵. An obese child is more likely to be an obese adult and persistent obesity in childhood may increase the risk of many chronic diseases into adulthood, including cardiovascular diseases, Type 2 diabetes, osteoarthritis, colon cancer and psychological problems ⁴.

Physical education provides young people with the knowledge, skills and understanding necessary to perform a variety of physical activities, maintain physical fitness and to value and enjoy physical activity as an ongoing part of a healthy lifestyle ⁶. An appropriately designed, delivered and supported physical education curriculum can enhance current levels of physical activity and can improve physical activity skill level ⁷. In addition, a well-structured and co-ordinated physical education curriculum can empower students and teachers to change school policies and promote a more supportive environment for physical activity ⁸.

HOW ACTIVE ARE IRISH YOUNG PEOPLE?

Current physical activity guidelines recommend that young people participate in 60 minutes or more of moderate to vigorous physical activity every day ¹. Adolescents who do not take part in organised activities, sports teams or clubs can accumulate one hour of physical activity in multiple bouts of activity.

The recent Health Behaviour in School-Aged Children survey showed that overall 55% of young people aged 10-17 years report being active on five or more days of the week for a total of at least 60 minutes. However there are dramatic reductions during the adolescent years, especially for girls. Seventy per cent of boys and 53% of girls aged 12-14 years reported being physically active most days of the week, these figures dropped to 52% of boys and to 27% of girls aged 15-17 years. The figures demonstrate small increases in levels of activity between 2002 and 2006 in most groups ¹¹.

The Take PART (Physical Activity Research for Teenagers) also reported that adolescents do not participate in enough physical activity to gain health benefits and that there is evidence that males are more active than females, with females' physical activity levels deteriorating more than males as they progress through adolescence ⁵.



Taken together, these research findings signal the need for a coherent, constructive approach to the education of young people in maintaining active healthy lifestyles. **ACTION FOR LIFE**, within the context of junior cycle physical education, has the potential to play an important role in addressing this need.

INTRODUCTION

Since its inception in the early 1990's, **ACTION FOR LIFE** has gained currency and recognition across the educational community at both primary and second level. At second level, **ACTION FOR LIFE** was originally disseminated through in-service to over 300 teachers and in association with Second Level Support Service of the Department of Education and Science, since 2002, to an additional 200 teachers. At primary level over 6,000 teachers have been trained in association with the Health Service Executive and Primary Curriculum Support Programme of the Department of Education and Science.

Evaluation of **ACTION FOR LIFE** at primary level, showed positive changes in attitudes and enjoyment of physical activity participation, as well as a high level of use of the resource by teachers⁹. A pilot **ACTION FOR LIFE** programme at senior cycle level showed that students appeared to have been positively affected by their involvement in the programme. The students were more aware of the benefits of active lifestyles, with some students making some changes to their physical activity patterns accordingly¹⁰.

It was recognised for some time that the original **ACTION FOR LIFE** at second level needed to be revised to take account of :

- The introduction of a revised physical education syllabus at junior cycle since 2003
- The associated developments in planning, pedagogy and assessment
- The need for updated content and graphics.

This revised **ACTION FOR LIFE** resource is the product of a working partnership between the Irish Heart Foundation and the Department of Education and Science through the Junior Cycle Physical Education (JCPE) Support Service. It has been developed in association with practicing teachers and their contribution has been central to ensuring its effectiveness.

AIMS

The **ACTION FOR LIFE** programme is aligned with the JCPE syllabus and seeks to develop in the student :

- An understanding of the role of health-related activity in the promotion of well-being
- An understanding of the scientific principles that underpin health-related activity
- The ability to measure and monitor her/his physical well-being
- A sense of responsibility for her/his own good health and wellbeing.



INTRODUCTION

FRAMEWORK

Consistent with the JCPE syllabus, the **ACTION FOR LIFE** programme is organised according to the following topics :

- Warm-up and cool-down
- Activity and the body
- Health benefits of physical activity
- Health-related fitness
- Principles of training

The resource is designed so that these topics are taught in an integrated way across the junior cycle physical education programme.

FORMAT OF THE ACTION FOR LIFE RESOURCE

The **ACTION FOR LIFE** folder comprises :

- Teacher reference cards
- Class activities
- Student tasks
- Additional resources such as game cards
- Circuit cards
- Mapping framework for health-related activity

LAYOUT

TEACHER REFERENCE CARDS

Each unit has a teacher reference card, which provides an overview of the subject-related information. The card also outlines the learning outcomes and student experiences for each topic. Class activities and student tasks are identified. All sections are colour-coded according to topic.

CLASS ACTIVITIES

Class activities provide teachers with practical ways to address specific learning outcomes. Each card identifies the topic and possible areas for integration. Questions for discussion following the activity are provided to frame student learning. The card also details the following;


- Learning experiences
- Teaching tips
- Equipment needed
- Safety points
- Cross reference to background information located on Teacher Reference Card

STUDENT TASKS

Teachers can choose to use the Student Tasks to complement the learning experiences outlined in the Class Activities.

ADDITIONAL RESOURCES

Additional resources are provided to facilitate the teacher's management of the lesson and the student learning in the context of the activity. These materials are designed to be reproduced.





INTRODUCTION

CIRCUIT CARDS

A series of colour coded circuit cards are provided which can be used in various class activities.

WEBQUESTS : ACTION FOR LIFE LEVEL 2

Rich Tasks for Health-Related Activity Level 2 are provided in the form of **ACTION FOR LIFE** WebQuests. These involve an inquiry-oriented activity in which most or all of the information used by learners is drawn from the Web. WebQuests are designed to use learners' time well, to focus on using information rather than looking for it, and to support learners' thinking at the levels of analysis, synthesis and evaluation. A WebQuest has been designed for each of the five topics that make up Health-Related Activity at junior cycle.

Details of WebQuests for each topic area can be found on both websites : www.irishheart.ie and www.jcpe.ie

ADDITIONAL TEACHER INFORMATION

This information is designed to supplement the information contained on the Teacher Reference Cards and will be located on both websites : www.irishheart.ie and www.jcpe.ie

USING ACTION FOR LIFE

In the context of junior cycle physical education the relationship between planning, pedagogy and assessment is regarded as interactive and cyclical in nature. This is reflected in the layout and intended use of the **ACTION FOR LIFE** resource. Health-related activity (HRA) is integrated with the other areas of study which comprise junior cycle physical education and this has implications for its associated planning, teaching, learning and assessment.

PLANNING

A planning framework has been provided in order to facilitate the integration of HRA with the other areas of study in physical education at junior cycle. This comprises :


- An outline of the HRA/**ACTION FOR LIFE** topics, sub topics and learning outcomes
- Mapping tables, to plan for the inclusion of **ACTION FOR LIFE** learning outcomes across the other areas of study over the three year junior cycle physical education programme
- Exemplars of completed mapping tables.

PEDAGOGY

The learning outcomes oriented format of the syllabus promotes the use of a range of teaching styles and approaches designed to encourage students to take responsibility for their own learning. A Rich Task curriculum framework is presented by JCPE Support Service as an effective means of curriculum planning. This framework incorporates use of the Teaching for Understanding (TfU) instructional model and Assessment for Learning (Afl) assessment principles.

ASSESSMENT

The modes of assessment promoted at junior cycle are primarily formative in nature and consistent with the practical nature of physical education. This resource facilitates teachers and students in gathering information about a students' progress, forming the basis for feedback which guides future learning.



REFERENCES

1. Strong, W.B., Malina R.M., Blimkie C.J.R., Daniels S.R., Dishman R.K., Gutin, B., Hergenroeder A.C., Must, A., Nixon. P.A., Pivarnik, J.M., Rowland, T., Trost, S., Trudeau, F. (2005) Evidence based physical activity for school-age youth. *Journal of Pediatrics* 2005; 146:732-7.
2. Pate, R.R., Trost, S.M., Williams, C. (1998) Critique for existing guidelines for physical activity in young people. In: Biddle, S., Sallis, J., Cavill, N., eds. *Young and active? Young people and health enhancing physical activity: evidence and implications*. London: Health Education Authority, 1998. p.162-76.
3. Donaldson, L. (2004) *At least five a week. Evidence on the impact of physical activity and its relationship to health*. A report from the Chief Medical Officer. Department of Health, UK.
4. World Health Organisation (2004) *Global Strategy on Diet, Physical Activity and Health*. www.who.int/diet
5. National Taskforce on Obesity (2005) *Obesity - the policy challenges*. Department of Health and Children. Government Publications Office. Dublin.
6. Hardman, K. (2007) Current situation and prospects for physical education in the European Union. Study requested by the European Parliament's Committee on Culture and Education. <http://www.europarl.europa.eu/activities/expert/eStudies.do?language+EN>
7. Cavill, N., Biddle, S., Sallis, J.F. (2001) *Pediatric Exercise Science*, 2001, 13, 12-25.
8. Harris, J. (2000) *Health related exercise in the National Curriculum*. Human Kinetics.
9. Belton, S.J., MacDonncha, C. (2006) *Evaluation of Action for Life in primary schools*. Final report for Irish Heart Foundation. University of Limerick Research Centre, Limerick.
10. MacPhail, A. (2005) *An Evaluation of "Action for Life" within Senior Cycle Physical Education*. A report for the Irish Heart Foundation. University of Limerick Research Centre, Limerick.
11. Nic Gabhainn, S., Kelly, C., Molcho, M. (2007) *The Irish health behaviours in school-aged children (HBSC) study 2006*. National University of Ireland, Galway and Health Promotion Unit, 2007.
12. Woods, C.B., Nelson, N., O'Gorman, D., Kearney, J. & Moyna, N. (2005). *The Take PART Study: Physical Activity Research for Teenagers*. Centre for Sport Science and Health: Dublin City University, Dublin.