



NCCA An Chomhairle Náisiúnta
Curraim agus Measúnachta
National Council for
Curriculum and Assessment

Draft specification for Junior Cycle SPHE

NCCA consultation

Draft specification for Junior Cycle SPHE - NCCA consultation

The NCCA is currently updating the Social, Personal and Health Education (SPHE) curriculum and as part of that work an updated junior cycle SPHE short course is now available for consultation. A key part of the consultation is feedback from individuals and groups who are interested in this area of young people's education.

The consultation will remain open until Friday, October 14th 2022. You can send us your feedback by using this template and sending it to SPHEdevelopments@ncca.ie

Before completing the template please read the draft junior cycle SPHE short course at this link: <https://ncca.ie/en/updates-and-events/consultations/>.

Extracts from this are provided below.

Date Protection Statement

The NCCA is committed to protecting your privacy and does not collect any personal information about you through this survey, other than information that you provide by your own consent. Any personal information you volunteer to the NCCA will be respected in accordance with the highest standards of security and confidentiality in accordance with GDPR (2016) and the Data Protection Acts (1998 - 2018). NCCA, as a public body operating under the Open Data and Public Service Information Directive (2021), is required to publish publicly funded research. Further information on the NCCA's Data Protection Policy can be found [here](#).

Any data from this will be further anonymized and aggregated and only made available after the final report is completed. Where a respondent selects 'yes' to the question *Are you willing to be listed as a contributor to the consultation*, respondents are consenting to having their name / organisation's name published with the list of written submission on www.ncca.ie

SPHE Short Course - Feedback

Name: Fay White	Email address: fayw@nwci.ie
Are you contributing views as:	Yes/No
An organisation	Yes/No
Are you willing to be listed as a contributor to the consultation on the NCCA website?	Yes/No
Name of organisation	National Women's Council

Questions to consider:

Question 1.

The aim of the updated short course is 'to nurture students' self-awareness and positive self-worth and to develop the knowledge, understanding, skills, dispositions and values that will help them to create and maintain respectful and caring relationships and lead fulfilling and healthy lives.'

Please state whether you agree this aim summarises the purpose of SPHE for junior cycle and your reason for agreeing/disagreeing

Insert response here:

This aim is welcome as a starting point; however, we disagree that this aim is comprehensive enough to summarise the purpose of SPHE for junior cycle. For the programme delivery to be effective, specific goals should be listed under the aim. These specific goals should relate to the learning outcomes listed later in the programme and should include:

- Public health promotion
- Provision of evidence-based, inclusive and objective information
- The prevention of sexual violence, exploitation and abuse against women, girls, non-binary and intersex people
- Positive sexuality and reproductive rights
- Realising gender equality

Public health promotion

It is essential that a core aim for SPHE is public health promotion which supports the development of students. Internationally, whole-school approaches to health promotion have resulted in increased engagement in education, improved social and emotional well-being and reductions in risk-taking behaviours¹. Health and education go hand-in-hand and the WHO has recognised the importance of schools for the health of not only the students, but for influencing their families and the wider community.²

Provision of evidence-based and objective information

Key to the design and delivery of the programme is the provision of evidence-based, inclusive, and objective information. A European Parliament report on Sexual and Reproductive Health and Rights (SRHR) recognises that providing comprehensive sex education is "*now most urgent than ever as there is a growing number of misinformation surrounding SRHR*"³. The aim of the programme must recognise how fundamental this is to ensure that the programme delivers equitable education for all junior cycle students.

¹ WHO (2021) *Making every school a health-promoting school – Global standards and indicators*. Geneva: World Health Organisation. <https://www.who.int/publications/i/item/9789240025059>

² Ibid

³ European Parliament (2021) *Report on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health*, p.26, https://www.europarl.europa.eu/doceo/document/A-9-2021-0169_EN.pdf

The aim must also state that the curriculum should be evidence-based and objective. SPHE and RSE must be implemented according to the programme and without influence from the religious ethos of the school to ensure equitable provision for all students. UNESCO highlights the importance of remaining true to the programme to ensure the success of relationships and sexuality education in particular. Deviations from the programme can result in an asymmetry between students' learning and some students having underdeveloped learning in some areas which can undermine the prevention of abuse and gender-based violence.

Prevention of sexual violence, exploitation and abuse

It is fundamental that the aim of the course recognises the prevention of sexual violence, exploitation and abuse as a core overarching aim. The *Citizens' Assembly on Gender Equality* (2021) recommended that all school curriculum reviews should:

- Promote gender equality and diversity
- Explicitly cover gender power dynamics, consent and domestic, sexual and gender-based violence – both online and offline – within the revised Relationships and Sexuality curriculum.⁴

In Ireland, 26% of women have experienced physical or sexual violence since the age of 15⁵ and women with disabilities are four times more likely to experience sexual violence.⁶ Gender-based violence is associated with an increase in the likelihood of teenage pregnancy and sexual health problems, early school leaving, physical and mental health difficulties and post-traumatic stress symptoms.⁷ This violence is preventable and this is recognised within the Third National Strategy on Domestic Sexual and Gender-Based Violence.

Recognising positive sexuality and advancing reproductive rights

Within the specific goals that should be listed under the aim, the curriculum should recognise positive sexuality and reproductive rights as an essential element. Sexual relationships should be framed as positive, pleasurable and mutually respectful. Presenting sexuality in a positive light and teaching students about sexual health, including provision of information on contraception and abortion, is essential to establish a foundation of knowledge which can be built upon in more depth in senior cycle.

Realising gender equality

A core aim that needs to be addressed in the curriculum is contributing to realising gender equality. The UNESCO International Technical Guidance on Sexuality Education provides a robust and evidence-informed basis for developing comprehensive sexuality education, and its importance in establishing gender equality. UNESCO's Education 2030 Agenda states that '*quality education, good health and*

⁴Report of the Citizens' Assembly on Gender Equality (2021) <https://citizensassembly.ie/en/previous-assemblies/2020-2021-citizens-assembly-on-gender-equality/about-the-citizens-assembly/report-of-the-citizens-assembly-on-gender-equality.pdf>

⁵ SPHE Network (2018) *Diversities: Interpretations through the Context of SPHE*. https://sphenetwork.ie/wp-content/uploads/2021/06/conference_proceedings_2018.pdf

⁶ NWC (2021) *NWC Submission on the Third National Strategy on Domestic, Sexual & Gender-Based Violence*. https://www.nwci.ie/images/uploads/NWC-3rd_National_Strategy_DSGBV_Submission_JUNE_2021.pdf

⁷ SPHE Network (2018) *Diversities: Interpretations through the Context of SPHE*. https://sphenetwork.ie/wp-content/uploads/2021/06/conference_proceedings_2018.pdf

well-being, gender equality and human rights are intrinsically intertwined'.⁸ The guidance recommends 'understanding gender' as a key concept for RSE. Within this, the guidance recommends covering the topics of:

- The social construction of gender and gender norms
- Gender equality, stereotypes and bias
- Gender-based violence

For the age group of 12-15, the guidance recommends⁹ that students should be able to understand that:

- Gender roles, gender norms and gender stereotypes influence people's lives and can negatively impact romantic relationships
- Gender stereotypes and bias impact how people of diverse sexual orientation and gender identity are treated and the choices they can make
- Gender equality can promote equal decision-making about sexual behaviour and life planning
- All forms of gender-based violence are a violation of human rights.

Question 2.

The course is structured around four strands and three cross-cutting elements (see specification pp 9-16). Having considered these please give us your feedback on the proposed course outline.

Specifically, please comment on whether you think the learning outcomes provide **clarity** on expectations for learning in junior cycle SPHE and whether you consider the learning outcomes to be **relevant** to the lives, interests and needs of 12-15 year olds today.

Insert response here:

The four overarching strands in the curriculum are generally relevant to the lives of students in junior cycle and cover a broad range of topics. However, the strands require clarity and expansion to ensure that this curriculum prioritises the prevention of violence against women and girls. The topics should be viewed through a gendered lens to challenge gender norms and harmful gender stereotypes which lead to violence and discrimination against women, girls, non-binary and intersex people. Learning outcomes should be overlapping and interconnected and underpinned by a clear rationale and aim. We have provided comments on how each of the four strands and cross-cutting elements can be strengthened below.

Awareness

It is positive to see gender in the list of things which influence our sense of self and how we live our lives and this is very relevant for junior cycle students. We welcome the inclusion of dignity and rights in this section. However, awareness as a cross-cutting element must also make it clear that not everybody has equal access to their rights or is equally empowered to assert them. This has important implications for the interconnecting elements of dialogue and reflection and action. Awareness is also

⁸ UNESCO (2018) *International Technical Guidance on Sexuality Education*. <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>

⁹ Ibid

important for teachers in the delivery of the curriculum. Many of the topics outlined in the learning objectives may be traumatic or triggering for students and it is imperative that the mental health of all students is prioritised through a trauma-informed approach.

Dialogue

Students cannot engage in meaningful dialogue without the relevant awareness of the diversity of life experiences we have, and how these are influenced by discrimination and bias based on gender, class, race/ethnicity, disability, gender identity and sexuality. For the RSE strand, the WHO recommends¹⁰ that sexuality education must be interactive and include youth participation. This is important for ensuring that students are active participants in their learning journey and the curriculum remains relevant to their lives. In order for the curriculum to be effectively underpinned by dialogue as a cross-cutting element, the curriculum must explicitly outline how teachers can create a safe and supportive environment in which students feel comfortable talking openly.

Reflection and action

Reflection on topics covered in SPHE is essential for critical engagement with the curriculum and this must be guided by clear and specific questions and learning outcomes. There should be an emphasis here on help-seeking behaviours and disclosures of abuse as an action which may arise from the reflection. Reflection and action must also be adopted in relation to the curriculum itself. Students should be encouraged to participate in the curriculum by being given opportunities to give feedback on what they have learned and their experience of learning it, as well as making suggestions on things that were missing or needed further clarification on.

Strand 1. Understanding myself and others:

- Core to strand 1 should be inclusivity and diversity. Diverse family structures should be reflected throughout this strand including lone parent families, intercultural families, LGBTQI+ families and children who may be in foster care or residential care. It is essential that this strand is delivered in way that accounts for some students in the class having experiences of the things being discussed.
- As part of learning outcome 1.1, lessons about physical changes should include lessons on naming reproductive organs. A UK study found that the majority of adult participants surveyed could not correctly label all parts of female genitalia.¹¹ In addition, this strand should acknowledge reproductive health across the life cycle, including the menopause. It is important this is taught in tandem with learning about changes during adolescence in order to instill an understanding that physical, social and emotional changes happen throughout the life cycle and these are normal. Not only does that contribute to a better understanding of themselves and their bodies, but contributes to an understanding and compassion towards others.
- Learning outcome 1.5 in Strand 1 should be threaded through all of the strands.
- Although it is positive that students will be taught about how to be more inclusive through learning outcome 1.6, it is vital that this learning outcomes includes an understanding of the

¹⁰ WHO (2010) *WHO Regional Office for Europe and BZgA Standards for Sexuality Education in Europe*. https://www.bzga-whocc.de/fileadmin/user_upload/BZgA_Standards_English.pdf

¹¹ Morgan, E. (2021) Viva la vulva: why we need to talk about women's genitalia. *The Guardian*. <https://www.theguardian.com/lifeandstyle/2021/oct/16/viva-la-vulva-why-we-need-to-talk-about-womengenitalia>

structural inequalities which marginalise and socially exclude people, causing discrimination and bias. It is important that students understand these are systemic issues, and improving them goes beyond personal responsibility. Discussions on race/ethnicity should include lessons on the Traveller community. This learning outcome must also include the bias, inequality and exclusion experienced by disabled people and those with mental health conditions.

- Inclusion of a learning outcome of understanding of how social norms, gender norms, culture and society influence me and other people.

Strand 2. Making healthy choices:

- All learning outcomes relating to making health choices should relate to both physical and mental health. According to the WHO, "*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*".¹² All learning outcomes must be framed taking this definition into account.
- This strand must contextualise experiences of health to ensure that students have an understanding that individual health does not take place in a vacuum. Health is impacted by the conditions in which we are born, grow, live, work, and age. Crucially for the curriculum, this strand needs to include a learning outcome on understanding that gender is one of these social determinants of our health.
- Learning outcome 2.9 relating to sharing sexual imagery should be in strand 3. In addition, this point should include sharing sexual imagery both online and in person. It is important that this is not framed in a way that places the blame on young people who share sexual imagery. Rather, this is an important opportunity to teach students about the harms of sharing sexual imagery of another person without their consent as well as informing them of the legal implications.
- All bullet points should be discussed in the contexts of both online and in person/face to face.
- The ultimate learning outcome of 2.6 should be to understand how negative experiences can impact the physical and mental health of students, and to foster self-compassion and understanding. Studies have shown that there is a link between substance use and intimate partner violence and this should be covered in conversations about substance use.¹³

Strand 3. Relationships and Sexuality:

- 3.3 should be two separate points and give distinct weight to the importance of disclosures of abuse. The first point should focus on identifying and fostering healthy relationships. The second point should explicitly relate to identifying what constitutes unhealthy and abusive relationships. It is important that the learning outcome for this also includes how to identify grooming and coercive control.
- In addition to exploring the pressure to become sexually intimate in learning outcome 3.5, this should explicitly teach students that it is inappropriate to pressure someone into becoming sexually intimate and link in with learning outcomes 2.8, 2.9 and 3.7 on consent.

¹² WHO (1946) Constitution of the World Health Organisation. <https://www.who.int/about/governance/constitution>

¹³ Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence*, 8(1), 110–131. <https://doi.org/10.1037/vio0000074>

- 3.8 should list all different types of contraception. The point on STIs should be expanded to include adverse health conditions. In an Irish study of health behaviour of school-aged children over the period of 1998-2018, there was a significant decrease in the proportion of young people aged 15-17 who reported that they used a condom at last intercourse.¹⁴
- UNESCO recommends that learning objectives for 12-15-year olds should include students' ability to recognise that sexual abuse and gender-based violence are about power and dominance, not about inability to control sexual desire¹⁵.
- This section should include a learning objective of teaching students about sexual health and the importance of having a positive relationship with your sexual development for overall health and wellbeing.

Strand 4. Emotional Wellbeing:

- It is particularly important that this strand recognises the gender differences in girls' and boys' mental health and the factors which impact their mental wellbeing. There has been a concerning increase in recent years in the number of girls aged 12-14 who report feeling low every week or frequently over the last six months and this is distinctly higher than boys.¹⁶
- This strand should include a learning outcome on eating disorders, body image and where to seek help for disordered eating. In an Irish study of health behaviour of school-aged children from 1998-2018, 15.3% of girls aged 12-14 reported being on a diet or doing something to lose weight.¹⁷ This is significantly higher than 10.9% of boys in the same age group. In addition, 95% of all child and adolescent psychiatric unit admissions for eating disorders in 2020 were girls.¹⁸ The delivery of strand 2 should be sensitive to this consideration. Bodywhys have a programme called #MoreThanASelfie which was co-created with young people and has resources for teachers as an example of how to incorporate eating disorders into the curriculum. The #MoreThanASelfie programme is suitable for use with all Junior Cycle students. Teachers can just apply for free access [here](#).
- 4.5 should also explore the potential impact of mental health disorders on substance use. In particular, this should be explored through a gendered lens. A systematic review found that feminine norms appear to play a distinct role in patterns of substance use among women.¹⁹
- For learning outcome 4.6 relating to abusive or bullying behaviour, there should be a separate point on bullying and cyber-bullying. This must take an intersectional approach so that students understand that children and young people from ethnic minorities, who are LGBTQI+ or have disabilities are more at risk of bullying and cyber-bullying.²⁰

¹⁴NUIG (2021) *Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998-2018: findings from the Irish Health Behaviour in School-aged Children Study*.

<https://www.universityofgalway.ie/media/healthpromotionresearchcentre/hbscdocs/nationalreports/HBSC-Trends-Report-2021.pdf>

¹⁵ UNESCO (2018) *International Technical Guidance on Sexuality Education*. <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>

¹⁶ NUIG (2021) *Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998-2018: findings from the Irish Health Behaviour in School-aged Children Study*.

¹⁷ Ibid

¹⁸ Health Research Board (2021) *Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2020*.

¹⁹ Brady, J., Iwamoto, D. K., Grivel, M., Kaya, A., & Clinton, L. (2016). A systematic review of the salient role of feminine norms on substance use among women. *Addictive Behaviors*, 62, 83–90.

²⁰ IHREC (2022) *Ireland and the Rights of the Child – Submission to the Committee on the Rights of the Child on Ireland's combined fifth and sixth periodic reports*.

- 4.8 should include teaching on the bystander approach and interventions in sexual harassment. Research on bystander intervention programmes in schools has shown increased bystander interventions in situations of violence or abuse.²¹
- Linking back to learning outcome 1.6, there should be a learning outcome on mental health and marginalised groups. Research²² shows that marginalised women (including asylum seekers, homeless women, Traveller and Roma women, LGBTQI women and women with disabilities) are disproportionately impacted by poor mental health.
- Nearly half of girls in junior cycle report feeling pressured by schoolwork.²³ The curriculum should reflect the stresses that students are under to perform well academically, in particular for girls, and how this can impact their emotional wellbeing.
- Stigma still exists around mental health and wellbeing and it is important that the curriculum takes measures to address stigma around mental health and mental health disorders and improve mental health literacy in young people. Research suggests that school-based programmes for adolescents aimed at improving mental health literacy are effective.²⁴

Question 3.

Students will complete one Classroom-Based Assessment (CBA) as part of their learning in the SPHE short course. The proposed CBA for the updated short course is a portfolio of learning and is summarised as follows:

Students will choose three pieces of work, completed over time and linked to different strands of learning within the short course, and present these accompanied by a reflection on why each piece was chosen and how it marked important learning for the student in SPHE.

Do you think this is a suitable CBA for the updated SPHE short course? Please explain your answer.

Insert response here:

The inclusion of continuous learning through reflective pieces is a welcome addition to the SPHE course. SPHE and RSE are extremely important for not only personal development, but in prevention of violence and establishing healthy and fulfilling relationships. The learning outcomes presented in this curriculum will be relevant in students' day to day lives, not only during adolescence, but into adulthood. It is therefore essential that SPHE is treated with equal importance as core subjects.

²¹ Goldfarb, E. and Lieberman, L. (2020) Three Decades of Research: The Case for Comprehensive Sex Education, *Journal of Adolescent Health* 68 (2021), 13-27

²² For example see: Department of Justice (2017) *National Traveller and Roma Inclusion Strategy 2017-21*; HSE, Glen, BelongTo, TCD (2016) *The LGBTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*; and Mental Health Reform & Simon (2017) *Homelessness and Mental Health: Voices of Experience*.

²³ NUIG (2021) Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998-2018: findings from the Irish Health Behaviour in School-aged Children Study. <https://www.universityofgalway.ie/media/healthpromotionresearchcentre/hbscdocs/nationalreports/HBSC-Trends-Report-2021.pdf>

²⁴ Seedaket, S., Turnbull, N., Phajan, T. and Wanchai, A. (2020), Improving mental health literacy in adolescents: systematic review of supporting intervention studies. *Trop Med Int Health*, 25: 1055-1064. <https://doi.org/10.1111/tmi.13449>

In order for SPHE to be effective, critical engagement and reflection on the topics are essential. The WHO standards for sexuality education provides a matrix for the age group of 12-15 on what information they need, the skills that should be developed and the attitudes to develop. This should be used to help inform and guide the CBA.

It should be mandatory within the CBA that a gender perspective is included in the reflection undertaken by the student. In order for the overarching aims of violence prevention and gender equality to be realised, these elements need to be critically engaged with by all students. Ensuring that all students have to include reflections on these topics in their CBA will ensure equitable and effective application of the knowledge, skills and attitudes developed within the course.

Question 4.

Any further suggestions for how the draft updated SPHE course could be improved?

Insert response here:

Rationale

In addition to amending the aim, the rationale should be expanded. It is positive to see inclusivity mentioned in the final paragraph, however this could be strengthened by including the importance of SPHE being delivered in a safe and supportive classroom. For children and young people who have experienced domestic violence or abuse, school plays a significant role in providing stability and a safe space. In line with this, the rationale would benefit from additional information on integration of the SPHE curriculum with the school's safeguarding policy. As mentioned previously, the prevention of gender-based violence and abuse must be named in the rationale. Relationship and Sexuality education is a vital source of information about sexuality, sexual health and healthy relationships. It is also core to establishing gender equality norms in personal relationships. The European Parliament report on women's sexual and reproductive health rights (SRHR) identified comprehensive age-appropriate sexuality education as being essential to fulfil of SRHR and to tackle gender-based violence, sexual exploitation, abuse and unhealthy patterns of behaviour in relationships. This overarching objective cannot be overstated in the curriculum and it is important that it is named in the rationale.

This paragraph also mentions equality and human rights. A rights-based approach is also mentioned in the summary of Strand 3 on page 10, yet specific rights are not identified nor is this expanded upon. It would be helpful for the framing of the course to articulate what a rights-based approach would look like, in addition to upholding SRHR. The curriculum needs to ensure that the rights-based approach which is adopted ensures the United Nations Conventions on the Rights of the Child is fulfilled. It must also be underpinned by the UN Convention on the Rights of Persons with Disabilities in order to be inclusive of girls with disabilities. The contents of the curriculum must be inclusive of disabled people when discussing relationships, marriage and having children, as many disabled women and girls are subject to stereotypes throughout their lives that they cannot experience the same things as their peers. This must be age-appropriate as disabled students have said that often the information they are given about RSE is aimed at younger groups.

SPHE and Wellbeing Indicators

Active

This indicator should take account that physical activity varies based on gender, class and disability²⁵ and there is no one size fits all approach. The Children's Sport Participation and Physical Activity Study has found that significantly fewer girls are meeting the physical activity guidelines than boys, with just 7% of girls in secondary schools meeting the guidelines in 2018. Additionally, The Irish Sports Monitor shows that levels of participation in physical activity are stronger in higher income groups.²⁶

Responsible

The point on 'Do I know where my safety is at risk and do I make the right choices?' could be problematic and infers blame on the individual in cases of abuse, assault or violence. The second part of this sentence should be removed and replaced so the point is 'Do I know where my safety is at risk and how to seek support or make a disclosure where my safety has been compromised?'

Connected

This indicator seeks to establish how students' actions and choices impact their lives and the lives of others. Therefore, it is important that a bullet point on understanding the differences in others (based on socio-economic background, race or ethnicity, gender identity or sexuality, disability), being empathetic and non-judgemental is added here.

Resilient

In line with other points on how different backgrounds and life experiences can impact mental health and wellbeing, a point should be added here on how resilience varies and can often be in response to minority stress.²⁷

Respected

The framing of this indicator implies that the responsibility for being treated respectfully lies with the individual rather than being having a responsibility to treat others with respect. The framing should be modified to include treating people respectfully. This is an important indicator for self-reflection in the assessment portion of the curriculum, and prompts should be clear to allow students to critically engage with their behaviour, particularly in relation to gender norms and harmful gender stereotypes. A point should be added on understanding how treating others disrespectfully can impact their physical and mental health.

²⁵ Sport Ireland (2019) *The Children's Sport Participation and Physical Activity Study 2018*
https://www.sportireland.ie/sites/default/files/2019-10/csppa-2018-final-report_1.pdf

²⁶ Department of Health (2016) *National Physical Activity Plan*.
<https://assets.gov.ie/7563/23f51643fd1d4ad7abf529e58c8d8041.pdf>

²⁷ Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209–213. <https://doi.org/10.1037/sgd0000132>

Aware

This indicator should be expanded to include awareness of what my supports are, aware of how social norms, culture and society influences me. This should tie in with the suggested learning outcome in Strand 1.

The National Women's Council consulted our members for this submission and would like to acknowledge Mental Health Reform and the Dublin Rape Crisis Centre for their input.

Thank you for taking the time to share your views with us. Please email this document to SPHEdevelopments@ncca.ie before Friday, October 14th 2022



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