



GET IRELAND **ACTIVE!**

NATIONAL PHYSICAL ACTIVITY
PLAN FOR IRELAND



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foreword

There is strong evidence to support the multiple benefits of physical activity to health and wellbeing. It promotes healthy growth and development in children and young people. It contributes to cognitive function. It is important for healthy ageing and helps to maintain quality of life and independence when we grow older. It is also a preventative factor for many non-communicable diseases.

On the other hand, physical inactivity is a demonstrated clear risk to health and wellbeing in Ireland. Physical inactivity and sedentary behaviours are associated with numerous chronic diseases. With people no longer as physically active as they should be, there are many threats to our health and wellbeing from being inactive.

The good news is that we can reverse the trends towards inactivity. This would place less demand on our health services, immediately and in the future. The benefits also extend much further beyond the health domain and encompass social, educational, economic and environmental benefits. But, most importantly, if everyone makes an effort to be physically active, it is an investment in helping ourselves feel better and works towards making Ireland one of the healthiest countries in the world.

There is a huge challenge to change habits at population level. The evidence shows that successful approaches to increasing rates of physical activity in the population are long term. Reversing the trends towards inactivity requires us all to commit to a combination of strategies aimed at individual and at population level, it requires us to change or realign some of our policies, it might require some cultural shifts, and we must remove environmental barriers.

There are many things already happening in Ireland which support and encourage participation in physical activity and great credit is due to all of the national governing bodies of sport, local sports partnerships, clubs, schools, organisations, communities and individuals including the many volunteers who are

helping us to be active. However, no single organisation working on its own can get the country more active. It takes cross-sectoral partnerships by Government at all levels, national and local, state agencies, the business community, the sports community as well the rest of the community and voluntary sector not to mention each of us as individuals to commit to action. All of us are part of the solution. This is the vision of *Healthy Ireland* - where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

This Plan focuses on different types of actions, some immediate and some more long-term and sustainable solutions, which recognise that behaviour change is complex, challenging and takes time. This does not merely focus on overcoming deficits but concentrates on solutions and strengths and reshaping the environment for physical activity.

The action required takes time and requires us working together to make a concerted effort to get Ireland moving. Working together, we can make Ireland a more active place to live.

Are you ready to play your part? It is now time to

Get Ireland Active!



Leo Varadkar

Leo Varadkar, T.D.
Minister for Health



Paschal Donohoe

Paschal Donohoe, T.D.
Minister for Transport,
Tourism and Sport



background

Healthy Ireland

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025¹ (DH, 2013) is the national framework for whole of Government and whole of society action to improve the health and wellbeing of people living in Ireland. It sets out four central goals and outlines actions under six thematic areas, in which society can participate to achieve these goals. The Framework identifies a number of broad inter-sectoral actions, one of which commits to the development of a plan to promote increased physical activity levels.

Develop a plan to promote increased physical activity levels across the population, as an exemplar of how Healthy Ireland will work.

(Action 2.11)

The commitment given in Healthy Ireland to develop this Plan to promote increased physical activity levels across the population aims to provide a strong focus for modifying unhealthy lifestyle habits and promoting awareness of the benefits of physical activity in relation, not just to health, but in a wider socio-economic context.

It is clear that many different agencies are involved in promoting physical activity and that multi-sectoral policies are needed to promote physical activity. We all need to work closer together and involve all of the relevant stakeholders across government, the wider public service, in education, the private sector and the community and voluntary sector.

A cross-sectoral working group, co-chaired by the Department of Health and the Department of Transport, Tourism and Sport, (membership listed at Appendix 2) was established to develop this National Physical Activity Plan to increase population levels of physical activity which would lead to health, economic and social benefits. The group included representatives of a range of stakeholders with an interest and an expertise in physical activity.

Every organisation and every individual with an interest in promoting physical activity can use this Plan to start taking action to achieve the shared goal of greater participation in physical activity by people living in Ireland.

Physical activity and sedentary behaviour

Physical activity is any bodily movement produced by the skeletal muscles which causes energy expenditure greater than at rest and which is health enhancing.²

This definition is deliberately broad and means that virtually all types of physical activity are of interest, including active play, walking or cycling for transport, dance, traditional active games and recreational pastimes, gardening and housework, as well as sport or deliberate exercise.

Sedentary behaviour refers to any waking activity characterised by an energy expenditure ≤ 1.5 metabolic equivalents and a sitting or reclining posture.³

In general this means that any time a person is sitting or lying down, they are engaging in sedentary behaviour. Common sedentary behaviours include TV viewing, video game playing, computer use (collective termed 'screen time'), driving and reading.

How much physical activity should we be doing?

The National Guidelines on Physical Activity for Ireland⁴ are based on international expert evidence and describe appropriate levels of health enhancing physical activity for the Irish population.



Children and young people (aged 2 - 18)

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**.



Adults (aged 18 - 64)

Adults should be active for at least 30 minutes a day of moderate activity on **5 days a week** (or **150 minutes a week**).



Older people (aged 65+)

Older people should be active for at least 30 minutes a day of moderate intensity activity on 5 days a week, or 150 minutes a week with a **focus on aerobic activity**, **muscle-strengthening** and **balance**.



Adults with disabilities

People with disabilities should be as active as their ability allows. Aim to meet adult guidelines of at least 30 minutes of moderate-intensity activity on 5 days a week.

How active are we?

A large number of Irish people are not meeting the levels of physical activity recommended in the National Guidelines and this is evident from a range of surveys which have been conducted over the last number of years.

The Sport Ireland Irish Sports Monitor (ISM) is a representative survey of the Irish population aged 16+ and employs a large sample size (of approximately 9,400 questionnaires) in order to identify the nature of sporting participation within small subgroups of the population. As well as measuring participation in sporting activities, the ISM also examines a range of other physical activities in which people may participate, including recreational walking and cycling/walking for transport. The annual report for 2013⁵ indicates that the percentage of people who are highly active is just 31.3%. It is noteworthy that while there was an increase in sporting participation from 44.8% in 2011 to 47.2% in 2013, only 45% of those who participate in sport meet the Guidelines.

The Children's Sport Participation and Physical Activity study (CSPPA)⁶ published in 2010 was a cross-sectional study that used self-report surveys, objective measures of physical activity and qualitative interviews to assess participation in physical activity, physical education, extra-curricular and extra-school sport among 10-18 year olds. Findings relating to a total of 5,397 children from 53 primary and 70 post-primary schools are presented in the research report making it, perhaps, the most comprehensive available information in relation to physical activity behaviours in school-going children in Ireland. The research painted a stark picture about levels of physical activity in children living in Ireland:

- only 19% of primary and 12% of post-primary school children met the physical activity recommendations and these proportions have not improved since 2004
- girls were less likely than boys to meet the physical activity recommendations
- the likelihood of meeting the physical activity recommendations decreased with increasing age

- one in four children was unfit, overweight or obese and had elevated blood pressure

The research did find that children who met the physical activity recommendations in the Guidelines of at least 60 minutes of moderate to vigorous activity daily had the best health profile, that is they were more likely to meet healthy levels of aerobic fitness, healthy weight and have normal blood pressure for their age and sex, of all children. The CSPPA research made just one recommendation – to increase participation in sport and physical activity in Ireland. CSPPA also found that significantly more primary and post-primary participants from lower socio-economic backgrounds never participate in extra-school sport in comparison to those in higher socio-economic backgrounds. The research also found that this was in contrast to both participation in physical education and the extra-curricular sport and physical activity, where no significant social gradient was obtained. In other words, children from lower socio-economic backgrounds participated in activities organised within school such as PE and sport as much as children from higher socio-economic backgrounds but were much less likely to participate in non-school activity such as sport and physical activity in the community.

Growing Up in Ireland, the National Longitudinal Study of Children in Ireland asked the question “How physically active are nine-year-olds?”⁷. The study found that only one in four nine-year-olds met the recommendation of 60 minutes of moderate to vigorous physical exercise every day. Worryingly, the study also found a significant gender differential already visible at that age, with boys (29%) more likely than girls (21%) to meet the guideline amount. Again, while a majority of boys (84%) and girls (67%) are involved in some form of organised sports club or organisation, this shows that involvement in sports alone may be insufficient to meet the Guidelines.

Growing up in Ireland also examined other types of activities in which children are engaged. It found that substantial amounts of time were spent playing video games, especially among boys. A total of 74% of boys

and 54% of girls spent some time each day playing video games, with 30% of boys and 12% of girls spending one hour or more in front of a screen. This evidence may suggest that sedentary behaviour is becoming more common in children.

The 'Keeping them in the Game' report⁸, looked at participation in sport from school years through to adulthood and showed the challenges that exist in keeping people involved in sport across the different life stages. The report highlights the growing evidence that links low levels of physical activity to poor health and focuses on why people take up and drop out from sport and exercise activities at different life stages. Roughly one-in-ten active participants at primary school has dropped out of sport by the first year of second level education and this is higher in the lower socio-economic group. Another finding of the report which provides even further support for promoting physical activity in school and elsewhere is the positive association between sports participation and academic performance.

'Keeping them in the Game' also found a clear gradient in the likelihood of participation by students across the socio-economic status of their parents such that students with parents in higher occupations are more likely to be active participants. The research showed that this socio-economic difference is not specific to the type of activity, but applies to both team and individual sports.

A similar picture has been recorded by TILDA⁹, The Irish Longitudinal Study on Ageing, which found that 34% of older Irish adults report high levels of physical activity. In general across all age groups in the TILDA study, men are more active than women.

Research on 'Physical activity, Health and Quality of Life among People with Disabilities' from 2006 shows that people with disabilities who met the recommended level of physical activity were more likely to report a good quality of life, compared to their less active peers.¹⁰

Being active has significant benefits for health and wellbeing

Being physically active is one of the most important steps that people of all ages can take to improve their health and wellbeing.

There is significant evidence that physical activity of moderate intensity promotes wellbeing, physical and mental health, prevents disease, improves quality of life and has economic, social and cultural benefits. These benefits apply to all people, irrespective of gender, ethnic background, ability, disability, size or age.

The evidence shows that physical activity **improves**

- wellbeing
- ability to function better at work and home
- muscular and cardiorespiratory fitness
- bone density
- likelihood of maintaining weight and preventing weight gain
- cognitive function
- ability to manage stress

and **reduces**

- risk of dying prematurely
- risk of cardiovascular disease, high blood pressure, stroke, diabetes, colon and breast cancer
- risk of falling and of hip or vertebral fractures
- risk of depression

Greater participation in physical activity in communities provides social benefits, as it can mobilise people to engage with their neighbours and community. Physical activity can provide opportunities for social interaction that helps to build community networks, reduce isolation and exclusion and build social cohesion. Sport and sport-related activities also generates a very significant contribution to the Irish economy.¹¹

Physical inactivity seriously affects health and wellbeing

Physical inactivity is one of the leading risk factors for poor health and is now identified by the World Health Organization (WHO) as the fourth leading risk factor for global mortality and is estimated to be associated with one million deaths per year in the WHO European Region¹².

Globally¹³, physical inactivity is thought to be responsible for:

- 6% of the burden of disease from coronary heart disease (Europe 5.5%; Ireland 8.8%)
- 7% of type 2 diabetes (Europe 6.8%; Ireland 10.9%)
- 10% of breast cancer (Europe 9.3%; Ireland 15.2%)
- 10% of colon cancer (Europe 9.8% ; Ireland 15.7%)

It is of particular concern that in the case of all these major diseases, the Irish statistics are worse than both the European and global averages.

Physical inactivity is not just a major health risk. There are also social and economic costs of inactivity which are no less important. Inactive children are at risk of poorer self-esteem, higher anxiety and higher stress levels. They are more likely to smoke and use alcohol and illegal drugs than active children. Among working adults, inactive employees

have double the number of days absenteeism from work compared with employees who are physically active. In later life, inactive people lose basic strength and flexibility for daily activities and many can lose independence and suffer from poorer mental health.

The costs and consequences associated with physical inactivity are now becoming more obvious. Estimates of the direct (health care) and indirect costs of physical inactivity (loss of economic output due to illness, disease-related work disabilities or premature death) are alarming. The burden which this places on society in terms of the cost of health care provision alone is rising. While we do not have detailed data in Ireland, on the basis of international research¹⁴, physical inactivity has been estimated to cost each of the WHO Region's countries about €150-300 per citizen per year. In a worst case scenario this could imply a cost in Ireland of approximately €1.5 billion per year.

The Irish healthcare system would, obviously, benefit from reduced costs if people became more active. A 2007 study¹⁵ estimated that if Australian people became more active for just 30 minutes per day, it could save AUS\$1.5 billion (€815 million) a year in costs linked to coronary heart disease, stroke, type 2 diabetes, breast cancer, colon cancer, depression and falls.





mission statement

guiding principles, action areas and targets

Mission Statement

The aim of this Plan is to increase physical activity levels across the entire population thereby improving the health and wellbeing of people living in Ireland, where everybody will be physically active and where everybody lives, works and plays in a society that facilitates, promotes and supports physical activity and an active way of life with less time spent being sedentary.

Guiding Principles

While most people already realise that physical activity is good for them, many people may not realise *quite* how beneficial it is and experience barriers to becoming active.

Some groups of people living in Ireland may also face different barriers to accessing opportunities to be physically active. People experiencing social or economic disadvantage are often the least active or the most sedentary and may experience other health risks due to their diets, social connectedness or other behaviours. This Plan seeks to ensure that no group is disadvantaged and recognises that targeted interventions are required to address and overcome barriers to participation which are experienced by some people.

This Plan is not just about telling people to do more physical activity because it is good for them, it is about:

- creating **increased opportunities** for people to be active in ways which fit in to everyday lives and which suits individual needs, circumstances and interests
- **removing the barriers** which people face to being active and encouraging people to recognise how to overcome those barriers
- **enhancing cross-sectoral cooperation** at national, local and community level to encourage physical activity at every level
- encouraging a **supportive environment** where physical activity becomes normal
- **promoting good practice** and finding new models of participation which get more people active

In developing this Plan the Working Group drew heavily on the Toronto Charter for Physical Activity (GAPA 2010)¹⁶. Its principles are consistent with the World Health Organization's Global Strategy on Diet, Physical Activity and Health¹⁷ (WHO, 2006) as well as other international health promotion charters. These principles are:

- 1 Adopt evidence-based strategies for physical activity that target the whole population as well as specific population sub-groups
- 2 Embrace an equity and human rights approach aimed at reducing social inequalities and disparities of access to physical activity
- 3 Address the physical, social and environmental determinants of physical activity aggressively

Continued from previous

- 4 Implement actions that are sustainable at multiple levels and across multiple sectors to achieve greatest impact
- 5 Undertake advocacy to gain support from decision makers and the general community to obtain an increase in resources and political commitment
- 6 Support capacity-building in research, practice, and training, including capacity-building in education and public health systems involved in the areas of physical education, physical activity, exercise and sport
- 7 Take a life-stage approach that addresses the needs of children, families, adults and older adults
- 8 Ensure cultural sensitivity and recognise the need to adapt physical activity strategies to varying local realities and resources
- 9 Facilitate healthy personal choices by making the physically active choice the easy choice.

This Plan will also address issues which arise in relation to international requirements and responsibilities. The 2013 EU Council Recommendation¹⁸ on promoting health-enhancing physical activity (HEPA) across sectors advocates a cross-sectoral approach to physical activity involving policy areas such as sport, health, education, environment and transport. The Recommendation sets out a monitoring framework with a minimal set of reporting requirements on general aspects of HEPA promotion that can be addressed by EU member states.

Thematic Action Areas

This Plan sets out eight areas for action which are broadly based on the approach taken in the Toronto Charter and other international physical activity plans. The action areas are distinct yet complementary building blocks for encouraging greater participation in physical activity.

The **eight** areas are:

1
Public Awareness,
Education and
Communication

2
Children
and Young
People

3
Health

4
Environment

5
Workplaces

6
Sport and
Physical Activity
in the
Community

7
Research,
Monitoring and
Evaluation

8
Implementation
through
Partnership

Targets

The overarching target of this Plan is:

increase the proportion of the population across each life stage undertaking regular physical activity by 1% per annum across the lifetime of Healthy Ireland.

The following targets have also been set for each population group identified in the National Guidelines on Physical Activity:

Population Group	Target	Base*
Children (aged 0 - 18)	Increase by 1% per annum in the proportion of children undertaking at least 60 minutes of moderate to vigorous physical activity every day	19% (primary aged)
		12% (post-primary aged)
	Decrease by 0.5% per annum in the proportion of children who do not take any weekly physical activity	11% (primary)
		34% (post-primary)
Adults (aged 18 - 64)	Increase by 1% per annum the number of adults undertaking at least 150 minutes of moderate-intensity physical activity per week, or 75 minutes of vigorous-intensity activity, or an equivalent combination	31%
	Decrease by 0.5% per annum in the proportion of adults who do not take any weekly physical activity	12.6%
Older people (aged 65+)	Increase by 1% per annum the number of older people undertaking at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or 75 minutes of vigorous-intensity activity throughout the week, or an equivalent combination	33%
	Decrease by 0.5% per annum in the proportion of older adults who do not take any weekly physical activity	33%

*The base figures are sourced from the CSPPA, Irish Sports Monitor and Tilda reports.

These targets are set in the context of estimated population projections by the Central Statistics Office with a central range of 4.9 - 5.3 million by 2026, including a significant projected increase in the population aged 65 and over.



action area one

public awareness, education and communication

Irish people will better understand the health benefits of physical activity and how to be more active in their daily lives

A communication strategy will be developed to inspire the population to adopt active lifestyles, enhance understanding of the benefits of physical activity and create greater awareness of the impact the environment can have on opportunities for physical activity and how to overcome barriers to participation and recognise opportunities to be active as part of normal daily lives.

The aim of the strategy will be to increase the knowledge among the public and all other relevant stakeholders of the benefits of physical activity and how to be active. One element of this is to raise awareness of the health and wellbeing benefits of being physically active and how reaching the recommended levels of physical activity can be easily achieved and can be built in to daily routines. This will include measures to communicate to disadvantaged and low income groups including considering how best to link to measures already being undertaken by the Department of Social Protection.

It is also essential that efforts to increase wider public awareness are complemented by a range of other education and communication measures. This includes education campaigns for people who work in relevant areas with responsibility for physical activity programmes, for example, professionals in the health service or in local authorities or teachers. This will include raising awareness of opportunities for schools to educate pupils through physical activity.

The use of traditional and emerging media can provide an effective way to communicate consistent and clear messages about physical activity to large populations. A combination of approaches, supported by community-based activities and sustained over time, is most effective in building health literacy and promoting positive community engagement.

Ref.	Action	Lead Responsibility	Partners	Timeframe
1	Develop a three-year communication strategy including the development of print, online and social media resources	DH	All stakeholders	2016
2	Conduct an annual evidence based national physical activity promotion campaign	DH	All stakeholders	2016
3	Develop the Get Ireland Active website (www.getirelandactive.ie) as a 'one-stop shop' for physical activity	DH, HSE	All stakeholders	2016
4	Identify and promote existing evidence based best practice policy, programmes, initiatives and infrastructure that are promoting increased levels of physical activity	HSE	All stakeholders	2016
5	Develop a publicly accessible national sports/ recreation facilities and amenities directory	HSE	DECLG, DH, DTTS, LAs, LSPs, NGBs	2016
6	Conduct an annual National Week of Physical Activity and Sport to link in with the European Week of Sport	SI	DH, DES, DTTS, EU Commission, FIS, HSE, LSPs, NGBs	Ongoing
7	Raise awareness among schools, particularly primary schools, of opportunities to educate through physical activity	DES		Ongoing

action area two

children and young people

Children and young people learn the necessary skills for confident engagement with physical activity and will have opportunities to adopt an active way of life

Better Outcomes Brighter Futures¹⁹, the national policy framework for children and young people for 2014 to 2020, aims to ensure that children and young people are active and healthy, with positive physical and mental wellbeing. Children that grow up in active families will also be physically active and family and community are the natural environments for the growth and wellbeing of children. All children should experience opportunities to be physically active as part of their normal living.

Physical activity, sport and active play have important roles in the lives of children and young people. Being active is vital for healthy growth and development and has emotional, social and cognitive benefits for the development of children and young people and contributes to meeting the recommended levels of physical activity. In a school setting, it is important that children develop the knowledge, skills and behaviours which are likely to enhance lifelong engagement in physical activity and good health. This must be complemented by their family life and the ready availability of initiatives and programmes to become active in their community.

This Plan is complementary to the Better Outcomes Brighter Futures framework and aims to help children and young people gain the knowledge and positive experience of physical activity to ensure that physical activity becomes part of their everyday life. The Irish Sports Monitor shows that levels of participation are stronger in higher income groups. A particular focus may be required for children in disadvantaged areas including possible links with DEIS²⁰ schools and youth services, for example, Youthreach.

In schools, learning in physical education helps children and young people develop the knowledge, skills and positive



attitudes that support and enable them to lead physically active lifestyles. Quality physical education also assists children and young people in mastering fundamental skills that enable them to engage more enjoyably in a wide variety of physical activities and sports. Other opportunities outside of school, such as sports participation, also play a very important role in encouraging children and young people to be active at all times.

The Get Active! Framework²¹ sets out to create a co-ordinated approach to physical education, physical activity and sport in school and community settings for children and young people. Get Active! recognises the need for a co-ordinated approach to the development and provision of high quality physical education and the effective delivery of physical literacy programmes which are essential for children to have the skills and confidence for lifelong participation in sport and physical recreation.

It is necessary to develop more community-wide physical activity programmes and partnerships focused on children and families and to provide education and physical activity opportunities directly to them in schools, neighbourhoods and communities. It is about encouraging a life-stage approach to physical activity in which children can be part of an active family in an active school and in an active community.

Programmes such as the Active School Flag (ASF) and the Health Promoting Schools initiatives are designed to recognise schools and communities that strive towards achieving a physically educated and physically active school community. Schools that are involved in these initiatives are recognised for their efforts in providing a quality programme for all students and for promoting physical activity across the whole school community.



Ref.	Action	Lead Responsibility	Partners	Timeframe
8	Develop guidance to support schools adopt and implement policies that promote the wellbeing of their communities under the Get Active! Framework	DES	DH, LSPs, schools	2016
9	Extend the Active School Flag programme to 500 further schools	DES	DH, FIS, HSE, Ireland Active, LAs, LSPs, NGBs	2020
10	Evaluate the Be Active After School Initiative	HSE	LSPs, SI	2016
11	Fully implement the physical education curriculum for all primary and post-primary pupils to meet Department of Education and Skills guidelines	DES	Schools	2020
12	Evaluate the quality of teaching and learning in physical education in a sample of primary and post-primary schools annually	DES	Schools, HEA, IPPEA, PEAI	Ongoing
13	Develop and provide a programme of continuous professional development in physical education	DES	PDST, PE Subject Associations, Teacher Professional Networks, HSE, LSPs, NGBs	2018
14	Include physical activity in the development plans of Children and Young People's Services Committees	DCYA	LAs, HSE, Gardaí, Tusla, Education and Training Boards	2016

continued on overleaf

Ref.	Action	Lead Responsibility	Partners	Timeframe
15	Review the National Play and National Recreation Policies and develop a new strategic direction for promoting physically active play	DCYA	DECLG, DES, DH, DTTS, HSE, LAs, SI	2017
16	Include children and young people in the development and implementation of programmes in which they are involved	DCYA, DES	All stakeholders	2016
17	Conduct the LifeSkills Survey every three years	DES	DH	Ongoing
18	Develop National Guidelines on Physical Activity for early childhood (0-5 years)	DH, HSE	DES, HRB, DCYA, academic institutions	2018
19	Include the promotion of physical activity in children, including through play, as an integral component of education and training programmes that lead to qualifications in early childhood care and education.	DES	QQI and educational institutions	2020
20	Develop a framework for health promoting colleges to include physical activity	HSE	HEA, SSI, Third level institutions	2016
21	Promote the assessment of PE by facilitating teachers and students in managing the assessment dimension of senior cycle physical education through the development of an App (for phones/tablets) and to trial the App with a number of schools in 2016	DES	NCCA	2016



action area three

health

The health service will promote greater awareness and understanding of the health benefits of physical activity and deliver programmes to encourage increased participation

The health service has a pivotal role to play in the promotion of physical activity through ensuring greater awareness and understanding of the role activity plays as part of a healthy lifestyle and in delivering programmes which promote, educate, support and encourage physical activity generally.

It is essential that those working in the health service understand the relationship between physical activity and health and are themselves supported to lead more active lives, through supportive workplace practices and policies.

Health care professionals and others working in the health services are important influencers of the behaviours of their clients. They have a very important role in promoting and encouraging their patients and clients to lead active lives but they need to be trained and supported in doing so in order to bring about the significant benefits that are possible. They often come in contact with those most often in need of physical activity interventions and physical activity should be considered as an alternative or an addition to some forms of treatment. This will require a mindshift among some of the people working in the system and it is important that underpinning education, training and support mechanisms are put in place to make this happen.

The health service also has a very important role in responding to those presenting with diseases and in management and rehabilitation for these problems. In many cases, particularly in the early stages of the progression of certain conditions, physical activity should be seen as part of the solution to a client's condition.

In addition, the health service is responsible for the care and welfare of many of the most vulnerable people in society. The National Guidelines on Physical Activity include recommendations for older people and for people with disabilities and physical activity plays an important role not just for health purposes, but also for social interaction for those who otherwise may not be able to participate to the same extent as others in society.

Physical Activity Coordinators in the HSE are a key resource in the health service who work strategically and in partnership with both internal and external stakeholders to progress the promotion of health enhancing physical activity, with a particular focus on addressing health inequalities.



Ref.	Action	Lead Responsibility	Partners	Timeframe
22	Incorporate training on the preventative and treatment role of physical activity as a core component of undergraduate and in-service training for all health professionals	HSE	Third level institutions,	2020
23	Develop and implement a brief intervention model for delivery of physical activity advice	HSE	DH	2017
24	Develop local physical activity plans for four pilot areas as part of the National Healthy Cities and Counties Network	HSE	Local stakeholders	2017
25	Develop and implement a pilot programme for the National Exercise Referral Framework	HSE	All stakeholders	2016
26	Include questions on physical activity levels in risk factor screening and brief intervention/patient education	HSE	ICGP, ISCP, NMBI	2018
27	Review HSE physical activity programmes and workforce and implement recommendations	HSE	HSE staff	2016
28	Develop national guidelines on sedentary behaviour	DH	HRB, HSE	2017
29	Develop guidelines, support materials and referral pathways to promote physical activity for organisations providing mental health services and disability services	HSE	DH, MHC, Cara Centre, NDA, SI	2018
30	Develop guidelines to integrate physical activity in to long-term care planning and practice	HSE	DH	2018

action area four

environment

Ireland's natural and built environments promote increased levels of physical activity

Promoting the use of the natural and built environment and promoting active transport are the most practical and sustainable ways to increase physical activity as part of everyday routine. The built environment is an important determinant of physical activity behaviour. The way the built environment is designed, planned and built can also act as a barrier to being active and can reinforce sedentary behaviour and car dependence.

Walking or cycling for transport or leisure is a form of physical activity that can easily be incorporated in to the daily activities for many people. Supportive environments for walking, cycling and recreational and outdoor physical activity have many benefits beyond the immediate physical activity gains. Promoting walking and cycling as modes of travel has benefits for air quality and reducing CO₂ emissions, it reduces traffic congestion and noise pollution and can make better use of land. This Plan complements existing Government policy such as 'Smarter Travel: A Sustainable Transport Future'²², the 'National Cycle Policy Framework'²³ and the National Strategy on Education for Sustainable Development²⁴.

The actions in this Plan support and are complementary to existing national guidance on design and planning. It is important that those that have responsibility for planning and developing public spaces are aware how the built environment provides and encourages opportunities for physical activity and other health-related activities. Education and training about these linkages and interrelations between environments and health are essential for promoting healthy communities.



Ref.	Action	Lead Responsibility	Partners	Timeframe
31	Develop guidelines and support materials for those working in developing the built environment to promote the importance of physical activity	HSE	All stakeholders	2020
32	Develop and promote walking and cycling strategies in each Local Authority area	LAs	DECLG, GIW, LSPs, SI	2016
33	Ensure that the planning, development and design of towns, cities and schools promotes cycling and walking with the aim of delivering a network of cycle routes and footpaths	LAs	DECLG, DES, DTTS, NTA	2017
34	Ensure that the planning, development and design of towns and cities promotes the development of local and regional parks and recreational spaces that encourage physical activity	LAs	DECLG	2016
35	Develop a programme of continuous professional development on the role of physical activity for those working in developing the built environment	DECLG	Planning, architectural & engineering professional organisations	2020
36	Prioritise the planning and development of walking and cycling and general recreational /physical activity infrastructure	DECLG	LAs	2017
37	Explore opportunities to maximise physical activity and recreation amenities in the natural environment	DTTS	DAFM, DCENR, DECLG, DAHG, SI	2016

action area five

workplaces

Employers will make it easier for people to be more physically active as part of everyday working lives

Workplaces that implement a ‘healthy workplace’ policy can create a supportive environment that protects and promotes the physical, mental and social wellbeing of employees. Workplaces have a very important role in encouraging and supporting opportunities for physical activity in daily lives particularly given that many Irish people spend considerable time at or commuting to work.

The World Health Organization considers workplace health programmes as one of the ‘best buy’ options for prevention and control of non-communicable diseases and for mental health. The promotion of physical activity in workplaces can provide benefits for employers in terms of better rates of employee retention, reduced absence rates due to ill health and increased productivity. Employees can benefit through lower incidences of chronic health problems, reduced stress and improved mental health outcomes.

Healthy workplace strategies are about providing a health promoting workplace environment through facilities, supportive cultures and/or policies. Existing programmes such as the Smarter Travel Workplaces and Smarter Travel Campus encourage employers and third level institutions to implement voluntary workplace and campus travel plans – or actions to encourage and support staff and students to walk, cycle, take public transport or car share on their commute. There are also opportunities for employers to support physical activity during the working day.





Ref.	Action	Lead Responsibility	Partners	Timeframe
38	Develop a framework for workplace health and wellbeing including physical activity	DH	HSA, HSE, DJEI	2017
39	Develop a toolkit for employers to provide practical guidance on promoting physical activity at work	HSE	All stakeholders	2018
40	Continue to support the Smarter Travel Workplace and Campus Programmes	DTTS	NTA	Ongoing

action area six

sport and physical activity in the community

Local stakeholders work together to promote active communities and increase physical activity levels among all members of the community with a particular focus on disadvantaged areas, people with disabilities, older people, and those who are otherwise socially excluded

There are many good examples in Ireland of community-based programmes which encourage greater participation in physical activity by targeting communities, neighbourhoods, families, parents, and disadvantaged groups. These programmes also provide social benefits, as they harness community resources and mobilise people to engage with their neighbours and community.

If more is done to develop community-level interventions, through developing better partnership and working arrangements and better evidence based programming, this will address barriers to participation and encourage access and increase opportunities for participation by those who experience disadvantage for any reason. This could include links with community development groups, such as those funded under the Social Inclusion and Community Activation Programme (SICAP) of the Department of the Environment, Community and Local Government. There is also a need to promote increased sharing of facilities between key stakeholders such as schools, sports clubs and community centres.

With Healthy Ireland's strong focus on modifying unhealthy lifestyle habits, lifestyle-related health issues such as smoking, overweight and obesity in conjunction with an ageing population present challenges for people with disabilities. This Plan provides an opportunity to utilise existing and developing programmes for physical activity for those with disabilities and their families to enhance and deliver a comprehensive health and wellbeing programme.



Volunteers throughout our sports clubs, schools and communities play a major role in sustaining the high level of sporting and physical activity in Ireland with all the associated health and social benefits. It is estimated that there are approximately 500,000 volunteers involved in sport in Ireland and sport is the single biggest driver of voluntary activity in the country. Without volunteers, there would undoubtedly be fewer activities and those activities would be expensive to produce.

This voluntary workforce does however need to be managed and developed. The National Governing Bodies of Sport (NGBs) and their affiliated regional organisations and clubs play a vital role in this regard, not to mention their crucial role in the provision of sports participation opportunities in every community across Ireland. A number of NGBs have been successful in developing adapted versions of their sports and reaching wider audiences. This Plan will look to further support the work of NGBs in the development and delivery of sports participation programmes nationwide.

The Local Sports Partnership (LSP) network will also have an important role in the delivery of this Plan's actions in local communities. The LSP Programme was developed

as a Sport Ireland initiative to create a national structure to co-ordinate and promote the development of sport and participation at local level. The LSPs aim to increase participation in sport and physical activity by breaking down barriers and increasing both numbers of people participating and the extent of continued participation throughout the life cycle, and ensuring that local resources are used to best effects. Through the national network of LSPs, participation in sport and physical activity throughout the community is encouraged and supported, with a particular focus of attention and resources on low participation target groups.

There are already some good community initiatives in place such as the Community Sport and Physical Activity Hubs in disadvantaged areas, which were piloted through the LSPs in 2015 under Dormant Accounts Funding, local walking clubs under the Get Ireland Walking initiative (www.getirelandwalking.ie) Swim Ireland's 'Swim for a Mile', Cycling Ireland's 'Bike for Life', Athletics Ireland's 'Fit4Life', parkrun (www.parkrun.ie) which organises free, weekly, 5km timed runs around the country and Sport Ireland's walking events and fun runs in conjunction with RTE's Operation Transformation Programme.



Ref.	Action	Lead Responsibility	Partners	Timeframe
41	Continue to support the Community Sport and Physical Activity Hubs in disadvantaged areas	SI	HSE, Ireland Active, LAs, LSPs, NGBs, schools	2016
42	Include actions that promote increased levels of physical activity in all Local Economic and Community Plans	LCDCs, LAs	HSE, LSPs, community representatives	2016
43	Rollout a new Active Communities Walking Programme in all LSP areas and support over 500 new active community walking groups around the country under the Get Ireland Walking initiative	SI	Age & Opportunity, Arthritis Ireland, GAA, HSE, IHF, Ireland Active, LAs, LSPs, Mountaineering Ireland	2018
44	Implement and support participation programmes with a focus on disadvantaged communities	DTTS, SI	Community development groups, HSE, LCDC's, LSPs, NGBs	2016
45	Develop a physical activity for health culture in Ireland through the development of new Get Ireland Running, Get Ireland Cycling, Get Ireland Swimming initiatives	SI	Athletics Ireland, Cycling Ireland, DTTS, HSE, Ireland Active, LAs, LSPs, Swim Ireland	2020
46	Strengthen and enhance the capacity of the LSPs to further develop locally led plans and more long-term sustainable physical activity programmes	DTTS, SI	FIS, HSE, LAs, LSPs, NGBs	Ongoing
47	Continue to support the work of the National Governing Bodies of sport in implementing programmes to promote physical activity	DTTS, SI	FIS, HSE, LAs, LSPs, NGBs	Ongoing
48	Develop programmes to address transitions and drop out from physical activity and sport	SI	DTTS, FIS, HSE, LAs, LSPs, NGBs	2017
49	Extend existing and developing programmes for physical activity for people with disabilities and their families to enhance and deliver a comprehensive health and wellbeing programme	HSE	All stakeholders	2016



action area seven

research, monitoring and evaluation

Increase the efficiency and effectiveness of public measures through the monitoring and evaluation of participation, policies and programmes relating to physical activity

Research, monitoring and evaluation is vital both for describing the current levels of people meeting the recommended levels of physical activity and existing barriers to participation, and also for developing a future direction of physical activity policies and programme delivery which is based on sound evidence. It is important to develop a comprehensive framework for gathering data and evidence in relation to all aspects of physical activity to underpin evidence-informed policy making.

An Outcomes Framework is in development which is intended to provide evidence to support an objective assessment of the impact of Healthy Ireland and how it is making a difference. This assessment will reinforce the goals of Healthy Ireland and help partners in wider government and society to prioritise their actions towards improving health and wellbeing. The targets in this Plan will be aligned to the Outcomes Framework which will specify key indicators to underpin each of the four high-level goals of Healthy Ireland. Regular measurement of these indicators will allow progress to be assessed.

At the moment, different data sources and data collection methodologies appear to be giving us very different pictures of our current position and work needs to be done to make sure that a consistent approach is taken to describing this position. The most important action to take will be to ensure that we are implementing a national surveillance system which regularly monitors physical activity levels in adults, children and young people. The availability of regular, reliable and relevant data about the wide variety of factors related to physical activity is necessary to inform policy, programme support and delivery, and enhance accountability. As part of the development of a comprehensive research, monitoring and evaluation strand of this Plan, a validated set of baseline figures will be developed and adopted including baseline numbers on the sedentary levels of children and adults.

Physical activity research and development not only needs to be supported by dedicated infrastructure and funding but also the needs and understanding of policy makers, programme delivery and the research community should be mutually shared and agreed. This information will identify strengths and gaps in policy support and implementation for physical activity and provide a roadmap for future development.

Ref.	Action	Lead Responsibility	Partners	Timeframe
50	Establish a systematic, regular and long-term national surveillance system to monitor physical activity levels in each of the target groups, including key performance indicators aligned with Healthy Ireland	DH, DTTS	HSE, LAs, LSPs, NGBs, SI, Universities	2016
51	Establish a set of baseline figures on physical activity and sedentary levels for each of the target groups	DH, DTTS	HSE, LAs, LSPs, NGBs, Universities, SI	2016
52	Establish a research programme to inform policies aimed at improving physical activity levels in each of the target groups	DH, DTTS	HSE, LAs, LSPs, NGBs, Universities, SI	2016
53	Develop a national database for sharing examples of quality evidence-based practice and programmes	DH	HSE, LAs, LSPs, NGBs, Universities, SI	2016
54	Develop a standardised evaluation framework for publicly funded programmes designed to increase physical activity levels	DH	DTTS, HSE, LAs, LSPs, NGBs, Universities, SI	2019
55	Conduct research in to the economic costs of inactivity in Ireland/benefits of investment in physical activity as a preventative strategy	DH	DTTS, HSE, LAs, LSPs, NGBs, Universities, SI	2020

action area eight

implementation through partnership

Leadership, coordination and oversight will drive implementation of this Plan and will include representation from key stakeholders

Clear vision, leadership, partnership and coordination will be necessary to drive implementation of this Plan. This will require a concerted effort across central and local government, in the community and voluntary sector and supported by education, the business community and others. This will ensure better results are obtained from existing programmes, that better use is made of existing resources, that reform of existing systems and programmes occurs where necessary, including in policies and structures, and that encouragement is given to development of new partnerships working together to generate better results.

There is a wide range of measures already in place to help people become more physically active. Many different organisations, agencies, groups and individuals are involved in promoting, delivering or supporting programmes which encourage people to be active. These organisations work across a variety of settings which range from, central or local government, to the community and voluntary sector or in commercial organisations.

One particular issue that has become apparent while developing this Plan is that it is difficult to describe and quantify all of the resources that are provided to support getting people active across all sectors. However, over time, with a more coordinated approach to physical activity across sectors, this should, and must happen. There is a need to identify what resources are currently provided, what is being achieved for this investment, is value for money being achieved and where future investment might be best targeted.

The Healthy Ireland Framework has the support of all Government Departments, and puts in place structures to ensure that clear direction, accountability, good governance and support for collaborative working underpin all its actions.



Under the auspices of Healthy Ireland, a cross-sectoral oversight and implementation group will be established, jointly led by the Department of Health and the Department of Transport, Tourism and Sport to take a leadership and stewardship role in implementation of this Plan. The group will include representatives of stakeholders with a role in implementing the actions in this Plan, including representatives from the children, education, environment, health, sport, transport and academic sectors. The main function of the group will be to ensure a strategic, national approach is taken to promoting physical activity and that new reporting and accountability mechanisms are established to ensure that resources are used to best effect.

Ref.	Action	Lead Responsibility	Partners	Timeframe
56	Establish a cross-sectoral group to oversee the implementation of this Plan	DH, DTTS	DCYA, DECLG, DES, FIS, HSE, LAs, SI, academic institutions, all stakeholders	2016
57	Identify existing resources across all sectors that support physical activity	DH, DTTS	All stakeholders	2016
58	Explore new public and private funding and investment mechanisms for organisations promoting physical activity and sport	DH, DTTS	All stakeholders	2020
59	Develop a programme of ongoing stakeholder communication and engagement to ensure delivery of the Plan including an annual stakeholder engagement forum	DH, DTTS	All stakeholders	Ongoing
60	Carry out a review of the targets and actions of this Plan three years following publication	DH, DTTS	All stakeholders	2018

appendix one

actions

Ref.	Action	Lead Responsibility	Partners	Timeframe
1	Develop a three-year communication strategy including the development of print, online and social media resources	DH	All stakeholders	2016
2	Conduct an annual evidence based national physical activity promotion campaign	DH	All stakeholders	2016
3	Develop the Get Ireland Active website (www.getirelandactive.ie) as a 'one-stop shop' for physical activity	DH, HSE	All stakeholders	2016
4	Identify and promote existing evidence based best practice policy, programmes, initiatives and infrastructure that are promoting increased levels of physical activity	HSE	All stakeholders	2016
5	Develop a publicly accessible national sports/recreation facilities and amenities directory	HSE	DECLG, DH, DTTS, LAs, LSPs, NGBs	2016
6	Conduct an annual National Week of Physical Activity and Sport to link in with the European Week of Sport	SI	DH, DES, DTTS, EU Commission, FIS, HSE, LSPs, NGBs	Ongoing
7	Raise awareness among schools, particularly primary schools, of opportunities to educate through physical activity	DES		Ongoing
8	Develop guidance to support schools adopt and implement policies that promote the wellbeing of their communities under the Get Active! Framework	DES	DH, LSPs, schools	2016
9	Extend the Active School Flag programme to 500 further schools	DES	DH, FIS, HSE, Ireland Active, LAs, LSPs, NGBs	2020
10	Evaluate the Be Active After School Initiative	HSE	LSPs, SI	2016

11	Fully implement the Physical Education curriculum for all primary and post-primary pupils to meet Department of Education and Skills guidelines	DES	Schools	2020
12	Evaluate the quality of teaching and learning in Physical Education in a sample of primary and post-primary schools annually	DES	Schools, HEA, IPPEA, PEAI	Ongoing
13	Develop and provide a programme of continuous professional development in physical education	DES	PDST, PE Subject Associations, Teacher Professional Networks, HSE, LSPs, NGBs	2018
14	Include physical activity in the development plans of Children and Young People's Services Committees	DCYA	LAs, HSE, Gardaí, Tusla, Education and Training Boards	2016
15	Review the National Play and National Recreation Policies and develop a new strategic direction for promoting physically active play	DCYA	DECLG, DES, DH, DTTS, HSE, LAs, SI	2017
16	Include children and young people in the development and implementation of programmes in which they are involved	DCYA, DES	All stakeholders	2016
17	Conduct the LifeSkills Survey every three years	DES	DH	Ongoing
18	Develop National Guidelines on Physical Activity for early childhood (0-5 years)	DH, HSE	DES, DCYA, academic institutions	2018
19	Include the promotion of physical activity in children, including through play, as an integral component of education and training programmes that lead to qualifications in early childhood care and education.	DES	QQI and educational institutions	2020
20	Develop a framework for health promoting colleges to include physical activity	HSE	HEA, SSI, Third level institutions	2016

21	Promote the assessment of PE by facilitating teachers and students in managing the assessment dimension of senior cycle physical education through the development of an App (for phones/tablets) and to trial the App with a number of schools in 2016	DES	NCCA	2016
22	Incorporate training on the preventative and treatment role of physical activity as a core component of undergraduate and in-service training for all health professionals	HSE	Third level institutions,	2020
23	Develop and implement a brief intervention model for delivery of physical activity advice	HSE	DH	2017
24	Develop local physical activity plans for four pilot areas as part of the National Healthy Cities and Counties Network	HSE	Local stakeholders	2017
25	Develop and implement a pilot programme for the National Exercise Referral Framework	HSE	All stakeholders	2016
26	Include questions on physical activity levels in risk factor screening and brief intervention/patient education	HSE	ICGP, ISCP, NMBI	2018
27	Review HSE physical activity programmes and workforce and implement recommendations	HSE	HSE staff	2016
28	Develop national guidelines on sedentary behaviour	DH	HSE	2017
29	Develop guidelines, support materials and referral pathways to promote physical activity for organisations providing mental health services and disability services	HSE	DH, MHC, Cara Centre, NDA, SI	2018
30	Develop guidelines to integrate physical activity in to long-term care planning and practice	HSE	DH	2018
31	Develop guidelines and support materials for those working in developing the built environment to promote the importance of physical activity	HSE	All stakeholders	2020

32	Develop and promote walking and cycling strategies in each Local Authority area	LAs	DECLG, GIW, LSPs, SI	2016
33	Ensure that the planning, development and design of towns and cities promotes cycling and walking with the aim of delivering a network of cycle routes and footpaths	LAs	DECLG, DTTS, NTA	2017
34	Ensure that the planning, development and design of towns and cities promotes the development of local and regional parks and recreational spaces that encourage physical activity	LAs	DECLG	2016
35	Develop a programme of continuous professional development on the role of physical activity for those working in developing the built environment	DECLG	Planning, architectural & engineering professional organisations	2020
36	Prioritise the planning and development of walking and cycling and general recreational /physical activity infrastructure	DECLG	LAs	2017
37	Explore opportunities to maximise physical activity and recreation amenities in the natural environment	DTTS	DAFM, DCENR, DECLG, DAHG, SI	2016
38	Develop a framework for workplace health and wellbeing including physical activity	DH	HSA, HSE, DJEI	2017
39	Develop a toolkit for employers to provide practical guidance on promoting physical activity at work	HSE	All stakeholders	2018
40	Continue to support the Smarter Travel Workplace and Campus Programmes	DTTS	NTA	Ongoing
41	Continue to support the Community Sport and Physical Activity Hubs in disadvantaged areas	SI	HSE, Ireland Active, LAs, LSPs, NGBs, schools	2016
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43	Rollout a new Active Communities Walking Programme in all LSP areas and support over 500 new active community walking groups around the country under the Get Ireland Walking initiative	SI	Age & Opportunity, Arthritis Ireland, GAA, HSE, IHF, Ireland Active, LAs, LSPs, Mountaineering Ireland	2018
44	Implement and support participation programmes with a focus on disadvantaged communities	DTTS	Community development groups, HSE, LCDC's, LSPs, NGBs, SI	2016
45	Develop a physical activity for health culture in Ireland through the development of new Get Ireland Running, Get Ireland Cycling, Get Ireland Swimming initiatives	SI	Athletics Ireland, Cycling Ireland, DTTS, HSE, Ireland Active, LAs, LSPs, Swim Ireland	2020
46	Strengthen and enhance the capacity of the LSPs to further develop locally led plans and more long-term sustainable physical activity programmes	DTTS, SI	FIS, HSE, LAs, LSPs, NGBs	Ongoing
47	Continue to support the work of the National Governing Bodies of sport in implementing programmes to promote physical activity	DTTS, SI	FIS, HSE, LAs, LSPs, NGBs	Ongoing
48	Develop programmes to address transitions and drop out from physical activity and sport	SI	DTTS, FIS, HSE, LAs, LSPs, NGBs	2017
49	Extend existing and developing programmes for physical activity for those with special needs and their families to enhance and deliver a comprehensive health and wellbeing programme	HSE	All stakeholders	2016
50	Establish a systematic, regular and long-term national surveillance system to monitor physical activity levels in each of the target groups, including key performance Indicators aligned with Healthy Ireland	DH, DTTS	HSE, LAs, LSPs, NGBs, SI, Universities	2016

51	Establish a set of baseline figures on physical activity and sedentary levels for each of the target groups	DH, DTTS	HSE, LAs, LSPs, NGBs, SI, Universities	2016
52	Establish a research programme to inform policies aimed at improving physical activity levels in each of the target groups	DH, DTTS	HSE, LAs, LSPs, NGBs, SI, Universities	2016
53	Develop a national database for sharing examples of quality evidence-based practice and programmes	DH	HSE, LAs, LSPs, NGBs, SI, Universities	2016
54	Develop a standardised evaluation framework for publicly funded programmes designed to increase physical activity levels	DH	DTTS, HSE, LAs, LSPs, NGBs, SI, Universities	2019
55	Conduct research in to the economic costs of inactivity in Ireland/benefits of investment in physical activity as a preventative strategy	DH	DTTS, HSE, LAs, LSPs, NGBs, SI, Universities	2020
56	Establish a cross-sectoral group to oversee the implementation of this Plan	DH, DTTS	DCYA, DECLG, DES, FIS, HSE, LAs, SI, academic institutions, all stakeholders	2016
57	Identify existing resources across all sectors that support physical activity	DH, DTTS	All stakeholders	2016
58	Explore new public and private funding and investment mechanisms for organisations promoting physical activity and sport	DH, DTTS	All stakeholders	2020
59	Develop a programme of ongoing stakeholder communication and engagement to ensure delivery of the Plan including an annual stakeholder engagement forum	DH, DTTS	All stakeholders	Ongoing
60	Carry out a review of the targets and actions of this Plan three years following publication	DH, DTTS	All stakeholders	2018

appendix two

members of the working group

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appendix three

abbreviations

DAFM	Department of Agriculture, Food and the Marine
DAHG	Department of Arts, Heritage and the Gaeltacht
DCENR	Department of Communications, Energy and Natural Resources
DCYA	Department of Children and Youth Affairs
DECLG	Department of the Environment, Community and Local Government
DES	Department of Education and Skills
DH	Department of Health
DJEI	Department of Jobs, Enterprise and Innovation
DTTS	Department of Transport, Tourism and Sport
FIS	Federation of Irish Sport
GAA	Gaelic Athletic Association
GIW	Get Ireland Walking
HEA	Higher Education Authority
HRB	Health Research Board
HSA	Health and Safety Authority
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
IHF	Irish Heart Foundation
IPPEA	Irish Primary Physical Education Association
ISCP	Irish Society of Chartered Physiotherapists
LA	Local Authority
LCDC	Local Community Development Committee
LSP	Local Sports Partnership
MHC	Mental Health Commission
NCCA	National Council for Curriculum and Assessment
NDA	National Disability Authority
NGB	National Governing Body of Sport
NMBI	Nursing and Midwifery Board of Ireland
NTA	National Transport Authority
PEAI	Physical Education Association of Ireland
PDST	Professional Development Service for Teachers
QQI	Quality and Qualifications Ireland
SI	Sport Ireland
SSI	Student Sport Ireland

appendix four

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