Active Healthy Kids Ireland

2026

The 2026 Ireland North and South Report Card on Physical Activity for Children and Adolescents





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Abbreviations

Abbreviation	Definition
AHKGA	Active Healthy Kids Global Alliance
CHS	Continuous Household Survey
CSPPA	Children's Sport Participation and Physical Activity Study
CSO	Central Statistics Office
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DEIS	Delivering Equality of Opportunity in Schools
FAS	Family Affluence Scale
FOI	Freedom of Information
GUI	Growing Up in Ireland
HBSC	Health Behaviour in School-aged Children
INC	Inconclusive
ISM	Irish Sports Monitor
MET	Metabolic Equivalent of Task
MVPA	Moderate-to-Vigorous Physical Activity
NISRA	Northern Ireland Statistics and Research Agency
PA	Physical Activity
PE	Physical Education
RWG	Research Working Group
SB	Sedentary Behaviour
SES	Socioeconomic Status
UK	United Kingdom
VO2max	Maximal Oxygen Uptake
WHO	World Health Organization
Y-FIT	Youth Fitness International Test
YPBAS	Young Persons' Behaviour and Attitudes Survey

Background

For children and adolescents, regular participation in physical activity (PA) promotes bone health, encourages healthy growth, the development of muscle, and improves motor and cognitive development (1). Conversely, insufficient PA and excessive sedentary behaviour (SB) contribute to the development of risk factors for many chronic diseases (2). Children and adolescents with a disability may experience many of the same physical, social and mental health benefits from regular PA participation. However, they often encounter unique and compounding barriers that limit participation. Limited surveillance data restricts understanding of their movement behaviours and hinders the development of evidence-informed interventions and policy (3).

Increasing PA among all children and adolescents, including those living with disability, therefore remains a key public health priority, particularly as movement behaviours established during childhood and adolescence often track into adulthood (4).

Children and adolescents (5-17 years) across the island of Ireland are recommended to accumulate an average of at least 60 minutes per day of moderate-to-vigorous-intensity across the week. Vigorous-intensity aerobic activities, and activities that strengthen muscle and bone, are recommended on at least three days per week. Children and adolescents are also encouraged to limit SB, particularly recreational screen time (5-6). The guidelines provide specific recommendations for children and adolescents living with disability, recognising that all children should be supported to participate in regular PA appropriate to their abilities and individual circumstance (5-6).

Since the publication of the 2022 Ireland North and South Report Card, the policy landscape supporting PA has evolved across both jurisdictions. In Ireland, the publication of Every Move Counts: National Physical Activity and Sedentary Behaviour Guidelines for Ireland (7) updated the national recommendations in line with the latest scientific evidence and the World Health Organization (WHO) Guidelines on PA and SB (8). This was followed by the publication of the National Physical Activity Framework 2024 -2040, which establishes a vision of making Ireland the most physically active nation in Europe by 2040 (9). The Framework recognises that increasing PA requires coordinated action across health, education, transport, sport, planning, local government and communities, with children and young people identified as a priority population (9).

In Northern Ireland, the Active Living: Sport and Physical Activity Strategy for Northern Ireland (2022) strategy, provides a strategic framework for increasing participation in sport and PA through a whole-systems approach (10). Underpinned by the UK Chief Medical Officers' PA Guidelines (6), this strategy seeks to increase participation across the population, reduce inequalities and improve opportunities for children and young people to be active throughout childhood and adolescence. Together, these developments demonstrate a continued commitment to improving PA across the island of Ireland.

Robust surveillance is essential to monitor PA participation, identify inequalities, evaluate policy implementation and inform evidence-based decision making (11). Since the publication of the 2022 Ireland North and South Report Card, several nationally representative surveillance systems have been updated providing new evidence across multiple indicators. Recent work examining the surveillance of Ireland's National Physical Activity and Sedentary Behaviour Guidelines highlighted the importance of harmonised, high-quality surveillance systems that accurately measure PA and SB across the life course and align with national recommendations (12). Thus, continued investment in high-quality surveillance remains essential to monitor progress and support future policy and practice.

The Ireland North and South Report Card on Physical Activity for Children and Adolescents is an established all-island surveillance and knowledge translation initiative. It synthesises evidence from Ireland and Northern Ireland to assess PA behaviours, influences and supports across the island. Although many public health priorities are shared between Ireland and Northern Ireland, the two jurisdictions operate under separate government, health, education and transport systems, resulting in differences in policy, surveillance and service provision. Consistent with the principles of the cross-border cooperation established under the Belfast Agreement/Good Friday Agreement 1998, the Ireland North and South Report Card is presented as a unified report for the whole island. Where evidence differs between jurisdictions, separate grades are assigned to reflect these differences, while maintaining an overall all-island assessment.

The 2026 Ireland North and South Report Card forms part of the Active Healthy Kids Global Alliance (AHKGA) Global Matrix 5.0. The Global Matrix is an international initiative that applies a harmonised methodology to assess PA behaviours, influences and supports among children and adolescents, enabling international benchmarking across participating countries (13). Ireland has participated in the Global Matrix initiative since 2014, with subsequent Report Cards published in 2016 and 2022 (14-16). Collectively, these reports have provided a consistent framework for monitoring PA, while aiming to provoke change in priorities, practices and funding in relation to children's PA across the island of Ireland.

The purpose of the 2026 Ireland North and South Report Card on Physical Activity for Children and Adolescents is to provide an updated and current assessment of PA behaviours, influences and supports using the best available evidence. Using the internationally harmonised AHKGA grading methodology, the Report Card evaluates eleven indicators to: (i) monitor progress since previous editions, (ii) identify evidence gaps and priorities for action, and (iii) support evidence-informed policy, practice and future surveillance across the island of Ireland.

Building on previous Report Cards, the 2026 edition also aims to serve as a tool for practitioners and policymakers to identify key priorities, advocate for action and inform the allocation of resources to children's PA promotion initiatives. The findings will also contribute to the AHKGA Global Matrix 5.0, enabling Ireland's performance to be benchmarked internationally alongside participating countries.

If you are interested in learning more about the Report Card process, please see the following background paper (13), or visit activehealthykids.org/about/

The following papers demonstrate how Ireland compared to the Global Matrix 1.0 in 2014 (14) and Global Matrix 2.0 in 2016 (15), Global Matrix 4.0 in 2022 (16) with more details available at: activehealthykids.org/1-0/ , activehealthykids.org/2-0/ , activehealthykids.org/4-0/

If you are a researcher, service provider or decision maker and would like to know whether there is a Report Card available for another country, please visit: activehealthykids.org/5-0/ This website is continually updated as countries launch and update their Report Cards.





Key Stages

The 2026 Report Card was developed using an established all-island collaborative approach with representation from researchers, practitioners and stakeholders across Ireland and Northern Ireland. The Research Working Group (RWG) reviewed the 2022 Report Card alongside the updated guidance issued by the AHKGA for Global Matrix 5.0.

Eleven indicators of PA behaviours, influences and supports were evaluated using the best available evidence published between March 2020 and June 2025.

Evidence was drawn primarily from national surveillance systems and supplemented where appropriate by peer-reviewed publications, government reports and policy documents where appropriate. Particular attention was given to ensuring that the evidence reflected the post-COVID-19 landscape while maintaining consistency with the standardised AHKGA methodology.

For each indicator, the RWG considered the quality, representativeness and methodological rigour of the available evidence. Where possible, differences by jurisdiction, sex, age, socioeconomic background and other relevant characteristics were also considered. Indicators for which unavailable, insufficient or inadequate data was available were assigned an Inconclusive (INC) grade.

Draft grades and supporting rationale were agreed by the RWG, reviewed through stakeholder consultation and subsequently audited by the AHKGA audit process, before finalisation.

A summary of the grading process is presented in Figure 1. A full description of the AHKGA methodology is available at www.activehealthykids.org.



Figure 1. The 2026 North and South Report Card for Children and Adolescents

01

Eleven indicators and standardised benchmarks were established by the Active Healthy Kids Global Alliance (AHKGA) for Global Matrix 5.0.

02

The Ireland Report Card Research Working Group (RWG) was established in March 2025.

03

Members of the RWG met to discuss the indicators and benchmarks to be included in the 2026 Report Card (Figure 2).

04

The RWG critically appraised the data for each indicator and assigned a draft grade considering factors including sample size, methodological quality, representativeness and inequalities.

05

Draft grades were agreed by consensus using the AHKGA internationally standardised grading system (A+ to F or INC) (Table 1). INC grades were awarded where data was unavailable, insufficient, or inadequate to assign a grade.

06

Stakeholder consultation was undertaken with representatives from relevant agencies, allowing feedback on the proposed draft grades and accompanying rationale.

07

Post stakeholder consultation, the proposed grades were submitted to the AHKGA for independent review and were audited as part of the Global Matrix 5.0 process.

08

Following stakeholder consultation and AHKGA audit, the grades were finalised and incorporated into the 2026 Ireland North and South Report Card.

09

The completed Report Card was prepared for national dissemination and international release as part of the AHKGA Global Matrix 5.0 initiative.

Figure 2. Indicators included in Ireland's Report Card on Physical Activity for Children and Adolescents



*Introduced for Global Matrix 3.0 in 2016; first included in Ireland's Report Card in 2022.
**Not a mandatory indicator required by Global Matrix.

Table 1. Active Healthy Kids Global Alliance Grading Rubric

Grade	Percentage Range	Description
A+	94% – 100%	—
A	87% – 93%	We are succeeding with a large majority of children
A-	80% – 86%	—
B+	74% – 79%	—
B	67% – 73%	We are succeeding with well over half of children
B-	60% – 66%	—
C+	54% – 59%	—
C	47% – 53%	We are succeeding with about half of children
C-	40% – 46%	—
D+	34% – 39%	—
D	27% – 33%	We are succeeding with less than half of children
D-	20% – 26%	—
F	< 20%	We are succeeding with very few children
INC	Incomplete	Data was unavailable, insufficient, or inadequate to assign a grade

Data Sources

The following main data sources were used to inform the 2026 Ireland North and South Report Card, with further details of their study characteristics presented in Table 2.

Ireland

Growing Up in Ireland (GUI)

Growing Up in Ireland (GUI) is a national longitudinal study of children and young people and is a joint project of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and the Central Statistics Office (CSO). Data from Cohort '08 (formally referred to as the Infant Cohort) at 13 years of age were used in this Report Card (17). Data were collected using self-report questionnaires completed by either the primary caregiver, the young person or both.

Health Behaviour in School-Aged Children (HBSC)

The Health Behaviour in School-aged Children (HBSC) survey is a WHO collaborative cross-national study that monitors the health behaviours, health outcomes and social environments of school-aged children, every four years. Internationally, the HBSC study collects comparable data from nationally representative samples of 11-, 13- and 15-year-olds. The Irish HBSC study, coordinated by the University of Galway and funded by the Department of Health, also includes a middle childhood study and therefore surveys school-going children aged 8-18 years (18). Data were collected in 2022 using self-completed questionnaires administered within the classroom setting.

Irish Sports Monitor (ISM)

The Irish Sports Monitor (ISM) is a continuous, nationally representative population survey commissioned by Sport Ireland to monitor participation in sport and PA among people aged 16 years and over in Ireland (19). The survey tracks key measures including sport participation, overall PA levels, club membership, volunteering, event attendance, recreational walking, and walking or cycling for transport. Interviews are conducted throughout the year to account for seasonal variation in participation. Data from the 2023 ISM were used, where relevant, to indicators that included older adolescents.

Northern Ireland

Young Persons' Behaviour and Attitudes Survey (YPBAS)

The Young Persons' Behaviour and Attitudes Survey (YPBAS) is a nationally representative, repeated cross-sectional survey commissioned by a consortium of Northern Ireland government departments, including the Department of Health, Department for Infrastructure, and Department for Communities. The survey examines a wide range of health behaviours, attitudes and lifestyles among young people aged 11-16 years and provides evidence to inform government policy and practice relating to children and young people in Northern Ireland. Data for this Report Card were drawn from the seventh round of the survey.

Continuous Household Survey (CHS)

The Continuous Household Survey (CHS) is administered by the Northern Ireland Statistics and Research Agency (NISRA) on behalf of the Department for Infrastructure to collect information on a wide range of topics relevant to Northern Ireland (21). Data relating to children's travel to and from school are collected through a parental proxy-report questionnaire completed by randomly selected households. Data used in this Report Card were collected during 2023-2024.

Ireland and Northern Ireland

Children's Sport Participation and Physical Activity Study (CSPPA)

The Children's Sport Participation and Physical Activity Study (CSPPA) (22) is a nationally representative, cross-sectional study examining PA, physical education (PE) and sport participation among children and adolescents aged 10-19 years across the island of Ireland. The study commenced in 2010, with Northern Ireland first included in 2018, enabling comparable all-island surveillance. The 2022 CSPPA study was funded by Sport Ireland, Healthy Ireland and Sport Northern Ireland and undertaken by researchers from the University of Limerick, Dublin City University, University College Cork and Ulster University, with support from the Departments of Health and Education in Ireland. Data were collected between January and May 2022 from primary and post-primary schools using self-administered pupil questionnaires.

Table 2. Principal data sources used to inform the 2026 Ireland North and South Report Card

Source	Year(s) of data collection	Age (years)	Jurisdiction	Sample size	Disability Identification	Reference
Growing Up in Ireland (GUI) -Cohort '08 (Age 13)	2021-2022	13	Ireland	6,655 primary caregivers; 6,375 young people	Disability/chronic condition identified through parent and young person report of a long-standing illness, disability, chronic condition or special educational need. Disability type was not routinely disaggregated in published analyses.	17
Health Behaviour in School-aged Children (HBSC) Study	2022	8–18	Ireland	191 schools (117 primary; 74 post-primary); 9,071 pupils	Self-reported long-term illness, disability or medical condition diagnosed by a doctor; Disability status was available for subgroup analyses; however, disability type was not routinely disaggregated in published analyses.	18
Irish Sports Monitor (ISM)	2023 & 2024	≥16*	Ireland	~8,500 respondents	Self-reported long-term illness or disability that limits daily activities.	19
Young Persons' Behaviour and Attitudes Survey (YPBAS)	2022-2023	11-16	Northern Ireland	7,498 pupils	No disability-specific data available for school indicator.	20
Continuous Household Survey (CHS)	2023-2024	School-aged children	Northern Ireland	896 pupils	No disability-specific data available.	21
Children's Sport Participation and Physical Activity Study (CSPPA)	2022	10-19	Ireland & Northern Ireland	153 schools; 8,881 children and adolescents. Disability subgroup n = 2,271 (27.7%).	Disability identified using the Washington Group Child Functioning Module.	22

*Data from participants aged 16 -17 years were used where relevant to indicators including older adolescents.

Summary of findings for the 2026 Ireland North & South Report Card

- The 2026 Ireland North and South Report Card on Physical Activity for Children and Adolescents highlights some progress across the island of Ireland. However, less than half of children met the recommendation of at least 60 minutes of moderate-to-vigorous physical activity (MVPA) on four or more days per week.
- Positive trends were observed across several indicators. Grades for 'Organised Sport and Physical Activity', 'School', 'Physical Education', and 'Community and Environment' increased since the 2022 Report Card.
- 'Community and Environment', which support children and adolescents to be physically active received the highest grade (A), reflecting continued access to supportive environments and resources that facilitate physical activity participation.
- Grades for 'Overall Physical Activity', 'Sedentary Behaviour', and 'Family and Peers' remained unchanged since 2022, indicating limited progress in key behavioural indicators.
- Lower grades were assigned for 'Active Transportation' in both jurisdictions compared with 2022. The use of active transport to and from school, remained particularly low among post-primary students and was lower in Northern Ireland than in Ireland.
- Two indicators, 'Active Play' and 'Physical Fitness', were graded as Incomplete (INC) due to insufficient evidence to assign a grade at this time.
- The 'Government' grade for investment, policy and implementation for children's PA decreased compared with the 2022 Report Card due mainly to decrease in the grade for Northern Ireland.
- Grades on PA behaviours and influences on PA for children with a disability were included for the second time. Improvements were observed across a number of indicators, including 'Overall Physical Activity', 'Organised Sport and Physical Activity', 'School', 'Physical Education', and 'Community and Environment'.
- When data specific to disability were compared with the overall grades, disability grades remain lower across many indicators. Equivalent grades were observed for 'School', 'Sedentary Behaviour', and 'Active Transportation'.
- The increasing availability of nationally representative and all-island datasets has strengthened the evidence base for assessing PA among children and young people across Ireland and Northern Ireland.
- Challenges remain in aligning available data with the Global Matrix benchmarks due to differences in survey methodology, question wording, and reporting practices.
- These grades should be interpreted with consideration for COVID-19-related disruptions to research and surveillance activities during the assessment period, which affected the availability of nationally representative device-based and disability-specific data.



Summary of 2026 Grades

Table 3. Summary of Grades for the 2026 Ireland North and South Report Card on Physical Activity for Children and Adolescents

Indicator	Main Grade	Disability Grade
Overall Physical Activity	C-	D+
Organised Sport and Physical Activity[a]	B	B-
Active Play	INC	INC
Active Transportation*	D- All-Island D- Ireland F Northern Ireland	D- All-Island D- Ireland F Northern Ireland
Sedentary Behaviour[b]	C-	C-
Physical Fitness[c]	INC	INC
Family and Peers[d]	D+	D
School	C+	C+
Physical Education*	B- Ireland D Northern Ireland	B- Ireland F Northern Ireland
Community and Environment[e]	A	A-
Government[f]	B- All-island: C Ireland C- Northern Ireland	C+ All-island C Ireland C- Northern Ireland

INC - Inconclusive grade - reflects the complete absence of available evidence (including any partial or low-quality sources that could have informed the indicator but not justified a grade) and documents a knowledge gap for this population.

a Previously known as Organised Sport Participation; b Previously known as Sedentary Behaviour: TV viewing; c Physical Fitness included as an indicator for the first time in 2022; d Previously known as Home (Family); e Previously known as Community and Built Environment; f Previously known as Government Strategies and Investments; *Assigned separate grades for Ireland and Northern Ireland to reflect jurisdiction-specific evidence.

Table 4. Comparison of General Population Grades Across Ireland North and South Physical Activity Report Cards (2014-2026)

Indicator	2014	2016	2022	2026
Overall Physical Activity	D-	D	C-	C-
Organised Sport and Physical Activity[a]	C-	C- Ireland C+ Northern Ireland	C	B
Active Play	INC	INC	INC	INC
Active Transportation*	D	D	D Ireland D- Northern Ireland	D- All-Island D- Ireland F Northern Ireland
Sedentary Behaviour[b]	C-	C-	C-	C-
Physical Fitness[c]	-	-	INC	INC
Family and Peers[d]	INC	INC	D+	D+
School	C-	D	C-	C+
Physical Education*	D-	D-	D	B- Ireland D Northern Ireland
Community and Environment[e]	B	B+	B+	A
Government[f]	INC	INC	B	B- All-island C Ireland C- Northern Ireland

INC - Inconclusive grade -reflects the complete absence of available evidence (including any partial or low-quality sources that could have informed the indicator but not justified a grade) and documents a knowledge gap for this population.

a Previously known as Organised Sport Participation; b Previously known as Sedentary Behaviour: TV viewing; c Physical Fitness included as an indicator for the first time in 2022; d Previously known as Home (Family); e Previously known as Community and Built Environment; f Previously known as Government Strategies and Investments; *Assigned separate grades for Ireland and Northern Ireland to reflect jurisdiction-specific evidence.

Table 5. Comparison of Disability Specific Grades Across Ireland North and South Physical Activity Report Cards (2022 and 2026)

Indicator	2022	2026
Overall Physical Activity	F	D+
Organised Sport and Physical Activity	D	B-
Active Play	INC	INC
Active Transportation*	D-	D- All-Island D- Ireland F Northern Ireland
Sedentary Behaviour	C-	C-
Physical Fitness	INC	INC
Family and Peers	C	D
School	C-	C+
Physical Education*	INC	B- Ireland F Northern Ireland
Community and Environment	B-	A-
Government*	B	C+ All-island C Ireland C- Northern Ireland

INC - Inconclusive grade -reflects the complete absence of available evidence (including any partial or low-quality sources that could have informed the indicator but not justified a grade) and documents a knowledge gap for this population.
*Assigned separate grades for Ireland and Northern Ireland to reflect jurisdiction-specific evidence.

Recommendations

The findings from the 2026 Ireland North and South Report Card highlight continued low PA participation, persistent inequalities and important surveillance gaps.

Priorities for action include:

- Address the persistently low grades across the; 'Overall Physical Activity', 'Active Transportation', 'Sedentary Behaviour' and 'Family and Peers' indicators through coordinated resourcing, implementation and evaluation of existing policies and strategies across Ireland and Northern Ireland.
- Prioritise targeted action to address the persistent inequalities in PA participation and supports, particularly among females, adolescents and children and adolescents from lower socioeconomic backgrounds. Ensure surveillance systems allow the evaluation of the effectiveness of these interventions over time.
- Strengthen the inclusion of children and adolescents living with disabilities across physical activity policy, practice and surveillance in both jurisdictions.
- Invest in a longitudinal, nationally representative and harmonised PA surveillance system across Ireland and Northern Ireland. Include both self-report and device measured PA to enable trends and inequalities to be monitored consistently by age, sex, socioeconomic status, disability and jurisdiction.
- Prioritise nationally representative research and surveillance for 'Active Play' and 'Physical Fitness', both of which remain Inconclusive due to insufficient evidence.
- Improve the environments and systems that support children and adolescents to be physically active, including safe, accessible and inclusive opportunities for active travel, sport, play and PA within schools and communities.

Overall Physical Activity

Background

Physical activity is defined as any bodily movement produced by the skeletal muscles that involves energy expenditure (23). Regular participation in PA during childhood and adolescence is associated with improved bone, cardiometabolic and cardiorespiratory health, as well as psychological and social benefits (24-26). Children and adolescents across the island of Ireland are recommended to accumulate an average of at least 60 minutes MVPA per day across the week (6-7).

Data

Twenty-four data sources were identified for the 'Overall Physical Activity' indicator. Data sources were excluded if they were collected either before March 2020 or after June 2025, if the data were not aligned to either of the benchmarks or if they did not include a representative sample population. Of the twenty-four data sources identified, only three were considered eligible for inclusion, two datasets from Ireland and one data source that combined both North and South. All three data sources used self-report or proxy-report measures of PA.

Benchmark*

% of children and adolescents who meet the global recommendations on PA for Health, which recommend that children and adolescents accumulate at least 60 min of MVPA per day on average.

Or

% of children and adolescents meeting at least 60 min of MVPA on at least 4 days/week (when an average cannot be estimated).

**Unless otherwise stated, the definitions and benchmarks applied to children and adolescents living with a disability are consistent with those used for the overall child and adolescent population.*

Overall Grade: C-

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
GUI - Key Findings: Cohort 08 at 13 Years Old - 2023 (17)	66% of the 13-year-old cohort reported that they engaged in 60 min of MVPA on at least 4 days/week. This was both self-reported by 13-year-old participants (n=6,375), and proxy-reported by the parent/guardian (n=6,655).
Health Behaviour in School-aged Children (HBSC) Study (18)	51% of 8-18-year-olds that they met the recommended 60 minutes of vigorous PA per day. 191 schools (117 primary; 74 post-primary); 9,071 pupils.
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	64.6% of pupils from Ireland, and 61.6% of pupils from Northern Ireland reported that they engaged in 60 min of MVPA on at least 4 days/week. This was self-reported data provided by school children and young people aged 10-19 years (n=8,881).



Disability Grade: D+

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
GUI - Key Findings: Cohort 08 at 13 Years Old - 2023 (17)	62% adolescents who report they have a disability or chronic illness report meeting the guidelines of 60 mins of MVPA on at least four days.
Health Behaviour in School-aged Children (HBSC) Study (18)	45.5% of children who report they have a disability or chronic illness report meeting the guidelines on at least four days.
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	54.7% of 10-19-year-olds who report they have a disability or chronic illness report meeting the guidelines of 60 mins of MVPA on at least four days. Disability subgroup n = 2,271 (27.7%).



Inequalities

Overall, inequalities were observed across the available data, with differences in PA participation evident by sex, whereby boys were more likely to meet the PA benchmark than girls (17, 18). Differences were also observed by age, with younger children more likely to meet the benchmark than adolescents (18), by disability status, with fewer children and adolescents living with disabilities meeting the benchmark (18), and by socioeconomic status (SES), with children from lower socioeconomic backgrounds less likely to achieve the recommended levels of PA (18).

Comment

The proportion of children and adolescents failing to achieve the recommended levels of MVPA remains a public health concern across the island of Ireland (18). In the 2014 Report Card, Ireland and Northern Ireland received a grade of D- (14), which increased to D in 2016 (15) and C- in 2022 (16). Although this represents a positive trajectory over time, the increase is likely attributable in part to changes to the grading methodology rather than clear evidence of substantial increases in PA participation.

Consistent with the AHKGA methodology, only one benchmark can be used to assign the 'Overall Physical Activity' grade. As only one eligible dataset (20) aligned with the primary benchmark (average of at least 60 minutes of MVPA per day across the week), and this represented Northern Ireland only, the alternative benchmark (≥60 minutes of MVPA on at least four days per week) was applied. Using this benchmark, the pooled estimate from three nationally representative datasets produced an inflated preliminary grade. However, following further exploration, consultation with the RWG and national stakeholders, there was no evidence of a meaningful change in 'Overall Physical Activity' trends since 2022. Therefore, the apparent improvement was considered to be primarily attributable to the benchmark applied rather than a true population-level increase in PA participation. Consequently, the 'Overall Physical Activity' grade was retained at C-.

It should also be acknowledged that this benchmark does not consider other aspects of the PA guidelines, for example, the recommendation for children and adolescents to undertake muscle- and bone-strengthening activities on at least three days per week.

Although nationally representative surveillance has improved, the evidence base continues to rely predominantly on self-reported measures of PA. There are still inconsistencies in how PA is measured in self-report surveys. For example, some studies ask participants to report their PA over the past 14 days, which limits comparisons with the benchmark, and PA guidelines. As recommended in the 2016 and 2022 Report Cards, surveillance in Ireland and Northern Ireland would benefit from long term implementation of one valid tool across the age ranges and across jurisdictions (15, 16).

The absence of nationally representative device-based datasets limits the precision and comparability of estimates across studies. Furthermore, evidence relating to children and adolescents living with disabilities remains limited (3), restricting the ability to monitor participation and inequalities within this population. It is also important to acknowledge that much of the evidence informing this Report Card was collected during or immediately following the COVID-19 pandemic. The disruption to research activity and population surveillance during this period may have contributed to the limited availability of nationally representative device-based studies and disability-specific data. Future surveillance should prioritise harmonised measurement approaches, greater use of device-based methods where feasible, and improved inclusion of children and adolescents living with disabilities to strengthen national surveillance and inform evidence-based policy and practice.



Organised Sport & Physical Activity

Background

Organised sport is a form of leisure-time PA, and typically involves planned, supervised, and rule-governed participation, most commonly within clubs, schools, or community organisations, and can include both individual and team-based participation (27). Engagement in organised sport spans a continuum from broad-based recreational participation at the community level through to more specialised developmental and performance pathways at regional and national levels (28). Organised sport participation has been recognised as one of the "eight investments that work" to increase PA levels (29), with higher levels of engagement contributing to well-established physical health benefits for children and adolescents (30). Beyond physical health, participation in organised sport has also been shown to provide significant psychological and social benefits, including improved self-esteem, confidence, social connectedness, sense of belonging, and overall well-being (27).

Data Sources

There were three data sources used in the grading of this indicator. Two datasets from Ireland, and one dataset that combined both Ireland and Northern Ireland. All data sources used either self-report and/or proxy-report (parent) measures. This included online questionnaires and surveys, and telephone interviews and surveys.

Benchmark

% of children and adolescents who participate in organised sport and/or PA programs.



Overall Grade: B

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
GUI - Key Findings: Cohort 08 at 13 Years Old - 2023 (17)	70% of the 13-year-old cohort participate in organised team sport. This was both self-reported by 13-year-old participants (n=6,375), and proxy-reported by the parent/guardian (n=6,655).
Irish Sports Monitor (ISM) 2023 (19)	74% of children aged five years or older participate in organised sport outside of school. This was a proxy reported by the parent/guardian (n=8,500).
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	In Ireland, 76% of primary and 74% of post-primary students participate in sport in a sports club or community setting at least once a week, with overall participation levels averaging approximately 75%. In Northern Ireland, 73% of primary and 71% of post-primary students participate in sport in a sports club or community setting at least once a week, with overall participation levels averaging approximately 72%. This was self-reported data provided by school children and young people aged 10-19 years (n=8,881).

Disability Grade: B-

Self-Report Data	
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (13)	In Ireland, 65% of primary and 63% of post-primary students with a disability participate in sport in a sports club or community setting at least once a week, with overall participation levels averaging approximately 64%. In Northern Ireland, 61% of primary and 66% of post-primary students with a disability participate in sport in a sports club or community setting at least once a week, with overall participation levels averaging approximately 63.5%.



Inequalities

Broadly similar findings for participation in organised sport were observed across Ireland and Northern Ireland. In Ireland, significant socioeconomic differences were evident at both primary and post-primary school level. Primary school students from families of higher SES reported higher levels of participation in community sport than those from lower SES (82% vs 60%). Similar socioeconomic differences were evident at post-primary school level (84% vs 64%). Boys reported higher participation levels in organised sport than girls (18, 22), while participation in organised sport declined with age, especially from primary school to post-primary school (22). Participation in organised sport was lower among children and adolescents with a disability (63.8%) compared to their peers without a disability (76.8%) (22).

Comment

A unified definition of organised sport participation is needed as a starting point, to then guide how organised sport is measured within future research studies. At present, comparability across the data sources is limited, due to the different questions and definitions applied. CSPPA captures community and school sport participation and frequency per week, whereas the ISM captures sport outside of school but does not report frequency per week. GUI captures participation in structured activities, defined as organised and supervised activities that may require payment.

There is a need to increase frequency reporting across sources to align with the CSPPA study and to support more accurate grading. While differences in participation by age were identified, particularly in the transition from primary to post-primary, no single data source captures age range with consistency. CSPPA includes young people aged 10-19 years, ISM includes children aged 5 years and older through parent-report, while GUI captures participation at age 13 years. Future surveillance would benefit from aligned age bands to support more consistent comparisons across childhood and adolescence.

Limited disability data were also available, with only CSPPA reporting organised sport participation by disability status. Disability-inclusive data collection should therefore be expanded across national surveillance systems to enable participation patterns and inequalities to be more consistently monitored.

Overall, greater consistency in the definition of organised sport, age-range reporting, weekly participation frequency and disability-inclusive data collection is required to improve comparability across datasets and strengthen future monitoring and grading of organised sport participation.

Active Play

Background

Active play, defined by the Play, Learn and Teach Outdoors Network as play involving PA of any intensity (31), is recognised as one of the four key domains through which children accumulate their overall PA. It encompasses a broad spectrum of formats; structured or unstructured, solitary or social, indoor or outdoor, with or without defined rules. Fundamentally, Active Play is spontaneous, sporadic, and primarily self-directed, often occurring without adult supervision.

Regardless of its form, active play provides children with meaningful opportunities to increase their PA levels. Evidence suggests that engaging in outdoor active play prior to classroom activities can significantly enhance on-task behaviour, particularly among preschool-aged children from lower socioeconomic backgrounds (32). Furthermore, developmentally appropriate play has been shown to support the growth of executive function and prosocial behaviours, which are essential for classroom engagement and social development (33, 34). These findings underscore the importance of active play not only for physical health but also for cognitive and social-emotional development.

Data Sources

No representative study reported on 'Active Play' that aligned with the Benchmark.

Benchmark

% of children and adolescents who engage in indoor or outdoor unstructured/unorganized active play at any intensity for more than 2 hours per day.

% of children and adolescents who report being outdoors for more than 2 hours per day.



Overall Grade: INC-

Disability Grade: INC

Inequalities

There is a lack of evidence using direct and device-based measures of active play and studies that aggregate play behaviours by gender, disability, SES, and age.

Comment

As with all previous editions of the Report Card, 'Active Play' has once again been assigned an incomplete grade due to insufficient, representative evidence across the island of Ireland. This persistent gap exists despite Ireland being one of the first countries in the world to produce a detailed national policy on play (35). Ireland, both North and South, continue to be among only a small group of countries (including England, Scotland, Wales, and Canada) that have a national play policy. Yet, it has been over 20 years since Ireland's policy was published, and it has not been updated to reflect the evolving needs of children and adolescents or the growing population. To address this, the newly sanctioned national play policy must be implemented as a matter of urgency for it to be valued and prioritised in both policy and practice in Ireland. By doing so, it can then serve as a strategic framework for investment and research, ensuring that the diverse and changing play needs of children and adolescents are recognised, supported, and measured in a meaningful way.



Active Transportation

Background

Active transportation refers to any form of human-powered travel (e.g., walking, cycling, wheelchair use, or scootering) used for all or part of a journey. It represents one of the most feasible and sustainable ways for children and adolescents to accumulate daily PA. Systematic reviews show that active transportation to and from school can contribute substantially to children's daily PA, often accounting for up to half of their daily MVPA on school days (36) and is associated with improved cardiometabolic health, healthier body composition, and enhanced fitness (37). Over recent decades, rates of active travel to school have declined across many high-income countries, including Ireland, although recent data suggest this decline may have stabilised, mirroring broader reductions in independent mobility and increasing reliance on car-based travel (38).

Data

There were three data sources used in the grading of this indicator. One dataset from Ireland, one dataset from Northern Ireland and one all-island dataset that allowed data for the two jurisdictions to be disaggregated. Several further datasets were consulted in the grading of this indicator, but due to the wording of the assessment tool, these data did not align with the benchmark for this indicator. All data sources used self-reported measures, with active transport reported either by the child or by a proxy (parent/guardian).

Benchmark*

% of children and adolescents who use active transportation to get to and from places (e.g. school, park, mall, friend's house).



Overall Grade: All-Island: D- Ireland: D- Northern Ireland: F

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	25.1% of children (n=6,359, 10–19-year-olds) usually used active modes of transportation to and from school (24.1% in primary schools and 25.5% in post-primary schools). This was a self-report measure using questionnaires.
NTA National Household Travel Survey 2024 (39)	20% of children (n=1887, 4–14-year-olds) used active modes of transportation to travel to any destination. This was a parental proxy report measure using a household travel survey and a 2-day travel diary.
Northern Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	13.1% of children usually used active modes of transportation to and from school (21.5% in primary schools and 10.3% in post-primary schools) (n=2,530, 10–19-year-olds). This was a self-report measure using questionnaires.
NISRA/Dept of Infrastructure Continuous Household Survey 2025 (21)	21.7% of children (n=896, 4–14-year-olds) used active modes as their main mode of transportation to and from school (27% in primary schools and 16% in post-primary schools). This was a parental proxy report measure using a household travel survey.

Disability Grade: All-Island: D- Ireland: D- Northern Ireland: F

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	25.8% of children (n=1,536, 10–19-year-olds) usually used active modes of transportation to and from school (23.9% in primary schools and 26.3% in post-primary schools). This was a self-report measure using questionnaires.
Northern Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	16.1% of children (n=665, 10–19-year-olds) usually used active modes of transportation to and from school (27.5% in primary schools and 12.7% in post-primary schools). This was a self-report measure using questionnaires.



Inequalities

A recent all-island study (CSPPA) reported clear patterns of inequality across several population groups in Ireland (22). Girls reported slightly higher active travel rates than boys at both primary and post-primary level. Active travel was more common among primary school-children, with a clear decline at post-primary level - a trend also reflected in national travel data (37). Socioeconomic gradients were observed, with higher active travel among students from lower-SES backgrounds. Urban students were more likely to use active travel than rural students. A notable North-South difference persisted, with substantially lower active travel rates among post-primary students in Northern Ireland.

Comment

Children's engagement in active transportation remains low relative to other travel modes, and long-term trends indicate reduced participation. The grades awarded for both Ireland and Northern Ireland in this report have also decreased since 2022. Recent evidence indicates a sustained decline in active travel to school over several decades, with only modest stabilisation in recent years (22, 37). Rising household car ownership in Ireland has further contributed to a strong baseline of car dependency, particularly for longer school journeys (39)

Current measurement approaches present notable limitations. Only a small number of datasets align closely with the benchmark, and commonly used indicators such as "usual mode of travel" or "main mode for the longest part of the journey" are likely to underestimate active travel (39). These metrics do not capture children who walk or cycle on some, but not all days, those who combine modes (e.g., bus or car plus walking), or active travel to non-school destinations. No dataset reports the proportion of children who actively travel both to and from all destinations, meaning available figures provide only a partial picture. Despite this, levels of active transportation among Irish school-children remain low compared with international peers (40).

Moving forward, enhanced surveillance using standardised, developmentally appropriate tools (both objective and subjective) is needed to capture multimodal commuting, trip distance, trip frequency and non-school trips. Strong evidence identifies distance as a key determinant of active travel for children (41), highlighting the importance of increasing modal split for cycling to school and other destinations and facilitating 'last kilometre active travel' for walking. High-quality segregated cycling infrastructure, traffic calming around schools and other key destinations, park-and-stride facilities, and supportive urban planning to improve walkability (including residential density, land-use mix, and street connectivity) are consistently associated with higher rates of active transport and remain essential strategies for improving future grades (42).



Sedentary Behaviour

Background

Sedentary behaviour (SB) is defined as any waking behaviour characterised by an energy expenditure of ≤ 1.5 metabolic equivalents (METs) while in a sitting, reclining or lying posture (44). Excessive SB during childhood and adolescence has been associated with poorer physical and mental health outcomes, including increased adiposity, reduced cardiorespiratory fitness, poorer psychosocial wellbeing and lower academic achievement (23, 24). Recreational screen time is the most commonly used proxy measure of SB within population surveillance and forms the basis of the Canadian 24-Hour Movement Guidelines (45), Ireland and the UK's national PA and SB guidelines (6). Children and adolescents are recommended to limit sedentary time, particularly the amount of recreational screen time.

Data Sources

Ten data sources were identified for the 'Sedentary Behaviour' indicator. Data sources were excluded if they were collected either before March 2020 or after June 2025, if the data were not aligned to the benchmark or if they did not include a representative sample population. Of the ten data sources identified, only two were considered eligible for inclusion, one dataset from Ireland and one data source that combined both North and South. Both data sources used self-reported measures (either parental or child-report).

Benchmark

% of children and adolescents who meet the Canadian sedentary behaviour guidelines (5-17 year olds): no more than 2 hours of recreational screen time per day.



Overall Grade: C-

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
GUI - Key Findings: Cohort 08 at 13 Years Old - 2023 (17)	63% of children aged 13 years spend no more than 2 hours of recreational screen time per day (gaming, TV/Movies and online use measured during weekdays and weekends).
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	67% of children aged 10-19 years spend no more than 2 hours of recreational screen time per day (video gaming, TV viewing and mobile phone use measured).

Disability Grade: C-

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
GUI - Key Findings: Cohort 08 at 13 Years Old - 2023 (17)	66% of children aged 13 years who report living with a disability or chronic condition spend no more than 2 hours of recreational screen time per day (gaming, TV/Movies and online use measured during weekdays and weekends).
Northern Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	57% of children aged 10-19 years who report living with a disability spend no more than 2 hours of recreational screen time per day (video gaming and TV viewing measured).



Inequalities

Overall, few differences in recreational screen time guideline adherence were observed between boys and girls. Across the available data sources, 63% of boys and 64% of girls met the recommendation of no more than two hours of recreational screen time per day (video gaming, TV and mobile phone use) (22). Within the GUI study, 13-year-old boys were more likely than girls to meet the guideline on weekdays (60% vs. 56%), whereas girls were more likely to meet the guideline on weekends (62% vs. 55%) (17). Screen time guideline adherence declined with age, with this decline more pronounced among girls. For example, across Ireland and Northern Ireland 68% of primary school boys compared with 66% of post-primary boys met the guideline, while 75% of primary school girls compared with 62% of post-primary girls met the guideline (22).

Comment

Sedentary Behaviour remains an important public health concern across the island of Ireland (5). Application of the AHKGA benchmark (% of children and adolescents reporting no more than two hours of recreational screen time per day) produced a higher preliminary grade than that awarded in the 2022 Report Card. However, following further exploration of the available evidence and consultation with the RWG and national stakeholders, there was no evidence of a meaningful change in recreational screen time trends since the 2022 Report Card was published. The apparent improvement was therefore considered to be primarily attributable to differences in measurement rather than a true population-level reduction in SB. Consequently, the 'Sedentary Behaviour' grade was retained at C-.

The current benchmark is based on recreational screen time, which represents only one component of SB and does not capture total sedentary time. There appears to be a lack of data, where the same methods are employed to evaluate screen time and sedentary behaviours. Within the current context, screen-based behaviours were measured separately using a combination of different proxy measures of recreational screen time e.g., television viewing, gaming, online activity and smartphone use. These behaviours frequently occur simultaneously, thus this approach may overestimate adherence to the benchmark and should therefore be interpreted with caution.

Although nationally representative surveillance has improved, the evidence base continues to rely predominantly on self-reported measures. Future surveillance should prioritise harmonised measurement approaches and explore the inclusion device-based measurement in nationally representative samples (12). Device-based methods should be considered complementary to, rather than replacements for, self-report surveillance, enabling more comprehensive assessment of SB while maintaining consistency with existing surveillance systems.

Physical Fitness*

Background

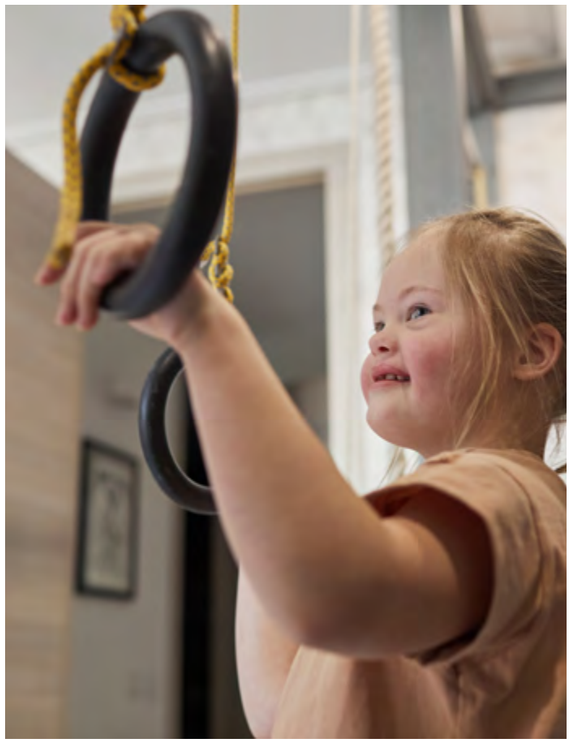
Physical fitness is a multifaceted construct that can be described as an integrated measure of most, if not all, body functions that are involved in daily living (46). There is a consistent body of evidence supporting the favourable effects of moderate to high levels of physical fitness on health-related outcomes, including cardiometabolic risk factors (47), musculoskeletal health (48), and cognitive function (49) in childhood and adolescence. Data from Ireland also supports the link between PA and physical fitness, as children who met the PA guidelines had higher levels of cardiorespiratory fitness (50). The case for further assessment of physical fitness in national and international surveillance studies is warranted as an overall indicator of health in this population (51).

Benchmark

The average percentile achieved on specific standardised physical fitness tests compared to international normative values. Three tests were identified for this benchmark based on the Youth Fitness International Test (YFIT) battery published by Ortega et al 2025 (52). The tests included are the 20m shuttle run test, the handgrip strength test, and the standing long jump test. For the 20m shuttle run test, data were compared against global normative values published by Tomkinson et al. (53). For handgrip strength and standing long jump tests, data were compared against European normative values published by Tomkinson et al (54).

Data Sources

For the 'Physical Fitness' Indicator, two data sources have been identified since 2020. Both datasets are from studies conducted in Ireland. Physical fitness was measured using the protocols outlined in the Y-FIT (52) for the 20m shuttle run test, the handgrip strength test and the standing long jump test. Although these studies provide some relevant data, significant gaps remain in relation to the benchmark.



Overall Grade: INC

Objective Data	
Ireland	
Name of Study	**Overview of Data**
What is health-related fitness? Investigating the underlying factor structure of fitness in youth (55)	Series of fitness tests conducted including the 20m shuttle run, handgrip strength and standing long jump. Average scores were: 20m shuttle run estimated VO2max 49.7 (ml.kg.min), handgrip: 17.7 kg, standing long jump 137.4 cm, sit and reach test 9.9 cm (n=261, mean age 12.2 years). Although tests were administered in line with the Y-Fit test battery, data presented were generated from a limited age-range of participants (12-year-olds), from six mix-gender primary schools with limited geographical representation. No data was reported for children and adolescents with disabilities.
Profiling the health-related physical fitness of Irish adolescents: A school-level sociodemographic divide (56)	Series of fitness tests conducted including the 20m shuttle run, handgrip strength and standing long jump. Average scores were: 20m Shuttle run test 47.4 shuttles, handgrip: 23.1kg, standing long jump: 151 cm. Although tests were administered in line with the Y-Fit test battery, data presented were generated from a limited age-range of participants (13-year-olds), from 20 schools in the mid and south-west region of Ireland. No data was reported for children and adolescents with disabilities.
Northern Ireland	
No data available	

Disability Grade: INC

No data available	No data was reported for children and adolescents with disabilities.



Inequalities

There has been no physical fitness data published since the previous Report Card in 2022 (16). The two identified datasets are limited to a narrow age range of participants aged 12-13 years, with no data for adolescents aged 14-18 years. To the authors knowledge, there is no published data available detailing physical fitness among children and adolescents with disabilities. In addition, the geographical spread of data is restricted to Ireland, with no data from Northern Ireland. SES disparities were observed by O'Keeffe and colleagues (56), but further research across all age cohorts is required.

Comment

The 'Physical Fitness' indicator has again been graded INC for 2026 as no nationally representative physical fitness data appears to have been collected in Ireland since March 2020. The two studies cited do provide some relevant data, however, significant gaps remain in relation to this benchmark. The available datasets are limited to a narrow age range of participants (12-to-13 years), with no representative data for adolescents aged 14-to-18 years. The geographical coverage of the available data are restricted to smaller regional areas in Ireland, and no data has been published from Northern Ireland.

Despite ongoing research activity, the lack of nationally representative data across all adolescent age cohorts continues to hinder the grading of this indicator. PA remains a more frequently and consistently measured variable in Ireland compared to physical fitness, and body composition or equivalent proxy measures such as body mass index, although widely assessed on the island of Ireland (17), is not recognised as a benchmark variable for the current physical fitness grading indicator. The most recent CSPPA 2022 study (22) did not include physical fitness measures due to restrictions on data collection as a consequence of the COVID-19 pandemic, limiting opportunities for national comparisons as part of this current 2026 report card grading process. Addressing these current physical fitness data gaps for Ireland will require future studies to incorporate broader age ranges of participants, including children with disabilities, capturing data at an all-island level, and seeking to collect benchmark-aligned data to enable robust grading in subsequent report cards.

Family and Peers

Background

Support from parents, family and peers is associated with more positive PA behaviours in children and adolescents (57, 58). Parents and other family members often play a key role in providing transport to activities and financially supporting their children's participation in sports and other activities. Parents may also encourage PA by being a positive role model for their children and/or co-participating in PA with their children. Similarly, friends and peers may encourage their peers to be physically active and contribute to environments in which PA is supported. The influence of peers may be particularly important as children move into adolescence and begin to develop more autonomy over such behaviours.

Data Sources

For this indicator, data were available from three studies. This included two datasets from Ireland and one dataset that combined Ireland and Northern Ireland. All data sources used self-report measures. Two studies provided data relating to the benchmark on % of families who facilitate PA and sport opportunities for their children. Other benchmarks included data from one study. For children and adolescents with a disability, the data source is a single study that includes participants from Ireland and Northern Ireland.

Benchmark

% of family members (e.g., parents, guardians) who facilitate PA and sport opportunities for their children (e.g., volunteering, coaching, driving, paying for membership fees, and equipment) [benchmark also used for children and adolescents with a disability].

% of parents who meet the Global Recommendations on Physical Activity for Health, which recommend that adults accumulate at least 150 min of moderate-intensity aerobic PA throughout the week or do at least 75 min of vigorous-intensity aerobic PA throughout the week or an equivalent combination of MVPA.

% of children and adolescents with friends and peers who encourage and support them to be physically active [benchmark also used for children and adolescents with a disability].

% of children and adolescents who encourage and support their friends and peers to be physically active.

Overall Grade: D+

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
Irish Sports Monitor (ISM) 2024 (19b)	46% of parents made at least one journey in the past week to bring their children to sport, exercise or other physical activities.
Healthy Ireland Survey (59)	41% of parents meet the national physical activity guidelines (At the time of the Healthy Ireland survey, the national PA guidelines recommended that adults should undertake at least 30 minutes a day of moderate to vigorous activity on 5 days a week or a total of 150 minutes a week).
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSSPA 2022 (22)	45.6% post-primary students reported that a member of their household provide transportation to a place where they can do physical activities or play sports almost every day or every day during a typical week. 26.1% of primary students and 22.2% of post-primary students report that during a typical week their friends encourage them to do PA or play sport almost every day or every day. 36.5% of post-primary children report that during a typical week their friends do PA or play sport with them almost every day or every day. 19.5% of post-primary school children report encouraging their friends to do physical activities or play sports 'almost every day' or 'every day' in a typical week.

Disability Grade: D

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	39.4% of post-primary students with a disability report that a member of their household provided transportation to a place where you can do physical activities or play sports 'almost every day' or 'every day (39.4%) [compared to children without disability (47.7%)]. 26% of primary students with a disability report that during a typical week their friends encourage them to do PA or play sport almost every day or every day [compared to 26.1% of students without a disability]. 20.4% of post-primary students with a disability report that during a typical week their friends encourage them to do PA or play sport almost every day or every day [compared to 23% of students without a disability].



Inequalities

A gender difference is seen in PA levels of parents. Half (51%) of fathers reported meeting the PA guidelines, compared to 32% of mothers (59). Among primary school children, fewer females (23.5%) than males (28.3%) reported that during a typical week their friends encourage them to do PA or play sport almost every day or every day (22). Among post-primary school students, 44.5% of female and 47.7% of male students report that a member of their household provided transportation to a place where they can do physical activities or play sports 'almost every day' or 'every day' (22).

Disparity in support for PA was seen between children categorised by different SES groups. 54.2% post-primary students in the highest Family Affluence Scale (FAS) reported that a member of their household provides transportation to a place where they can do physical activities or play sports 'almost every day' or 'every day' during a typical week, compared to 32.7% of those in the lowest FAS (22). In relation to support from peers, 32.9% of primary children in the highest FAS report that during a typical week their friends encourage them to do PA or play sport almost every day or every day, compared to 22.8% in the lowest FAS (22). Similarly, 29.4% of post-primary children in the highest FAS report that during a typical week their friends encourage them to do PA or play sport almost every day or every day, compared to 17.2% in the lowest FAS (22). Given these inequalities between SES groups, the subgrade for children in the lowest SES group is D- (simple average is 24.2% compared to 38.8% for highest SES group).

Data gathered from parents show that those with a child under the age of 1 year (32%) are least likely to meet the PA guidelines, this increases to 43% among parents of children aged 12-15 (59) Regarding support from peers, 26.1% of primary students and 22.2% of post-primary students report that during a typical week their friends encourage them to do PA or play sport almost every day or every day (22).

Comment

We note that only one study provided data that includes participants living in Northern Ireland (22). This highlights a considerable gap in the available data sources for that jurisdiction. No data were available for the benchmark in relation to % of family members (e.g., parents, guardians) who are physically active with their kids. In previous versions of our Report Card such data were available from the Growing Up in Ireland study. It is anticipated that future waves will provide addition data for the benchmark. For children and adolescents living with a disability, the data was available from a single study (22) and the proportion of the sample that was classified as having a disability (27.7%) is higher than estimates from other sources; such as 22% 10-14-year-olds and 15% of 15-19 years olds in 2002 Census of Population (60) This is likely due to the differing methods for determining disability status.

School

Background

The school indicator evaluates the extent to which schools provide supportive environments, policies and infrastructure that promote PA among children and adolescents. In both Ireland and Northern Ireland, schools play a central role in shaping activity behaviours, as children and adolescents spend a significant proportion of their waking hours in school (61). Initiatives such as the Active School Flag and The Daily Mile aim to strengthen the PA culture and increase opportunities to be active during the school day (62, 63). Ireland's new National Physical Activity Framework 2024-2040 sets out 8 areas for action, one of which is children and young people. Implementation will be concentrated on supporting the Department of Education in the provision of PA and PE in schools, highlighting the importance of schools in promoting healthy lifestyles (9). A PE benchmark was added to the school indicator in the current Report Card cycle.

Data Sources

Several data sources were used in the grading of this indicator: five from Ireland, three from Northern Ireland, and one combining both jurisdictions. The evidence base comprised student, teacher and principal self-report surveys together with administrative and Freedom of Information (FOI) data. No objective national surveillance system currently captures the full set of 'School' benchmarks.

Benchmark

% of schools with active schools policy (e.g. Daily PE, daily PA, recess, 'everyone plays' approach, bike racks at schools, traffic calming on school property, outdoor time)

% of schools where the majority (>80%) of students are taught by a PE specialist

% of schools where the majority (>80%) of students are offered the mandated amount of PE (for the given state/territory/region/county)

% of schools that offer PA opportunities (excluding PE) to the majority (>80%) of their students

% of schools with students who have regular access to facilities and equipment

% representing the comprehensiveness of the PE curriculum

Overall Grade: C+

Self-Report Data	
Ireland	
Name of Study	**Overview of Data**
Department of Education survey on facilities (data from 2020) (64)	Primary schools (N=3113); Post-Primary Schools (N=715)) said 1861 primary schools have a general-purpose room (59.8%) + 563 post-primary (78.7%), 1252 primary schools said no general-purpose room and 152 post-primary said no. 284 (9.1%) and 72 (10%) primary and post- primary schools had access to local indoor facility respectively. While 968 and 80 primary and post-primary schools said they have no access to a local indoor facility respectively.
Active School Flag Data (65)	Since 2020 the following number of flags have been awarded to primary schools: 1,054 flags to a potential total of 3082 schools (this represents 34% of primary schools). Overall, 240 of these were Delivering Equality of Opportunity in Schools (DEIS) schools and 819 mainstream schools, which is overall 22.77% DEIS. These flags have reached 183,124 pupils. As well as the flags, the following initiatives have taken place in schools; Relay Take Over (2024) which was implemented by 439 schools (14.24% of national total) and reached 86411 pupils. The active breaks challenge 2024 has been done in 810 (26.28% of national total) schools and reached 153146 and the skip around Europe 2025 challenge had 867 (28.1% of national total) schools reaching 157636 pupils.
Evaluating the perceived health-related effectiveness of 'The Daily Mile' initiative in Irish primary schools (63).	Over 1,350 Irish primary schools (43.8%) now registered as 'The Daily Mile' participants.

Ireland	
Name of Study	**Overview of Data**
The Feasibility and Acceptability of a Specialist Physical Education Teacher Supporting the Provision of Physical Education in a Cluster Setting of Irish Primary Schools (66)	Data from 541 respondents are included in the final sample for analysis, including 473 teachers, 43 teaching principals and 25 administrative principals, of which 95% completed the full survey (n = 513). Just over 90% of all respondents (91.2%, n = 494) said PE was formally scheduled in their schools, with a median of 60 minutes timetabled. Over 95% of teachers and teaching principals (n = 500) self-reported that they taught PE on a weekly basis, for an average of 60 minutes. Where PE was not taught on a weekly basis (n = 16), every two weeks was the most frequent selection as their schedule for teaching PE (52.9%).
Freedom of Information request from Department of Education in number of teachers with PE specialisms (67)	Number of teachers with a PE specialism employed in 2024/2025 per school type - Community School 358, Comprehensive School 53, Secondary School 1294 and Vocational school 827.

Northern Ireland	
Name of Study	**Overview of Data**
School Omnibus Survey 2024 (68)	80.7% of schools reported having a whole-school approach to promoting physical activity (Sample size was n = 228. 1131 schools in Northern Ireland
Education and Training Inspectorate Primary Facilities Data (69)	A majority (70%) of the schools have access to adequately sized indoor facilities and a grass or artificial grass area to accommodate the delivery of primary PE and extra-curricular sporting activities
Department of Education Northern Ireland Survey: FOI Post-Primary Facilities Data (70)	Survey issued to all post-primary (2025), 125 responses, based on Department of Education records. 75.20% reported access to an indoor PE or sports hall; 43.20% reported an outdoor playing field or pitch on the school site; 9.60% reported sharing a pitch with another school.
Young Persons Behaviour and Attitudes Survey (YPBAS) (20)	Nearly three fifths (59%) of young people were normally involved in PE for 2 hours or more each week. Boys were more likely (65%) than girls (53%) to do so. The proportions of pupils stating that they were normally involved in 2 hours or more of PE each week decreased as school year group increased, with an overall 28 percentage point decrease from 71% of those in Year 9 to 43% of those in Year 12.

Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 – Principal Surveys (22)	CSPPA principal data noted from n = 85 schools (n = 25 primary, n = 60 secondary), 52% had adequate indoor space, 15% had more than one court available and 19% had no indoor space. Aside from an indoor sports hall, basketball courts were the most common type of facilities available, with n = 67 schools reporting access, followed by GAA pitch (n = 37 schools) and soccer pitches (n = 26 schools). For extra-curricular activities, GAA was the most common (n = 68), followed by athletics (n = 58) and soccer (n = 57). For timetabled minutes of PE, 88% of primary schools (n = 22) had 60 minutes or more, 77% of post-primary (45/58) had 80 minutes of more at junior cycle, 66% (34/51) at transition year had 80 minutes or more and 53% (24/45) of senior cycle PE had 80 minutes or more.
CSPPA 2022 – Student data (for PE indicator) (22)	Average 85 minutes a week at primary and 73 minutes at post-primary, with DEIS schools reporting more PE than non-DEIS (118 and 78 minutes at primary and post-primary (DEIS) versus 81 and 72 minutes at primary and post-primary (non-DEIS). 75% of primary and 72% of post-primary students reported receiving the Department of Education recommended amount of PE per week (CSPPA). Northern Ireland: Primary PE average of 61 minutes/week (avg) 8% meeting guideline and post-primary 73 minutes/week (avg) - 20% meeting guidelines.



Disability Grade: C+

Self-Report Data	
Northern Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	At primary school level, the proportion reporting meeting the PE guidelines differed significantly by disability status (10% vs 5%) and percentage at post-primary there was no significant difference (19% vs 20%) - overall succeeding with less than 20%.
Predicting school uptake of The Daily Mile in Northern Ireland: a data linkage study with School Census Data and Multiple Deprivation Measures (71)	In a Northern Ireland survey of 19 responding special education schools, 36.8% (n = 7) reported delivering The Daily Mile formally, while a further 42.1% (n=8) reported using their own adapted version of an "active mile" instead.
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA student data (for PE indicator) (22)	The percentage of students who participate in any sport at least once a week in school was lower at both primary (86%) and post-primary (66%) for students with a disability when compared to those without a disability. Similarly, number of minutes of PE per week reported was lower at primary (81 minutes for students with a disability versus 86 minutes for students without) and post- primary (71 minutes of students with a disability versus 73 minutes for students without).

*For the disability grade, it is assumed that children and adolescents with a disability are attending mainstream school settings, and therefore the above data was used to inform this grade. In addition, the following disability specific data was found.

Inequalities

This data highlights several inequalities across the Irish education system, both in Ireland and Northern Ireland relating to sex, age, disability and SES. Gender disparities in participation are evident, especially at post-primary level. Girls report lower participation in school sport compared to boys, indicating persistent inequalities in engagement and opportunities (22). As well as gender disparities, PE provision and participation declines with age across both jurisdictions, with particularly sharp declines at post-primary level (senior cycle in Ireland, Key Stage 4+ in Northern Ireland). Younger pupils consistently receive more PE time and participate in more school-based PA (22).

Socioeconomic patterns in the current data do not support a general claim of disadvantage: CSPPA 2022 shows DEIS schools reporting higher participation in both curricular PE (see PE indicator) and extra-curricular school sport (96% vs 91% primary; 74% vs 72% post-primary) than non-DEIS schools. Children and adolescents with a disability consistently report lower participation rates, however the majority of the available data comes from mainstream settings, limiting the full understanding of participation among this cohort.

Comment

There are improvements from previous Report Card editions from D (2016) to C- (2022) to C+. However, like previous Report Cards, substantial data gaps remain across several benchmarks due to both the type of data available and the wording of the indicator. For example, mandated amount of PE time is presented as % of children and adolescents in the CSPPA study, rather than % of schools (22). Due to this distinction between student level and school level data, there was a considerable amount of relevant evidence which could not be used, as it did not align with the benchmark definitions.

A consistent concern across both jurisdictions is the reliance on self-report data, with no objective or routinely collected system to monitor provision of PA in schools. Current evidence is pieced together from several cross-sectional surveys, and while they provide valuable information, it does present a major gap in national monitoring infrastructure.

Finally, several important gaps persist, including incomplete information on specialist PE teachers and a lack of dedicated data for special schools, with current disability-related findings relying heavily on data from mainstream settings, which may not reflect the true experiences of young people in specialist educational environments. Together, these issues highlight the need for improved data infrastructure, more objective monitoring and clearer alignment between policy and practice.

Physical Education**

Background

Physical Education plays an essential role in supporting children and young people's physical, social and emotional development, and evidence consistently links quality PE with improved activity levels, motor competence and wellbeing (71, 72). Schools provide one of the most equitable settings to ensure all young people have access to regular movement experiences (73). Across Ireland and Northern Ireland, PE acts a central mechanism for promoting PA and is compulsory at both primary and post-primary levels in both jurisdictions. Recommended PE time differs by jurisdiction. In Ireland, primary schools are recommended to provide at least 60 minutes of PE per week; at post-primary level, Junior Cycle requires a minimum of 135 hours of PE across three years (approximately 80 minutes per week), and Senior Cycle requires a minimum of 80 minutes per week (a double class period). In Northern Ireland, the recommended time is 120 minutes per week at both primary and post-primary level double Ireland's primary benchmark and 40 minutes more than Ireland's post-primary benchmark. Because of this structural difference, Ireland and Northern Ireland were graded separately, and direct comparison between jurisdictions should be treated with caution.

Data Sources

Data sources that informed this grade included one source for both jurisdictions and one source for Northern Ireland only. Both sources are self-report student level data.

Benchmark

% of children and adolescents receiving the recommended amount of PE each week in school: Northern Ireland 2 hours/week (ages 4-16), Ireland 1 hour/week (primary) 135 hours at Junior Cycle (1 hour per week for 2 years, 2 hours 1 year) 80 minutes Senior Cycle.



Overall Grade: Ireland: B- Northern Ireland: D

Self-Report Data	
Northern Ireland	
Name of Study	**Overview of Data**
School Omnibus Survey 2024 (68)	Primary: Foundation Stage - 11.6% meet ≥ 2hrs; Key Stage 1 - 12.4% ≥ 2hrs; Key Stage 2 - 20.8% ≥ 2hrs. Majority under guidelines. Post-primary: insufficient responses.
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA student data (22)	**Ireland**: Average 85 minutes a week at primary and 73 minutes at post-primary, with DEIS schools reporting more PE than non-DEIS (118 and 78 minutes at primary and post-primary (DEIS) versus 81 and 72 minutes at primary and post-primary (non-DEIS). 75% of primary and 72% of post-primary students reported receiving the Department of Education recommended amount of PE per week (CSPPA). **Northern Ireland:** Primary PE average of 61 minutes/week (8% meeting guidelines) and post-primary average 73 minutes/week (20% meeting guidelines).

Disability Grade: Ireland: B- Northern Ireland: F

Self-Report Data	
Northern Ireland	
Name of Study	**Overview of Data**
School Omnibus Survey 2024 (68)	The 2024 School Omnibus Survey indicates similarly low levels of provision across NI primary schools generally, with only 11.6% of schools at Foundation Stage, 12.4% at Key Stage 1 and 20.8% at Key Stage 2 reporting ≥ 120 minutes of curricular PE per week; however, these Omnibus data were not disaggregated by disability/Special Education Needs.
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA student data (22)	**Ireland:** Average 81 minutes a week at primary and 71 minutes at post-primary, with DEIS schools reporting more PE than non-DEIS (118 and 78 minutes at primary and post-primary (DEIS) versus 81 and 72 minutes at primary and post-primary (non-DEIS). **Northern Ireland:** The average percentage of students meeting the PE guidelines at primary level is 5% and 19% at post-primary level.



Inequalities

Gender differences were apparent in the data, with males participating in more PE than females in post-primary school, however at primary level girls reported participating in 90 mins per week, compared to 80 minutes for boys (22). Students with disabilities reported participating in less PE than students with no disability at both primary and post-primary levels (22). However, interestingly, students in DEIS primary and post-primary schools reported higher participation than non-DEIS schools (22).

In Northern Ireland, only 8% of primary and 20% of post-primary students met the recommended amount of PE (22), compared with 75% and 72% in Ireland. Ireland's disability PE grade (B-) is based on minutes of PE, which show a modest gap between pupils with and without disabilities (81 vs 86 minutes primary; 71 vs 73 post-primary). Northern Ireland's disability grade (F) suggests a larger inequality: pupils with disabilities are markedly less likely to meet the PE benchmark at primary level (10% vs 5%), though this narrows at post-primary (19% vs 20%). Grading reflects Northern Ireland's benchmarking against the higher guidelines for weekly Physical Education at both primary (120 vs 60 minutes/week) and post-primary (120 vs 80 minutes/week) than in Ireland so direct comparisons cannot be drawn.

Comment

This indicator is not required for the Global Matrix but has been included in previous report cards and it remains an important area of policy interest. Previous report cards have assigned a singular PE grade for the island of Ireland, however, because the two jurisdictions differ in their mandated and recommended PE time (Ireland; 60 minutes primary school, 80 minutes post-primary and Northern Ireland 120 minutes), the RWG determined that separate grades would provide a more accurate representation. As a result of this separation, direct comparison with previous years is not possible. The earlier combined grade of D was also limited in its ability to reflect these structural differences, making it an imperfect indicator of performance in either system.

The higher grade for Ireland reflects the proportion of pupils meeting the jurisdiction-specific PE benchmark, not an improvement over previous Report Cards - earlier iterations combined both jurisdictions under a single, structurally different grading approach. CSPPA data show 75% of Irish primary and 72% of post-primary students meeting the recommended amount of PE, compared with 8% and 20% respectively in Northern Ireland (22). This divergence reflects differing benchmark thresholds at both stages: Northern Ireland's 120-minute recommendation is higher than Ireland's at both primary (60 minutes) and post-primary (80 minutes) level, so lower Northern Ireland attainment reflects a higher bar rather than lower provision alone. Consistent with previous report cards, research indicates that the PE curriculum in both jurisdictions continues to be dominated by Games, followed by Athletics and Dance (22).

A key limitation of this indicator is the reliance on self-reported data from students. While self-report measures are valuable, they may not accurately reflect actual PE provision or time allocated. In addition, there is limited up-to-date data on the availability and deployment of specialist PE teachers, which further restricts the ability to full assess the quality and equity of PE provision across the island of Ireland. Similar to the school indicator, there is an absence of an objective monitoring system which continues to pose a challenge for accurate national reporting.

Community and the Environment

Background

Physical activity in childhood and adolescence is shaped by the communities and environments in which young people live. Communities that provide accessible facilities and programmes, green spaces, active-transport infrastructure, and a general sense of safety create opportunities for movement (74-77). In contrast, environments lacking such features restrict activity options. Evidence indicates a causal relationship: improving walkability, enhancing parks and playgrounds, and investing in active-transport infrastructure increases physical activity levels among children and adolescents (78, 79). Community and environmental conditions therefore represent a powerful and sustainable focus for promoting PA.

Data

For this indicator, two relevant data sources were identified - GUI 08' Cohort and CSPPA 2022 (12, 13). Both included large, nationally representative datasets. The CSPPA data were self-reported and included an all-island sample. The GUI data were parent-reported and derived from Ireland only.

Benchmark

There are 6 benchmarks for this indicator;

% of children or parents who perceive their local community is doing a good job at promoting physical activity (e.g. variety, location, cost, quality).

% of local communities that report they have policies promoting PA.

% of local communities that report they have infrastructure (e.g. sidewalks, trails, paths, bike lanes) specifically geared toward promoting PA.

% of children or parents who report having facilities, programs, parks, and playgrounds available to them in their community*

% of children or parents who report living in a safe neighbourhood where they can be physically active*

% of children or parents who report having well-maintained facilities, parks, and playgrounds in their community that are safe to use.

**Data only available for these benchmarks, grades are based on the available data for these benchmarks only.*

Disability Additional Benchmarks

% of children or parents who report having accessible, adapted and inclusive programs, parks, and playgrounds in their community

% of communities/municipalities with accessible infrastructure for children with disabilities

Overall Grade: A

Self- or Proxy-Report Data	
Ireland	
Name of Study	**Overview of Data**
Growing up in Ireland, 08' Cohort (17)	81% strongly agreed or agreed that there were facilities (e.g., youth clubs, swimming clubs, and sports clubs) for teenagers in their area and 91.80% said there was a park, beach, or green space within 2 kilometres of their home where they and their family could walk or exercise. 95.5% also said they strongly agreed or agreed that their community was a safe area for their 13-year-old. This was a proxy measure completed by the parent/guardian.
Both Northern Ireland and Ireland	
Name of Study	**Overview of Data**
CSPPA 2022 (22)	84.6% said their community was somewhat walkable or very walkable.

Disability Grade: A-

Self- or Proxy-Report Data	
Ireland	
Name of Study	**Overview of Data**
Growing up in Ireland, 08' Cohort, Wave 6 (17)	76.8% of children with disabilities agreed or strongly agreed that there are facilities such as youth clubs, swimming clubs, sports clubs for teenagers in this area (versus 81% of children without disabilities.

Inequalities

The data were analysed to examine inequalities in the data. There were no differences in the grades for age, sex or between North/South data. Yet, fewer adolescents with disabilities reported there were facilities in the community, hence the grade for this indicator was lower (A-) for children and adolescents with disabilities. There were no differences in the grades for age, sex or between North/South data. Yet, fewer adolescents with disabilities reported there were facilities in the community, hence the grade for this indicator was lower (A-) for children and adolescents with disabilities.

Comment

Data were available for only two of the six benchmarks. This is less than the amount of data from the 2022 Report Card. There were no data on children under the age of eleven. There were no data on the additional disability benchmark. There are concerns from the stakeholders that the items do not reflect important factors for Ireland in relation to the community and environment.

Government

Background

The role of government action in promoting PA, including the PA of children and young people, is increasingly recognized (80). Government can influence children's PA opportunities by shaping the rules, environments and resources that surround them. In Ireland, the governments of the Republic of Ireland and Northern Ireland have been active in developing policies that promote children's PA, receiving a B grade in the 2022 Ireland North and South Report Card (16).

Data

All policies listed in the previous report card were reviewed to assess their relevance for the 2026 Report Card. Only policies deemed to have a timeframe extending into August 2021 to June 2025 period were considered. In Ireland PA policy documents collected as part of a separate project were reviewed for mentions of children's physical activity. Additionally, an audit was conducted across the websites of Northern Ireland's nine government departments and Ireland's 18 government departments. Two hundred and twenty-three government documents were screened for relevance to the promotion of children's PA: 172 from Ireland and 51 from Northern Ireland. Nineteen relevant policies were identified for Ireland and 14 for Northern Ireland (Table 6). As before, a grade was determined by applying a scoring rubric developed by Ward and colleagues (81) to the relevant policies and action plans.

The policies included in the analysis were screened for mention of actions for children and young people with disability. Nine and seven documents were analysed to determine a disability score for the Ireland and Northern Ireland respectively.

Benchmark

A. Evidence of leadership and commitment in providing PA opportunities for all children and adolescents.

B. Allocated funds and resources for the implementation of PA promotion strategies and initiatives.

C. Demonstrated progress through the key stages of public policy making (i.e., policy agenda, policy formation, policy implementation, policy evaluation and decisions about the future).



Overall Grade: B-

Table 6. Policy documents that mention promoting physical activity in Children and Young People

Ireland	
Young Ireland: National Policy Framework for Children and Young People 2023-2028	Healthy Ireland: A framework for Improved Health and Wellbeing
First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028 & First 5: Implementation Plan 2023–2025	A Healthy Weight for Ireland: Obesity Policy and Action Plan
National Sports Policy 2018 - 2027	Healthy Weight for Children (0-6 years) Framework
National Swimming Strategy 2024–2027	Healthy Weight for Children
Get Ireland Walking 2023-2027	Healthy Eating Active Living Implementation Plan 2023-2027
Policy on Women in Sport	Project 2040 National Planning Framework
Climate action plan 2024	Embracing Ireland's Outdoors - National Outdoor Recreation Strategy 2023-2027
Policy on Participation in Sport by People with Disabilities	National Sustainable Mobility Policy
Increasing Participation in a Changing Ireland	Programme for Government - Securing Ireland's Future
Wellbeing Policy Statement and Framework for Practice, 2018-2023	
Northern Ireland	
Active Living- Sport and Physical Activity Strategy for Northern Ireland	Healthy Child, Healthy Future: A Framework for the Universal Child Health Promotion Programme in Northern Ireland
The Power of Sport Corporate Plan 2021 - 2026	A Bicycle Strategy for Northern Ireland
Children and Young People's Strategy 2020-2030	A Strategic Plan for Greenways
Extended Schools Policy	Making Belfast an Active City Belfast Cycling Network 2021
Outdoor Spaces for Play & Learning Programme	Racial Equality Strategy 2015 - 2025
A Fitter Future for All. Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022	A Strategy to Develop Recreational and Social Use of Our Forests
Making Life Better. A Whole System Strategic Framework for Public Health 2013-2023	A Fitter Future for All - Outcomes Framework Revised for 2019-2022

Disability Grade: C+

Disability Summary

Regarding policies that support PA for children and adolescents with disabilities, both jurisdictions receive a C grade, but for different reasons. Northern Ireland's chief gap is reporting structures. Ireland's biggest gap, by far, is in dedicated funding.

Leadership

The number of policies and action plans issued that mention children's PA is determined to have increased in Ireland and decreased in Northern Ireland since the last report card resulting in a slight net reduction in Ireland's overall score. Both jurisdictions score in the same "C" band individually with the higher all-island combined score reflecting the wider pool of policies available when both jurisdiction's policies are brought together. Partners were specifically identified to assist in delivering the actions in a little over half of the policies. The disability-specific picture is stronger with 11 of the 16 policies naming partners responsible for supporting delivery of actions.

Funding and Delivery

While there are many policy documents across the island of Ireland, explicit reference to funding to support policy actions was usually not identifiable in these documents and is weaker in Ireland than in Northern Ireland. This is consistent with 2022 Report Card which identified the allocation of funds and resources as an important gap. Northern Ireland identified funding in a higher proportion of its disability-relevant policies than it did across the broader set of included policies.





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