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SPORT IRELAND

Sport Ireland Physical Activity for Health Evaluation

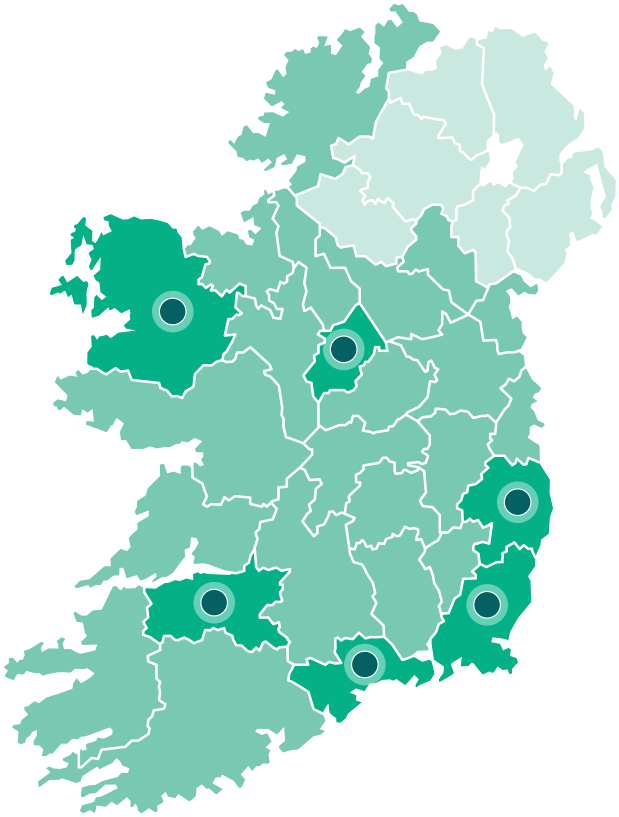
Summary Report

October 2025

An Roinn Sláinte
Department of Health

Introduction

Physical Activity for Health (PAFH) is a pilot initiative developed and administered by Sport Ireland, supported by funding from Department of Health - Sláintecare and HSE Health & Wellbeing.



Six Local Sports Partnerships (LSPs) each employ a Physical Activity for Health Officer (PAFHO) with the aim of improving pathways to community-based physical activity opportunities for those living with chronic conditions. LSPs in Limerick, Longford, Mayo, Waterford, Wexford, and Wicklow were selected for the pilot and have been engaging with key stakeholders in designing and delivering PAFH programmes since March 2023.

The PAFH Delivery Model

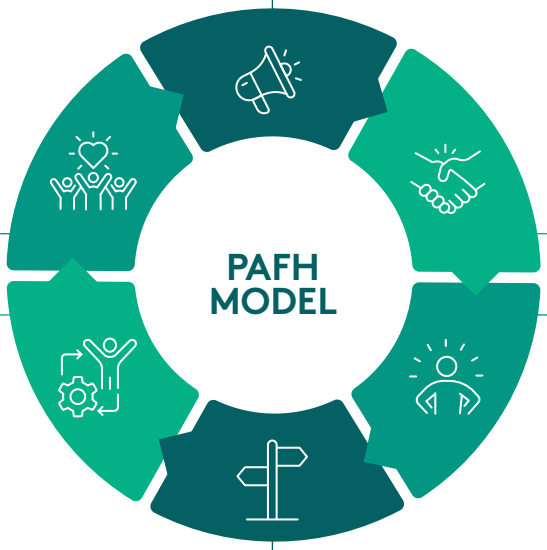
Throughout the evaluation, a clear and consistent delivery model emerged that captures the key stages underpinning the successful implementation of PAFH. This model reflects the experience of PAFHOs and partners across the six pilot sites and illustrates how the programme evolved from awareness-raising and relationship-building through to measurable participant outcomes. It indicates that achieving positive outcomes in physical activity for people with chronic conditions (PwCC) required a sequenced and interconnected process beginning with raising awareness and building relationships & trust, followed by instilling confidence in the safety and relevance of community-based physical activity programmes, creating robust signposting and pathways, expanding programme access, and ultimately improving outcomes for participants. This cyclical model provides a practical framework for guiding future implementation and scale-up of PAFH nationally.

Raising Awareness

PAFHO's focused their time on raising the profile of PAFH, increasing understanding and awareness among health service providers and communities about LSPs' role in supporting people with chronic conditions to be active.

Participant Outcomes

Significant evidence of improvements in physical health, mental wellbeing, and social connection among people with chronic conditions as well as references to self management of care and improved recovery/ rehabilitation.



Building Relationships

PAFHO's deliberately targeted key relationships within the HSE, building trust and connectivity with primary care and chronic disease teams to enable collaboration and strengthen signposting pathways.

Programme Access

PAFH significantly expanded the range and quality of community physical activity programmes for people with chronic conditions through dedicated coordination, collaboration and effective promotion.

Instilling Confidence

PAFHO's built confidence among health service providers by assuring programme safety, upskilling tutors, and promoting evidence-based initiatives, strengthening trust & communication, and creating the conditions for signposting between HSE and LSPs.

Signposting

Improved awareness, relationships, and confidence enabled effective signposting, with the programme recording a significant increase in signposting from HSPs to LSPs from baseline.

Physical Activity for Health Key Achievements

Across two years, the PAFH pilot has achieved some significant milestones. High level outputs and key outcomes are summarised in the infographic[1].

253
different programmes delivered by PAFHOs across the 6 counties during the pilot.

68
Tutors trained or upskilled to deliver physical activity programmes to PwCC across the pilot.

161
HCPs engaged through advisory groups, networks, signposting, and partnership across the pilot.

4,615
unique participants engaged in PAFH programmes across the 6 participating counties during the pilot. Participating numbers ranging from **1,318** to **319** in individual counties, reflective of variations in delivery models.

27%
of participants were signposted to PAFH programmes from an HCP. Signposting rates ranged from 38% to 10% across the LSPs with physiotherapists and OTs the most common HCP referral source.

- Substantial uptake and reach, LSPs engaged significantly more PwCC than before.
- Stronger and more formalised links between LSPs and HCPs, significant progression from baseline.
- Significant evidence of positive participant outcomes on physical and mental health & social connectedness.

1 The focus group with 1 LSP coordinator indicated approximately 8% of participants coming through signposting before PAFH. Whilst other LSPs did not have a formal baseline position, there was agreement that the baseline was significantly lower than 27%. Consultations with LSP coordinators suggest that the signposting rate of 27% is a significant improvement from the baseline position.

Evaluation Findings

The following quotations encapsulate the overarching sentiment emerging from the evaluation. They reflect both the system and human dimensions of the PAFH pilot, illustrating how the initiative has bridged gaps between health services and community physical activity provision while impacting the lives of people living with chronic conditions.

"The PAFHO has created critical connectivity, a central point of contact for what is happening, when it is happening and where it is happening. Having someone in that position is very important in creating systems change."

HSE Representative

"There have been significant changes and restructuring in the HSE, which we are all trying to navigate. There are also limitations in terms of the clinical programmes that HSE is delivering due to staffing constraints. This all impacts on developing signposting pathways."

HSE Representative

"It is night and day for us (LSP). We have been doing small pieces in the past, but it's a massive change. We are engaging on a new level now with the HSE that previously wouldn't have been possible without the PAFHO role."

LSP Coordinator

"It has been hugely valuable. Having a funded, dedicated post with protected time to develop pathways is the answer we have all been searching for. It has been an absolute godsend and nothing but a success."

HSE Representative

"My husband died at the end of September, and I found the isolation and loneliness huge. The only thing that kept me going was the physical exercise and my daily routine because of my condition. I liked the group changing room where people spoke to me. Sometimes, it was the only conversation of the day."

Participant

Together, they demonstrate how PAFH has delivered strongly against its agreed measures of success set out in its logic model and, while some challenges remain, has established a solid framework for continued collaboration and further development.

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