

Annual Disability and Activity Survey

2021-22

**Full report
June 2022**

Activity Alliance
and IFF Research

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1. Foreword

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First launched in 2019, the Annual Disability and Activity Survey gives us all greater insight into disabled people's attitudes towards and involvement in sport and physical activity. Last year, the survey played a crucial role in helping to uncover the impact of an extremely challenging year. The COVID-19 pandemic had a huge effect on disabled people's motivations and ability to be active.

Many of the findings this year show the stark differences between disabled and non-disabled people's activity. They remind us of the extensive work yet to be done if we are truly going to tackle the deep-rooted inequalities that exist for disabled people.

In its third year, the survey gives an indication of the challenges and opportunities that lie ahead after the pandemic. We know that organisations working within sport, leisure and physical activity continue to be tested as they find new ways to recover and attract participants again.

We urge leaders to make disabled people a priority. Put disabled people at the heart of the recovery and establish plans that are more inclusive, accessible and welcoming like never before.

Within this year's results, we are particularly concerned about disabled people feeling like they are left out of the return to activity. There are signs we are losing the progress we made before the pandemic, with disabled people now recording less positive and inclusive experiences. There is a clear call for closer connections to health professionals within sport and leisure. To help reduce disabled people's fears, like risk and safety while being active, and enable tailored support through trusted influencers.

As we strive to achieve our vision - fairness for disabled people in sport and activity - this latest insight empowers us all to make meaningful changes. Changes that have genuine impact on disabled people's lives in every community should be the goal. To have a happier and healthier nation in the future, disabled people must be part of the conversation. We must not let anyone miss out or feel forgotten.

Barry Horne

Chief Executive
Activity Alliance



2. Summary and recommendations



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These recommendations were developed based on the research findings, and with disabled people and organisations that deliver and promote physical activity. More detail on actions that we, Activity Alliance, will take, and our ask for people who organise and deliver activity, and for commissioners and deliverers can be found in [Section 7](#).

1 'Involve me as we recover from the pandemic'

Key finding: Disabled people are being left out of the return to physical activity.

- Disabled people must be included in all sport and physical activity offerings as we recover and reinvent from the COVID-19 pandemic.
- Engaging with disabled people is vital to tackling the rise in inactivity and widening inequalities seen during the pandemic.

“ Instead of saying to people 'this is here', it would be better to ask people 'what is you need?'
Disabled person ”

2 'Support me to feel being active is for someone like me'

Key finding: Disabled people are feeling less connected to sports and activity and less motivated.

- Attitudes and cultures of sport and activity need to be more inclusive, representative, and recognise the needs of individuals and diverse populations.

“ Sports and activity organisations need to be positive to everyone, be as diverse as possible, and open to all levels of fitness.
Disabled person ”

3 'Your workforce can make it a better experience for me'

Key finding: Disabled people are having less positive and inclusive experiences.

- Despite many examples of positive change, we are at risk of losing the progress made in recent years.
- We are calling on all organisations to actively review and refresh their workforce training programmes to increase people's confidence and competence in engaging with disabled people.

“ Understand that people have different abilities – it doesn't mean they don't want to do that activity, it means they may need adaptations.
Disabled person ”

4 'Involve the health professionals I trust the most'

Key finding: Many disabled people do not feel physical activity is suitable or safe for their impairment or health condition.

- Many disabled people want reassurance and tailored advice on how to be active in a way that works for them. The health sector and sport and activity sector need to work in partnership to promote the evidence that shows physical activity is safe and has many benefits for disabled people.

“ Every public area like GP surgeries should publicise health, fitness and wellbeing sessions run by local organisations. And during every contact with a health worker, the benefits of physical activity to be discussed and encouraged.
Disabled person ”



3. Introduction

3. Introduction



Background

Now in its third year, our Annual Disability and Activity Survey continues to track disabled people's perceptions and experience of sport and activity. This insight will help us, and our partners achieve fairness for disabled people.

Our [2020-21 Annual Disability and Activity Survey report](#) showed the impact of the pandemic on disabled people's lives and their ability to be active. This year indicates the long-term effects and both the challenges and opportunities that lie ahead. This report complements [Sport England's Active Lives Adult Survey](#). It provides greater detail on issues of importance to disabled people. Sport England's Active Lives data from April 2022 showed that 42.4% (4 million) of disabled people were inactive (doing less than 30 minutes of physical activity a week), compared to 22.6% of non-disabled people. This is an increase in inactivity for disabled people of 2.6% compared to before the pandemic.

Method

Online survey

1,842 people took part in an online survey between October and December 2021. This covered a period of eased restrictions, followed by the spread of the Omicron variant in December. The sample was representative of the UK profile of disabled people across key demographics and is consistent with previous years of the survey. People with a wide range of impairment types took part, including 41% with a long-term health condition. More information on the sample and profile of respondents can be found in the appendix.

Focus groups

New to this year, 20 survey participants took part in a series of online focus groups, organised by impairment type. The groups represented a range of people from different demographic backgrounds. Member organisations of Activity Alliance took part in an online meeting to discuss the data.

Participants shared their reactions to the findings and led discussions on what recommendations should be made. The experience of disabled people and of those working to support disabled people are fundamental to this research. We thank everyone who took part.

Understanding the report and definitions used

This report summarises findings based on key survey differences.

 **Arrows** represent significant changes across years of the survey within a group.

***** **Asterisks** represent significant changes between disabled people and non-disabled people each year.

[Section 4](#) shows key findings on perceptions and experiences of sport and physical activity. [Section 5](#) gives more information on data relating to the pandemic, finances, and different demographic groups.

Data tables for key questions, including differences by demographics, impairment number and impairment type, will be available on [our website](#).

Please [email Activity Alliance's research team](#) or call 01509 227750 to discuss how to interpret and use the data.

A separate report with more detail for people with different impairment types will be produced. Please see [the appendix](#) for more information on how we defined disability and activity levels, and on the accessibility of the research.





4. Research findings

4. Research findings



4.1 'I am being left out of the return to activity'

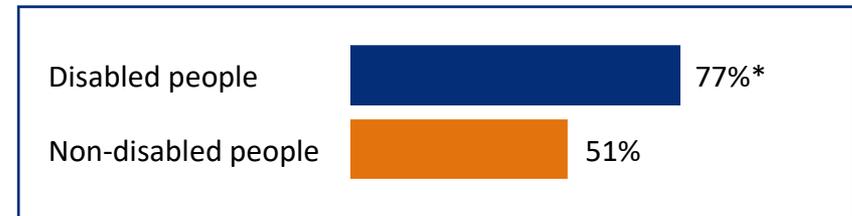
This section explores how disabled people feel about engaging with activity following the recent stages of the pandemic and restrictions and their participation. The findings showed a clear unmet need - disabled people still want to be more active, but many are not feeling encouraged, and that they are not being given the opportunity to be as active as they want to be.

Disabled people want to be more active

- Disabled people were more likely to say they wanted to be more active compared to non-disabled respondents (77% versus 51% - Figure 1). This pattern is consistent with previous years of the survey, showing an ongoing unmet need.

Figure 1

Proportion who would like to be more active.



C3: How do you feel about the amount of physical activity you do now? Base: all disabled (941) and non-disabled people (885).

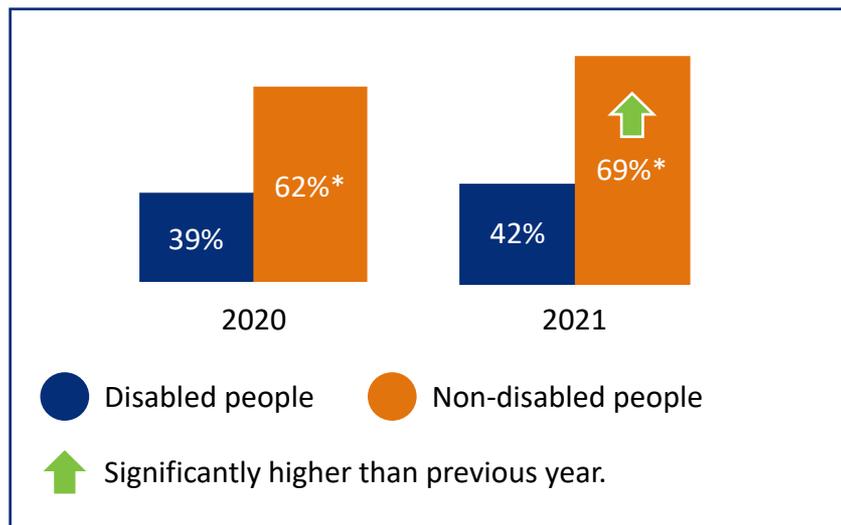
Disabled people have less opportunity and are feeling less encouraged to return to being active.

- Disabled people have not seen the same improvement in opportunity to be active as non-disabled people.

*Significant difference between disabled people and non-disabled people.

- Only 4 in 10 (42%) feel they can be as active as they want to be, compared to 7 in 10 (69%) non-disabled people (Figure 2).

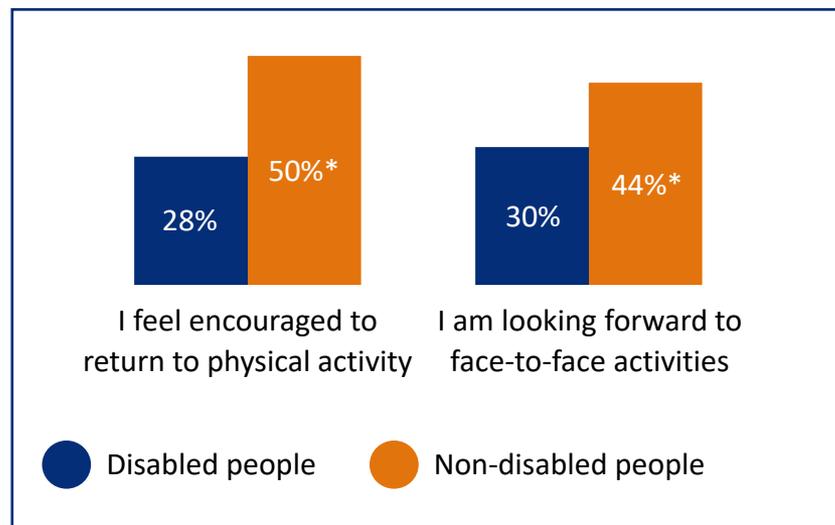
Figure 2
Proportion who agree they had the opportunity to be as physically active as they want to be.



C5: Do you feel that you are given the opportunity to be as physically active as you want to be? Base: all disabled and non-disabled people.

- Only 28% of disabled respondents felt encouraged to return to sport or physical activity, compared with 50% of non-disabled respondents (Figure 3). Similarly, only 30% and 44% of disabled and non-disabled respondents were looking forward to taking part in face-to-face activities.

Figure 3
Proportion who feel encouraged to return and who are looking forward to face-to-face activities.



D7: How much do you agree or disagree with the following comments: Base: all disabled and non-disabled people.

*Significant difference between disabled people and non-disabled people.

Participants gave insight on the possible reasons for these changes. There is further exploration of issues relating to the pandemic in [section 5](#).

- Fewer activities than before the pandemic, with activities, facilities, classes or programmes having stopped and not yet returned.

“I used to participate in my council leisure centre’s exercise class and aqua classes. These have not continued after COVID. There should be more availability of such classes.”

Person with mobility impairment and long-term pain

- Feeling less capable or able to participate due to the physical or mental health impact of the pandemic.

“At the moment my thought process is quite negative because I am so frustrated that I can’t do what I used to do...”

Person with a mobility impairment

“I was previously involved in a rehab scheme, but I have been unable to access this due to the pandemic and I’ve lost all confidence and ability in the last two years.”

Person with learning and mental health impairment

- Feeling less comfortable asking for help to engage in activities and sport from supporters, carers and the sport and physical activity workforce.

“You feel like you’re putting people out to try and accommodate you - I’m reluctant to do that. A lot of disabled people hold back from asking for that help.”

Person with long-term health condition

- The continuing high incidence of COVID-19 means some are cautious about returning to group or indoor activities.
- Feeling like they are less of a priority and have been forgotten in other areas of their life.

“It’s the treatment that most of us have received – it’s been pretty negative like previous accommodations being cut, and the general attitude of prioritising services for non-disabled people first, like in hospitals and physio as well. We are being side-lined.”

Person with long-term health condition

Participation in organised activities has decreased

- Both disabled and non-disabled people were less likely than in 2019 and in 2020 to have taken part in organised physical activity¹. For disabled people, participation in the last year fell from 25% to just one in five (20%). This is reflected in participation data from [Sport England's Active Lives Adult Survey](#). For example, only 34% of disabled people took part in sporting activities at least once in 2020-21, compared to 42% in 2019-20. Disabled people remain less likely than non-disabled people to take part in almost all kinds of activities.
- We asked disabled people who had taken part in organised activities if they had returned since restrictions lifted in March 2021. Three quarters (76%) of disabled people said they had returned, compared to 79% of non-disabled people.
- Disabled people remain less likely to take part in almost all types of activity than non-disabled people (Figure 4). This year, small decreases in participation were seen for individual and group exercise or activities compared to 2019 and 2020. Positively, the trends seen last year with increased participation in recreational or fun team sport and competitive sports continued.

¹ By 'organised' we mean an activity session run by an organisation or a trained person, for example a team sport session, a fitness class, a jogging club or using a personal trainer. This could include a session you take part in at home (or somewhere else) that is led by a video instructor.



Figure 4
Proportion of active people taking part in different types of activities.

↓ Significantly lower than previous year

↑ Significantly higher than previous year

	2019		2020		2021	
	Disabled people	Non-disabled people	Disabled people	Non-disabled people	Disabled people	Non-disabled people
Individual exercise or physical activity	67%	74%*	68%	76%*	64% ↓	73%* ↓
Group exercise or physical activity	24%	32%*	23%	28%*	20% ↓	26%*
Recreational/fun individual sport	14%	28%*	18% ↑	27%*	16%	25%*
Recreational/fun team sport	7%	17%*	9% ↑	16%*	11% ↑	14%*
Competitive individual sport	3%	10%*	6% ↑	9%*	8% ↑	8%
Competitive team sport	3%	12%*	5%	9%* ↓	8%	7%

C10: Which of the following describe how you take part in sport, exercise, or other physical activity? Base: All who take part in physical activity: 2021/22: disabled (705); non-disabled (789). 2020/21: disabled (821); non-disabled (917). 2019/20: disabled (870); non-disabled (1,071) people.

*Significant difference between disabled people and non-disabled people.

4.2 'I feel less connected to sport and activity'

This section explores how perceptions of sport and activity are changing for disabled people.

Disabled people are less likely to say activity and sport is for 'someone like me', but more likely to say they are for 'disabled people.'

This year, disabled people were less likely to agree that sport and physical activity were for 'someone like me'. This has reversed the progress seen in the first two years of the survey. The decrease in agreement was larger for 'physical activity and exercise' than for 'sport' (Figure 5).

- Only 47% of disabled people think physical activity and exercise are 'for someone like me' compared to 71% of non-disabled people and a decrease from 57% in 2020.
- Only 31% of disabled people think sport is 'for someone like me' compared to 56% of non-disabled people and a decrease from 35% in 2020.

Figure 5
Proportion agreeing with each statement.

 Significantly lower than previous year

 Significantly higher than previous year

	2019		2020		2021	
	Disabled people	Non-disabled people	Disabled people	Non-disabled people	Disabled people	Non-disabled people
Physical activity and exercise are for someone like me	51%	77%*	57% 	77%*	47% 	71%* 
Sport is for someone like me	32%	63%*	35% 	61%*	31% 	56%* 
Physical activity and exercise are for disabled people	56%	60%*	58%	59%	62% 	64% 
Sport is for disabled people	54%	60%*	54%	58%	62% 	64% 

D7: How much do you agree or disagree with the following comments about sport and physical activity?

Base: All disabled and non-disabled people.

Both disabled and non-disabled people were more likely to say sport and physical activity are for 'disabled people' than in the previous years of the survey, with 62% and 64% agreeing with each statement. Both are also more likely to say that sport and physical activity is for 'disabled people' than for 'someone like me'. Although less likely to say sport and physical activity is for 'someone like me', disabled people in the survey were more likely to say it is for 'disabled people'. This suggests a shift in public perceptions about what disabled people can and cannot do in sport. But there is still a requirement to understand personal preferences, motivations and what people identify with in sport and physical activity. This highlights the importance of listening to and considering individual needs and circumstances. This suggests a person-centred approach could have more impact.

Positive changes were seen in marketing and representation

This year, both disabled and non-disabled people were more likely to agree with statements on marketing and representation of disabled people:

- 'Disabled people were visible and included in advertising and/or at the activity' (an increase from 43% to 54% for disabled people).

- 'Advertising didn't just focus on impairments or disability' (59% to 65% for disabled people).
- 'Advertising reassured me that I would be welcome' (66% to 69% for disabled people).

This may have contributed to the positive changes seen in perceptions of disabled people in Figure 5. Focus group participants also felt there had been recent positive changes. Coverage of the 2021 Paralympics was mentioned as increasing awareness and understanding of disability sport.

"Historically, disabled people in sport have been overlooked until recent years. It's moving in the right direction."

Person with a visual impairment

Participants also discussed how role models and ambassadors could improve how disabled people relate to being active. This could be local relatable figures or people on TV shows involving sports or activities.

"Using TV shows, if they had a deaf participant, this could help to make disability more recognisable, especially to young people, to look at them as role models. If disability is shown more on the TV and is noticeable, society will be more inclusive."

Person with a hearing impairment

Most disabled people do not want advice from sports organisations and sportspeople

Like in previous years, few disabled people say they would listen to advice on physical activity from sports organisations (10%) and sportspeople (7%). This is low compared to preferred sources of advice, like GPs, doctors and nurses (60%) and physiotherapists, occupational therapists and other medical professionals (57%).

For many in the focus groups, the culture and attitudes surrounding sports and physical activity were viewed negatively. Many felt that they would not be accepted or welcomed by groups or organisations working in sport and physical activity.

“Sport attracts people who are very competitive, and they might not accept that everybody can’t achieve what they can achieve.”

Person with visual and mental health impairment

“I’m made to feel that I don’t matter - I am a disabled person and so I’ve got nothing to offer when that’s not true.”

Person with a mobility impairment

Motivations to be active have decreased for everyone

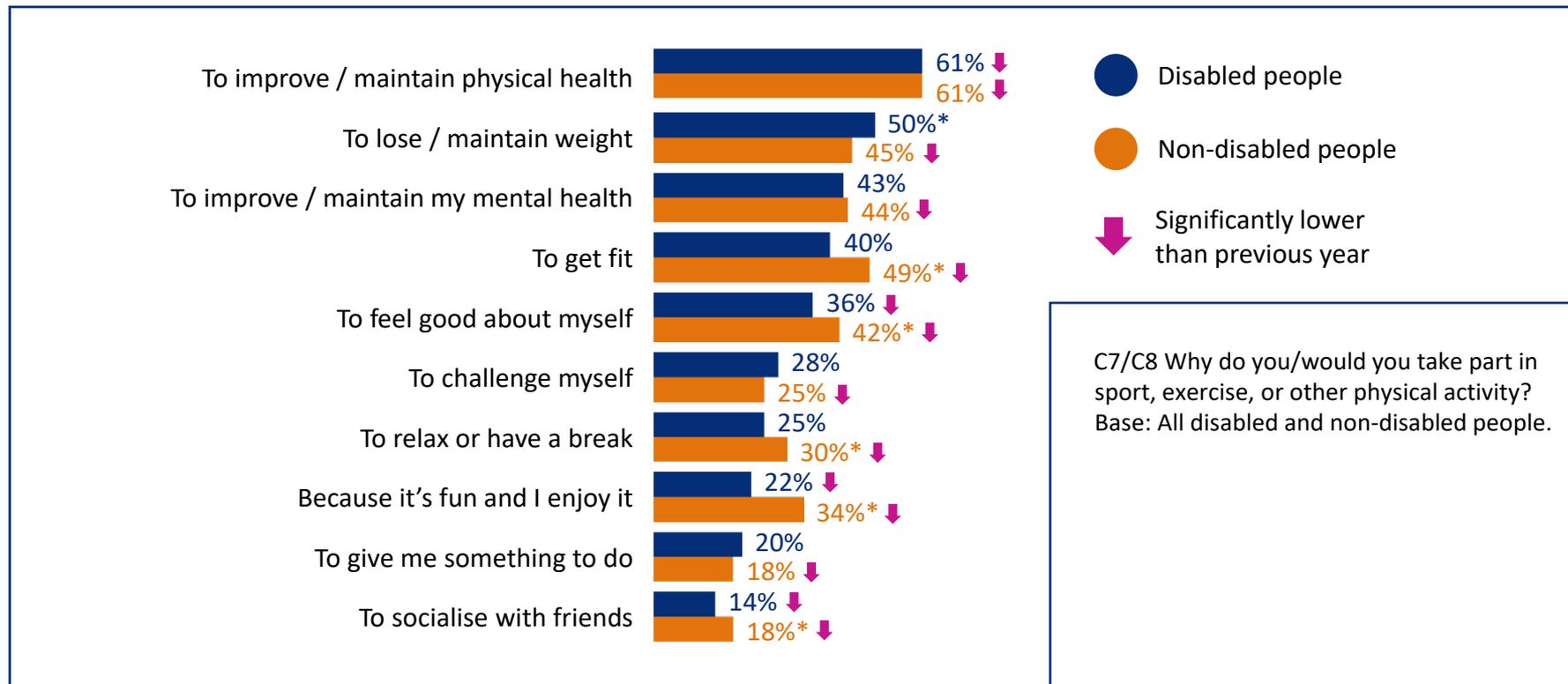
Compared to 2020, both disabled and non-disabled people were less likely to choose almost all the reasons to be active (Figure 6). This suggests a general decrease in motivation or connection to the reasons to be active.

The top motivations for disabled people are the same as in 2020. They are to improve or maintain physical health, to lose or maintain weight, to improve or maintain mental health, to get fit, and to feel good about themselves.

The largest decreases for disabled people were seen for improving or maintaining physical health (67% to 61% this year), to have fun (29% to 22%), and to socialise with friends (19% to 14%). The only motivator that did not show a decrease for disabled people was ‘to challenge myself’ (from 26% in 2020, to 28% this year).

Figure 6

Proportion selecting as motivation to be active.



*Significant difference between disabled people and non-disabled people.

4.3 'When I do take part, experiences can be less positive and inclusive than last year'

This section explores the experiences that disabled people have when they take part in organised physical activity.

Disabled people are less likely to say returning to activity was a positive experience

- Only half (53%) of disabled people reported that returning to activity after restrictions were lifted was a positive experience, compared with 70% of non-disabled people (Figure 7).

Figure 7

Proportion who agree returning to sport or physical activity was a positive experience.



D7 How much do you agree or disagree with the following comment: Returning to sport and physical activity was a positive experience?
Base: Respondents who have taken part in organised activities in the last year: disabled (186) and non-disabled (219) people.

*Significant difference between disabled people and non-disabled people.

Activity leaders may be having challenges with including disabled people

- Disabled people were less likely to say activity leaders met their needs (68%, compared to 80% in 2019) and included them in the session (72%, compared to 83% in 2019). This is significantly lower than for non-disabled people, who have seen an increase in activity leaders meeting their needs (Figure 8).
- Disabled people were less likely to agree the session was ‘inclusive and accessible’ to them (81%, from 87% last year).

Figure 8
Proportion agreeing with each statement.

 Significantly lower than previous year

	2019		2020		2021	
	Disabled people	Non-disabled people	Disabled people	Non-disabled people	Disabled people	Non-disabled people
The activity leader met my needs	80%	82%	79%	81%	68% 	87%*
The activity leader included me in the session	83%	79%	77%	80%	73% 	80%
The session was inclusive and accessible to me	90%	92%	87%	93%*	81% 	89%*

D4: And still thinking about that activity session, how much do you agree with the following statements?

D1: How much do you agree or disagree with the following comments: The activity was inclusive and accessible to me?

Base: Respondents who have taken part in organised activities in the last year: disabled (186) and non-disabled (219) people.

*Significant difference between disabled people and non-disabled people.

Focus group participants highlighted some of the possible issues that have led to these negative changes in their overall experience and with activity leaders. These are often related to the wider workforce, particularly in gyms and sports/leisure centres. This can lead to people not wanting to return to certain places or failing to establish regular activity patterns.

- Staff misunderstanding their impairment or needs, not being flexible, or not making appropriate adaptations.
- Having to explain their needs to multiple people, not knowing who to speak to, or feeling uncomfortable.
- Negative attitudes and interactions with customer service staff.
- Staff not offering assistance, or practical support or accessibility not available due to COVID-19.
- Inaccessible facilities and equipment, sometimes due to COVID-19.

“Understand that people have different abilities – it doesn’t mean they don’t want to do the activity, it means they may need adaptations.”

Person with mobility impairment

“My disability is invisible - when taking classes, the leader quickly forgets about it, and I am left behind.”

Person with breathing and long-term pain impairment

“Before the pandemic I received a lot more help mostly in and out of my car from my local leisure centre allowing me to go alone, giving me more independence, but now they seem unable or unwilling to do that, so now I go less often [mainly] when I have a carer.”

Person with long-term health condition and mobility impairment



Give us more support instead of closing down each door - it's not nice to be pushed out because of being in a wheelchair, they need to see the person, not the wheelchair. We just want to be treated as equals.

Person with mobility, learning, hearing, and visual impairment



However, other aspects of activity delivery remain positive

We measured experience on aspects of our [Ten Principles \(developed from our 'Talk to Me' research\)](#). These were developed with disabled people to show what activity providers can do to make activities more appealing.

As in previous years, most people agreed that the sessions they took part in met most aspects of our Ten Principles (Figure 9). This is positive, given the challenges experienced by those working to provide opportunities during the pandemic.

This could indicate that those who have been active have directly enjoyed more positive experiences because aspects of the Ten Principles are being applied. However, providers need to strengthen their reach to engage even more people in their sessions. Areas for improvement include providing feedback and explaining needs or asking questions in private. This, along with the data in Figure 7 and 8, suggest that challenges for disabled people could often be related to the workforce and the overall experience.



Figure 9

Proportion agreeing with each statement.

 Significantly higher than previous year

	2019		2020		2021	
	Disabled people	Non-disabled people	Disabled people	Non-disabled people	Disabled people	Non-disabled people
The activity was in a convenient location	83%	87%	82%	84%	85% 	86%
The activity focussed on things I value	84%	87%	83%	86%	80%	84%
The activity was suitable for my level of ability	89%	93%	86%	90%	85%	89%
The activity was suitable for my age	92%	92%	87%	90%	87%	91%
The activity session was welcoming	91%	90%	87%	89%	84%	91%*
It was clear how I could provide feedback on the activity session	59%	56%	57%	54%	61% 	62%
I had the opportunity to explain my needs or ask questions in private	75%	60%	71%	64%	68%	63%

D3 And now thinking about the activity session itself, how much do you agree or disagree with the following?

Base: Respondents who have taken part in organised activities in the last year: disabled (186) and non-disabled (219) people.

*Significant difference between disabled people and non-disabled people.

4.4 'I still do not feel physical activity is suitable or safe for my impairment'

This section explores the key barriers for disabled people; consistently, disabled people choose their condition, impairment, or illness as the top barrier to being active. We wanted to understand the different reasons behind this and what can be done to overcome it.

Disabled people's top barrier by far is their condition or impairment

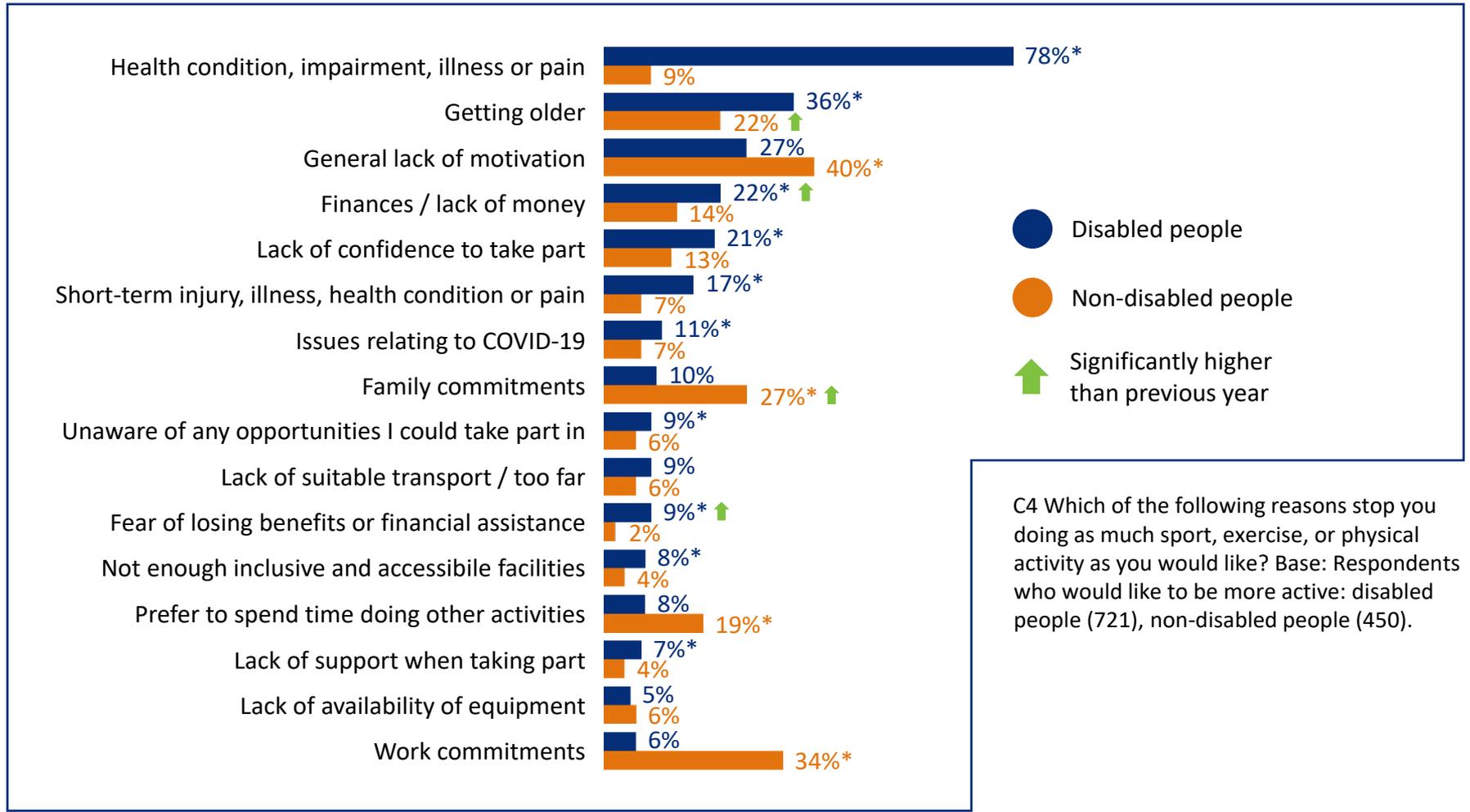
Consistent with previous years of the survey, disabled people were most likely to say their condition or impairment stops them being active, 78% this year, compared to 77% in 2020 (Figure 10). This is true for all impairment types but increases with age.

Most barriers are consistent with previous years, except for increases in finances and the fear of losing benefits. Only 11% of disabled people chose 'Issues relating to COVID-19' as a barrier this year, which is explored. These topics are covered in more detail in [section 5](#).



Figure 10

Proportion of people selecting each barrier to being active.



C4 Which of the following reasons stop you doing as much sport, exercise, or physical activity as you would like? Base: Respondents who would like to be more active: disabled people (721), non-disabled people (450).

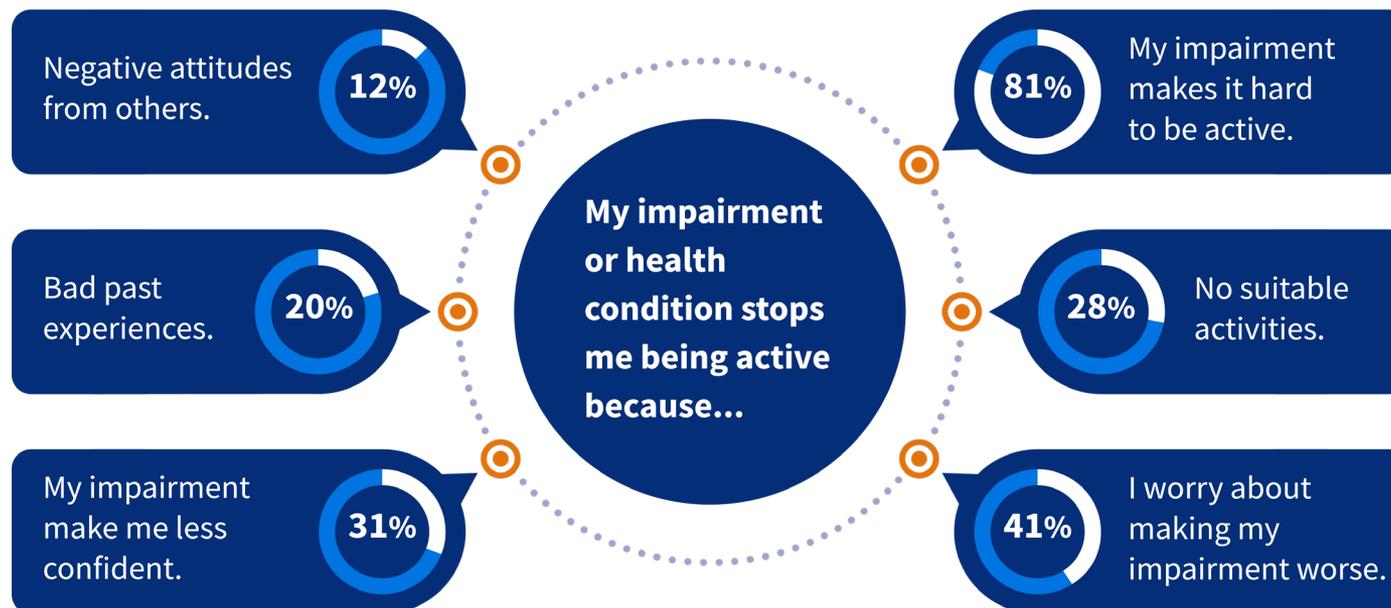
*Significant difference between disabled people and non-disabled people.

Behind this are disabled people's experiences that their impairment makes it hard to do things, and worries about risk.

As shown in Figure 11, the top reason why people see disability as a barrier is that symptoms make it 'hard to be active' (80%). 41% say it's due to worries about making their impairment worse, while 31% say their impairment makes them less confident. Bad experiences or negative attitudes were less common reasons.

Figure 11

Impairment barriers to participation in physical activity.



C4A Which of the following reasons stop you doing as much sport, exercise, or physical activity as you would like?
Base: All disabled respondents that said their long-term health condition, impairment, illness or pain stops them from doing as much sport and physical activity as they would like (565).

Participants in the focus groups agreed with these findings and gave insight from their own experience:

‘My impairment makes it hard’:

- Low awareness or availability of suitable adapted activities.
- Practical challenges with accessibility.
- Other challenges mean less time or energy for activity.

Focus group discussions highlighted that, from their experiences, many activities were not suitable for them. This is related to a lack of awareness or experience with truly inclusive or adapted, appealing activities and challenges with access for people with physical or sensory impairments. Some raised that the types of adaptations or access provided for them did not encourage them to take part.

Some discussed how other aspects of their impairment or lives make it difficult to be active. This often involved transport and having less time or capacity due to other challenges relating to their disability.

“It’s not just the thought of doing the exercise or will I fit in, or will I be able to get on the floor, or will I be too tired, it’s also about how I get there and how I get home.”

Person with mobility impairment

‘I worry about safety’:

- For people with physical impairments or health conditions, worries included that being active will make functionality or symptoms worsen, or a ‘dangerous’ event would occur.
- Concerns about making pain and fatigue worse.
- There was a low perception of any guidelines that say activity is safe and outweighs risk.

Some disabled people in the focus groups spoke of their frustration and lack of trust with people involved in delivering activities. They felt there was a lack of knowledge on safety and risk and they were not confident people understood their impairment well enough.

“If you are confident you aren’t going to end up set back weeks by one activity you might be more likely to do it.”

Person with long-term health condition

“In a perfect world, people would understand that disabilities come in many forms... trainers are always pushing me to do things I can’t do and would damage me. Education is key.”

Person with long-term health condition

“[People delivering activities] should be more understanding of pain that can occur during a session that can prevent someone from continuing. Be more understanding of the daily effort of what a person has just with normal life.”

Person with mobility, learning, and mental health impairment

Many disabled people want better advice from health professionals

As in previous years, disabled people want advice on activity from medical professionals, physiotherapists and occupational therapists.

Some in the focus groups said health professionals had prompted them to be more active. However, advice was often more cautious than reassuring or encouraging, with GPs sometimes warning that exercise could worsen their condition or impairment.

“Doctors can be very flippant; you don’t leave there feeling good or encouraged.”

Person with visual and mental health impairment

Some said advice still wasn’t specific or personalised for their individual circumstances. Participants gave examples of being given a generic leaflet on being active or a set of physiotherapy exercises. This did not make them feel confident that the advice would be suitable for them and left them unsure where to turn to next.

“I think a starting point would be a referral from a GP, providing the organisation with background, your symptoms. Then it would be important that the organisation had someone who could understand this and design activities that suit the individual. This would not only be safe and healthy but would give them confidence in knowing that they could enjoy their workout, safe in the knowledge that there is no possibility of making their 'disability' worse.”

Person with mobility and mental health impairment

“If sports organisations asked GP practices to make online announcements about activity sessions suitable for people who have been forced to self-isolate for a long period, it would really help.”

Person with mobility impairment



5. Research findings
- Focus on

5. Research findings - Focus on



This section of the report gives additional findings on key topics raised by disabled people and organisations working in the sector.

The pandemic

The pandemic has had a clear and significant impact on disabled people's lives and activity levels.

Only a small proportion of disabled people say issues directly relating to COVID-19 stop them from being active (11%, slightly more than non-disabled people - 7%). This indicates that other barriers are becoming more important. However, some findings show the long-term impacts of the pandemic are likely to have an ongoing and indirect effect.

- **Ongoing impact on health:** Disabled people were more likely to say the pandemic had affected their health or impairment this year (79%, compared to 74% in 2020). In the focus groups, a key theme was how having less fitness or ability due to shielding made them less willing to return to their old activities.
 - 37% of disabled people in the survey said that they are or had been shielding compared to just 6% of non-disabled respondents. One in ten (9%) said they are or had experienced long-COVID, compared with 3% of non-disabled people.

“I feel so inadequate that I can't keep up with them. I feel ashamed that I can't do what I used to do.”

Person with a hearing impairment

- **Worries about the future and mental health:** Disabled people are more worried about the future compared to non-disabled people. They have also seen worsening mental health compared to previous years and to non-disabled people.
 - 70% of disabled people are worried about their health and wellbeing, 70% of disabled people are worried about their social lives and 46% are worried about the impact on sport and physical activity organisations.
 - People who had been shielding or who have long-COVID were more worried about the future. For example, 78% and 75% respectively were worried about the health and wellbeing of disabled people.
 - Our survey, and other research, shows the pandemic continues to affect mental health. Disabled people were more likely to feel anxious than in 2020 (24% compared to 20% last year). They also have lower scores than non-disabled people for satisfaction, levels of happiness, feeling the things they do in life are worthwhile and loneliness.

- **Lack of information:** Almost a quarter of disabled people still report that they had not received enough information on how to be active at this time, which is consistent with last year (23%).

Participants in the focus groups identified other ways COVID-19 has affected how active they are:

- **Impact on confidence:** Having lost fitness or perceived ability, as well as a lack of experiences with social and public activities, has led to some feeling less confident about trying or returning to activities. This was particularly true of those who were shielding.
- **Less formal and informal support:** Social distancing has meant that some support previously available had been withdrawn and not reinstated. Disabled people from the focus groups felt they didn't want to 'bother' staff, or their informal support network.

Participants had a mixed view of the risk of COVID-19, which for some was increased due to the spread of the Omicron variant in December 2021. [Sport England's Savanta ComRes](#) poll in January 2022 showed a recent increase in worry about COVID-19 when being active. It also showed continuing support for activity providers to continue with safety measures, with 79% agreeing with continued precautions.

“Since COVID, I've pretty much been house-bound. With all my issues it's not worth the risk.”

Person with long-term health condition and hearing impairment

Finances and benefits

Financial factors have a significant impact on engaging in sport and activity for many disabled people. This included their own finances, external costs and worries about the support received from the government. Similar to previous years, 55% of disabled respondents currently or previously received benefits or financial assistance.

- More disabled people say finances and lack of money prevents them from being active: 22%, which is significantly higher than in 2020 (16%).
- Those on financial assistance were more likely than in 2019 and 2020 to say a fear of losing benefits prevented them from being more active: 46%, compared to 41% and 31% in 2019 and 2020.
- This year, those receiving financial assistance were more likely to say they rely on benefits to be active: 68%, compared to 60% in 2020. This is explored further in our previous research, [The Activity Trap](#).
- 34% of disabled people say financial support would help them to be active after the pandemic compared with just 16% of non-disabled respondents.
- Many disabled people think the government should focus on making activities affordable to help more people get active. This was selected as an area for concern by 62% of disabled respondents.

Participants in the focus groups gave further insight into what financial barriers meant for them:

- Feeling priced out of quality facilities, often which could offer better accessibility and experiences.
- Paying more in transport costs to travel further to accessible places or activities.
- Tighter finances, costs relating to COVID-19 and the increasing cost of living mean activity is less of a priority.
- Feeling they require private sessions or specialised instruction or advice that would have costs attached.

“It is cost that stops us as well, and to have a carer it adds up all the cost of attending things, and it’s much harder to find that money when you’re on a low budget.”

Person with long-term health condition and mobility impairment



Sport currently comes with a price attached and in this climate, it will lose out.

Person with learning impairment



Participants in both the survey and focus groups identified this as a key area where they would like to see more affordable opportunities and support for disabled people.

“Sport organisations have become too expensive. I used to hike for free, now the group charge for it and on top of petrol and parking the activity has become too expensive so I cannot go.”

Person with long-term pain and mental health impairment

Differences between different groups

Like everyone, disabled people's lives are influenced by a range of social identities. Disabled people have different experiences and perceptions of being active. This section summarises the key differences seen this year between demographic groups, and for people with multiple impairments. Please contact us for more information on these differences.



Gender

We looked at differences between disabled men and women.² Similar trends were seen for non-disabled people, but the negative effect is often compounded for disabled women.

- Disabled women are less likely to feel they are given the opportunity to be as active as they want to be compared to disabled men (37%, compared to 51%) and non-disabled women. They are less likely to agree that physical activity is for 'someone like me' (44%, compared to 51% of disabled men).
- They are also more likely than disabled men to give a lack of confidence (24%, compared to 16%) as a barrier to activity.

² 379 disabled men and 555 disabled women. We included a question on non-binary identity, but the sample was too low to include in the analysis.

³ 86 disabled 16–34-year-olds; 310 disabled 65+ year olds.

- Women are less likely to feel encouraged to return to physical activity – 25% compared to 34% of disabled men. They are less likely to say returning to physical activity was a positive experience (49%, compared to 59% of disabled men).



Age

We looked at differences between the youngest (aged 16-34) and oldest age groups (65+).³

- Young disabled people report that their health or impairment has been affected by the pandemic (87%, compared to 71% of older disabled people).
- Younger disabled people are less likely to say their impairment is a barrier to being active (57%, compared to 82% of older disabled people). For young people, they are more likely to report barriers with lacking motivation, confidence and finances. Younger people report a slightly higher number of average barriers to activity (2.9 barriers selected versus 2.6 for older disabled people).
- Younger disabled people are more likely to agree physical activity is for 'someone like me' (56% vs 41%). This difference was not seen between non-disabled people.

- They are more likely to say they feel encouraged to return to physical activity (48% compared to 22%) and that returning was a positive experience (68% compared to 50%). This was also true among non-disabled people.



Ethnicity

We looked at differences between white disabled people and people who are ethnically diverse.⁴ Ideally, the analysis would review individual ethnic identities, but the sample was not large enough. There were less significant differences due to the smaller sample size.

- People from ethnically diverse communities were more likely to say the pandemic affected their health or impairment (90% compared to 78% of white people).
- Disabled people from ethnically diverse communities reported higher levels of concern about the impact of the pandemic on the rights of disabled people (69% compared to 53% of white disabled people).

- There were some positive differences: people from ethnically diverse communities were equally or more likely than white disabled people to say they had the opportunity to be as active as they wanted to be; to feel physical activity is for ‘someone like me’; and to say returning was a positive experience. These differences weren’t always seen in non-disabled people.



Socioeconomic group

We looked at differences between social grades AB and DE.⁵ The differences between these groups were often large, showing the importance of considering socioeconomic status for disabled people.

- Disabled people in the lower socioeconomic group experienced a higher average number of barriers to being active (3.1 barriers selected vs 2.6 for those in the higher group). They are much less likely to say they have the opportunity to be as active as they want to be (34% versus 61%). This difference was significant among non-disabled people.

⁴ 886 disabled White people; 49 disabled people from ethnically diverse groups. This includes people who describe their ethnic group as: ‘Mixed’, ‘Asian or British Asian’, ‘Black or Black British’, or ‘Other ethnic group’

⁵ AB: Higher & intermediate managerial, administrative, professional occupations (227 disabled people); DE: Semi-skilled & unskilled manual occupations, Unemployed and lowest grade occupations (360 disabled people).

- Disabled people in the lower group were more likely to choose their impairment as a barrier to being active (86% versus 67%), and much less likely to feel physical activity is for ‘someone like me’ (37% versus 63%).
- Only 18% feel encouraged to return to physical activity, compared to 46% in the higher socioeconomic group. This difference was also apparent among non-disabled people.
- Of those who had taken part in an organised activity in the last year, those from the higher socioeconomic group were more likely to agree that the activity leader met their needs (75% compared to 58%) and to have felt included in the session (83% compared to 53%).

Sexual and gender identity⁶

We looked at differences between people who identified as lesbian, gay, bisexual, transgender, or non-binary and between people who are heterosexual. There were less significant differences for this group due to the smaller sample size.

- Disabled LGBT people are likely to face a higher average number of barriers to being active (3.4 compared to 2.8 for heterosexual disabled adults). This difference was also apparent among non-disabled people.

- Positively, people who identify as LGBT were equally likely to say physical activity is for ‘someone like me’ and to feel encouraged to return to physical activity. This is also true among non-disabled people.

Number of impairments

We looked at differences between those with one impairment, three impairments and five or more impairments.⁷ This final group may be more representative of disabled people with profound or complex needs. [Sport England’s Active Lives Adult Survey](#) shows that inactivity increases with the number of impairments, from 39.2% for those with one impairment to 49.9% with three or more. This research also shows large differences for those with multiple impairments.

- People with more impairments are more likely to say the pandemic has affected their health (from 73% for people with one impairment, to 83% for people with five or more impairments).
- People with more impairments are less likely to say they have the opportunity to be active (from 56% for people with one, to 35% for people with five or more), and to feel physical activity is for ‘someone like me’. However, they want to be more active (80%, compared to 69% of people with one impairment).

⁶ 65 disabled people identified as LGBT including 10 who identified as trans and 4 who identified as non-binary.

⁷ 154 people with one impairment; 223 with three impairments; 202 with five or more.

- These respondents cite low motivation (33%), low confidence (32%) and lack of finances (31%) as the main barriers to being active.
- The average number of barriers increases from 2.2 for people with a single impairment to 3.7 for people with five or more. People with more impairments are more likely to say their health or impairment is a barrier to being active (90%, compared to 51%).
- People with more impairments are feeling less encouraged to return to physical activity (22%, compared to 47%) and that returning was a positive experience (48%, compared to 63%).



Inactive disabled people

Sport England's Active lives data shows the number of inactive disabled people has been growing since the start of the pandemic, with a 2.6% increase since November 2018-19. Engaging with this group is an important challenge to ensure disabled people can access the benefits of being active.

- Only 33% feel they have the opportunity to be as active as they want, compared to 56% of active disabled people.

- Inactive disabled people were more likely to say their impairment is a barrier to being active (87%, compared to 68% of active disabled people).
- Inactive disabled people are less likely to say physical activity and sport is for 'someone like me' (25% and 13%, compared to 72% and 44% of active disabled people).
- They are much less likely than active disabled people to feel encouraged to return to physical activity (10% versus 47%) and to have returned to organised physical activities after restrictions were lifted (46%, compared to 93% of active people).
- They are less likely to have had a positive experience if they had returned to organised activity after restrictions were lifted (28%, compared to 55% of active disabled people).



6. What do disabled people want?

6. What do disabled people want?



This section explores what disabled people think organisations and authorities should do to help people be more active. The themes and recommendations from this research were refined in the focus groups, with participants deciding what should be key areas of focus.

Support needs and priorities

Disabled people are more likely than non-disabled people to say almost all kinds of support would help them to be active after the pandemic (Figure 12). Only 16% of disabled people said they don't need any further support.

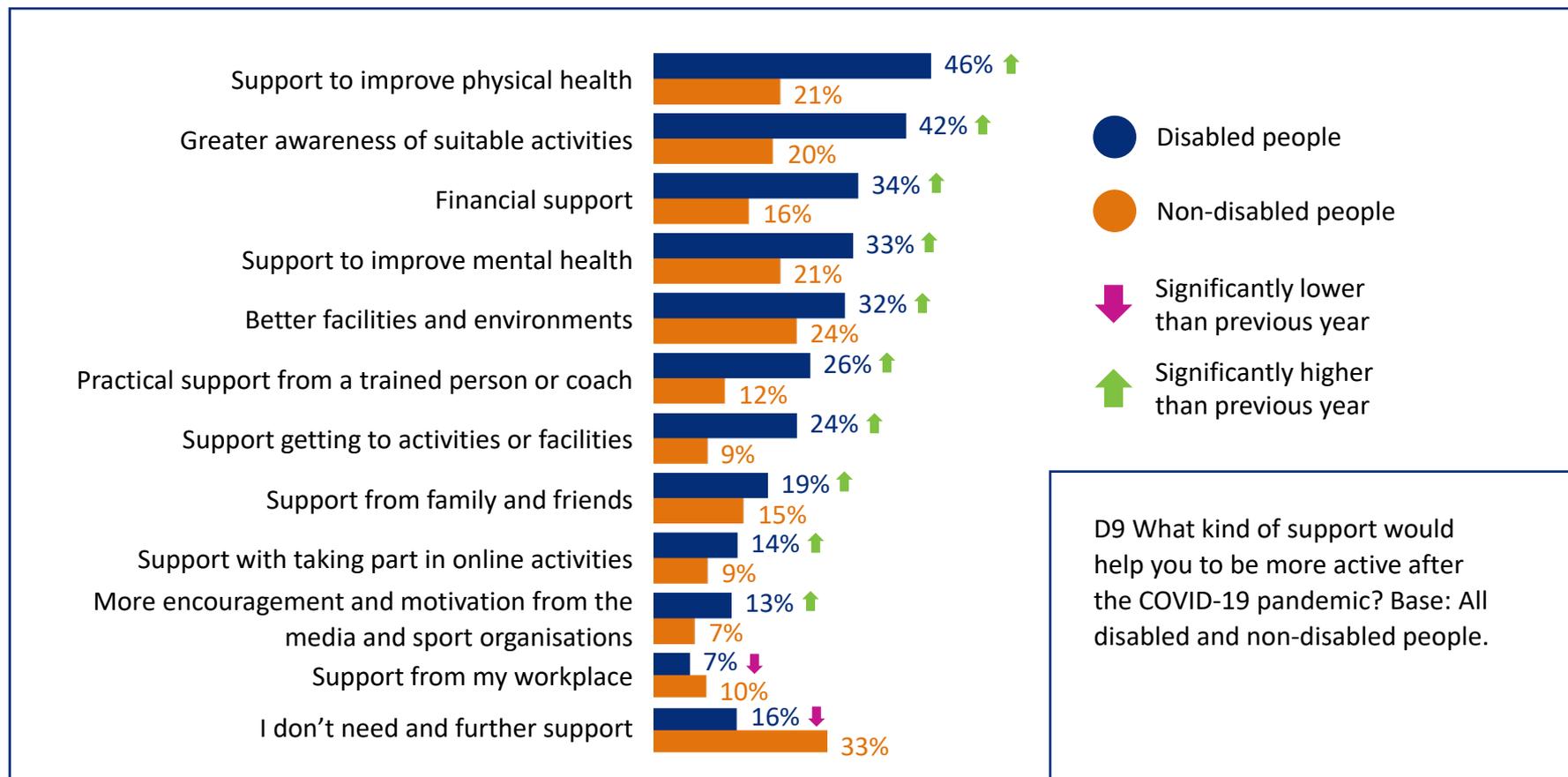
The top forms of support for disabled people were:

- Support to improve physical health
- Greater awareness of suitable activities
- Financial support
- Support to improve mental health
- Better facilities and environments



Figure 12

Proportion selecting each type of support to be more active.



Disabled people were also asked what they thought the Government should focus on to help get more people active. The most common answer was ‘making sure activities are affordable’ (62%).

Disabled people were more likely than non-disabled people to say priorities should be:

- Listening to and engaging with the public on how they want to be active (39% versus 28% of non-disabled people).
- Giving people working in physical activity more knowledge and skills to support disabled people (36% versus 19%).
- Helping people access physical activity online (26% versus 18%).

What matters when returning

People who had taken part in physical activity in the last year were asked what matters most to them when returning to sports and activities after the pandemic (Figure 13).

Disabled people were most likely to say maintaining health and wellbeing was important (69%). Feeling good about themselves (59%) and fun (51%) were seen as important by over half of disabled people.

Figure 13

What matters most when returning to activity.



D10. What matters most to you when returning to sports and activities? Base: All disabled respondents who have taken part in organised or informal sessions.



7. Full recommendations

7. Full recommendations



In the focus groups, disabled people identified key areas for improvement that would help them to be more active.

1. ‘Involve me as we recover from the pandemic’

Call to action: Disabled people must be included in all sport and physical activity offerings as we recover and reinvent from the pandemic. Engaging with disabled people is vital to tackle the rise in inactivity and widening inequalities seen during the pandemic.

What Activity Alliance will do:

- We will champion disabled people’s voices, build our movement and raise our profile.
- As activities reopen, we will strengthen our work with partners to support the sector to effectively include disabled people.
- We commit to developing our co-production approach and help others to do the same.

We call on people organising and delivering activities to:

Encourage disabled people back to (or to try) activities by:

- Reviewing your offer to understand where disabled people could be being excluded (online and in-person), using insight and co-production with disabled people.
- Increasing awareness of opportunities that are flexible, welcoming and creative. Consider sessions of different lengths, intensities and at different times of day or offering trial sessions. These could be free or offered at a reduced rate. Or initiatives to tackle changes in health and confidence.

We call on commissioners and strategic organisations to:

- Prioritise co-produced and inclusive opportunities that meet disabled people's needs.
- Invest in services and partnerships that offer affordable activities that can improve disabled people's mental and physical health.



Instead of saying to people 'this is here', it would be better to ask people 'what is it you need?'

Person with a mobility impairment

“Be a lot more creative and flexible about how you try to be inclusive. Run more drop in/no booking required sessions. More encouragement, fewer restrictions.”

Person with learning and breathing impairment

Further reading and useful resources

- Read and consider [Activity Alliance's Reopening Activity: An inclusive response guidance](#) and Sport England's [reducing inequalities learning resource](#) and [inclusive physical activity evaluation resource](#).
- Check out our [Get Out Get Active programme learning resources](#) on **engaging different community groups and creating activities that put people's needs first**.
- [Co-production guidance from Disability Rights UK](#).



2. ‘Support me to feel like being active is for someone like me’

Call to action: Attitudes and cultures of sport and activity need to be more inclusive and representative and recognise the needs of individuals and diverse populations.

What Activity Alliance will do:

- We will challenge societal perceptions about disability and sport, tackle inequalities and promote a person-centred approach through collaboration with our members and partners.
- We will continue to push to ensure that the diversity of the sport and activity workforce reflects that of society.

We call on people organising and delivering activities to:

- Improve promotion to and communication with disabled people by understanding inclusive and preferred methods. Use trusted sources and relevant influencers to focus the reach and appeal of your messaging.
- Take a person-centred approach when planning and delivering activities. Look beyond standard demographics and connect to people’s individual needs.
- Recognise your responsibility in creating a more inclusive environment that welcomes disabled people.

We call on commissioners and strategic organisations to:

- Take ownership and accountability for your role in creating inclusive and sustainable culture change.
- Increase the diversity of your workforce and take action to ensure your practices are inclusive at all levels.

“They need to show that person they can do it, so they can say, 'this is what I deserve and I'm going to go out and have my activity session or go to the gym'.”

Person with mobility impairment

Further reading and useful resources

- Read [Activity Alliance’s resource on taking a person-centred approach](#) to planning and providing activity opportunities.
- Reach more people with [Activity Alliance's inclusive communications guidance](#).
- Read the driving organisation and system change document from our [Get Out Get Active programme learning resources](#).
- Improve training and workplaces for disabled people in the leisure sector with [EmployAbility Leisure guidance](#).

3. 'Your workforce can make it a better experience for me'

Call to action: Despite many examples of positive change, we are at risk of losing the progress made in recent years. We are calling on all organisations to actively review and refresh their workforce training programmes to increase people's confidence and competence in engaging with disabled people.

What Activity Alliance will do:

- We will support a wide range of organisations to embed inclusive practice into their work.
- We will also raise awareness and share positive examples of good practice.

We call on people organising and delivering activities to:

- Upskill your workforce, ensuring all employees and volunteers complete disability awareness training. Equip them with the skills to embed inclusive practice and improve accessibility for disabled people.
- Share these learnings and encourage the professional development of peers.

We call on commissioners and strategic organisations to:

- Agree to minimum professional standards relating to inclusion and disability for professionals involved in physical activity.
- Prioritise inclusion and accessibility within investment for spaces and facilities.
- Lead by example by ensuring your organisation follows inclusion principles.

"Understand that people have different abilities –it doesn't mean they don't want to do that activity, it means they may need adaptations."

Person with mobility impairment

Further reading and useful resources

- [Activity Alliance's Inclusive Activity Programme](#) provides training and development opportunities for sports coaches, community leaders and health professionals.
- Use [Inclusion Club Hub](#) to improve disabled people's experiences at your sports club.
- [Delivering an Excellent Service for Disabled Customers eLearning course](#) for people working in the leisure sector.
- Read the creating a workforce that gets me! document from our [Get Out Get Active programme learning resources](#).
- Check out [CIMSPA ReTrain to ReTrain support, resources, and training programmes](#).

4. 'Involve the health professionals I trust the most'

Call to action: Many disabled people want reassurance and tailored advice on how to be active in a way that works for them. The health and sport and activity sectors need to work in partnership to promote the evidence that shows physical activity is safe and has many benefits for disabled people.

What Activity Alliance will do:

- We will support a greater connection and engagement between the sport and health sectors.
- We will grow our connections with the health sector, and our insight on disabled people's concerns and other factors that lead to low confidence and a fear of physical activity.

We call on people organising and delivering activities to:

- Develop your understanding of how people's impairments and health conditions affect them. Listen to people's concerns and offer personalised advice.
- Continue to show there are ways for everybody to be active.
- Build more relationships with health organisations to increase and improve how disabled people are engaged across our communities.

We call on commissioners and strategic organisations to:

Improve links between health organisations, health professionals and activity providers, so they can:

- Promote positive and consistent messages that physical activity is safe for disabled people.
- Encourage referrals and signposting to inclusive and appealing activities.

"Every public area like GP surgeries should publicise health, fitness and wellbeing sessions run by local organisations. And during every contact with a health worker, the benefits of physical activity should be discussed and encouraged."

Person with long-term health condition and mobility impairment

Further reading and useful resources

- [Moving Medicine's risk statement](#) and the [2019 Chief Medical Officer's guidance for disabled people](#) can give confidence to health and sport professionals in recommending physical activity.
- [Stronger My Way campaign from the Chartered Society of Physiotherapy](#) provides insight, training and resources for health professionals on using strengthening activities in their practice.
- [The Richmond Group of Charities physical activity and long-term health conditions resource packs](#) for health and care workforce and physical activity workforce.
- Signpost to inclusive activities offered by [Get Out Get Active](#) and [Get Yourself Active](#), impairment specific support from the [National Disability Sports Organisations](#) and use [We Are Undefeatable resources](#) for people with long-term health conditions.

Please contact Activity Alliance's research team to discuss how to access, interpret and use the data or how to implement the recommendations. Email research@activityalliance.org.uk or call 01509 227750.





8. Appendix

8. Appendix



Accessibility

The survey was designed to be accessible. Wording and layout in the standard version were intended to be as simple and engaging as possible.

An easy read version was also produced. Easy read is designed for people who find reading English more difficult. This may be suitable for people with, for example, a learning disability, difficulty reading, or where English isn't their first language. The Easy read format is easy to understand because it uses easy to understand language, shorter sentences and supporting images. Respondents were given a choice on the first page of the survey as to whether they wanted to use the easy read version. 118 did so, and of these, only 21 reported that they had a learning impairment. Alternative methods such as telephone interviews were also offered, but this was not requested.

Defining disability

Our survey determined whether respondents were disabled if they answered 'yes' to both of these questions:

- 'Do you have any long-term health conditions, impairments or illnesses? This could include, for example, physical, sensory, learning, social, behavioural, or mental health conditions or impairments. Long-term means that they have lasted, or are expected to last, 12 months or more'.
- 'Do these health conditions, impairments or illnesses have a substantial effect on your ability to do normal daily activities?'

These questions are based on the Equalities Act 2010. When we asked respondents whether they think of themselves as disabled, 33% of people who met the Equalities Act 2010 definition said they did not.

Measuring activity levels

We defined activity as: the number of days in a normal week people did 30 minutes or more of physical activity that was enough to raise breathing rate. Physical activity includes sport, exercise and brisk walking or cycling for fun, or to get to and from places. It does not include housework or physical activity that is part of work.

This survey uses the following groupings:

- **Inactive:** person who does less than a total of 30 minutes of physical activity in a normal week.
- **Active:** person does 30 minutes or more of physical activity on at least five days in a normal week.

To ensure accessibility, the question we used to capture activity levels is a simpler version of the Sport England Active Lives Adult survey question. Active Lives survey records all activity done in the last four weeks and includes a vigorous activity category. Our question asks on how many days a person does 30 minutes or more of activity in a normal week, rather than the exact number of minutes. This means fewer people are classed as 'active' in our survey.

Sample sources

Two sample sources were used. People who had completed Sport England's Active Lives Survey within the last two years and agreed to take part in further research and people from an independent research panel. For disabled people, 128 responses were from the Active Lives sample and 813 from the panel. For non-disabled people, 180 responses were from the Active Lives sample, and 721 were from the panel.

Profile of respondents



Table 8.1
Gender of respondents⁸

	Disabled respondents	Non-disabled respondents
Male	40%	43%
Female	59%	56%



Table 8.3
Socioeconomic status of respondents

	Disabled respondents	Non-disabled respondents
AB	24%	38%
C1	18%	26%
C2	11%	11%
DE	38%	21%



Table 8.2
Age of respondents

	Disabled respondents	Non-disabled respondents
16 – 34 years	9%	25%
35 – 44 years	13%	18%
45 – 54 years	17%	18%
55 – 64 years	24%	19%
65+ years	33%	18%



Table 8.4
Ethnicity of respondents

	Disabled respondents	Non-disabled respondents
White	94%	91%
Mixed	2%	1%
Asian or Asian British	2%	5%
Black or Black British	1%	1%
Prefer not to say	1%	1%

⁸ An option for 'Non-binary' was provided, but was chosen by less than 1% of disabled and non-disabled people.



Table 8.5
Region of respondents

	Disabled respondents	Non-disabled respondents
North East	6%	4%
North West	13%	13%
Yorkshire & Humber	9%	8%
East Midlands	9%	8%
West Midlands	9%	8%
East of England	8%	11%
South East	14%	16%
London	10%	13%
South West	10%	9%
Other	10%	9%

1 **Table 8.6**
2 3 Number of impairments

	Disabled respondents
1	16%
2	22%
3	24%
4	16%
5+	21%



Table 8.7

Type of impairment.

	Disabled respondents
Mobility	64%
Long-term pain	62%
Chronic health condition	41%
Breathing or stamina	38%
Mental health	29%
Dexterity	28%
Hearing	16%
Memory	14%
Learning or understanding or concentrating	12%
Social or behavioural	8%
Vision	8%
Speech or making yourself understood	6%

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This document is available in different formats. Please contact us if you need more support. Report published in June 2022.

Photo credit: British Blind Sport.

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