



**activity
alliance**

disability
inclusion
sport

Activity Alliance Annual Disability and Activity Survey

2022-23

How disabled people's demographic
differences affect their activity

activityalliance.org.uk

Contents

1. Introduction	3
2. Gender	5
3. Socioeconomic groups	12
4. Ethnicity	17
5. Age	21
6. Sexual orientation	28
7. Appendix.....	32
8. References	33



1. Introduction

Like everyone, disabled people's lives are influenced by a range of social and demographic factors. This report outlines findings from people from different demographic groups from our fourth Annual Disability and Activity Survey.

1,974 people (aged 16+) took part in the online survey, conducted by IFF Research, between October and December 2022. This included 998 disabled people and people with long-term health conditions. We also highlight inactivity and participation levels from [Sport England's Active Lives survey 2021-22](#).

For most of the people we analysed, disability is the key driver for inactivity. These findings provide a starting point for sport and physical activity organisations in considering different factors that affect your audience. Through our [Get Out Get Active \(GOGA\) programme](#), we received additional insight from partners who have experience of delivering activity for specific groups of disabled people. We have used quotes from the survey, workshops, as well as from GOGA providers, throughout the report.

Our full report, and a report showing differences for people with different impairments, can be found on [Activity Alliance's website](#).

Key message:

A range of demographic factors affect how disabled people participate in, and experience, physical activity.

Our commitment:

To build and unite a movement, working with equality partners, to tackle inequalities beyond individual demographic factors. We will build understanding, identify gaps, share insight, and support opportunities so that more people can enjoy inclusive activity.

Our ask to sport and activity organisations:

Recognise that disabled people have diverse backgrounds and are part of every community. Understand how disabled people access and use your facilities and sessions, and what other social factors may lead to exclusion. Use our insight and tools to include more disabled people in your campaigns and engagement work.

Disabled people in the UK

- 26% of women and 22% of men are disabled **(1)**. This represents 8.7 million disabled women and 7.3 million disabled men.
- 11% of children, 23% of working-age adults and 45% of state pension age adults are disabled **(1)**.
- Nearly a third of the adult population in England — around 12 million people — are in a lower socioeconomic group. Disabled people are twice as likely as non-disabled people to experience poverty **(2)**.
- 18.3% of the population are ethnically diverse — nearly one in five people **(3)**. 13% of Black/Black British people, 12% of Asian/British Asian people, 8% of Chinese people, and 7% from a mixed ethnic background are disabled. This is likely driven by the lower average age of people from ethnically diverse communities.
- 3.2% of people in the UK identify as gay, lesbian, bisexual, or as another sexual orientation **(3)**, and 0.5% had a different gender identity than their sex registered at birth.*
 - 17% of LGB+ people in the UK consider themselves to have a disability **(4)**.
 - 33% of trans people in the UK consider themselves to have a disability **(4)**.



* The Census may underestimate the true figures, as not everyone may be comfortable answering these questions.

2. Gender

We looked at differences in our survey data between disabled men and disabled women. GOGA partners Amber Valley Borough Council and Deaf-initely Women provided additional feedback and insight.

Gender plays a key role in how people participate and experience being active. Disability compounds the challenges women in particular face. Disabled women have more negative experiences compared to both disabled men and non-disabled women. For men, disability has a marked negative impact compared to non-disabled men. Sport England's Active Lives survey (5) shows disabled women are more likely to be inactive – 42.1% vs 39.7% of disabled men. For non-disabled women and men, the figures are 21.5% and 20.2% respectively.

Active Lives data on gender identification is collected as 'male, female, non-binary and prefer to self-describe' categories. Results for the latter categories are combined into 'in another way': 22% of this group were inactive. In our survey, the sample for people who are non-binary was not large enough to analyse.

Active Lives does not ask if a person's gender is different from their sex assigned at birth. This means that the male and female data may include trans people who identify as male or female, but that it is not possible to review the data for trans people alone. In our survey, we did ask this question, but again the sample was not large enough to analyse.

We know that trans and non-binary people face a range of barriers to being active, and we recognise that we need to hear more from them to understand their experiences and needs.



Participation and experience

- Active Lives shows that disabled women are less likely to participate in sporting activities: 17% taking part at least twice in the last 28 days, compared to 23% of disabled men. This is lower than for non-disabled women and men (32% and 43%).
- Fitness activities are more popular among disabled women (20%, compared to 17% of disabled men taking part at least twice in the last 28 days), but still lower than for non-disabled women and men (33% and 28%).
- Levels of active travel are similar for disabled women and men (26% and 26%). This is lower than for non-disabled women and men (34% and 36%).
- Disabled women (37%) are less likely to feel they are given the opportunity to be as active as they want to be compared to 48% of disabled men, 62% of non-disabled women and 78% for non-disabled men.
- Disabled women are twice as likely to be active at home using online or digital tools (28% vs 14% of disabled men). For home activity not using online or digital tools, there is no difference (31% for women, 32% for disabled men). Disabled women are also twice as likely to be active indoors at leisure or sports clubs (28% vs 14% of disabled men).



Barriers to being active

- Disabled women are more likely than disabled men to say a lack of confidence prevents them from being active.

“ A lot of deaf women have told us they wouldn’t have the confidence to attend groups and activities where communication support isn’t available or where other deaf people don’t attend, as they feel they would be left out and unable to be involved fully.

GOGA activity provider

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- Disabled women are more likely to face financial barriers than both disabled men and non-disabled women. They are more likely to say lack of money prevents them from being active, and that the increased cost-of-living has reduced how active they are.
 - Disabled and non-disabled men were more likely to say getting older was stopping them from being active.
- Disabled women are more likely to report that their impairment or health condition has been affected by the COVID-19 pandemic to at least some extent (71% vs 59% of disabled men).

- Over a quarter (26%) of disabled women say they are lonely often or always (compared to 19% of disabled men and 8% of non-disabled women and men).
- While all groups say changes to their physical health since the pandemic have made them less able to be active, disabled women face specific challenges with the impact on their mental health and socialising (Table 1).

Table 1: Proportion agreeing they are less able to be active because of the impact of the pandemic on different factors.

Feeling less able to be active because of...	Disabled women	Disabled men	Non-disabled women	Non-disabled men
Changes to your mental health	46%	35%	29%	21%
Feeling more socially isolated	59%	47%	32%	28%
Having less support from family and friends	24%	16%	12%	12%

Representation

- Disabled women and men were equally likely to say they see ‘people like me’ working in sport and physical activity (21% and 24%), and to want more involvement in influencing the types of activities they could take part in (32% and 34%).
- Disabled women are less likely to want the opportunity to take on a role in delivering activity (10% vs 16% of disabled men, and 15% of non-disabled women).

Information and opportunities

- Both disabled women and disabled men want to be more active (79% and 74%).
- Disabled women are more likely than disabled men to find information about sport or physical activity through friends and family, social media, and local posters or leaflets.
- The top motivation to be active, regardless of gender or disability, is to improve or maintain physical health.
 - Women are more likely to be motivated by ‘Feeling good about myself’, to ‘improve or maintain mental health’, and ‘lose or maintain weight’.
 - For non-disabled people, men are more likely than women to want to take part for fun, to meet new friends, and to compete – these differences are not seen for disabled men, suggesting they are missing out on these motivations.



For disabled women

Key message:

Disabled women face more challenges to being active than non-disabled women and disabled men. In addition to a lack of confidence experienced by many women, disabled women face challenges with wellbeing, a lack of support and finances.

Our ask to sport and activity organisations:

Include disabled women by creating non-judgemental and supportive environments, with reassuring information and advice. Promote how being active can tackle loneliness and improve wellbeing.

Resources:

- Working with Women in Sport, we applied Activity Alliance's Talk to Me principles on how to engage disabled women in physical activity. **Women in Sport - creating positive impact resource.**
- **This Girl Can's Campaign Hub** offers resources to help make activities better suited to the needs of women and girls, with motivating materials, as well as toolkits, assets and guides.
- Increase knowledge and skills on supporting people experiencing mental health problems in physical activity with **Mind's mental health and physical activity toolkit.**

Advice to sport and physical activity organisations from disabled women

“ Offer sessions for people that are uncomfortable mixing with others. For people that feel embarrassed to be in a gym knowing they aren't very fit and don't want to feel judged by others.

Annual Disability and Activity Survey participant (woman)

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“ It would be good to know what is available out there for me. I can get very anxious when going out. It would be lovely to have a companion from the organisation to go with me the first time.

Annual Disability and Activity Survey participant (woman)

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For disabled men

Key message:

Men's impairments or health conditions have a significant impact on their opportunities to be active. Disabled men's ability to be active is more likely to have been affected by mental health and isolation during the pandemic.

Our ask to sport and activity organisations:

Make activities or clubs that appeal to men's bigger motivations (like making social connections, competition and fun) inclusive and appealing for disabled men too.

“ Purpose-designed clubs or sessions for people with long-term disabilities.

Annual Disability and Activity Survey participant (man) ”

“ Help me find and join a local disabled veterans' group. As veterans are like family, we have a lot of the same issues and can support each other.

Annual Disability and Activity Survey participant (man) ”





Amber Valley
Borough Council

Case study: Get Out Get Active, Amber Valley Borough Council and Deaf-inetely Women

GOGA, Amber Valley and Deaf-inetely Women have worked together to provide opportunities to deaf and deaf-blind women. Key factors that supported their delivery include:

- **Reassurance and accessible communication:** thinking about the different steps involved at each part of the journey, and how you can provide reassurance in ways that are accessible to your audience. Working with user-led organisations who have experience and knowledge, from consultation to organising and running activities, can make projects as accessible as possible.
- **Shared experiences and communication needs:** having groups with similar backgrounds and who use similar communication methods at activities, as well as funding to support accessible methods, helps deaf women access the social benefit of being active and feel less isolated.
- **Positive role models and ‘people like me’:** improving visibility of a range of women enjoying taking part or achieving goals helps others to relate to the activity and want to take part.

“ Our activities aren’t just about providing access during the activities, but thinking about all of the stages involved – for example, we have done signed videos about walks, included captioning, and created posters with clear information and visual cues (walking boots etc).

GOGA activity provider

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“ Having positive role models and seeing ‘people like me’ doing activity and sports is very powerful. The photo of our deaf walk leaders holding their Walk Derbyshire certificates after becoming qualified has been one of our most popular social media posts – it went viral and lots of deaf women were excited at the prospect of being able to get involved.

GOGA activity provider

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3. Socioeconomic groups

We looked at differences between the lowest and highest socioeconomic grade. The grade classification system is based on the occupation of the chief income earner in a household. The highest grade refers to higher and intermediate managerial, administrative and professional occupations. The lowest includes people working in semi-skilled or unskilled manual occupations, or those who are unemployed.

GOGA partners Active Humber provided feedback and additional insight on engaging with disabled people from lower socioeconomic groups.

Data from Active Lives shows socioeconomic status has significant impact for disabled people – 45% of disabled people in lower grades are inactive, compared to 29% of disabled people in the highest grades.

Participation and experience

- Active Lives shows that disabled people in lower socioeconomic groups are less likely to participate in sporting activities: 14% taking part at least twice in the last 28 days, compared to 27% of disabled people in higher groups, and 23% of non-disabled people in lower groups.
- There are less marked differences for active travel, where socioeconomic group has a more significant impact regardless of disability status: 26% of disabled people in lower socioeconomic groups took part at least twice in the last 28 days, vs 32% of disabled people in higher socioeconomic groups, and 39% and 31% of non-disabled people in higher and lower groups.
- Disabled people in lower socioeconomic grades are less likely to be active in outdoor spaces (35% vs 50% of people in the highest grade), and in leisure or sports centres (16% vs 30% in the highest grade).
- Disabled people in lower socioeconomic groups are less likely to feel they are given the opportunity to be as physically active as they want to be (36% vs 51%). This is a wider difference than for non-disabled people in higher or lower social grades (66% vs 76%).
- They are less likely to agree that they enjoyed the last time they took part in a sport or physical activity session (62% vs 71%). Non-disabled people also see significant differences depending on their social grade.

Barriers to being active

- Like other disabled people, people across all socioeconomic groups were most likely to say their impairment or health condition stops them being as active as they would like (78% for people in higher grades and 83% for people in lower grades).

“ We found that health is the greatest barrier for people living in socially deprived areas – a lack of mobility and needing support to be active were referenced by everyone as to why they could not be more active. Another barrier was not knowing where they could be active – several said walking was something they’d like to do more of, as it was free and they could do it with family / friends, but they didn’t know where was accessible.

GOGA activity provider

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- A lack of motivation is a more common barrier for those in lower socioeconomic groups (42% in C2 vs 18% in AB). People in lower socioeconomic groups were less likely to choose almost all reasons to be active, types of support that would help them, as well as for most sources of advice and information.

- 26% of disabled people in the lowest socioeconomic grades feel lonely ‘often or always’, compared to 19% in the highest social grades. They are also more likely to have not felt happy yesterday (40% vs 27%). These proportions are significantly higher than non-disabled people from each social grade.
- 22% of disabled people from lower socioeconomic backgrounds say finances or lack of money stops them being active.
- Other evidence shows disabled people are more likely to experience poverty and unemployment, be paid less, and face extra living costs. These economic challenges, combined with the increased cost-of-living, have led to financial vulnerability, with disabled people being more likely than non-disabled people to find it difficult to afford bills and to be using foodbanks (6).

“ A lot of our participants told us that a lack of confidence has previously prevented them from attending sessions, and/or not understanding that being active can help them. Being diagnosed with a health condition or an impairment later in life can have a massive impact on income and finances – so being active might not be something they’d easily think about doing when there are costs involved.

GOGA activity provider

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Representation

- Disabled people in lower socioeconomic grades are less likely to agree that sport is for 'someone like me' (22% vs 40% of disabled people in the highest social grades), and that physical activity and exercise are for 'someone like me' (42% vs 59%). This difference is also seen for non-disabled people.
- People in lower socioeconomic grades were less likely to agree that they saw 'people like me' playing sport and being active (24% vs 36 of people in higher grades). They are also less likely to agree that they 'see people like me' working in sport and physical activity (17% vs 21%).
- People in lower socioeconomic grades were less likely to have been given the opportunity to influence or design the types of activities they take part in (7% and 8% in groups C2 and DE vs 16% in AB).



Information and opportunities

- Both disabled people from lower and higher socioeconomic groups want to be more active (76% and 79%).
- People in higher socioeconomic groups are more likely to find information from a wider range of sources, including websites, friends and family, social media, sports organisations, local groups and charities, and posters and leaflets. Information sources that were more equal across groups are medical practices and community facilities.

Key message:

Socioeconomic status plays a significant role in how disabled people access and perceive being active, with differences in motivation, representation and wellbeing.

Our ask to sport and activity organisations:

Work to engage with, and represent, people from different social backgrounds. Provide additional motivation and empathetic support, as well lower cost activities and more choice of session times.

Resources:

- **Our Supporting disabled people from low-income households factsheet** provides evidence on how poverty affects some disabled people's lives and their ability to be active.
- **Sport England cost of living guidance and insight** provides information on how to get people active at a low cost.

Advice to sport and physical activity organisations from disabled people in lower socioeconomic groups:

“ The cost is a big barrier, and also for me work/life balance is a big barrier. I am usually very exhausted from work to be able to do sport, it is also uncomfortable to navigate a gym at peak time as a disabled and less fit person.

Annual Disability and Activity Survey participant

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“ For a lot of people around me — I think it's awareness. You don't see disabled people doing any sport or physical activities. You end up lacking motivation.

Annual Disability and Activity Survey participant

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“ For me personally, make yoga classes that don't cost a fortune and are for people with disabilities. Due to my chronic pain, I can't kneel or walk or stand for a long time, but I'd welcome going to a place where I'd get guidance on how to get better, to rebuild muscles, get stronger and be sweaty. I miss the feeling after exercise!

Annual Disability and Activity Survey participant

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ACTIVE HUMBER

Case study: Get Out Get Active and Active Humber

While delivery of GOGA in The Humber was not specifically designed for people from lower socioeconomic backgrounds, many activities were delivered in areas affected by poverty and deprivation. The team at Active Humber identified key factors in the success of their delivery.

- Using local spaces and community-focused facilities can give more disabled people the opportunity to be active. They can feel more comfortable attending, and this overcomes barriers with availability and cost of travel.
- Starting small, with a longer view to being sustainable, allows projects to develop and sustain participation.
- Linking with healthcare professionals, like Parkinson's or stroke nurses, to promote local and low-cost activities gives people the push they need to start attending activities.
- Having people in welcoming and encouraging roles to introduce new participants to other people helps the fun/social element.
- Participants feel more confident taking part if they see someone like themselves being active, or if the activity is specifically targeted at them – including considering other factors like ethnicity, languages spoken, cultural sensitivities and taking time to build trust.

“ Having someone at a session who has a specific role to make people feel welcome, encourage them to attend, and introduce them to other participants has been beneficial. For example, our bowls sessions in an open park – many people were invited to join the sessions who were simply walking in the park to get fresh air or get out of the house. Bowls may not be something that initially they thought of doing, but their involvement alongside similar people and the fun element meant they came back every week.

GOGA activity provider



4. Ethnicity

We looked at differences between white disabled people and disabled people from ethnically diverse backgrounds. Active Black Country provided additional insight from their experience delivering physical activity to disabled people from different ethnic backgrounds.

Sport England's Active Lives data shows that Black and Asian people are most likely to be inactive compared to people from other ethnic backgrounds.

- Asian people: 45.2% for disabled people and 30.2% for non-disabled people.
- Black people: 43.1% for disabled people and 28.9% for non-disabled people.
- White people: 41.4% for disabled people and 18.9% for non-disabled people.

Disabled people from a mixed ethnic background have lower levels of inactivity (26.5% vs 15.9% of non-disabled people from a mixed ethnic background) likely driven by their lower average age. Other studies have shown that gender and age have a significant effect on activity levels for ethnically diverse populations, with women and older people experiencing more inequalities.

We know best practice would be to look at differences for individual ethnic identities. This was not possible due to the sample size being representative of the UK population of disabled people.

Participation and experience

- Disabled people from ethnically diverse backgrounds are significantly less likely to be active in outdoor spaces like parks and countryside (28% vs 44% of white disabled people, and 37% of non-disabled ethnically diverse people).

Barriers to being active

- Ethnically diverse disabled people are more likely to report the pandemic affected their health condition, impairment or illness (82% vs 65% of white disabled people).
- Disabled people from ethnically diverse backgrounds are more likely to say lack of support (14% vs 7%) and work commitments (17% vs 8%) stop them from being as active as they would like.
 - 60% say the cost-of-living crisis has affected how active they are (vs 36% of white disabled people, and 53% of non-disabled ethnically diverse people).
 - They are more likely to say they are less able to be active due to changes to their mental health during the pandemic (57% vs 41%), having less support from family and friends (30% vs 20%) and being socially isolated (66% vs 53%).
- They are also less likely to have scored very high in how happy they felt yesterday (4% vs 12% of white disabled people, and 15% of non-disabled ethnically diverse people).

Representation

Some positive differences were observed on representation. This may be influenced by sampling factors:

- 65% agree physical activity is for ‘someone like me’ (vs 49% of white disabled people). 47% agree that sport is for ‘someone like me’ (vs 29% of white disabled people).
- Disabled people from ethnically diverse backgrounds are more likely to want to be involved in influencing the types of activities they are involved in (43% vs 32% of white disabled people).
- 32% agree they see ‘people like me’ working in sport and physical activity (vs 19% of white disabled people).
- 24% would like the opportunity to take on a role in delivering physical activity (vs 11% of white disabled people).



Information and opportunities

- Both ethnically diverse disabled people and white disabled people want to be more active (80% and 77%).
- Ethnically diverse disabled people were more motivated to be active to improve or maintain physical health, to improve or maintain mental health, to get fit and to feel good about themselves.
- They are more likely to find information about being active from friends and family than white disabled people.

Key message:

Disabled people from ethnically diverse backgrounds often face additional barriers to being active, relating to physical and mental health and the impact of the pandemic. They show a higher level of interest in influencing the types of activities they are involved in, and some positive trends in representation.

Our ask to sport and activity organisations:

Represent disabled people among people with ethnic diverse backgrounds in sport and physical activity, and appeal with initiatives to improve mental and physical health.

Resources:

- Engage with a broader range of people using [Get Out Get Active's resource on engaging different community groups](#).
- Use [Activity Alliance's effective engagement factsheets](#), and [Disability Rights UK co-production tools](#), to work collaboratively with your audience to design and deliver physical activity.
- Connect with [Sporting Equals organisation](#) to understand ethnically diverse communities and improving representation.

Advice to sport and physical activity organisations from disabled people from ethnically diverse backgrounds:

“ Free culturally appropriate classes would be a help.
Annual Disability and Activity Survey participant ”

“ Present their respective information in an easy unbiased way to help me understand the benefits and see that someone such as myself can participate without feeling a fool or useless. Perhaps someone needs to be a role model.
Annual Disability and Activity Survey participant ”



Case study: Get Out Get Active and Active Black Country

GOGA supported Active Black Country in Wolverhampton to explore the potential of faith centres to reach the most inactive disabled and non-disabled people. One success of the programme is the delivery of weekly yoga sessions at five of the city's Gurdwaras, led by a local Sikh instructor.

The classes are completely inclusive, welcoming a diverse group of women with different physical impairments and abilities. The classes have helped attendees improve mobility, independence, and happiness – this was important, as many spoke of the huge impact of the pandemic and lockdowns on their mental health.

The activity was designed with the input of people attending the Gurdwaras – they were keen to have discussions about what activities should be provided.

The women attending sessions have cited three key factors that have led to the programme's success:

- **Space:** Having an accessible room that people of any physical ability are able to enter.
- **Place:** Using a room where people feel safe. All sessions are delivered in rooms in the Gurdwaras.
- **People:** Involving a deliverer that people trust is crucial. The GOGA Instructor knows attendees personally, speaks the same language (Punjabi), and knows how to tailor the class to their abilities.

“ Make sure the people you're looking to work with are part of the discussions about the type of intervention/activity you're planning. We went into the Gurdwaras with an open mind about what to provide and the message we got loud and clear was 'we want Yoga in this building' – so that's what we did.

GOGA activity provider



5. Age

We looked at differences between older (aged 65+) and younger (aged 16-34) disabled adults.*

Active Lives data shows that disability has a significant impact on the activity levels of older people in particular: 54.1% of older disabled people do less than 30 minutes of physical activity a week (vs 26.6% of non-disabled older people).

For younger people, 25.4% of young disabled people are inactive, compared to 18.8% of young non-disabled people.

Participation and experience

- Older disabled people are much less likely to be taking part in sporting activities (13% participating at least twice in the last 28 days vs 31% of non-disabled people in the same age group). For young disabled people, 31% have taken part in sporting activities in the last 28 days vs 44% of their non-disabled peers. Similar trends are seen for fitness activities.

- For active travel, young people are more equally likely to take part, regardless of disability – 44% of disabled young people have travelled by walking or bike at least twice in the last 28 days, vs 41% of non-disabled young people. For older people, being disabled means they are much less likely to take part in active travel (16% for disabled older people vs 29% of non-disabled people in the same age group).
- Young disabled people were more likely to be active at home using digital tools (43% vs 11% of older disabled people).
- Older disabled people are much less likely to feel that they have the opportunity to be as active as they want to be (45% vs 84% of non-disabled people in the same age group). For younger disabled people, the difference is less significant (50% vs 60% of younger disabled people).

* These age bands were chosen based on sample size allowing for significant differences in our survey. We recognise that age groups within these bands will have differences: for older people, Active Lives shows that inactivity continues to increase with age, with 73% of disabled people aged over 85 being inactive, compared to 54% of non-disabled people in the same age group. For younger people, the differences are smaller: 21% of disabled people aged 16-24 are inactive, compared to 17% of non-disabled people in the same age group.

Barriers to being active

- Older disabled people are more likely to say their impairment or health condition prevents them being as active as they would like (85% vs 67% of young disabled people).
- For young disabled people, a lack of motivation and finances/lack of money, are more likely to be barriers. Over half (58%) agree that the increased cost-of-living has affected how active they are (vs 24% of older disabled people).

“ The cost of training, needing special equipment or having to pay a lot for it – and the cost for transport – putting a racing wheelchair on a train isn’t going to work, or you can’t use a bus as easily as other people. So, it all adds up, and the costs keep going up.

**Annual Disability and Activity Survey participant
(young disabled person)**

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- Young disabled people have poorer wellbeing scores than older disabled people, and are more likely to often feel lonely. This trend is also seen among non-disabled people.
 - 68% of young disabled people agree they are less able to be active due to changes to their mental health during the pandemic (24% of older disabled people and 43% of young non-disabled people).

“ On mental health, the pandemic exposed a lot of underlying ableism, and that affects how we feel. On a personal level, the pandemic massively impacted my health, not because of COVID, but I wasn’t able to keep up with my exercise, like swimming and getting out. So, I ended up more poorly, and I’m still fighting the impact of that – so getting out and active has a real impact.

**Annual Disability and Activity Survey participant
(young disabled person)**

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Representation

- Older disabled people have less positive attitudes about being active – only 21% agree that sport is for ‘someone like me’ vs 54% of younger disabled people. Disability status has a significant effect for all ages: For non-disabled people, 48% of those in the older age group agree, and 78% of those in the younger age group.
- Older disabled people are less likely to agree that they see people like themselves working in sport or physical activity (13% vs 26% of young disabled people) and are less likely to want the opportunity to take on a role in delivering physical activity (6% vs 25% of young disabled people).
- Older disabled people are also less likely to have been given the opportunity to influence the type of activities they could take part in (6% vs 25% of young disabled people).
- 48% of young disabled people want to be involved in influencing the activities they take part in.

Information and opportunities

- Both younger and older disabled people want to be more active (71% and 76%).
- While improving physical health is the top reason to be active across all age groups, improving mental health is a key motivation for young people. They are also more likely to say getting fit and feeling good about themselves are motivations.

“ Because of my balance issues the only place I feel safe to exercise is in a pool, so I take four aquafit classes a week. They have enabled me to get my Type 2 diabetes into remission, given me more confidence in my general fitness and improved my life enormously. During lockdown this was what I missed the most – I live alone and kept strictly to the isolation rules which meant no exercise at all, and I could really feel the difference both physically and mentally. I regard the classes as my health lifeline.

**Annual Disability and Activity Survey participant
(older disabled person)**

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- Younger people are more likely to get information on being active from websites, family and friends and social media. Older people were more likely to get information from local councils and newspapers and magazines.
- Older disabled people are more likely to want advice on being active from healthcare professionals. Younger people were more likely to want advice from sport and activity professionals, and friends.



For young disabled people

Key message:

Young disabled people face more challenges to being active relating to finances and mental health.

Our ask to sport and activity organisations:

Age is an important consideration when delivering activity to disabled people. For younger people, mental health and representation is crucial – encourage confidence and show you listen to every young person's voice.

Resources:

- Use [Mind's mental health and physical activity toolkit](#), [mental health awareness eLearning course](#), and [top tips on young people's wellbeing during physical activity](#).
- Use [Activity Alliance's effective engagement factsheets](#), and [Disability Rights UK co-production tools](#), work collaboratively with your audience to design and deliver physical activity.
- Read [Haringey Council and GOGA's research report](#) on supporting more disabled people to be part of the physical activity workforce.

Advice to sport and physical activity organisations from younger disabled people:

“ If you are developing an inclusive programme, getting the voices of lived experience should become common practice and second nature. It's a real opportunity for disabled people to showcase their knowledge. It really offers a different perspective. Disabled people have a passion about this work, because they see the desire and impact that's needed within society and on a national level.

Annual Disability and Activity Survey participant (young disabled person)

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Case study: Get Out Get Active and Haringey Council

GOGA work closely with Haringey Council to use the power of inclusive activities to engage young people in the Borough. Haringey is a diverse area, with young people in more deprived areas being at risk from poverty, violence and crime.

The programme supports programmes and facilities in Haringey to help young disabled and non-disabled people take part together, with many focusing on the wider skills and opportunities that being active leads to.

Common themes that have benefited from the initiatives have been:

- **Locality:** Based in local area, at familiar facilities, meeting local need, and overcoming barriers relating to travel and cost. Promoting through local networks, from influential community leaders, youth centres and schools, word-of-mouth and friends.

- **Development:** Providing opportunities for development, like demonstrating for other participants, helping adapt for other participants, attending or helping with events or competitions, shadowing volunteers or deliverers, leading to qualifications, courses, voluntary or advocacy work, work experience or paid roles.
- **Leadership:** Letting decisions about activities be made by participants, and developing broader skills like confidence, teamwork and leadership.
- **Representation:** Using positive role models and peer groups to empower other young people.

“ An activity deliverer told me I could be an advocate for others and said I could have some training — it gave me confidence and an opportunity to be a leader as a black and disabled person. It motivated and inspired me to take on bigger roles.

Haringey research participant

”

“ I think it’s just getting someone that believes in them and with that brings out the best in them and giving them the confidence within.

Haringey research participant

”

For older disabled people

Key message:

Older disabled people are one of the most inactive groups, facing a lack of opportunities and barriers relating to health and fitness.

Our ask to sport and activity organisations:

For older people, show you understand concerns about fitness and risk, the impact of the pandemic, and the need to adapt activities to suit individuals.

Resources:

- Check out our **factsheet on engaging older people in physical activity**, created in partnership with Age UK. **The local Age UK network** can support engagement with older people, promote activities and link up with other services.
- Specific training, like Pandemic from Low Impact Functional Exercise training (LIFE), Adult Mental Health Awareness and dementia friendly training.

Advice to sport and physical activity organisations from older disabled people:

“ I took over a group from a nurse who had started it for diabetic patients who had body image problems — it was open to anyone, but it attracted older women. That sort of ad-hoc group needs to be encouraged — it is the basis for a lot of exercise for older people.

**Annual Disability and Activity Survey participant
(older disabled person)**

”

“ Make more classes available for those of us who are trying to maintain our fitness despite disability and age issues. Our local over 60's class has ceased following COVID.

**Annual Disability and Activity Survey participant
(older disabled person)**

”



Case study: Get Out Get Active, Age UK and Dementia Action Alliance

Get Out Get Active has worked with two local delivery partners to support older people to be more physically active. Long-term health conditions are more common in the older population. Older people can prefer less intensive physical activity, though are also keen to improve their fitness and health. Social elements, and wider support, are also important.

- **Fitness and Friendship Clubs** in Wiltshire supported older people throughout the pandemic, delivering activity packs and explaining exercises through weekly phone calls. The clubs support people on other areas of life and made referrals to other areas of Age UK.
- **The Forest of Dean Dementia Action Alliance** helps people take part in gentle activities and games, with friends and volunteers. Social elements play a big role, and help participants improve their quality of life.

“ I have a friend with dementia and after going to the session, I thought she would enjoy the activities. I started by supporting my friend through the session and with the different activities. I quickly began to chat with the other participants. My friend has inspired me to continue volunteering. I have since started to support all the participants, even if it's a tea and cake break, or help with the activities. The chats with tea and cake are just as important as the active part of the session!

GOGA volunteer

”

6. Sexual orientation

We looked at differences between people who identified as gay, lesbian, or bisexual, and between people who are heterosexual. There were less significant differences for this group due to the smaller sample size and the same was not large enough to analyse individual identities.

Active Lives data shows gay, lesbian or bisexual people have lower levels of inactivity than heterosexual or straight people: 24.7% of gay or lesbian disabled people are inactive, vs 42.2% of straight or heterosexual disabled people. This may be driven by other demographic factors, such as the younger average age of gay, lesbian or bisexual people.

Participation and experience

- Gay, lesbian and bisexual people are more likely to take part in sporting and fitness activities, as well as active travel, than heterosexual people. Disability has a significant impact on participation regardless of sexuality, for example 23% of gay or lesbian disabled people have taken part in sporting activities at least twice in the last 28 days, compared to 39% of gay or lesbian non-disabled people.
- They are more likely to be active at home using digital or online tools (34% vs 21% of heterosexual disabled people). This is similar to non-disabled people.



Barriers to being active

- Gay, lesbian and bisexual disabled people are less likely to say their impairment or health condition is a barrier to being active (67% vs 82% of heterosexual disabled people) – this could be driven by demographic factors, or indicates other barriers are more important for many in this group.
- They are more likely to say they are less able to be active due to changes to their mental health during the pandemic (65% vs 39% of heterosexual disabled people), having less support from family and friends (32% vs 20%), and being socially isolated (72% vs 52%).
- Gay, lesbian and bisexual disabled people are more likely to agree the rising cost-of-living has reduced how active they are (46% vs 37% of heterosexual disabled people), and how much they socialise (75% vs 60%).

Representation and engagement

- Gay, lesbian and bisexual disabled people are equally likely to say sport is for ‘someone like them’ (30%), but less likely to say physical activity is for ‘someone like them’ (41% vs 51% of heterosexual disabled people). This same trend is seen for non-disabled people.
- They are more interested in co-design and co-production: 49% would like to be more involved in influencing the types of activities they could take part in (vs 31% of heterosexual disabled people). This is similar to non-disabled people.
- Gay, lesbian and bisexual disabled people are more likely to want the opportunity to take on a role in delivering physical activity (23% vs 11% of heterosexual disabled people). This is slightly lower than for non-disabled people.



Information and opportunities

- Both gay, lesbian, bisexual and heterosexual disabled people want to be more active (78% and 78%).
- Motivations to be active are similar to heterosexual disabled people, except heterosexual disabled people are more likely to be active 'to improve or maintain physical health'. Gay, lesbian and bisexual disabled people are also less likely to prefer advice from healthcare professionals.
- Gay, lesbian or bisexual disabled people are more likely to find information about sport or physical activity opportunities through social media.
- Gay, lesbian and bisexual disabled people are more likely to say the government should focus on 'tackling discrimination' to get more people active (42% vs 22% of heterosexual disabled people).

Key message:

Mental health and cost are more likely to be barriers to being active for people who are gay, lesbian and bisexual, with less focus on physical health. Tackling discrimination and engaging on co-production and design could make physical activity more appealing.

Our ask to sport and activity organisations:

Reflect the diversity of disabled people with different sexual identities in marketing and campaigns, and make sure inclusive approaches are welcoming for gay, lesbian and bisexual people.

Resources:

- Use [Activity Alliance's effective engagement factsheets](#), and [Disability Rights UK co-production tools](#), to work collaboratively with your audience to design and deliver physical activity.
- Work with [Pride Sports](#) to make sure sports and activities are inclusive of disabled people who are gay, lesbian or bisexual.
- [Stonewall's advice and guidance on being an ally to LGBT disabled people](#), as well as a detailed report on the discrimination LGBT people face.

We thank Stonewall for reviewing this report and their guidance on gender and sexual identity. Their report 'LGBT in Britain 2017' found that:

- LGBT disabled people are more likely to have experienced a hate crime or incident based on their sexual orientation and/or gender – 27% in the last year, compared to 17% of non-disabled LGBT people.
- 17% of LGBT disabled people avoid going to the gym or participating in sports groups because of fear of discrimination and harassment (compared to 12% of non-disabled LGBT people).
- 16% of LGBT disabled people have faced discrimination while exercising or taking part in group sports (compared to 11% of non-disabled LGBT people).

Tips on making sure inclusive environments are welcoming to LGBT+ people:

- Have a visible zero-tolerance approach to abuse and harassment (in policies and codes of conduct) and provide LGBT+ inclusive equality training to all staff.
- Challenge and/or report offensive homophobic as well as ableist language, bullying or harassment.
- Show visible support for including LGBT+ people, such as joining **Stonewall's Rainbow Laces campaign** or displaying posters. Proactively engage with LGBT+ groups in your area and celebrate and support LGBT+ sportspeople on social media.
- Promote and celebrate body positivity and different identities, avoiding stereotypes, for people both playing and working in sports.



7. Appendix

Defining disability and activity

Please see the full report for definitions and questions for disability and for levels of physical activity.

Sample

Two sample sources were used. People who had completed Sport England's Active Lives Survey in 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.

The profile of the sample was representative of the UK profile of disabled people across key demographics and is consistent with previous surveys.

For more information, please access the full report.

Sample sizes

- **Gender:** 391 disabled men, 599 disabled women, 4 non-binary people, 5 trans people.
- **Socioeconomic status:** AB: Higher & intermediate managerial, administrative, professional occupations (247 disabled people); C2: skilled manual worker (97 disabled people); DE: unemployed and lowest grade occupations (434 disabled people).
- **Age:** 105 disabled 16–34-year-olds; 378 disabled 65+ year-olds.
- **Ethnicity:** 911 white disabled people; 85 disabled people from ethnically diverse backgrounds.
- **Sexual orientation:** 91 disabled people identified as gay, lesbian or bisexual. 892 disabled people identified as heterosexual or straight.

8. References

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