IFF Research

Annual Disability and Activity Survey 2019/20

Activity Alliance

Full report, January 2020

Contents

Foreword

Everyone deserves the right to be as active as they choose to be. Yet, disabled people are twice likely as non-disabled people to be physically inactive. This is not fair or right.

I am pleased to introduce this research report. It is a new step in gathering a snapshot of real life for a huge number of people in our population.

All Activity Alliance's work is built solidly on insight from disabled people and those who influence activity. Our 2012 Disabled People's Lifestyle Report highlighted that a range of approaches were needed for disabled people to be active. It showed that inclusive activity, with disabled and non-disabled people taking part together, was crucial. This insight enabled us to create, among other programmes, Get Out Get Active (GOGA). GOGA has supported more than 30,000 disabled and non-disabled people to be active together and has recently been renewed for another three years.

Our first Annual Disability and Activity Survey brings our insight in such a crucial area up-to-date. Since 2012 and the Lifestyle Report, our society has continued to change, including in how it impacts on the activity of disabled people. We have done our best to capture this movement in our latest survey through the people we spoke to and the types of questions we asked. Our sample this time is also much more representative of the general population of disabled (and non-disabled) people. As a result, we are able to compare differences between disabled and non-disabled people for the first time.

We want to achieve fairness for disabled people in sport and activity, a position where disabled people are as active as non-disabled people. This report will be key to helping us and others to achieve the required changes so this becomes a reality.

Barry Horne

Chief Executive
Activity Alliance

1 Executive summary

This research is intended to be the first of a number of annual surveys commissioned by Activity Alliance. These will look in detail at perceptions and experiences of sport and active recreation among disabled adults in comparison with their non-disabled peers. It is intended to complement Sport England's Active Lives Adult Survey[1] with greater detail on issues of importance to disabled people. Active Lives is the authoritative source of data on activity levels and participation, among other areas.

This study was conducted by IFF Research using an online survey between April and July 2019. 1,182 disabled adults (aged 16+) and 1,136 non-disabled adults took part. Respondents were broadly representative of the general population within the disabled and non-disabled groups.

We defined a disabled person as anyone who said they had a long-term health condition, impairment or illness that has a substantial effect on their normal daily activities. This is consistent with the Equality Act 2010 but was tweaked in comparison to the Active Lives Survey version. This definition was used to avoid restricting respondents to solely those with 'physical or mental health conditions or illnesses'. We separately asked disabled respondents if they identified with the word 'disabled' in order to compare results. Around half (53%) of those who we defined as disabled did. A further 10% were unsure or preferred not to say.

The findings provide robust insight to Activity Alliance and the wider sector. This will support the creation of opportunities that enable disabled people to be active.

This summary sets out the main findings under each chapter of the report.

1. Wellbeing

Questions about wellbeing provided broader context for disabled people's activity.

Disabled people consistently reported a poorer sense of wellbeing than non-disabled people across all measures.

[1] The Active Lives Adult Survey is an annual Sport England-led survey about how adults (aged 16+) in England engage with sport and physical activity. The survey is completed by around 198,000 people each year. Findings are available at sportengland.org

However, disabled people who were active or fairly active had better wellbeing scores than those who were inactive.[2]

- For example, among active disabled people, nearly half (48%) rated the things they do in life as worthwhile, compared to a quarter (25%) of inactive disabled people.

Disabled people with social or behavioural impairments, mental health problems, learning disabilities and/or memory impairments scored particularly low on wellbeing measures compared to people with other impairment types.

- For example 45% or more of those in each of these groups were dissatisfied with their lives compared to only around a third of those with impairments related to hearing, long-term pain, mobility, chronic health conditions, dexterity and/or breathing.

Overall, disabled people were twice as likely as non-disabled people to say that they feel frequently lonely (22% vs 10% of non-disabled people). They were also more likely to say that they felt anxious yesterday (22% vs 15%).

- More than half of disabled people (52%) with social or behavioural impairments said they often or always feel lonely. Other groups likely to often or always feel lonely included those with mental health problems (46%), learning disabilities (43%) and/or memory impairments (41%).

Disabled people were less likely than non-disabled people to say that:

- they were satisfied with their life (23% vs 44%).
- they felt happy yesterday (27% vs 47%).
- the things they do in their life feel worthwhile (35% vs 48%).
- they feel like they can achieve their goals (40% vs 70%).

Disabled people who are unskilled manual workers were less likely to be satisfied, feel happy, feel things are worthwhile and feel they can achieve their goals. This group was also more likely than the two highest social grades to feel frequently lonely.

Some of these responses may reflect disabled people's self-rated health. Most disabled people rated their overall health as poor (33%) or fair (40%), with a further 10% choosing very poor. Just 13% rated their overall health as good, and 2% very

[2] See 'Current and desired activity levels' section for definitions.

good. This is in contrast to non-disabled people who were most likely to rate their health as good (46%), fair (25%) or very good (24%).

- Around half of disabled people in lower social grades rated their health as poor compared with a quarter in the highest.

Across every wellbeing measure, disabled people who currently received benefits or financial assistance scored lower than those who had never received them.

Just one in 10 (11%) disabled people aged 30-39 reported feeling happy yesterday.

2. Activity levels, opportunities and desire to do more

Respondents who did not do 30 minutes or more of moderate[3] activity on any day in a normal week were defined as 'inactive'. People who did 30 minutes or more on one to four days (30-149 minutes) were classed as 'fairly active' and those who did so on five or more (150+ minutes) as 'active'.[4]

Disabled people who identify as 'disabled' were more likely to be inactive than disabled people who do not (50% vs 30%).

Around four in five (81%) disabled respondents said that their impairment affects them doing sport or physical activity 'a lot'.

- 84% of disabled people aged 60+ said their activity was affected a lot compared to 64% of under 30s.
- 94% of disabled people who are inactive said that their impairment affects their activity levels a lot. This compares with 72% of both fairly active and active disabled people.

But there is a strong appetite for activity among disabled people.

- Four in five (81%) want to do more activity than they currently do compared with fewer than three in five (57%) non-disabled people.
- Nine in 10 (90%) disabled adults aged under 40 want to be more active.

However, this demand isn't being met.

[3] Activity that raises breathing rate
[4] See Appendix C: Differences from Active Lives Survey activity measures in the full report for more detail

- Just four in 10 (40%) disabled people feel they are given the opportunity to be as active as they would like to be compared with seven in 10 (71%) non-disabled people.
    - Respondents with mental health problems (49%) or memory impairments (48%) were most likely to feel they were **not** given the opportunity to be as active as they would like to be (vs 39% of disabled people overall).

3. Perceptions of sport and active recreation

Disabled people had a less positive perception of, and relationship to, sport and active recreation compared to non-disabled people.

- Just a quarter (24%) of disabled people had taken part in an organised activity session in the last year, compared to 44% of non-disabled people.
- Disabled people were half as likely as non-disabled people to agree that 'sport' was for someone like them (32% vs 63%).
- Disabled people tended to perceive 'sport' as being for 'disabled people' as a group, rather than 'them' personally (54% vs 32%). This may be because around half (53%) identified themselves as 'disabled'.
- However, around half (51%) agreed that 'physical activity' was for someone like them compared to three-quarters (77%) of non-disabled people.
- Disabled people were less likely than non-disabled people to have enjoyed their most recent experience of being active (67% vs 82%).
- Disabled people were less likely than non-disabled people to want to take part in competitive sport (13% vs 29%), although only a minority in each group saw this as a goal.
- Disabled women were particularly unlikely to think sport was for them (28% vs. 37% of disabled men), and to want to take part competitively (9% vs. 21% of disabled men).

4. Barriers and motivators for activity

Disabled people were motivated to be active by physical and mental wellbeing when asked to choose from a list.

- Seven in 10 (70%) disabled people said they were motivated 'to improve or maintain my physical health'.
- More than half (54%) said they were motivated 'to lose or maintain weight' and almost half (45%) 'to get fit'.

- Around two in five chose 'to improve or maintain my mental health' (44%) and 'to feel good about myself' (37%).

Younger people aged under 30 were more likely than over 50s to be motivated by the following:

- to get fit (68% vs 42%).
- to improve or maintain mental health (74% vs 39%).
- to feel good about myself (60% vs 36%).
- because it's fun and I enjoy it (56% vs 24%).

Disabled people remained likely to feel that their main barriers to being active related to their impairment or physical ability. However, Activity Alliance's qualitative research has indicated that many of these barriers may be psychologically driven.[5] Non-disabled people were more likely to cite work and family commitments.

- Most disabled people (84%) reported that a long-term health condition, impairment or illness stopped them being as active as they would like.
    - More than half of disabled people mentioned their impairment as the sole barrier to being more active.
- Getting older was perceived as a second common barrier for disabled people, reported by roughly a third (32% vs 21% of non-disabled people). This is important as the sample, like the disabled population as a whole, were much more likely to be older.
- Finances were another important barrier, particularly among younger disabled people. Two in five (41%) disabled people aged under 40 cited this barrier.
- Almost one in five (18%) disabled people cited reasons that indicated a lack of suitable opportunities. This included that they were unaware of opportunities, that there was a lack of transport or suitable opportunities were too far away, or that there were not enough inclusive and accessible facilities.
    - Around one in 10 (9%) disabled people cited not being aware of suitable opportunities.
    - Fewer than one in 10 (8%) disabled people cited the barrier of 'lack of suitable transport or too far to suitable opportunities'. This rose to 13%

[5] Activity Alliance, Understanding the barriers to participation, 2012.

among disabled people with memory impairments, 14% among those with learning disabilities, and 21% among those with visual impairments.

5. Benefits, financial assistance and physical activity

Previous research[6] has shown that benefits and financial assistance may play a crucial role in disabled people's (lower levels of) activity. Personal Independence Payment (PIP) and Disability Living Allowance (DLA) are benefits designed to meet the additional costs that disabled people face. Employment Support Allowance (ESA) is 'means-tested' and provides financial assistance to disabled people and people with long-term health conditions that affects their ability to work.

- Just over half (54%) of disabled people said they currently receive, or have received in the past benefits and/or financial assistance because of their impairment. This rose to three quarters (75%) of those who identified as 'disabled'.
    - Two in three (65%) disabled respondents who were inactive were receiving benefits or financial assistance or had done so in the past. This compares to just two in five (40%) of those who were active.
- The most commonly received benefits were PIP and/or ESA (Support Group) for respondents aged under 70. The most common for over 70s was DLA.
- Seven in 10 (70%) disabled respondents who currently received benefits said they rely on this financial assistance to be active. Under 30s were more likely to be reliant (59% vs 40% of those 70+).
- Two in five (41%) said a fear of their benefits or financial assistance being taken away prevents them from trying to be more active.
    - This barrier was more common among people who had speech impairments (64%), social or behavioural impairments (57%), memory impairments (51%), learning disabilities (50%), or mental health problems (50%).
    - This barrier was also more likely among people aged under 40 (62%).
    - A fear of losing financial assistance was particularly likely among disabled people who were receiving either the mobility or daily living part of PIP (46%).
- Around a third (31%) of disabled respondents currently or previously in receipt of benefits said they had, or know of someone who has had, benefits

[6] Activity Alliance, The Activity Trap, 2018.

negatively impacted because of physical activity. The figure among all disabled people was a fifth (21%).

- A third (34%) of benefit recipients said they would try to be more physically active if their benefits could not be taken away.
    - People aged under 50 were more likely to say this (49% vs 29% among those aged 50+).

6. Types of activity and participants

Disabled people who take part were most likely to do 'individual' activity, for example jogging or going to the gym (67%).

- Smaller proportions do activity in a group, such as a dance class (24%), an 'individual' sport for fun, like tennis with a friend (14%), or a team sport for fun like football with friends (7%).
- Very few disabled respondents take part in competitive sport either in teams (3%) or individually (3%).
- Participation in any activity was highest among disabled women (81% vs 74% of disabled men). However, women were less likely than men to participate in either competitive (2% vs 9%) and/or recreational (15% vs 23%) sports in particular.

Half of disabled people (50%) said they currently take part alone.

They were relatively evenly split between wanting to be active with a mix of disabled and non-disabled people (25%), alone (29%) or having no preference (29%). 7% would prefer to be active with other disabled people with similar impairments to themselves.

- This may have been informed by the fact that just one in four (24%) disabled people had taken part in an organised activity session in the last year.

Three in five (59%) non-disabled people said they had either no preference or would like to take part with a mix of disabled and non-disabled people. Just one in five (19%) of those who take part in activity currently do so with disabled people. This suggests that were more inclusive opportunities available, there would be demand. This reflects previous Activity Alliance research.[7]

[7] Activity Alliance, Taking part with disabled people, 2019.

7. Organised activity sessions and leaders

Just one in four (24%) of disabled people had taken part in an organised activity session in the last year (vs 42% of non-disabled people).

Disabled people considered the following aspects of activities to be the most important:

- The activity session is welcoming (77%)
- The activity is held in a convenient location (72%)

Disabled people generally found the following more important than non-disabled people:

- People with different levels of ability feel included (69% vs 61% of non-disabled people).
- Any questions or needs can be discussed in private before starting an activity (66% vs 49% of non-disabled people).
    - Disabled women were particularly likely to find this important (70% vs 57% average across non-disabled women, disabled men, and non-disabled men).

Disabled respondents who had participated in an organised session were most likely to say they had found the session suitable for their age (92%) and ability (89%), welcoming (91%) and inclusive and accessible for them (90%).

Most disabled people who had participated in an organised session had had an opportunity to explain their needs or ask questions (75%), though lower proportions (60%) of disabled people said it was clear how they could give feedback.

Most disabled participants felt positively about the last session they attended but in all the areas of 'experience' asked about, there was significant room for improvement.

- A maximum of only two in five strongly agreed with any of these positive statements about the last session they attended.

Four in five disabled people agreed that the session leader had met their needs (80%) and included them in the session (83%). Again, there was room for improvements, but these are positive findings.

8. Information and advertising

Disabled people were more likely than non-disabled people to find the following aspect of information and advertising important:

- Advertising is reassuring that the activity is suitable for different levels of ability (60% vs 47% of non-disabled people)
    - Disabled women were more likely to find it important that advertising is reassuring (64% vs 54% on average across the other three groups).[8]

Among disabled people who had attended an organised activity session in the last year:

- Eight in 10 (79%) agreed that they were able to find all the information they needed before taking part (52% agree; 27% strongly agree).
- Seven in 10 (69%) said the activity was advertised through a communication channel they trusted (46% agree; 23% strongly agree).
- Around two thirds (65%) agreed that advertising reassured them the activity would be suitable for their ability level (39% agree; 26% strongly agree).
- About the same proportion (64%) agreed that the advertising reassured them that they would be welcome (40% agree; 24% strongly agree).

They were least likely to agree that disabled people were visible and included in advertising (28% agree; 14% strongly agree). However, they were more likely to agree with this than non-disabled people (42% vs 28%).

Disabled respondents used a range of channels to find information about activities.

- Almost half (45%) of disabled respondents chose websites.
    - 68% of those under 30 mentioned websites and 51% among those 30-39. Even among disabled people aged 70+, the proportion was still substantial at 38%. This indicates the importance of a digital presence and its accessibility.
- Around a third (35%) of disabled people chose medical practices and professionals as an important source, compared to just 13% of non-disabled people.

Disabled people were most likely to listen to health and sports professionals about taking part in sport and physical activity.

- Two in three (67%) chose GPs, doctors or nurses.
- Three in five (59%) chose physios, occupational therapists and other medical professionals.

[8] Compared to non-disabled women, disabled men, and non-disabled men

- Just 5% of disabled respondents chose sportspeople, compared to 16% of non-disabled people.

Key recommendations

This first Annual Disability and Activity Survey reinforces existing research that shows disabled people remain substantially more likely than non-disabled people to be inactive. But we now have greater understanding of why that might be. Just two in five disabled respondents said they are given the opportunity to be as active as they would like to be. It's clear that there is significant work to do by everyone involved in disabled people's activity.

The impact of these issues is worrying. Inactive disabled people have lower levels of wellbeing than their more active peers. It is not certain that these low levels of wellbeing are caused by low levels of activity. But evidence shows that activity can boost mood, support purpose and self-esteem, and provide opportunities to connect with others. In other words, it can play an important role in improving wellbeing.

It is in this area that Activity Alliance and its partners can have an influence. The vast majority of respondents want to be more active. Indeed, this figure now stands at four in five (81%) among all disabled people. This study also highlighted a number of ways that we may be able more effectively to engage and support disabled people to be active.

1. Address the wider determinants of inactivity

Reinforcing previous Activity Alliance research,[9] this study highlights that a large proportion of disabled people who receive disability benefits fear losing them if they were to be more active. People in lower socioeconomic groups are also less likely to have positive perceptions of activity and its outcomes.

There may be a role for campaigns such as We Are Undefeatable[10] and programmes like Moving Healthcare Professionals[11] to address issues around benefits and finances. This is particularly the case given the roles they hold in the benefits system, both as assessors and when providing supporting statements for assessment.

[9] Activity Alliance, The Activity Trap, 2018.
[10] weareundefeatable.co.uk
[11] Moving Healthcare Professionals

Many disabled people feel their impairment or health condition is a barrier to participation. Healthcare professionals can play an important role in challenging these perceptions.

- Issues such as benefits and finances must be taken into account by providers of activity.
- Healthcare professionals must play a role in reassuring disabled people about being active while having an impairment or health condition.
- Guidance should be given to healthcare professionals on supporting people receiving benefits to be active. Opportunities include personalised healthcare, such as personal health budgets and social prescribing.

2: Design and lead a choice of accessible activities

Organised activity sessions are crucial. But they may not be what all disabled people are currently accessing or would like to access. Among disabled people who favour a group setting, sessions with a mix of disabled and non-disabled people remain crucial. Demand for impairment-specific activity must also be met.

- Offer a range of accessible options:
  - Ensure that individual activities are inclusive and accessible. Settings might include parks, gyms and leisure centres or at home via apps and videos.
  - Represent and showcase individual opportunities in campaigns and via channels that are important to disabled people.
- People with mental health problems may need particular support to feel included.
- Those delivering activity must be offered training and support that enables them to provide truly accessible options.
- Co-production is key, and those delivering activity must work with disabled people.

3: Challenge perceptions through inclusive and accessible communications

More than half of disabled people cite their impairment as the single barrier they face to being more active. Qualitative research has indicated these concerns may be psychologically driven. Communications must be accessible and demonstrate that taking part is possible.

Activity Alliance's 10 Principles[12] show how this can be done in practice, but in particular:

- Advertising must focus on reassuring disabled people. Show that activity sessions will be welcoming and that there will be opportunity to discuss any needs before the session.
- Materials should also be clear about the ability level that will be catered for.
- Disabled people should be able to '**see themselves**' in advertising and have their voices **heard** through clear opportunities for feedback.
    - Providers should be aware that disabled women may need particular reassurance.
- Language in materials must be attractive to the audience. Sport and competition may be off-putting to many disabled people.
- Use a range of channels, considering accessibility and importance of each to the audience. Websites are crucial, but traditional media remains important.
- Challenging perceptions among disabled and non-disabled people is key, including via campaigns like Who says?[13] from Activity Alliance.

[12] Activity Alliance, 10 Principles
[13] Activity Alliance, Who says?

2 Introduction

Background and objectives

This study is intended to be the first in a series of Annual Disability and Activity Surveys.

These surveys of around 2,000 disabled and non-disabled people will provide detailed and up-to-date research to underpin the work of Activity Alliance and its partners. It will also provide the opportunity to track changes in perceptions and experiences among disabled people at a national level to understand the overall impact of this work.

Finally, it will provide the basis for an end-user evaluation system for Activity Alliance and its partners. Results from a survey of participants in activities influenced by Activity Alliance's work with partners will be compared against averages from the Annual Disability and Activity Survey.

Method

This research was conducted using an online survey between April and July 2019. The survey took 15-20 minutes to complete.

A total of 2,346 interviews were completed: 1182 interviews with disabled people and 1136 interviews with non-disabled people. This leaves 28 people unaccounted for in either the disabled or non-disabled groups because they elected to answer 'prefer not to say' at the questions that determined this. Given that all analysis is carried out on the disabled and non-disabled people's groups separately rather than overall, these 28 respondents have been excluded from the analysis.

Accessibility

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

An easy read version was also produced. Easy read information 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 simple, jargon free 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. 215 chose to do so, and of these, only 17 reported that they had a learning, understanding or concentrating impairment.

Telephone and face-to-face interviews were also offered, but this was not requested by anyone.

At the end of the survey, respondents were asked for feedback on how easy it was to complete and how it could be improved. Most comments said it was easy to complete and interesting. Negative comments were more focussed on questions not being relevant to individual circumstances. However, all feedback will be considered when running the survey again.

Disabled and non-disabled respondents

Our survey determined whether respondents were disabled or non-disabled by using the following two questions:

B1 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.

B2 Do these health conditions, impairments or illnesses have a substantial effect on your ability to do normal daily activities?

Respondents who answered 'yes' to both questions completed the survey as disabled respondents. This is consistent with the Equality Act 2010 but was tweaked compared with the Active Lives Survey version to avoid restricting respondents to solely 'physical or mental' conditions.

Sample sources

Two sample sources were used:

- Disabled and non-disabled people who had completed Sport England's Active Lives Survey and agreed to be re-contacted. Sample numbers provided were as follows:
  - Disabled records: 1839
  - Non-disabled records (including non-limiting health condition or illness): 1944
- A 'top-up' from a panel provider to increase numbers of disabled and non-disabled people to around 1000 each.

The table below shows which sample sources our achieved survey responses came from:

Table 2.1 Number of completes achieved from each sample source

	Disabled respondents	Non-disabled respondents
Active Lives sample	307	617
Panel sample	875	547

Relatively few disabled respondents came from the Active Lives sample source. The number was reduced partly because 163 of the Active Lives Survey contacts that had been flagged as disabled people completed our survey as non-disabled people. This was based on how they answered our two questions determining disability. It was not possible to access a further Active Lives Survey sample and so a panel database was used to ensure that a base size of around 1,000 disabled people was secured.

Our aim was to get as many responses as possible from the Active Lives Survey sample. So we initially used a census approach with no sampling frame or quotas. When getting panel responses, quotas were applied so that the profile of respondents broadly matched the population when it came to gender, age, ethnicity and region.

Weighting

We initially planned to weight the data in order to correct for some discrepancies in education and social grade (see appendix A). However, applying these weights drastically reduced our effective sample size, yet had minimal impacts on our results. We found that activity levels (being active, fairly active or inactive) were almost identical for example, regardless of whether we weighted by social grade, by gender and age, or not at all. Therefore, the decision was taken not to weight the data at all.

3 Who we spoke to

In this chapter, we look at the profile of the disabled people we spoke to during the study. We prioritised speaking to people with a wide spread of impairment types rather than attempting to reflect the proportions of people with each type of impairment in the UK. This also reflects the fact that population data for our impairment groups does not exist in a consistent form. Below, we compare other factors, such as the age and gender of people we spoke to with that of all disabled adults in the UK. This shows the extent to which those we spoke to reflect the UK disabled population.

We also show the differences between the disabled and non-disabled people we spoke to. These differences in circumstances, for example in the regions where they live and the qualifications they hold, provide valuable context for the main section of the report.

Throughout the report, we will show where there are differences between disabled people with different characteristics, for example older and younger disabled people. We will also show where there are differences between disabled and non-disabled people with otherwise the same characteristics, for example disabled women and non-disabled women.

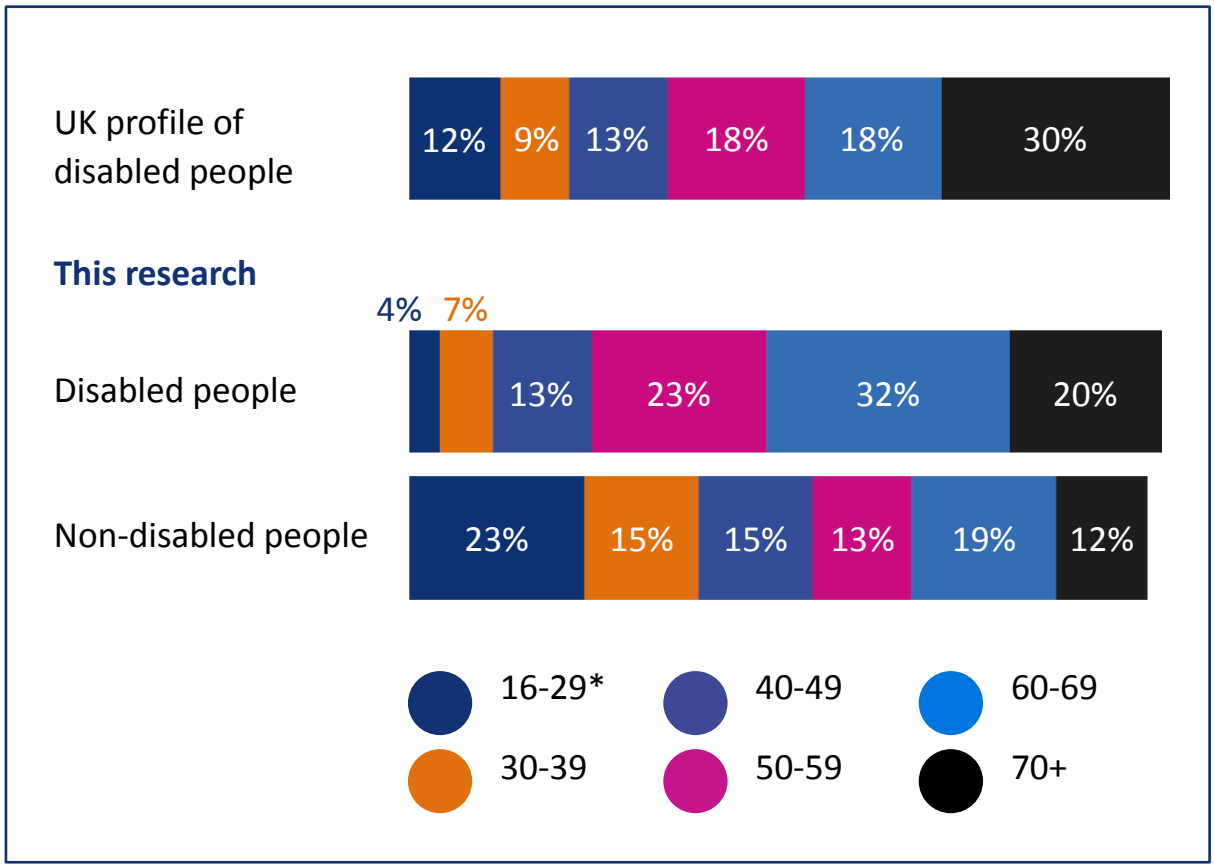
Age

As shown in Figure 3.1, most of the disabled people who participated in this research were aged over 60. 32% were aged 60 to 69 and 20% were aged 70+. Almost a quarter were aged 50 to 59 (23%). The remaining quarter were split between those aged 40 to 49 (13%), 30 to 39 (7%) and only 4% were under 30 years old. We only spoke to people who were 16 or older.

This largely reflects the UK population of disabled people of whom almost half are over 60 years old. However, among the people we spoke to a higher proportion were in their 60s (32% compared to 18% nationally) and a lower proportion were 70 or older (20% compared to 18%). The proportion of those interviewed who were in their 30s, 40s and 50s is similar to the national population. Only 4% of those who participated in the research were aged 16 - 30, compared to 12% of disabled people across the UK.

The disabled people we spoke to were more likely to be older than the non-disabled people. Three quarters (75%) were aged 50 or older compared to less than half (44%) of non-disabled respondents. Only around one in ten (11%) of the disabled people we spoke to were aged under 30 compared to almost four in 10 (38%) of the non-disabled people we spoke to.

Figure 3.1 Age of respondents[14]



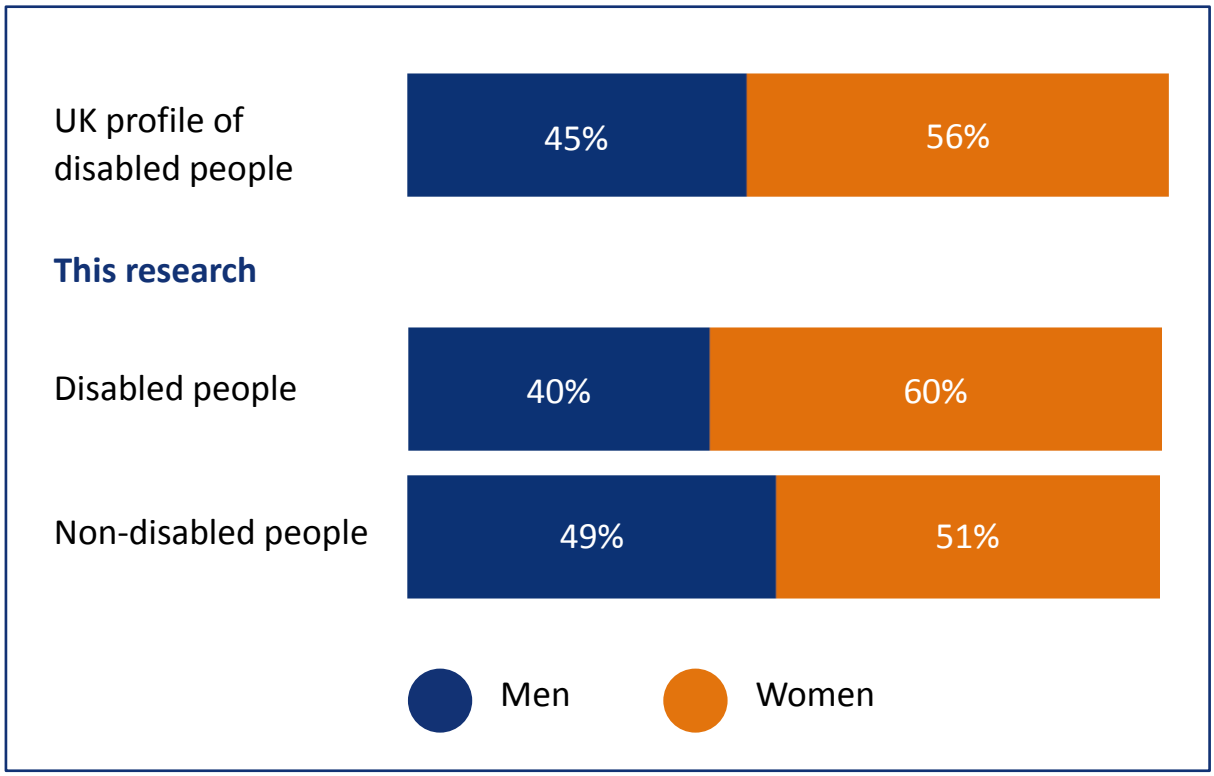
Gender

The majority of disabled people we interviewed for this research were women (60%), as shown in Figure 3.2. This reflects that there are more disabled women in the UK than disabled men (56% vs 45%).

Women account for a higher proportion of interviews among the disabled people we spoke to than amongst the non-disabled people we spoke to (60% compared to 51%).

[14] A3 How old are you? (banded) / Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136). UK profile from DWP 'Family Resources Survey 2017/18: Disability' (March 2019). Disabled people defined as having substantial difficulty with day-to-day activities. *DWP figures cover age 15-29.

Figure 3.2 Gender of respondents[15]



Sexual orientation

There was little difference between the sexual orientation profile of the disabled and non-disabled people we spoke to. More than nine in 10 disabled (92%) and non-disabled (91%) respondents identified as heterosexual or straight. 3% of both disabled and non-disabled respondents were gay or lesbian. 2% of the disabled people and 3% of the non-disabled people were bisexual. A further 1% of disabled people would describe themselves in another way, but this applied to less than 1% of non-disabled people we spoke to. Currently there is no reliable data on the national profile of disabled people by sexuality to compare these figures to.

Ethnicity

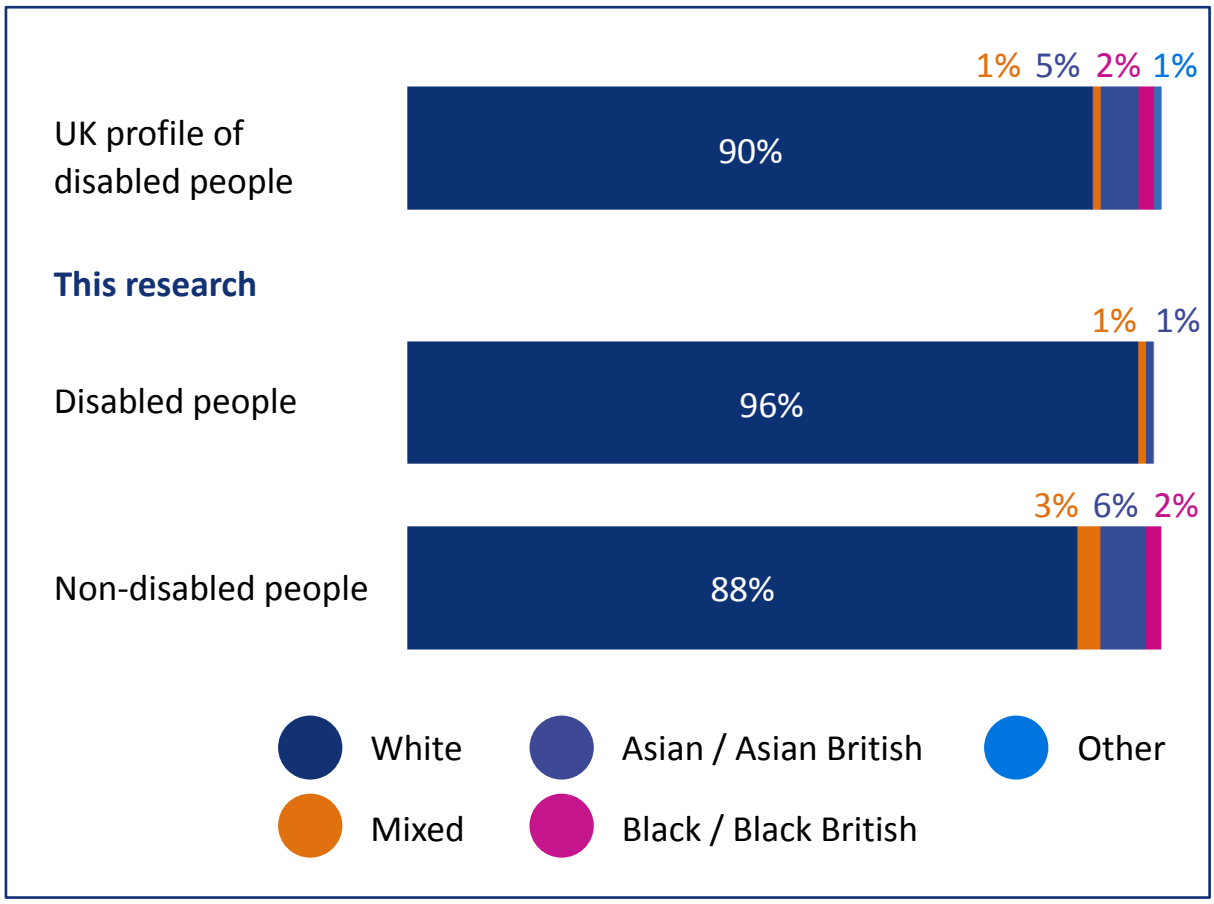
More than nine in 10 (96%) of disabled respondents identified as white, as shown in Figure 3.3. This includes white British, white Irish and any other white background. 1% were of a mixed ethnic background including white and black Caribbean, white and Asian or any other mixed background. 1% had an Asian or Asian British

[15] G1 Which of the following best describes how you think of yourself? / Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136). UK profile from DWP 'Family Resources Survey 2017/18: Disability' (March 2019). Disabled people defined as having substantial difficulty with day-to-day activities.

background, including those with an Indian, Pakistani, and Bangladeshi, Chinese or another Asian background. Less than 1% were black or black British (Caribbean, African, any other Black background) and less than 1% were from any other ethnic group. 1% preferred not to say what their ethnic background was.

This largely reflects that a large majority of disabled people in the UK are white (90%). The greatest difference is that 5% of the UK disabled population are Asian or Asian British, but they accounted for only 1% of the disabled people we spoke to.

Figure 3.3 Ethnicity of respondents[16]



The disabled people we interviewed were less ethnically diverse than the non-disabled people (96% white vs 88% of non-disabled people). The disabled respondents were particularly less likely to be Asian or Asian British (1% compared to 6%). If the experiences of disabled people vary from non-disabled people within the same ethnic group we will report this.

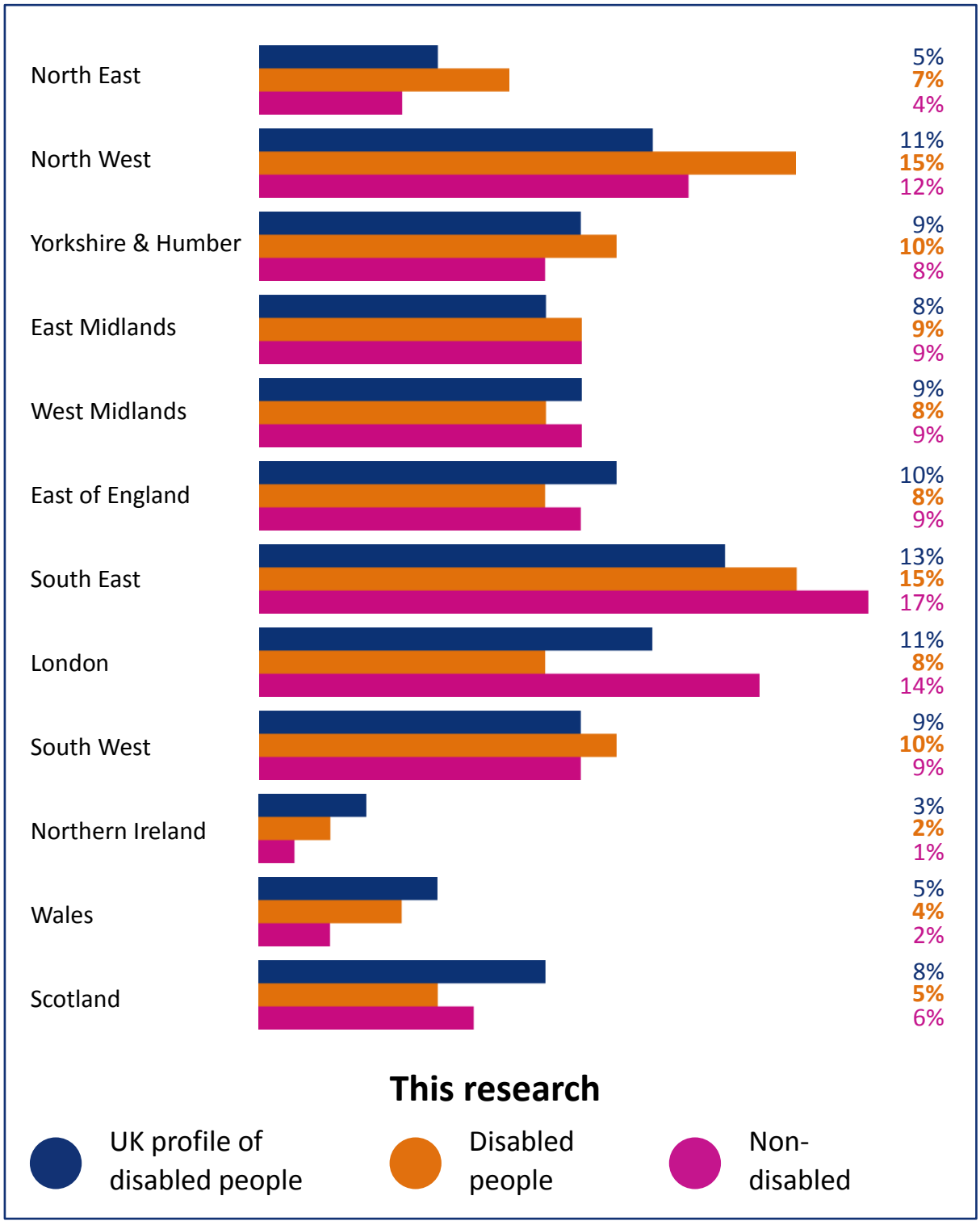
[16] G6 How would you describe your ethnic group? / Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136). UK profile from Office for National Statistics, Annual Population Survey, (2018).

Region

We spoke to disabled people across the UK, but intended to focus on England as that is where Activity Alliance primarily operates. Although there were discussions about excluding non-England responses at analysis stage, it was decided to retain this sample as some Activity Alliance partners operate in other home countries. Disabled respondents were most commonly located in the South East or the North West (15% in each) and least likely to be in Northern Ireland (2%), Wales (4%) or Scotland (5%), as shown in Figure 3.4. This closely reflects where the UK disabled population as a whole live. The greatest difference is that 15% of the disabled people we spoke to live in the North West, compared to 11% of all disabled people in the UK.

Disabled people were particularly less likely to be in London or the South East (together 22% vs 32% of non-disabled respondents). The disabled people we spoke to were more likely to be in the North East or the North West than non-disabled respondents (together 21% vs 15% of non-disabled people).

Figure 3.4 Region or nation of respondents[17]

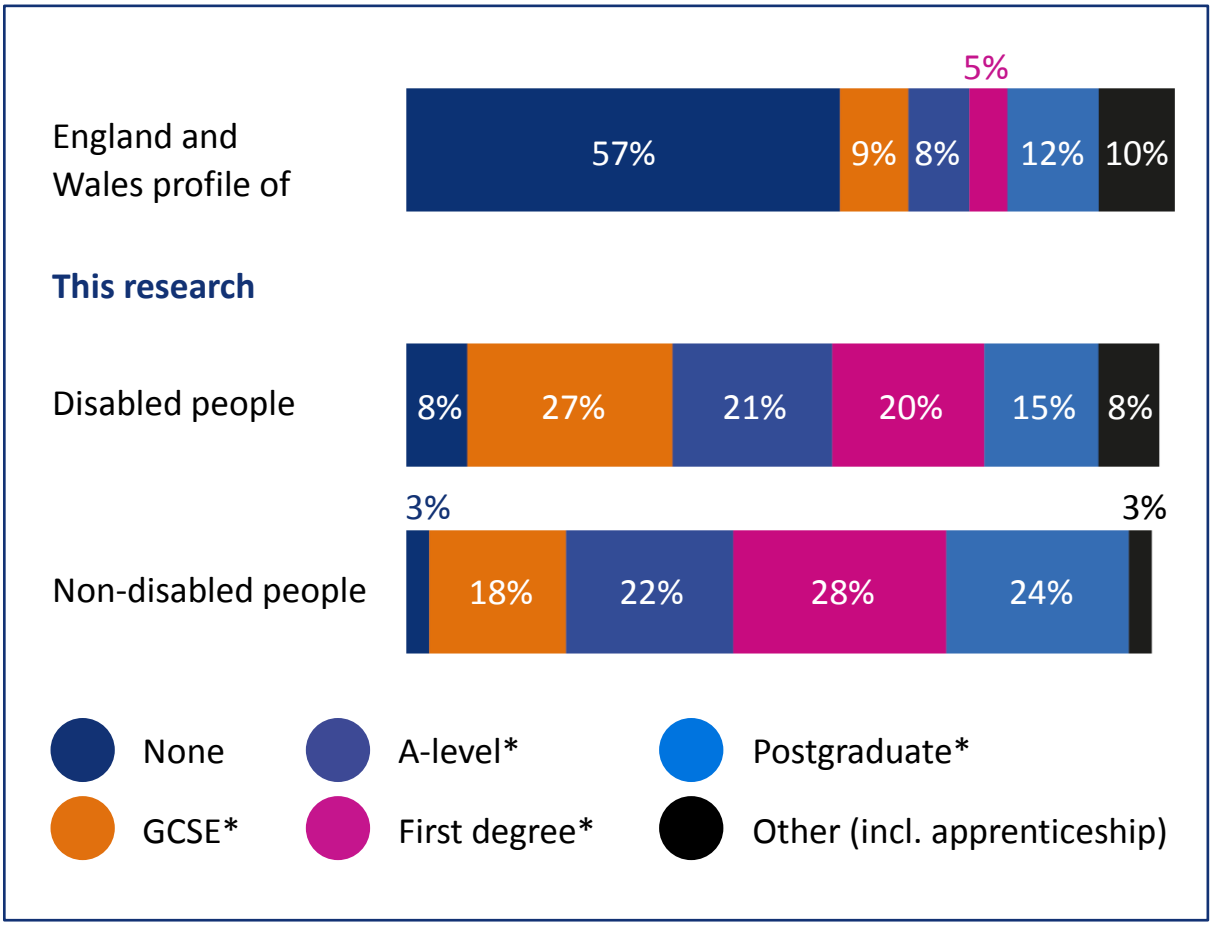


[17] G2 In which part of the UK do you live? / Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136). UK profile from Office for National Statistics, Annual Population Survey, (2018).

Highest level of qualification

We asked people what the highest level of qualification they held was. More than a quarter of the disabled people we spoke to had GCSEs, Scottish Nationals or equivalent (27%) as shown in Figure 3.5. Around one in five had A-levels, Scottish Highers or equivalent (21%) or a first degree (20%). A smaller proportion (15%) had a postgraduate qualification, and a further 8% had completed an Apprenticeship or some other form of qualification.

Figure 3.5 Highest level of qualification held by respondents[18]



Compared to all disabled people across England and Wales, those that we spoke to were over seven times less likely to have no qualifications (only 8% of those we spoke to compared to 57%). This will at least partly be because those whose impairments make participation in research difficult are most likely to hold no

[18] G4 The highest level of educational qualification you have attained? / Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136). England and Wales profile from 2011 Census (disabled people defined as those whose day-to-day activities are limited a lot). *Or equivalent.

qualifications and so be excluded. This unqualified group, who we were unable to speak to, may face even more barriers to physical activity than the people we did.

Disabled respondents were more likely to have GCSE-level or no educational qualifications (35% vs 21% of non-disabled respondents). The disabled people we spoke to were less likely to have a qualification at degree level or above (35% vs 52% of non-disabled respondents).

Socioeconomic profile

Research reports often show who they have spoken to by 'social grade'. This is based on the job of the main earner in the household. This might be the person interviewed or someone else they live with such as a partner or parent. Types of jobs are grouped together. Higher social grade groups are A and B, for example higher or intermediate managers and professionals. Middle grade are C, for example junior managers and skilled manual workers. Lower grade are D and E, for example unskilled manual workers, state pensioners and unemployed people with state benefits only.

In this report we use social grade rather than the newer National Statistics Socioeconomic classification (NS-SEC) used by the Office for National Statistics (ONS).[19] It is more complicated to ask about an individual's NS-SEC and requires more questions. This is because it measures employment relations (e.g. labour contracts) which would have made our survey less accessible.

To obtain a comparison with national statistics, we mapped social grade against NS-SEC groups and used data from the 2011 Census, as shown in Table 3.1. A full explanation is available in Appendix B: Social grade measures used in this report.

Table 3.1 Mapping used between social grade and NS-SEC

NS-SEC		Social grade	
1	Higher managerial, administrative and professional occupations	**A**	Higher managerial, administrative and professional
1.1	Large employers and higher managerial and administrative		
1.2	Higher professional occupations		
2	Lower managerial, administrative and professional occupations	**B**	Intermediate managerial, administrative and professional

[19] Office for National Statistics

NS-SEC		Social grade	
3	Intermediate occupations	**C1**	Supervisory, clerical and junior managerial, administrative and professional
4	Small employers and own account workers		
5	Lower supervisory and technical operations	**C2**	Skilled manual workers
6	Semi-routine occupations	**D**	Semi-skilled or unskilled manual worker
7	Routine occupations		
8	Never worked and long term unemployed	**E**	State pensioner, casual workers, or unemployed with state benefits only
*****	Students / unclassifiable		

More than a third (35%) of the disabled people we spoke to are in group E. This includes state pensioners, casual workers and people who are unemployed with state benefits only. These people are likely to be living on a relatively low income and may face more barriers to physical activity.

Compared to the national picture, a higher proportion of disabled respondents were in group E (35% vs 16%), as shown in Figure 3.6 socioeconomic group of respondents. However, we spoke to considerably fewer in group D (8% vs 38% nationally). If these groups are combined, the difference is smaller. Around 43% of the disabled people we spoke to were in group D or E, as are 54% nationally.

Just under a quarter (22%) of the disabled people we spoke to were in the higher status groups of A or B, which is similar to the national picture (17%). Just over a quarter (27%) were in groups C1 or C2, similar to 29% nationally.

Disabled respondents were more than twice as likely as non-disabled respondents to be in group E (35% vs 16%). As the disabled people we spoke to were more likely to be older, they will also be more likely to be state pensioners. As mentioned above, these households are more likely to struggle financially and this may affect the barriers to accessing activity that they face.

Disabled respondents were much less likely to be in a group A or B household (23% vs 40% of non-disabled respondents).

Figure 3.6 Socioeconomic group of respondents[20]

Disability

In this research, we defined a disabled person as having a long-term health condition, impairment or illness that has a substantial effect on their ability to do normal daily activities, as outlined in Chapter 2 Introduction.

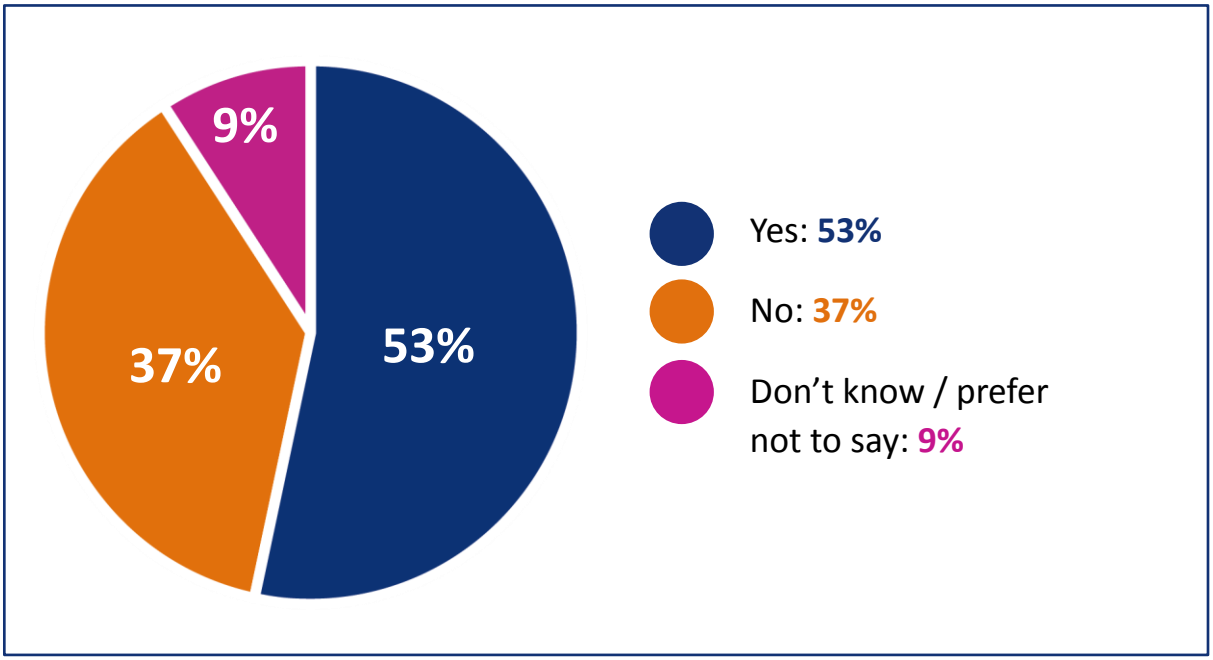
[20] G3 How would you describe the job of the chief income earner in your household? / Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136). England and Wales profile from 2011 Census (disabled people defined as those whose day-to-day activities are limited a lot).

We also asked respondents if they think of themselves as disabled. Interestingly, just over half (53%) of the people we have counted as disabled[21] identified with the word 'disabled'.

A further 10% were unsure or preferred not to say. This leaves 37% of respondents we have counted as disabled reporting that they do not think of themselves as such, as shown in Figure 3.7.

Among the people we have classed as disabled in this report, older people were particularly unlikely to identify as 'disabled'. Just 46% of respondents aged 70+ thought of themselves as disabled. Similarly, respondents with a higher social grade, higher level qualifications and/or those who had never claimed benefits related to their impairment were less likely to consider themselves 'disabled'.

Figure 3.7 Disabled respondents (using Activity Alliance definition) who identify with the word 'disabled'[22]



[21] As they have a long-term health condition, impairment or illness that has substantial effect on them being able to do normal daily activities.
[22] B7 Do you think of yourself as disabled? / Base: All disabled respondents (n=1,182).

In the rest of the report the group that we refer to as disabled are those who have a long-term health condition, impairment or illness that has substantial effect on them being able to do normal daily activities. However, we have also checked if the views or experiences of those who do not think of themselves as disabled are different, and will report these.

Impairment types among respondents

The vast majority (92%) of disabled respondents had at least one physical impairment (related to long term pain, mobility, breathing or stamina or dexterity). Respondents who did not have a physical impairment were less likely to think of themselves as 'disabled'.

It was most common to have long term pain (70%) and/or mobility impairments (65%), as shown in Figure 3.8. More than a third of disabled respondents had a chronic health condition (37%) and/or a breathing or stamina impairment (36%). A third (32%) had a dexterity impairment. Around a quarter (27%) had a mental health problem.

Smaller proportions had hearing (16%) and/or memory impairments. Fewer than one in 10 had impairments related to learning, concentrating or understanding (8%), social or behavioural (6%), vision (6%) and/or speech or making themselves understood (4%).

Differences in impairments by gender

Disabled women were more likely to have long-term pain (74% vs 64% of men), and/or a dexterity impairment (35% vs 27%). They were also considerably more likely to have a mental health problem (33% vs 18%). Disabled men were more likely to have a hearing impairment (22% vs 12% of women).

Differences in impairments by age

The likelihood of having a mobility impairment increases with age, from around half (48%) of people aged under 30 to three quarters (75%) of those aged 70+. Hearing impairments were twice as likely among people aged 70+ than those under 50 (24% vs 12%).

The reverse is true for mental health problems. Half (51%) of disabled people under 50 had a mental health problem compared to just a third (34%) of those in their 50s, a fifth (21%) of those in their 60s and just 3% of those aged 70+. Similarly, disabled people aged under 60 were notably more likely to say they had memory and/or learning impairments than those aged 60 or older. Disabled people aged under 30

were more likely to report impairments related to their speech or making themselves understood (16% vs 4% overall).

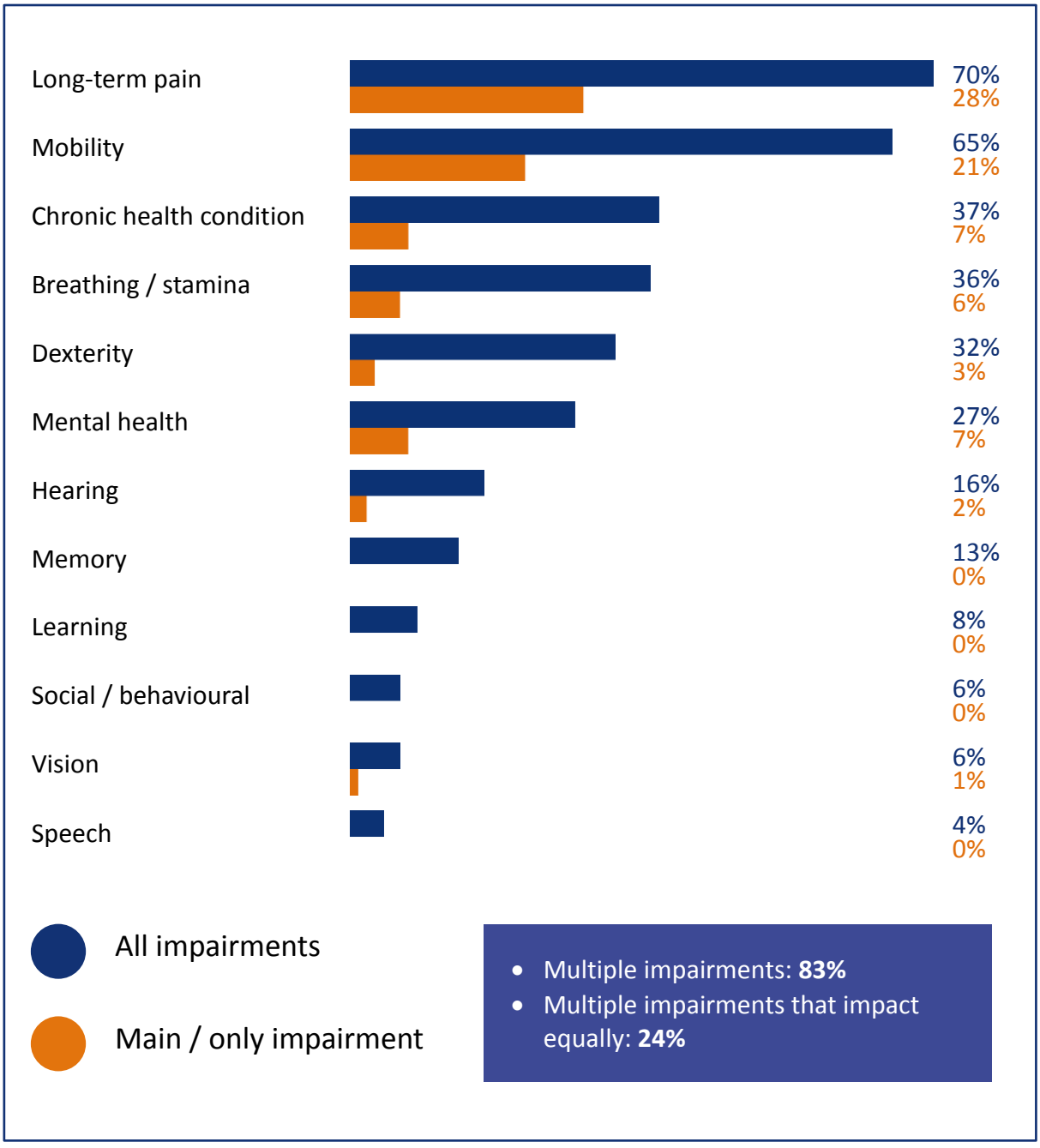
Differences in impairments by ethnicity

White disabled people were more likely than people from other ethnic groups to have long-term pain (71% vs 51%). Black, Asian and minority ethnic (BAME) disabled people were more likely to have a mental health problem (45% vs 27%).

Differences in impairments by qualification and social grade

Disabled people with no qualifications were more likely to report a hearing impairment (27% vs 16% overall) and/or learning disability (17% vs 8% overall). Disabled people in the lowest social grade were more likely than those in the highest to report long term pain and/or a mobility impairment. They were also more likely than average to have chronic health conditions and breathing/stamina or dexterity impairments.

Figure 3.8 Types of impairments reported by disabled respondents[23]



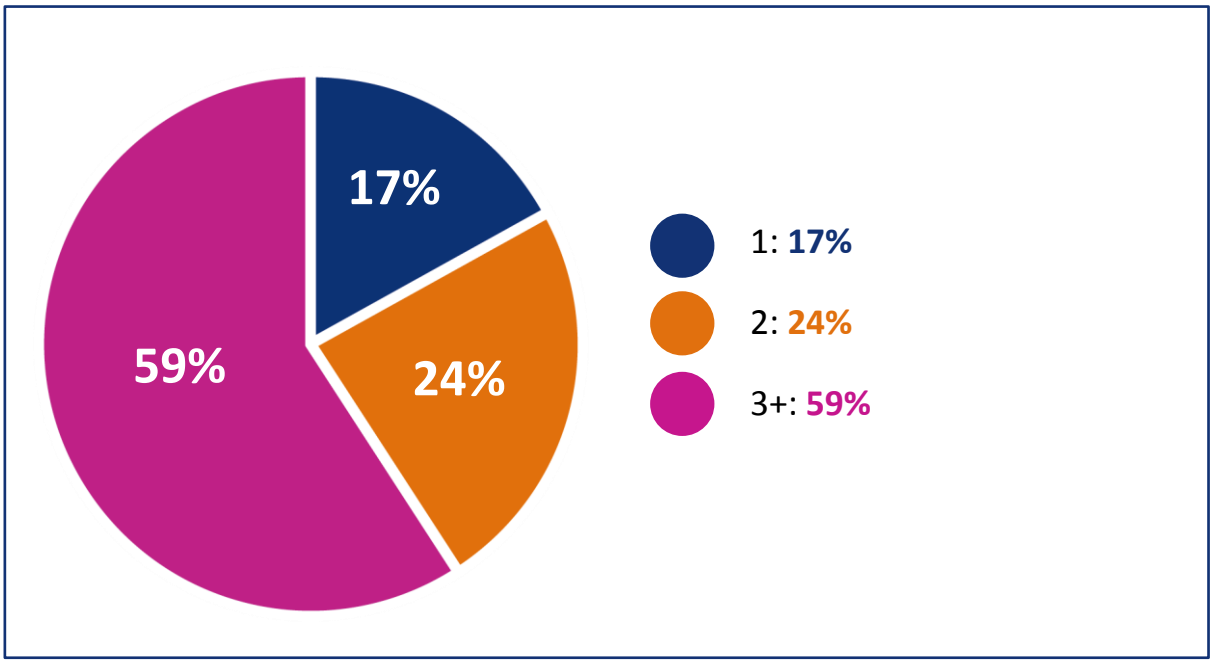
[23] B3 Do these health conditions, impairments or illnesses affect you in any of the following areas? Please choose all that apply / B4 Which would you say affects you most day to day? Base: All disabled respondents (n=1,182)

Number of impairments

The majority of disabled people we spoke to (83%) had more than one of the impairment types shown in Figure 3.8.[24] A quarter (24%) of all disabled respondents said they have multiple impairments that affect them equally. Around half of all disabled respondents said long-term pain (for 28%) or mobility (for 21%) is their only, or main, impairment.

Figure 3.9 shows that fewer than one in five (17%) disabled respondents had only one type of impairment. Three in five (59%) had three or more impairment types. On average the disabled people we spoke to had 3.2 types of impairment.

Figure 3.9 Number of impairment types reported by disabled respondents[25]



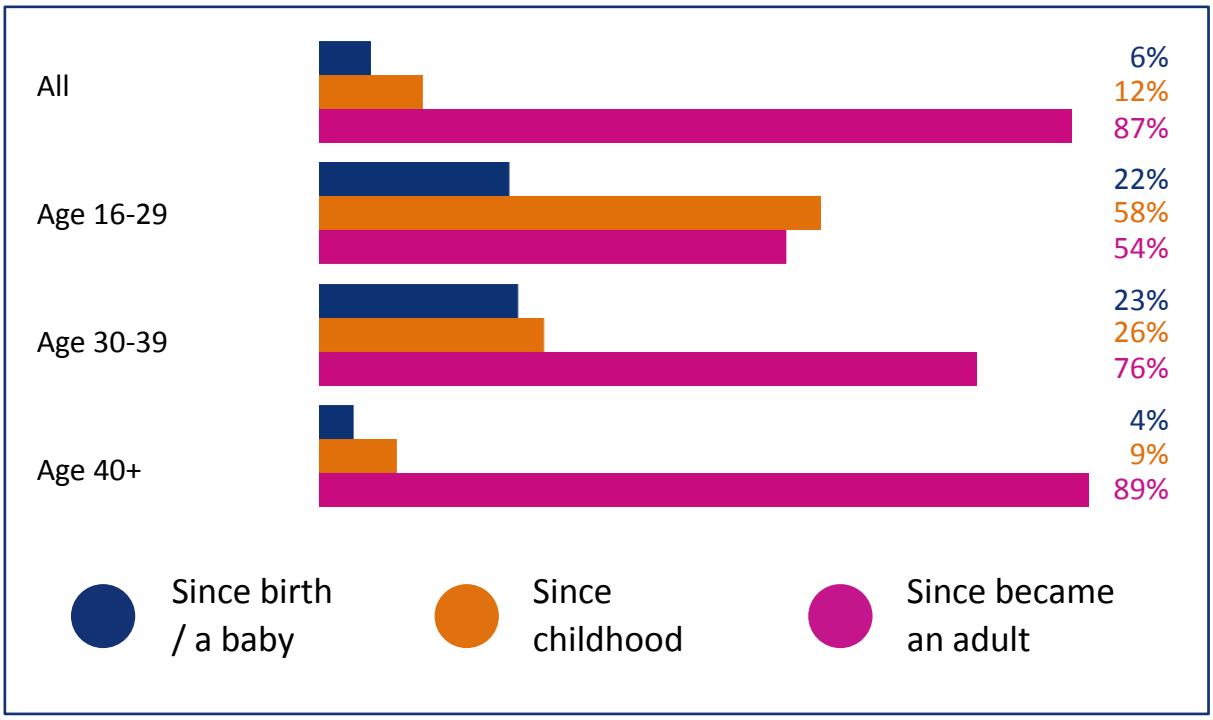
Disabled respondents aged 70+ were most likely to have fewer types of impairment (2.8 on average vs 3.4 among under 40s). Disabled people in the lowest social grade group were more likely to have a higher number of impairment types. They had an average of 3.6 compared to no more than 3.2 in any other group.

[24] This reflects Sport England's finding that 75% of disabled respondents have multiple impairments. Sport England 'Mapping Disability' (2016).
[25] B3 Do these health conditions, impairments or illnesses affect you in any of the following areas? Please choose all that apply / Base: All disabled respondents (n=1,182)

When impairments had started

For almost nine in 10 (87%) disabled respondents, their impairment(s) had started in adulthood (16+), as shown in Figure 3.10. For around one in 10 (12%), at least one type of impairment had started as a child. 6% had their impairment from birth or as a baby. However, this varies depending on age. Among respondents aged 16 to 29, around three in five (58%) had at least one impairment that had started when they were a child and/or a baby (22%). For nine in 10 (89%) of those 40 or over, their impairment(s) began in adulthood.

Figure 3.10 How long the disabled respondents have lived with their impairments[26]



[26] B5 When did your health conditions, impairments or illnesses start? / Base: All disabled respondents (n=1,182).

4 Wellbeing

This chapter explores the wellbeing of disabled people. Wellbeing measures are an essential part of the Government's Sporting Future outcomes.[27]

The chapter will look at an overall level at disabled people's physical and mental wellbeing as well as individual development. It will also explore the overall differences between disabled and non-disabled people when it comes to:

- self-rated health.
- happiness.
- anxiety.
- feeling that the things they do in life are worthwhile.
- feeling able to achieve goals.
- loneliness.

The chapter will then go on to look in more detailed at disabled people and highlight any differences within this group.

The wellbeing measures used in this research

There are four standard survey questions used by the Office of National Statistics to measure national wellbeing. These are included in the Active Lives Survey,[28] which is the authoritative source of nationally-representative data within a sport and active recreation context. We included these measures in the Annual Disability and Activity Survey in order to provide greater context for, and understanding of, respondents' answers. These questions are:

- On a scale of 0-10, where 0 is not at all satisfied and 10 is completely satisfied, overall, how satisfied are you with your life nowadays?
- On a scale of 0-10, where 0 is not at all happy and 10 is completely happy, overall, how happy did you feel yesterday?
- On a scale of 0-10, where 0 is not at all anxious and 10 is completely anxious, overall, how anxious did you feel yesterday?

[27] HM Government, Sporting Future: A New Strategy for an Active Nation, 2015
[28] Sport England Active Lives Survey

- On a scale of 0-10, where 0 is not at all worthwhile and 10 is completely worthwhile, overall, to what extent do you feel the things you do in your life are worthwhile?

To report the results on these questions clearly and simply, the answers given were grouped as follows:

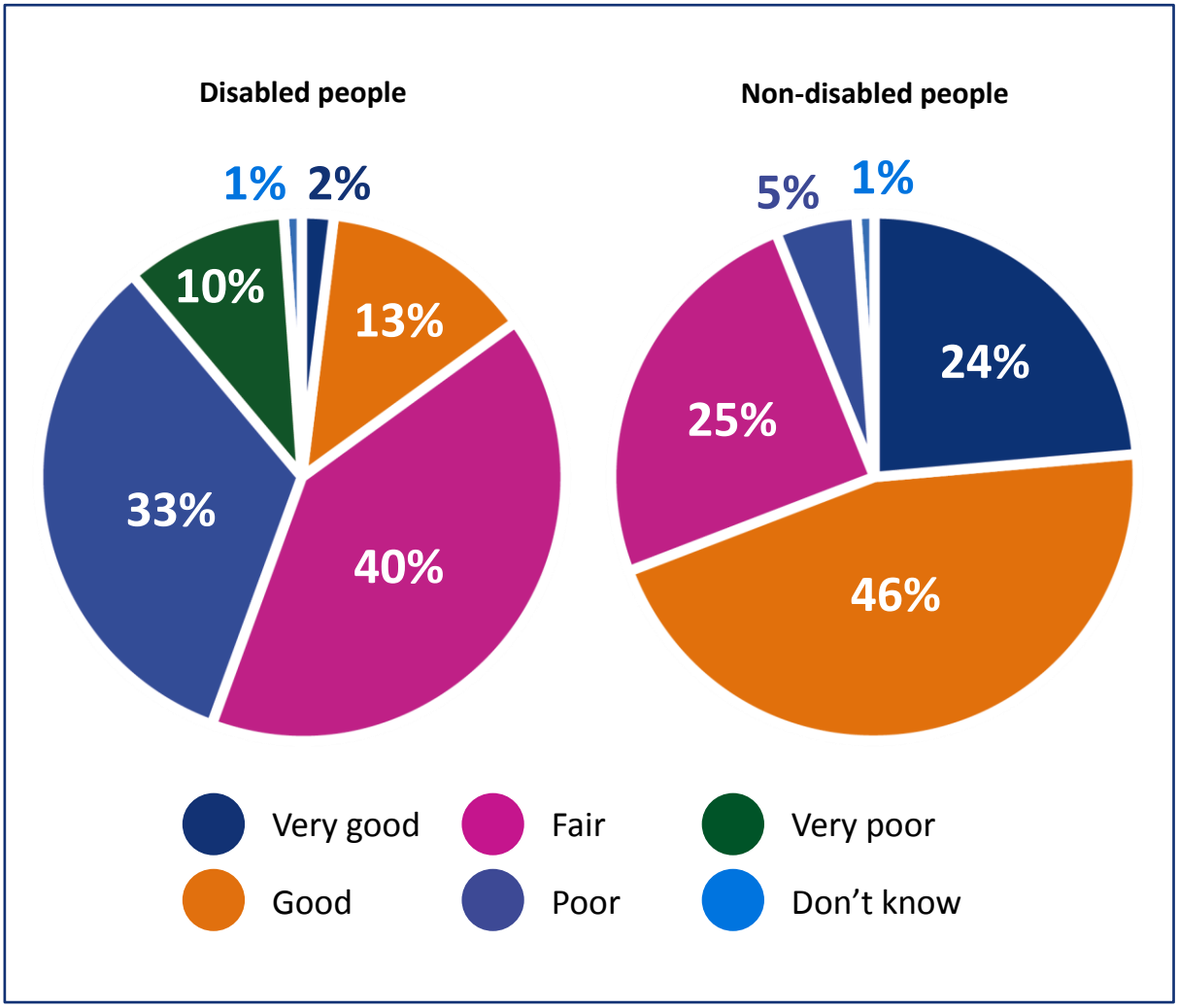
- A score between 8 and 10 is an 'agreement' score, i.e. that the person felt satisfied, happy, anxious or that things are worthwhile.
- A score between 0 and 3 is a 'disagreement' score, i.e. that the person did not feel satisfied, happy, anxious or that things are worthwhile.
- A score between 4 and 7 was counted as a 'neutral' score.

Questions relating to individual overall health, development (achieving goals) and loneliness were answered by choosing categories rather than numbers. For example, respondents chose whether they 'agreed' or 'disagreed' that they could achieve goals, selected how often they felt lonely, or chose whether their health was 'good', 'fair' or 'poor'.

The overall health of disabled people

Disabled people had worse self-rated overall health than non-disabled people. Most disabled people either rated their health as poor (33%) or fair (40%), with a further 10% choosing very poor. Just 15% rated their overall health as good. This is in contrast to non-disabled people who were most likely to rate their health as good (46%), fair (25%) or very good (24%). These results are shown in Figure 4.1.

Figure 4.1 Overall health[29]



Looking more closely, overall health varied by the following characteristics. Disabled respondents who identified as 'disabled' were more likely than those who did not to rate their health as either poor or very poor (57% vs 28%).

There were also differences by impairment type. A rating of poor or very poor overall health was more common in respondents with breathing/stamina impairments (59%), a chronic health condition (56%), memory impairments (65%) or mental health problems (57%). In comparison, disabled respondents with hearing impairments (47%), long-term pain (49%) or mobility impairments (51%) were less likely to report having poor overall health.

As might be expected, disabled respondents with higher numbers of impairment types were more likely rate their overall health as poor. 17% of people with one

[29] E8 In general, how would you rate your overall health? / Base: All respondents: disabled (n=1,182), non-disabled (n=1,136)

impairment type rated their health as poor or very poor, 32% with two impairments and 56% with three impairments.

Overall poor health was more likely among disabled people from lower social grade groups than higher ones. Disabled respondents in groups D (48%) and E (50%) were more likely to rate their overall health as poor than those in groups A (27%) and B (35%).

Poor health was also more likely among disabled respondents with lower qualification levels. Disabled respondents with no qualifications (51%) or GCSEs (53%) only were more likely to rate their health as poor than those with a first degree (38%) or a higher degree (33%).

There were very few differences by age, though the oldest age group were the least likely to rate their health as poor (30%) compared to all other age groups, which ranged from 45% to 51%.

The wellbeing of disabled people

Disabled people had consistently lower levels of wellbeing than non-disabled people across all measures.

Disabled people were less likely than non-disabled people to agree that:

- they feel satisfied with their life overall (23% vs 44%).
- they felt happy yesterday (27% vs 47%).
- the things they do in their life feel worthwhile (35% vs 48%).
- they feel like they can achieve their goals (40% vs 70%).

These results are shown in Figure 4.2 to Figure 4.5.

Figure 4.2 Overall life satisfaction[30]

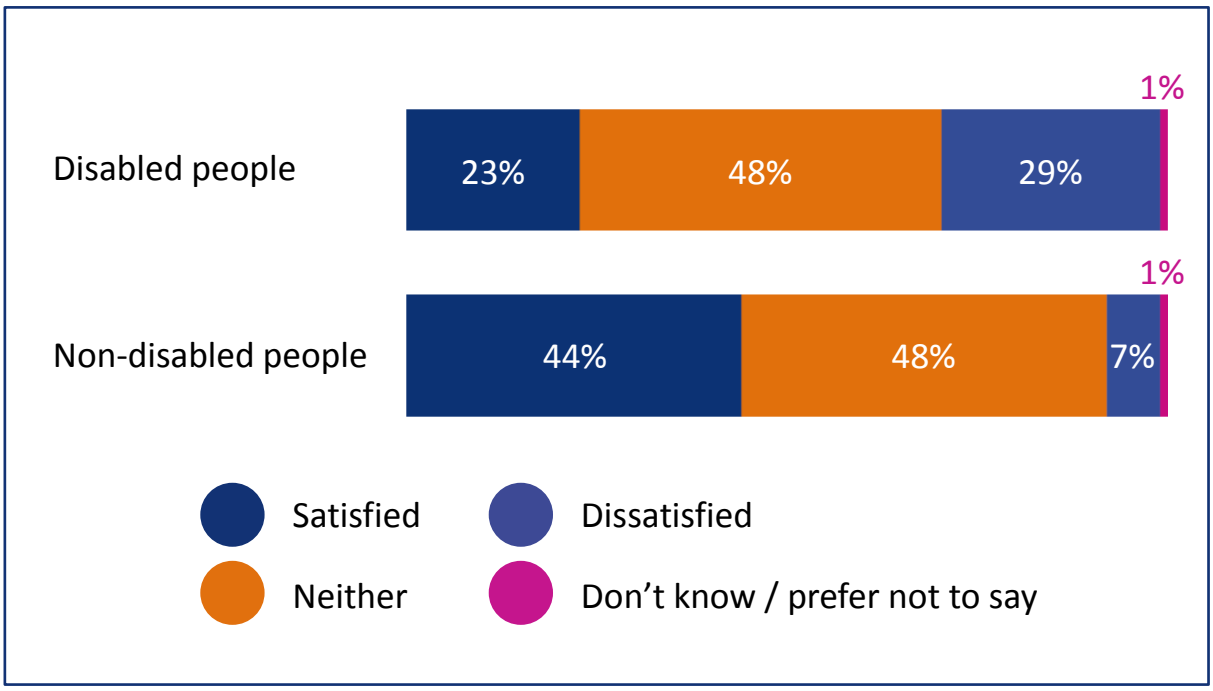
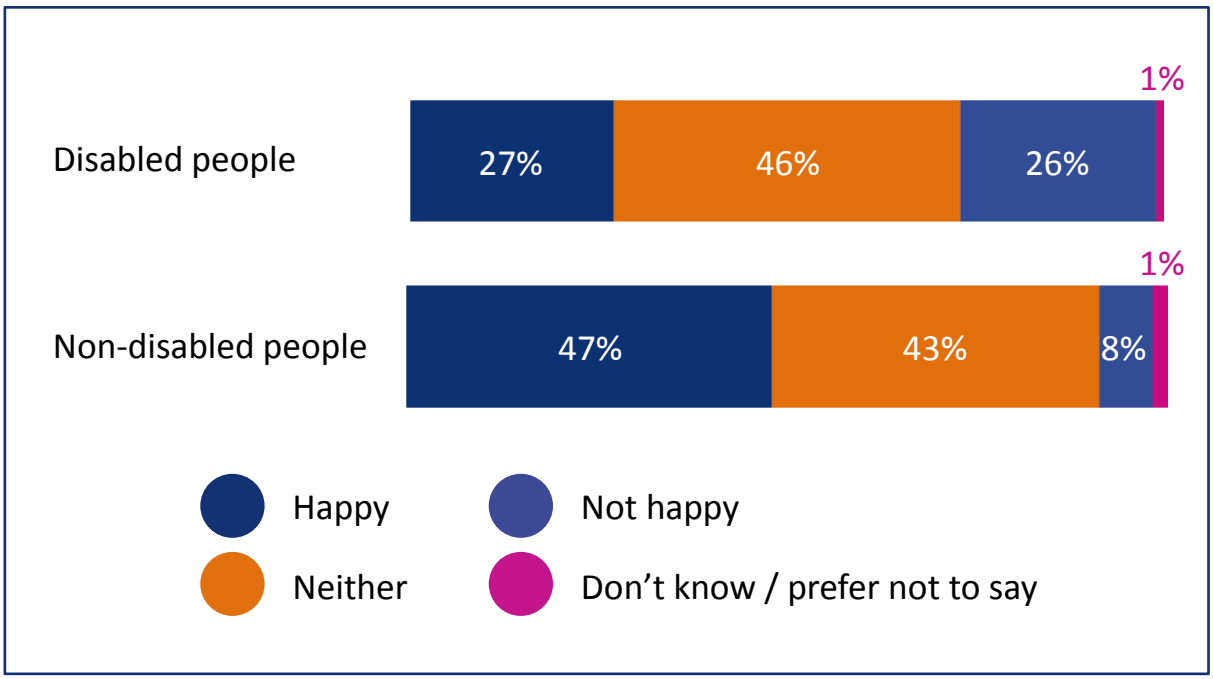


Figure 4.3 Whether felt happy yesterday[31]



[30] E2 How satisfied are you with your life nowadays? / Base: All respondents (disabled n=1,182, non-disabled n=1,136)
[31] E3 How happy did you feel yesterday? / Base: All respondents (disabled n=1,182, non-disabled n=1,136)

Figure 4.4 To what extent things in life feel worthwhile[32]

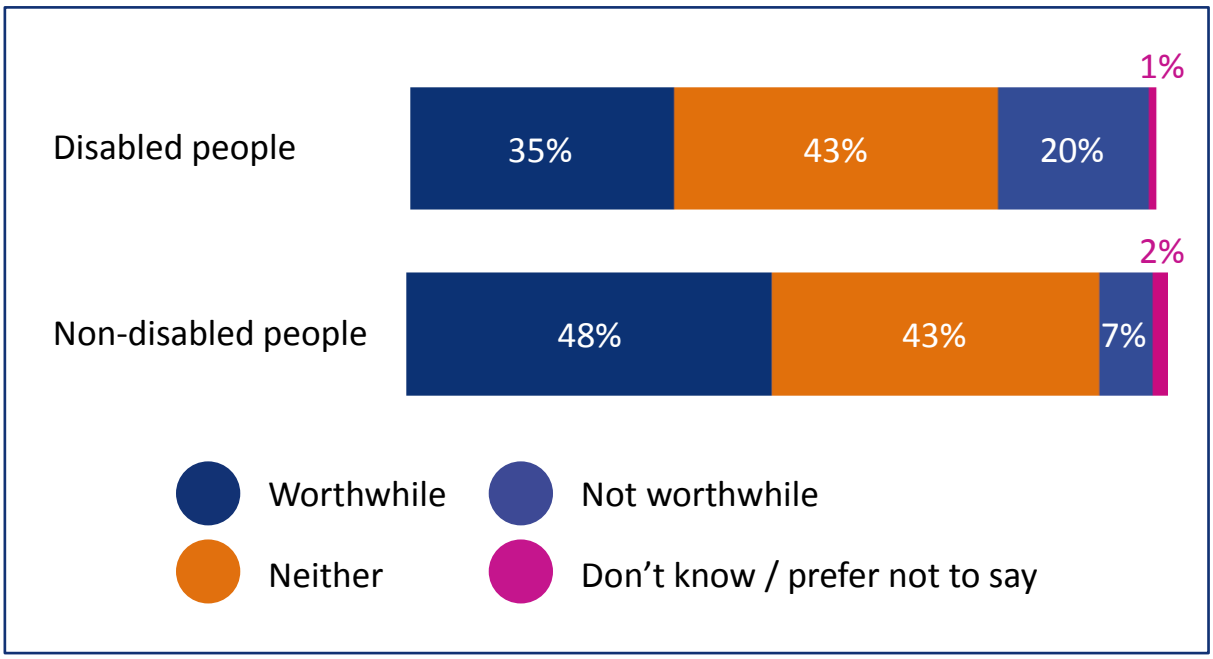
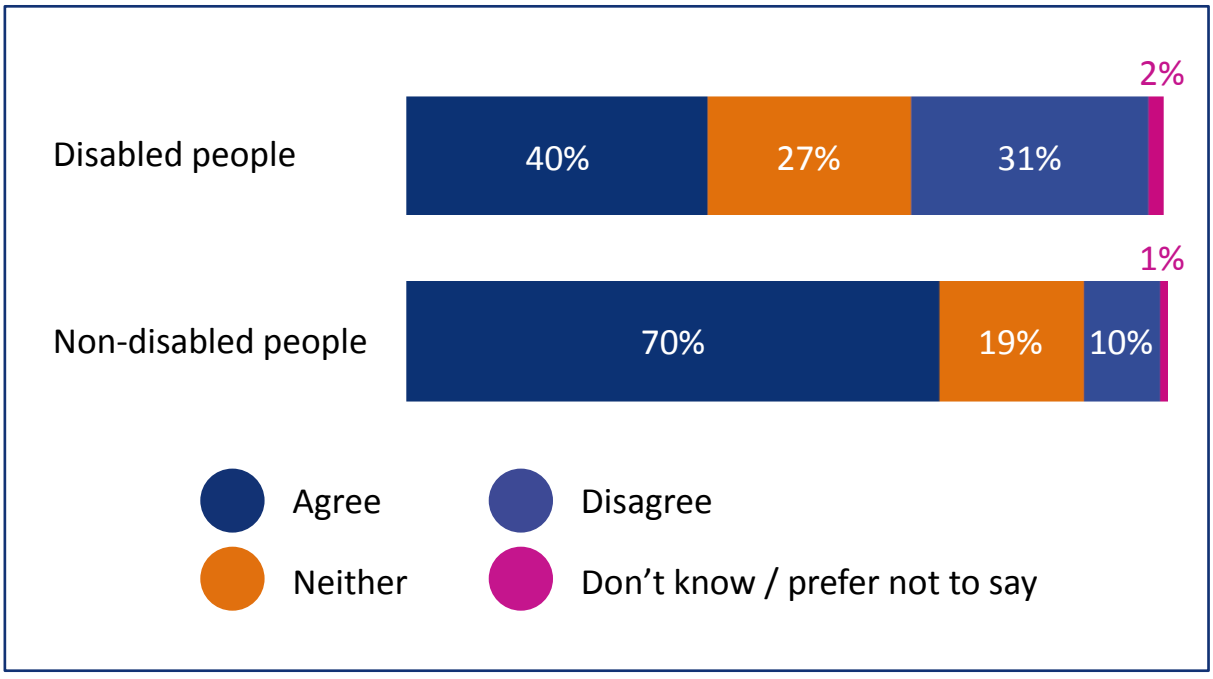


Figure 4.5 Whether can achieve most goals set[33]



[32] E5 To what extent do you feel the things you do in your life are worthwhile? / Base: All respondents (disabled n=1,182, non-disabled n=1,136)
[33] E6 To what extent do you agree or disagree with the statement 'I can achieve most of the goals I set myself'? / Base: All respondents (disabled n=1,182, non-disabled n=1,136)

Disabled people were more likely to agree that they felt anxious yesterday (22% vs 15%). They were also more likely to feel frequently lonely (22% vs 10%). These results are shown in Figure 4.6 and Figure 4.7.

Figure 4.6 How anxious felt yesterday[34]

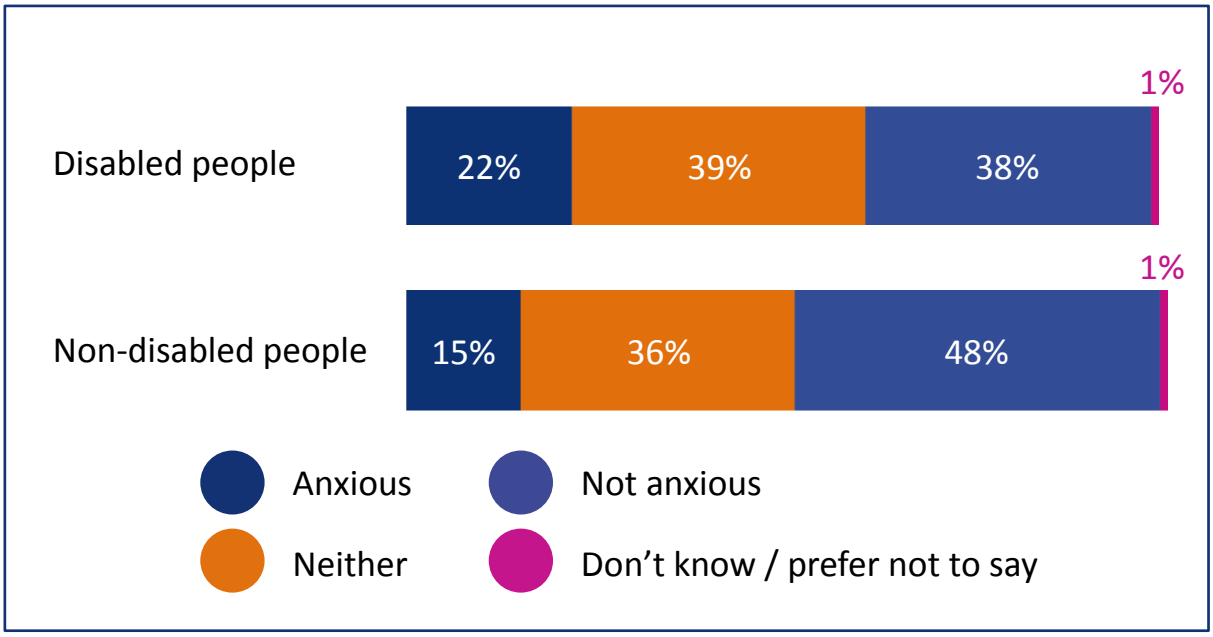
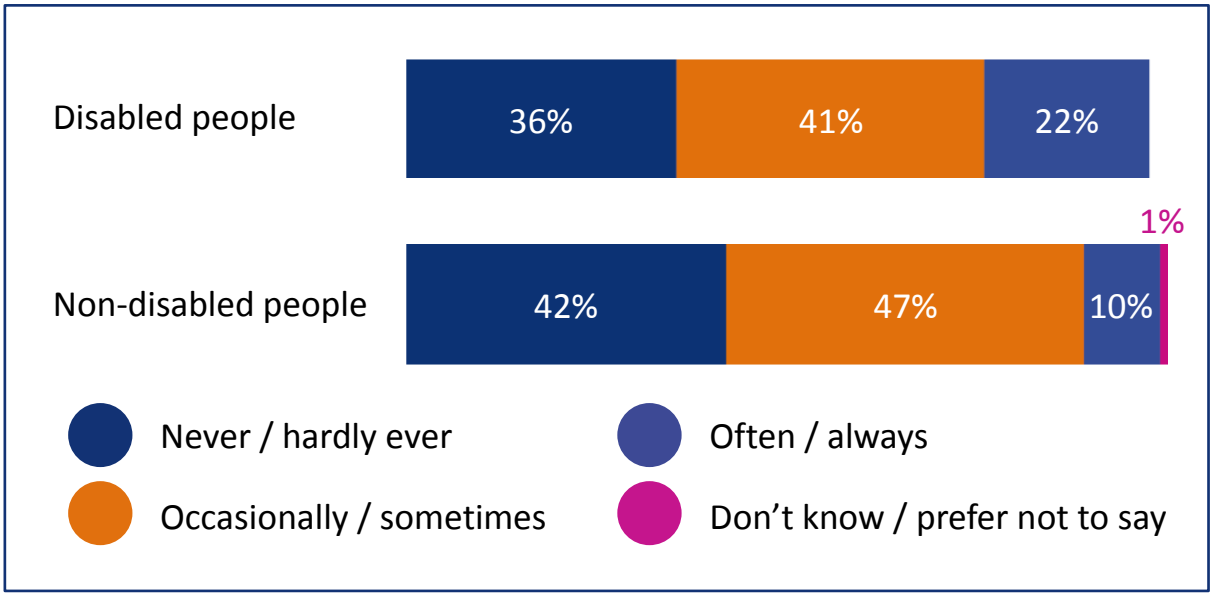


Figure 4.7 How often feel lonely[35]



[34] E4 How anxious did you feel yesterday? / Base: All respondents (disabled n=1,182, non-disabled n=1,136)
[35] E7 How often do you feel lonely? / Base: All respondents (disabled n=1,182, non-disabled n=1,136)

Wellbeing in more detail

Looking a little closer, there were consistent groups of disabled people that rated more negatively across all or most measures:

- Disabled respondents who identified as 'disabled', compared to those who did not.
- Disabled respondents whose impairment types related to mental health, learning, memory and/or social/behavioural issues compared to other impairment types. This was particularly the case compared to people with hearing, vision and/or mobility impairments, who rated more positively across all wellbeing measures.
- Disabled respondents who had three or more impairment types compared to those who had one or two.
- Disabled respondents who were inactive compared to those who were active or fairly active.
- Disabled respondents who were younger compared to those who were older.
- Disabled respondents currently receiving benefits compared to those who have never received benefits.
- Disabled respondents in social grade D (unskilled manual workers) compared to some higher social grades. However, disabled respondents in the lowest social grade were more positive than those in social grade D, perhaps due to the inclusion of older people drawing a pension in this group.

Differences by education were more mixed. Level of education was not associated with any differences when it came to life satisfaction or anxiety. However, higher levels of education were associated with feeling happier, and feeling that goals were achievable.

There were very few differences by gender and ethnicity.

These differences are shown in more detail in the following tables. Where a green arrow is shown pointing upwards:  this indicates a result that is significantly higher than those in other groups, and likewise a downwards facing pink arrow:  demonstrates a result that is significantly lower.

Wellbeing measures by whether the respondent identifies as 'disabled'

A seen in Table 4.1, respondents who identify as 'disabled' show significantly lower levels of wellbeing across all measures compared with disabled people who do not. Note that all disabled people in our sample – whether they consider themselves 'disabled' or not – answered that their impairment, health condition or illness 'had a substantial effect on their ability to do normal daily activities'.

Table 4.1 Differences in wellbeing among disabled people by whether they identify as 'disabled'

Wellbeing measure	Total	Identify as 'disabled'	Do not identify as 'disabled
Base	1182	630	546
Positive measures:			
Satisfied with life	23%	20% ↓	26%
Felt happy yesterday	27%	23% ↓	32%
Feel things I do are worthwhile	35%	28% ↓	42%
Feel can achieve goals	40%	35% ↓	47%
Negative measures:			
Felt anxious yesterday	22%	28% ↑	16%
Feel lonely often / always	22%	27% ↑	16%

Impairment type and number of impairment types

Disabled people with mental health problems, social or behavioural impairments, learning disabilities and/or memory impairments had consistently lower wellbeing scores compared to respondents with impairments related to hearing, long-term pain, mobility, chronic health conditions, dexterity and/or breathing.

One notable finding is that more than two in five disabled people with social or behavioural impairments (52%), mental health problems (46%), learning disabilities (43%) and/or memory impairments (41%) often or always feel lonely.

Table 4.2 compares the two impairment types with the most negative views (mental health and learning/understanding) to the two with the most positive views (hearing and mobility).

Table 4.2 Differences in wellbeing by impairment type

Wellbeing measure	Total	Most negative responses		Most positive responses	
		Mental health	Learning / understanding	Hearing	Mobility
Base	1182	324	95	191	772
Positive measures:					
Satisfied with life	23%	12% ↓	14%	29%	21%
Felt happy yesterday	27%	13% ↓	14% ↓	30%	26%
Feel things I do are worthwhile	35%	18% ↓	20% ↓	38%	34%
Feel can achieve goals	40%	26% ↓	23% ↓	44%	38%
Negative measures:					
Felt anxious yesterday	22%	39% ↑	38% ↑	25%	20%
Feel lonely often / always	22%	46% ↑	43% ↑	24%	22%

Disabled people who had three or more impairment types had consistently lower scores across all wellbeing measures than people with one or two impairment types. Note that in our sample, there were around three times more people with three or more impairment types (nearly 700) than those with one impairment type (around 200) or two impairment types (nearly 300). These results are shown in Table 4.3.

Table 4.3 Differences in wellbeing by number of impairment types

Wellbeing measure	Total	1 impairment type	2 impairment types	3 + impairment types
Base	1182	203	281	696
Positive measures:				
Satisfied with life	23%	31%	28%	18% ↓
Felt happy yesterday	27%	39%	31%	22% ↓
Feel things I do are worthwhile	35%	42%	45%	29% ↓
Feel can achieve goals	40%	50%	52%	33% ↓
Negative measures:				
Felt anxious yesterday	22%	19%	19%	24% ↑
Feel lonely often / always	22%	16%	15%	27% ↑

Activity level

Compared with disabled people who were either active or fairly active, disabled respondents who were inactive according to our definition[36] were:

- less likely to be satisfied with life.
- less likely to have felt happy yesterday.
- less likely to feel the things they do are worthwhile.
- less likely to feel they can achieve their goals.

[36] Our definition of inactive was there were zero days in a typical week on which they did 30 minutes of moderate activity.

However, activity levels were not associated with any differences in anxiety or loneliness.

Across most wellbeing measures, there were no differences between disabled respondents who were active and those who were fairly active. The exception was that active disabled people were more likely than those who were fairly active to feel the things they do are worthwhile (48% compared to 39%).

These results are shown in Table 4.4 below.

Table 4.4 Differences in wellbeing by activity level

Wellbeing measure	Total	Active	Fairly active	Inactive
Base	1182	205	479	473
Positive measures:				
Satisfied with life	23%	32%	26%	15% ↓
Felt happy yesterday	27%	37%	29%	21% ↓
Feel things I do are worthwhile	35%	48% ↑	39%	25% ↓
Feel can achieve goals	40%	51%	47%	29% ↓
Negative measures:				
Felt anxious yesterday	22%	24%	20%	24%
Feel lonely often / always	22%	19%	22%	23%

Receipt of benefits

Across every wellbeing measure, disabled people who currently received benefits scored lower than those who had never received benefits.[37] These results are shown in Table 4.5.

Table 4.5 Differences in wellbeing by whether receive benefits

Wellbeing measure	Total	Currently receiving benefits	Never received benefits
Base	1182	556	500
Positive measures:			
Satisfied with life	23%	19% ↓	27%
Felt happy yesterday	27%	22% ↓	33%
Feel things I do are worthwhile	35%	29% ↓	43%
Feel can achieve goals	40%	32% ↓	51%
Negative measures:			
Felt anxious yesterday	22%	26% ↑	17%
Feel lonely often / always	22%	30% ↑	12%

Age

As shown in Table 4.6, in general younger disabled people had more negative wellbeing scores than older people across all wellbeing measures. Those who were aged between 30 and 49 had particularly low wellbeing scores, particularly when it came to being satisfied with life and feeling happy yesterday. A striking result was that only about one in ten (11%) disabled people aged between 30 and 39 reported feeling happy yesterday.

Scores were much higher among the two oldest age groups. And the most positive scores were consistently seen in disabled people aged 70+.

[37] Note that less than 100 disabled people were not currently receiving benefits but had received them in the past, however due to the small number in this group compared to the other groups they have been excluded from table 4.5.

The arrows in the table below show where most of the significant differences lie between each age group and disabled people overall. In some cases, individual differences between specific age groups have not been shown. This is for ease of reporting given the number of subgroups being compared.

Table 4.6 Differences in wellbeing by age

Wellbeing measure	Age in years						
	Total	< 30	30-39	40-49	50-59	60-69	70+
Base	1182	50	80	152	272	374	239
Positive measures:							
Satisfied with life	23%	18%	13% ↓	15% ↓	19%	25%	31%
Felt happy yesterday	27%	16% ↓	11% ↓	19% ↓	21% ↓	30%	44%
Feel things I do are worthwhile	35%	20% ↓	20% ↓	26% ↓	31%	37%	51%
Feel can achieve goals	40%	48%	34% ↓	36% ↓	36% ↓	41%	47%
Negative measures:							
Felt anxious yesterday	22%	40% ↑	31% ↑	32% ↑	26% ↑	18%	12%
Feel lonely often / always	22%	42% ↑	36% ↑	32% ↑	29% ↑	18%	7%

Social grade

Results relating to wellbeing were a little mixed when it came to social grade, as shown in Table 4.7. The group that faired the 'worst' was grade D, particularly when compared to the highest two grades. Disabled people in grade D were less likely to be satisfied, feel happy, feel things are worthwhile and feel they can achieve their goals. This group was also more likely than the two highest social grades to feel frequently lonely. However, those in higher grade C1 were also less likely to be satisfied with life, to be happy and to feel things are worthwhile when compared to the two highest grades.

There were no differences in social grade when it came to feeling anxious.

Table 4.7 Differences in wellbeing by chief income earner

Wellbeing measure	Total	Higher manager (A)	Intermediate manager (B)	Junior manager (C1)	Skilled manual (C2)	Unskilled manual (D)	Pensioner / unemployed (E)
Base	1182	88	180	204	121	94	409
Positive measures:							
Satisfied with life	23%	31%	26%	17% ↓	29%	17% ↓	22%
Felt happy yesterday	27%	36%	34%	23% ↓	35%	22% ↓	25% ↓
Feel things I do are worthwhile	35%	42%	42%	32% ↓	38%	22% ↓	34%
Feel can achieve goals	40%	56%	58%	43%	40%	27% ↓	34%
Negative measures:							
Felt anxious yesterday	22%	20%	19%	19%	23%	20%	24%
Feel lonely often / always	22%	23%	16%	20%	17%	33% ↑	24%

Education

Differing levels of education were not associated with substantial differences when it came to life satisfaction, anxiety or loneliness. However, disabled people with no qualifications, or with GSCEs only, were less likely to have felt happy yesterday, less likely to feel things are worthwhile and less likely to feel like they can achieve their goals, than those with higher education levels. These results are shown in Table 4.8.

Table 4.8 Differences in wellbeing by highest level of education

Wellbeing measure	Total	No qualifications	GCSEs	A-levels	Bachelor's degree	Higher degree	Apprentice
Base	1182	92	324	246	232	171	62
Positive measures:							
Satisfied with life	23%	17%	18%	25%	23%	25%	29%
Felt happy yesterday	27%	24%	21% ↓	30%	28%	31%	34%
Feel things I do are worthwhile	35%	25% ↓	28% ↓	35%	40%	41%	44%
Feel can achieve goals	40%	26% ↓	28% ↓	41%	49%	60% ↑	35%
Negative measures:							
Felt anxious yesterday	22%	26%	24%	25%	19%	21%	24%
Feel lonely often / always	22%	26%	28%	22%	17%	21%	21%

Gender and ethnicity

There were very few differences by gender and ethnicity when it came to wellbeing measures. However:

- disabled men were more likely to say that they felt able to achieve their goals (44%) than women (38%).
- disabled BAME individuals were more likely to say the things they did in their life were worthwhile (55%), compared to white individuals (34%).

5 Activity levels, opportunities and desire to do more

In this chapter we look at how physically active disabled people are. Sport England's Active Lives Survey[38] is the most important overall measure of how active disabled people are. It is a very large study and has run in the same way for a number of years. Therefore, it provides figures that are easy to compare and are very reliable.

The data we have collected about activity is based on a much simpler question. It is designed to give us context for disabled people's perceptions and experiences. It also provides a baseline for future Annual Disability and Activity Surveys and Activity Alliance's end-user evaluation. We will look in detail at the differences between inactive and active disabled people. We will also compare inactive disabled and non-disabled people.

Overall activity levels

We asked people on how many days in a normal week they do a total of 30 minutes or more physical activity that is enough to raise their breathing rate. We explained that physical activity could include sport, exercise and brisk walking or cycling for fun, or to get to and from places. We also explained that it should not include housework or physical activity that is part of their job as this is excluded from Active Lives Survey measures.

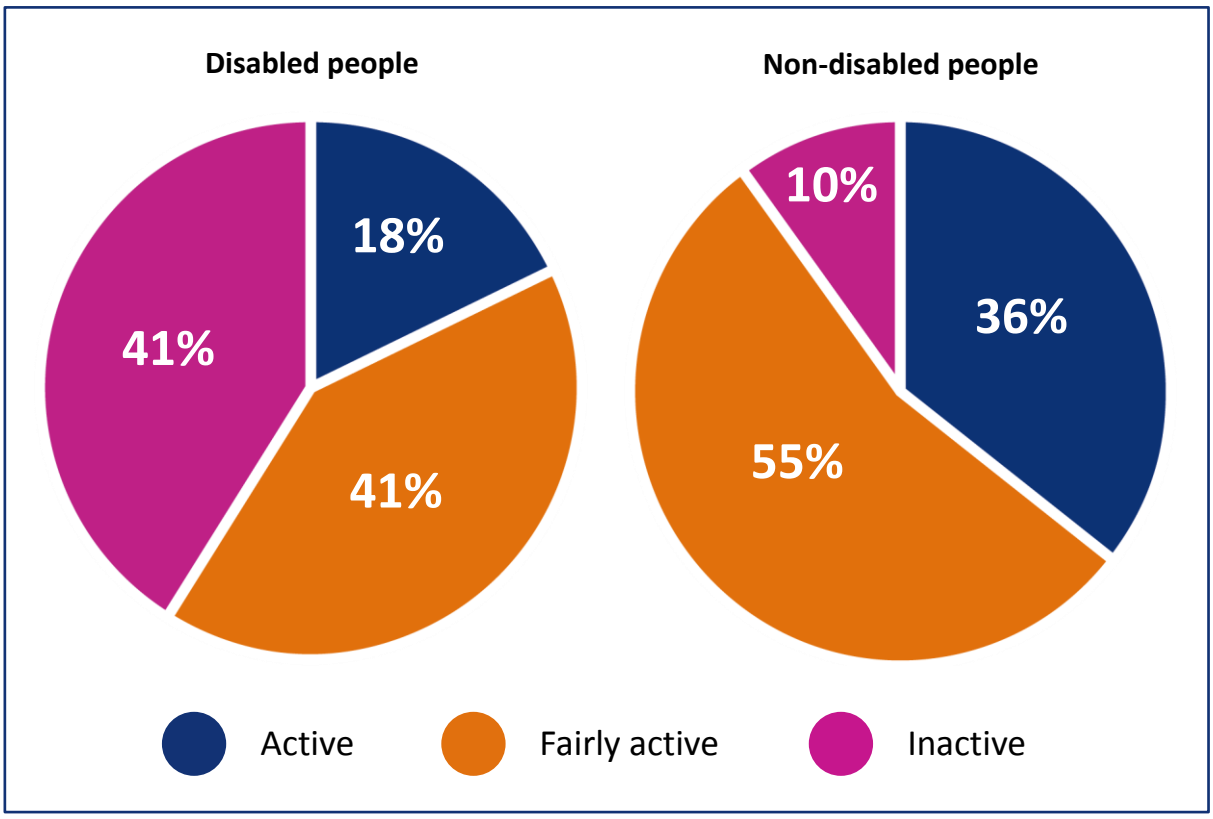
- **Inactive**: two in five disabled people (41%) said they do not do 30 minutes physical activity in a normal week.
- **Fairly active**: a further two in five disabled people (41%) said they do 30 minutes or more physical activity on one to four days in a normal week.
- **Active**: the final one in five (18% of disabled people) said they do 30 minutes or more physical activity on at least five days in a normal week.

The question we used means that someone who does 60 minutes on one day and 30 minutes on four days would still only be counted as fairly active, despite doing more than 150 minutes per week. We accepted this limitation in order to make it accessible. Throughout this section, we exclude answers from respondents who did not know how much activity they do or preferred not to say (2% of disabled people).

Disabled respondents were four times more likely to be inactive than non-disabled respondents (41% compared to 10%), as shown in Figure 5.1. They were only half as likely to be active (18% vs 36% of non-disabled people), and were less likely to be fairly active (41% compared to 55%).

[38] Sport England Active Lives Survey

Figure 5.1 Overall activity levels - disabled and non-disabled people[39]



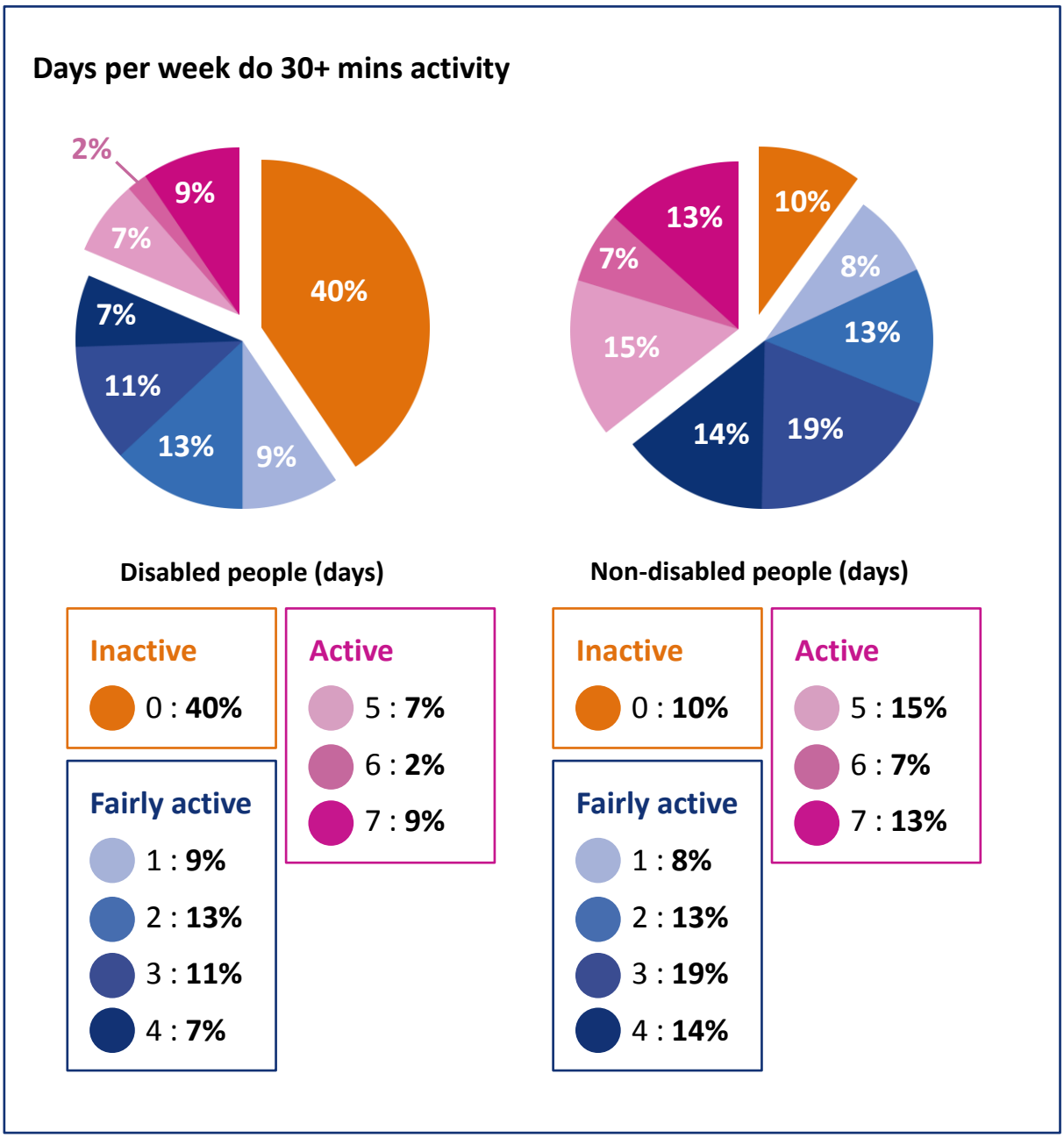
Looking in more detail at these groups, disabled people are far more likely than non-disabled people to be almost entirely inactive. They are five times as likely to never do 10 minutes of physical activity per week (20% vs 4% of non-disabled people), and more than twice as likely to do so less than three times a week (10% vs 4%).

Disabled people are as likely as non-disabled people to do 30 minutes or more activity one or two days a week, as shown in Figure 5.2. There are larger differences in terms of how many disabled and non-disabled people do 30 minutes or more exercise on between three and five day per week.

This suggests that efforts to increase activity need to differentiate between interventions aimed at inactive disabled people and those who are already fairly active. Below we explore the barriers and opportunities each group has, and which types of disabled people fall into each group.

[39] C2 In a normal week, on how many days do you do a total of 30 minutes or more of physical activity that is enough to raise your breathing rate? / Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136).

Figure 5.2 Detailed activity levels - disabled and non-disabled people[40]



Differences from Active Lives Survey measures

There are some notable differences between the proportions of people we found to be in each activity group compared to other studies. This is because other research,

[40] C2 In a normal week, on how many days do you do a total of 30 minutes or more of physical activity that is enough to raise your breathing rate? Base: All respondents except those unsure / preferred not to say how often active - disabled / non-disabled (n=1,157 / 1,117).

including Sport England's Active Lives Survey, have different ways of measuring how much activity people do.[41] More information on the difference between our measures and those used in the Active Lives Survey are given in Appendix C.

Differences in activity levels by age and gender

Age

The most striking differences in activity levels between disabled and non-disabled adults are seen when we compare specific age groups, shown in Figure 5.3.

The oldest disabled people we spoke to were more likely to be active than younger disabled people. 22% of disabled respondents aged 70+ were active compared with 17% of under 70s.[42] In contrast, the oldest non-disabled people we spoke to were less likely to be active than younger non-disabled people (30% of non-disabled people aged 70+ were active compared with 36% of under 70s).

Findings show no significant difference between the proportion of disabled and non-disabled people aged 70+ who are active (22% vs 30%). However, disabled people aged 70+ are less likely to be 'fairly active' (33% vs 57% of non-disabled people).

It may be that some older disabled people have fewer or less profound impairments. As reported in Chapter 3, older disabled people are particularly likely to:

- have fewer impairment types.
- have had their impairments develop in adulthood.
- not to actually think of themselves as 'disabled'.

This means that they may have faced fewer barriers earlier in life. They may have led an active younger life, and have continued to be active in older age despite acquiring impairments.

However, among non-disabled people there is a strong spike in activity among those in their 60s. 42% of non-disabled people in their 60s are active compared with 35% of under 60s and 30% of those aged 70+). This uplift in activity, which could be due to extra time in retirement, is not apparent among disabled people. Disabled

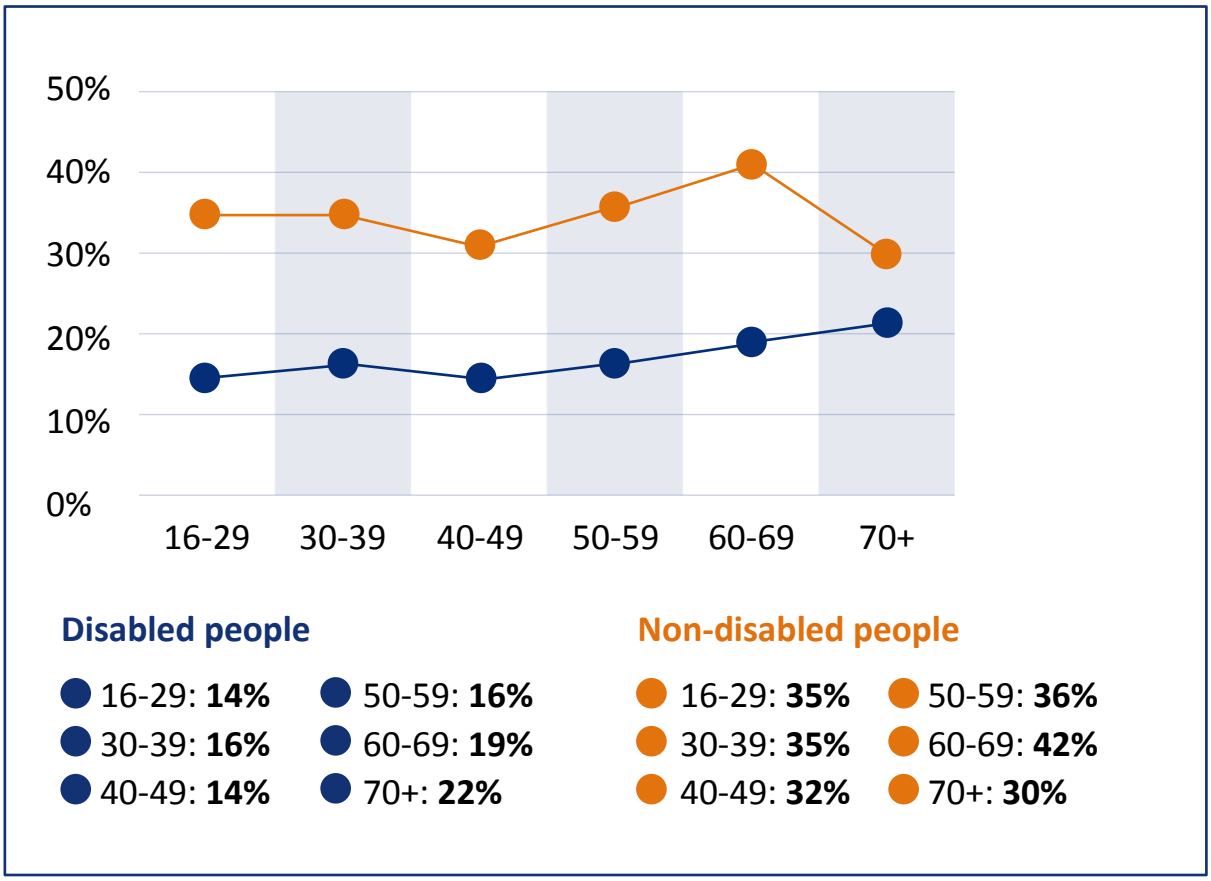
[41] A Sport England report compared different ways of measuring physical activity levels. It concluded that not counting all minutes of activity does not accurately replicate the Sport England measure but does not cause great distortions when comparing overall proportions of people who are inactive or active. Sport England, 'The selection of a project level measure of physical activity' (2017).

[42] As outlined above, here we mean those who do 30 minutes or more activity on five or more days in an average week.

respondents in their 60s, were less than half as likely as non-disabled people in their 60s to be active (19% vs 42%).

Looking now at the youngest age group (16-29), disabled people were substantially less likely to be active than non-disabled people. Non-disabled people aged 16 to 29 were almost two and a half times more likely to be active than non-disabled people of the same age (35% vs 14%).

Figure 5.3 Proportion of disabled and non-disabled people in each age group who are active[43]



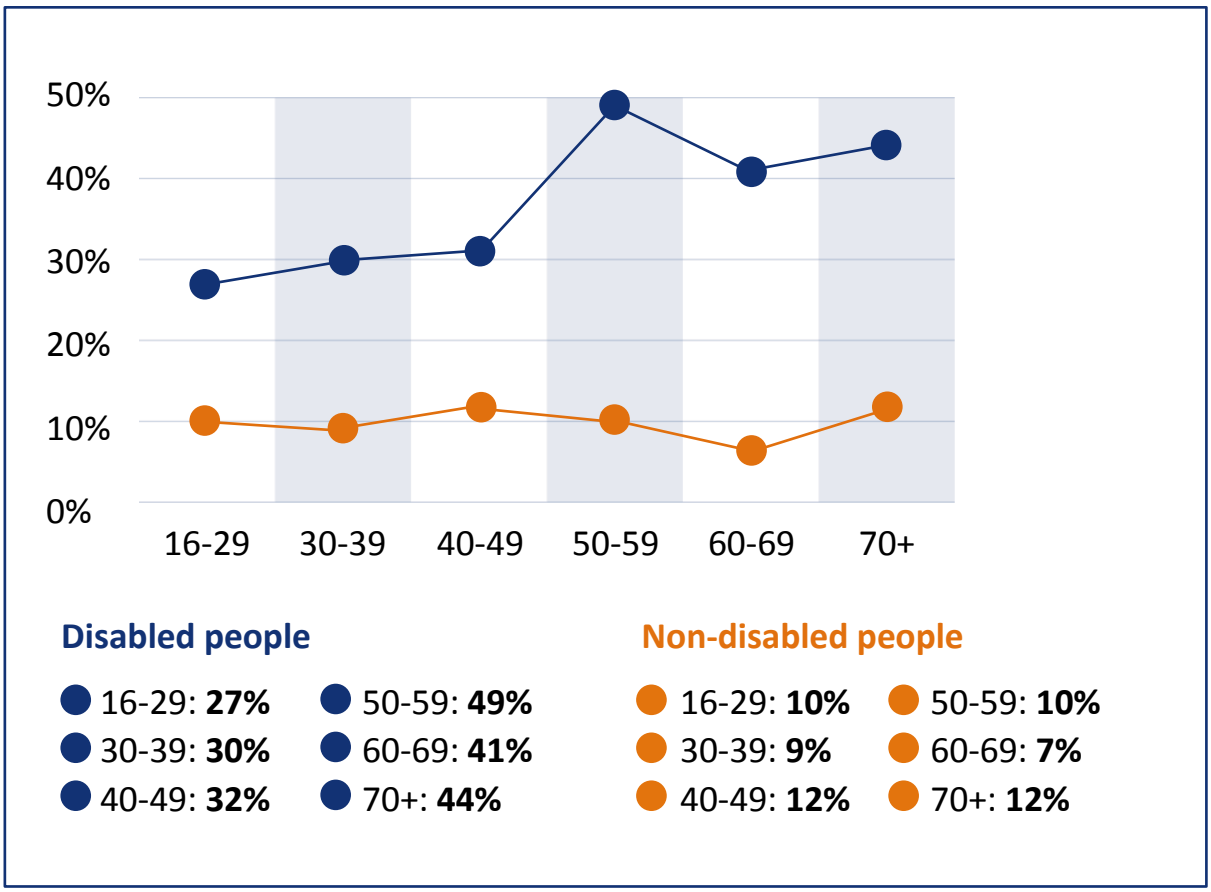
Being inactive generally increased with age among disabled respondents, from 27% of those aged 16 to 29 to 44% of those aged 70+, as shown in Figure 5.4.

Disabled people in their 50s were almost five times as likely as non-disabled people the same age to be inactive (49% vs 10%). There is no spike in inactivity among this

[43] C2 In a normal week, on how many days do you do a total of 30 minutes or more of physical activity that is enough to raise your breathing rate? / Base: All respondents except those unsure / preferred not to say how often active - disabled / non-disabled (n=1,157 / 1,117)

age band for non-disabled people. Overall, the increase in inactivity seen with age among disabled people means that 44% of those aged 50+ are inactive compared to just 9% of non-disabled people aged 50+. The difference among younger people is not as striking. However, 33% of disabled people under 50 are inactive compared to just 10% of non-disabled people of the same age.

Figure 5.4 Proportion of disabled and non-disabled people in each age group who are inactive[44]



Gender

There were only small differences in activity levels between disabled men and women, which were not statistically significant. 20% of men and 16% of women were active. 37% of men and 43% of women were inactive.

[44] C2 In a normal week, on how many days do you do a total of 30 minutes or more of physical activity that is enough to raise your breathing rate? / Base: All respondents except those unsure / preferred not to say how often active - disabled / non-disabled (n=1,157 / 1,117)

Disabled men were more than four times as likely as non-disabled men to be inactive (37% vs 8%). Disabled women were almost four times as likely as non-disabled women to be inactive (43% compared to 11%).

Disabled men (20%) and women (16%) were both only half as likely to be active as non-disabled men (41%) and women (31%).

Differences in activity levels by impairment type and number

Disabled people according to our definition[45] who identify as 'disabled' were more likely to be inactive than disabled people who do not (50% vs 30%). They are also less likely to be fairly active (36% vs 47%) or active (14% vs 22%).

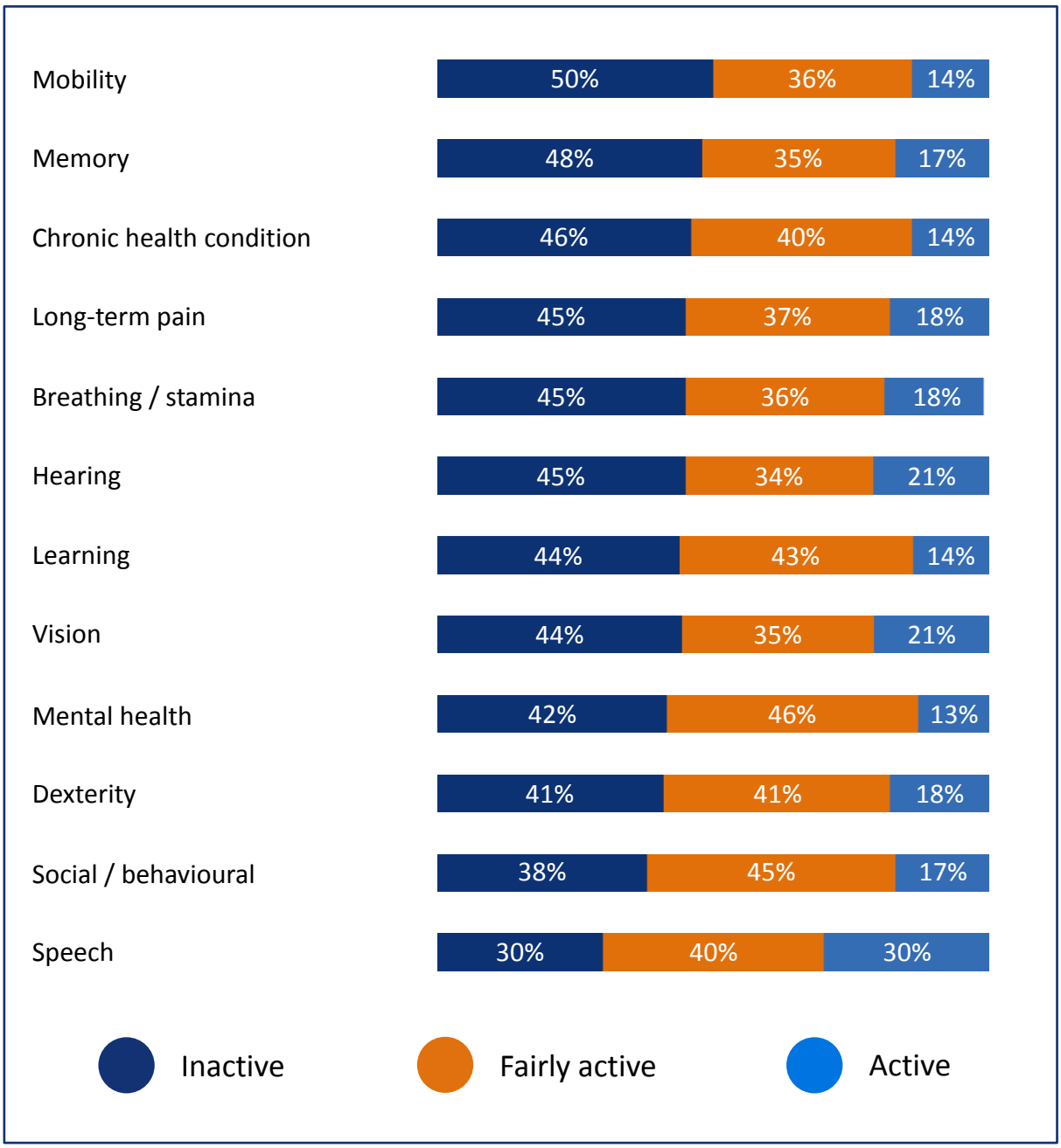
Levels of inactivity increased with the number of impairments disabled respondents had. A quarter (26%) of disabled respondents with one impairment were inactive. This rose to more than a third (36%) of people with two impairments and almost half (47%) of people with three or more.

As shown in Figure 5.5 disabled respondents whose impairment related to their mobility were particularly likely to be inactive (50% versus 41% amongst all disabled people). Disabled people with a chronic condition (46%), breathing or stamina impairment (45%) or long-term pain (45%) were also more likely than average to be inactive (vs 41% of all disabled people).

Disabled people with a mental health problem were particularly likely to be 'fairly active', but unlikely to be 'active' (13% vs 18% of all disabled people). Disabled people with mobility impairments (14%) and/or chronic health conditions (13%) were also particularly unlikely to be 'active'. Disabled people with an impairment related to speech or making themselves understood were particularly likely to be active (30% vs 18% of all disabled people).

[45] See Chapter 3

Figure 5.5 Activity levels by impairment type[46]



[46] C2 In a normal week, on how many days do you do a total of 30 minutes or more of physical activity that is enough to raise your breathing rate? / Base: All disabled respondents except those unsure / preferred not to say how often active - mobility (n=754), memory (n=155), chronic health condition (n=435), long term pain (n=813), breathing (n=414) hearing (n=189), learning (n=94), vision (n=71), mental health (n=318), dexterity (n=370), social (n=65), speech (n=43).

Differences in activity levels by socioeconomic factors and wellbeing

There are indications that social grade and highest level of qualification influence disabled people's activity levels. Disabled people in lower social grades were more likely to be inactive. Almost half (48%) of disabled people in group D or E were inactive compared to just 23% of those in group A and around a third in groups B and C1. Similarly, disabled people qualified to GCSE level (62%) or with no qualifications (49%) were also more likely to be inactive than disabled people with a degree or higher level qualification (25%).

Half (51%) of disabled people who receive benefits were inactive, compared to 30% of disabled people who have never claimed benefits. Disabled people who have never received benefits were twice as likely to be active (24% vs 12%). This may reflect how profound individuals' impairments are and/or the role of financial security in being active. These issues are explored in more depth in Chapter 8 (Benefits, financial assistance and physical activity) below.

Disabled people who are dissatisfied with their life are more likely to be inactive than those who are satisfied (54% vs 27%). Disabled people who are satisfied are also twice as likely to be active (25% vs 13%). This again indicates there is a link between wellbeing and physical activity, as covered in more detail in Chapter 4 (Wellbeing and satisfaction with life) above.

Opportunities to be active

Impact of disability on being active or participating in sport

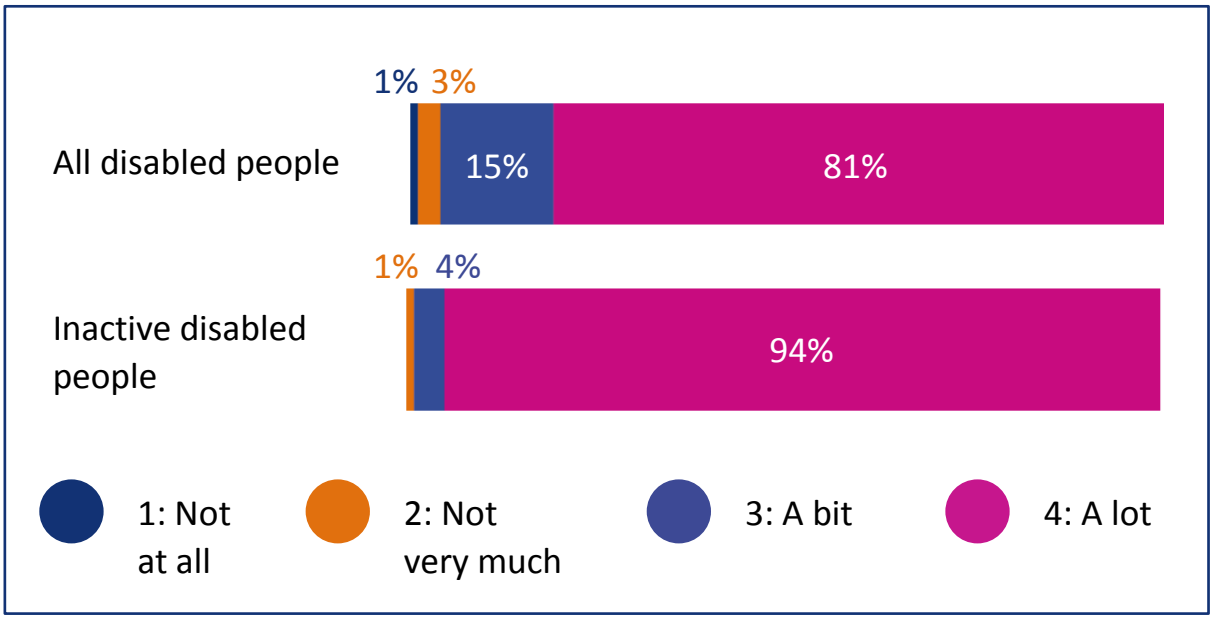
Nearly all (96%) disabled respondents in this report said that their impairment has an impact on their ability to do sport or physical activity.

Around four in five (81%) of disabled respondents said that their impairment affects them doing sport or physical activity 'a lot', as shown in Figure 5.6. People with mobility, breathing or dexterity impairments were particularly likely to say that their impairment affects their activity a lot, at around 90% for each group. Similarly, 87% each of people with a chronic health condition and/or long term pain also said their impairment affects their activity a lot. Disabled people with more impairment types were also more likely to see their physical activity impacted a lot. 90% of people with three or more types of impairment said their activity was affected compared to 74% of people with two types and 58% of those with one type.

Older disabled people are more likely than younger to find their impairment affects their physical activity a lot. 84% of disabled people aged 60+ compared to 64% of under 30s said their activity was affected a lot. White disabled people were also

more likely to say their disability impacted their activity a lot (81% vs 66% of respondents from a BAME background).

Figure 5.6 Extent to which impairment affects disabled people doing sport or physical activity if they wished to (all and those who are inactive)[47]



Disabled people in lower socioeconomic groups were also more likely to find their impairment affects their physical activity a lot. 87% of disabled people in a household where the chief income earner is a state pensioner, casual worker or unemployed said this, compared to 75% of those in group A or B households. Similarly, disabled people with qualifications at GCSE level (85%) or no qualifications (88%) were more likely to report their impairment affects their physical activity levels a lot than those with A-levels (76%), degrees (78%) or postgraduate qualifications (77%).

94% of disabled people who are inactive said that their impairment affects their activity levels a lot. This compares with 72% of both fairly active and active disabled people.

Opportunities to be active

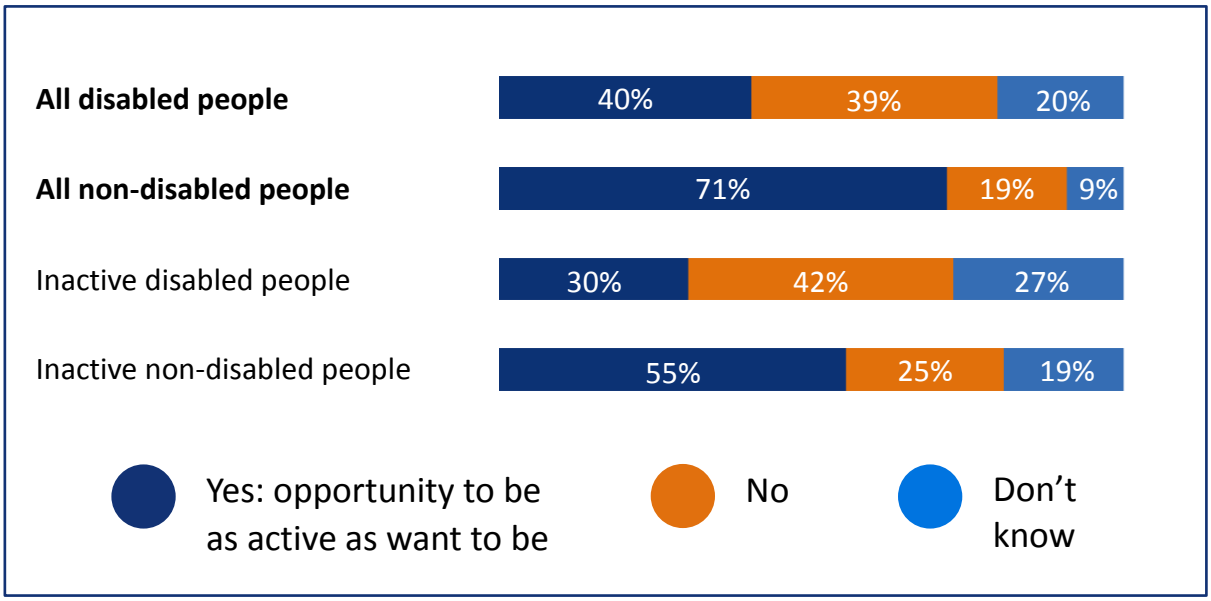
We asked disabled people if they felt they were given the opportunity to be active as they want to be. We explained that these opportunities should meet their

[47] B6 How much do your health conditions, impairments or illnesses affect you doing sport or physical activity (if you wanted to)? Base: All disabled respondents (n=1,182) / Inactive disabled respondents (n=473). Inactive are those who do less than 30 minutes moderate activity (in one session) in a normal week.

requirements in terms of their health, impairments, cost, location and ability. Disabled people were equally split between those who said they do (40%) and those who do not (39%), as shown in Figure 5.7. A substantial 20% of disabled people were unsure if there were sufficient opportunities.

Disabled people were twice as likely as non-disabled people to say they are **not** given the opportunity to be as active as they would like to be (39% vs 19%). They were also twice as likely to be unsure about whether they have such opportunities (20% vs 9%). Among the smaller group who identify as 'disabled', 45% felt they were not given the opportunity to be as active as they would like.

Figure 5.7 Whether disabled and non-disabled people are given the opportunity to be as physically active as they want to be (all and those who are inactive)[48]



Among inactive disabled people, just 30% felt they are given the opportunity to be as physically active as they wish and a further 27% were unsure. These levels are far higher than among similarly inactive non-disabled people, 55% of whom feel they are given the opportunity to be active.

[48] C5 Do you feel that you are given the opportunity to be as physically active as you want to be? By this, we mean are there enough opportunities available for you to be active that suit your personal circumstances, including things like your health, impairments, finances, location and ability? / Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136). Inactive disabled respondents (n=473) / Inactive non-disabled (n=108). Inactive are those who do less than 30 minutes moderate activity (in one session) in a normal week.

Disabled people with mental health problems or memory impairments were particularly likely to feel they were **not** given the opportunity to be active (49% and 48% compared to 39% across all disabled people).

Disabled women were more likely than disabled men to feel they do **not** have opportunity to be active (43% vs 34%). Disabled women were twice as likely as non-disabled women to feel a lack of opportunity to be active (43% vs 21%).

Younger disabled people were also more likely to feel a lack of opportunity to be active than older people. Almost half (46%) of disabled people aged under 60 felt this compared to only 24% aged 70+. This may reflect a sense of difference in opportunity between younger disabled and non-disabled people while older disabled people feel more able to share the opportunities offered to non-disabled people in the same age bracket.

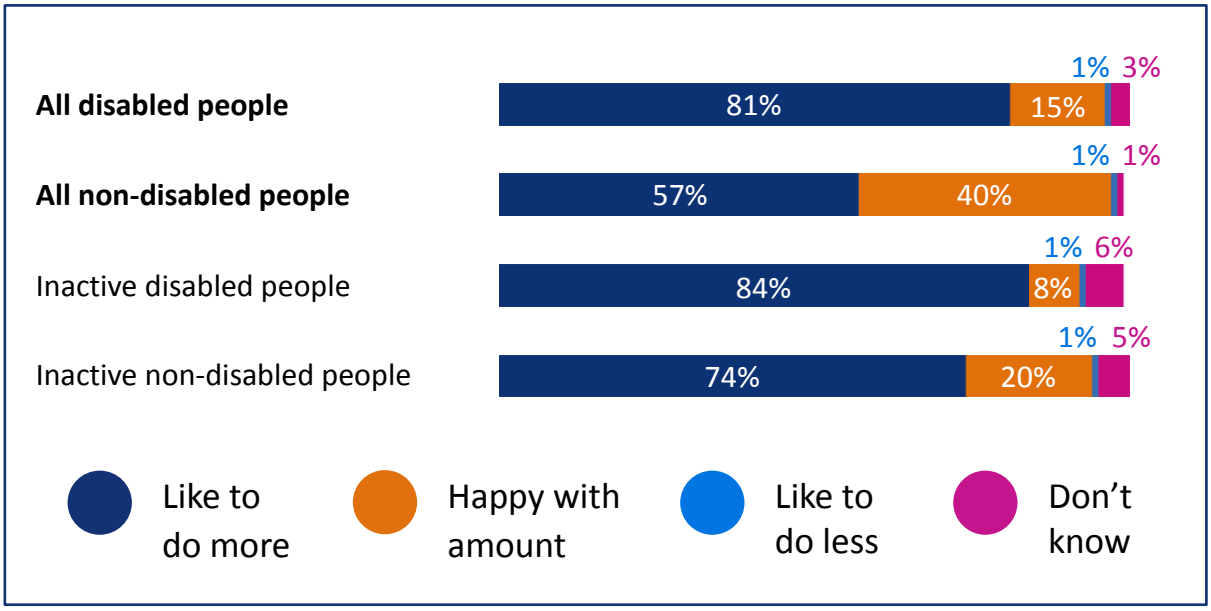
It may also be linked to younger people being more likely to have other commitments such as work or children. Younger non-disabled people were also more likely to report a lack of opportunity than older non-disabled people. Across all ages, disabled people were more likely than non-disabled people to feel they do not have opportunity to be as active as they would like. The greatest disparity was among people aged 40 to 69. Disabled people in this age bracket were almost three times as likely as their non-disabled peers to feel a lack of opportunity to be active (43% vs 15%).

Disabled people who feel dissatisfied with their life are twice as likely to feel a lack of opportunity to be active as those who are satisfied (52% vs 26%). Disabled people who receive a benefit related to their impairment are also more likely to report a lack of opportunity (46% vs 35% of disabled people who have never received a benefit related to their impairment).

Happiness with activity level

Four in five disabled respondents (81%) said they would like to do more activity than they currently do. Just 15% were happy with the amount, as shown in Figure 5.8. A higher proportion of disabled people than non-disabled people wanted to be more active (81% vs 57%). Similarly, a lower proportion of disabled people were happy with the amount they do (15% vs 40%).

Figure 5.8 Whether disabled and non-disabled people are happy with their activity level (all and those who are inactive)[49]



Disabled men were almost three times less likely than non-disabled men to be happy with the amount of physical activity they do (17% vs 48%). Disabled women were less than half as likely to be happy with the amount they do (15% vs 33%).

Disabled people across all ages said they would like to be more active, especially younger people. Nine in 10 disabled people (90%) under 40 would like to do more, as would eight in 10 (79%) disabled people aged 40+. Disabled people of all ages were significantly more likely to want to do more exercise than non-disabled people in the same age group. The differences are greatest in the youngest and oldest age bands. 92% of disabled people under 30 wanted to be more active compared to 59% of their non-disabled peers. For respondents aged 70+, the figures were 79% vs 45%.

Disabled people with multiple types of impairment were more likely to want to be more active than those with one (82% vs 74%). Disabled people with one type of impairment were more likely to be active and more likely to be happy with the amount they do (22% vs 13% of those with three or more types).

[49] C3 How do you feel about the amount of physical activity you do now? / Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136). Inactive disabled respondents (n=473) / Inactive non-disabled (n=108). Inactive are those who do less than 30 minutes moderate activity (in one session) in a normal week. 1% of each group listed above would like to do less activity.

Regardless of how active they are, the majority of disabled people would like to be more active. Indeed, those who are fairly active (83%) were as likely as those who are inactive (84%) to want to do more. Even among active disabled people, more than two thirds (68%) would like to do more.

Two thirds (68%) of active disabled people would like to do more compared to 44% of active non-disabled people, a difference of 24 percentage points. 84% of inactive disabled people would like to do more compared to 74% of inactive non-disabled people.

Disabled people who are satisfied with life were three times as likely to be happy with the amount of activity they do compared to those who are dissatisfied (28% vs 9%).

6 Perceptions of sport and active recreation

This chapter looks at disabled and non-disabled people's perceptions of, and relationship to, sport and physical activity. Understanding this helps us to understand what might be preventing people from taking part in, or doing more, sport and physical activity. And changes in disabled people's perceptions of sport and physical activity might encourage them to be more active.

With this in mind, we asked disabled and non-disabled people the extent to which they agreed with a series of statements about sport and physical activity. This included whether sport and physical activity was for them, and whether they considered themselves to be competitive.

Differences between disabled and non-disabled people

As shown in Figure 6.1 and Figure 6.2, disabled people had a less positive outlook on, and relationship to, sport and physical activity than non-disabled people. They were less likely to agree with every statement covered in the survey.

In particular, the word 'sport' had a considerable negative impact on disabled people's likelihood to agree with a statement. Disabled people were half as likely as non-disabled people to agree that sport was for someone like them (32% vs 63%). The difference between disabled and non-disabled people was less marked when asked whether physical activity and exercise was for someone like them. Around half (51%) of disabled people agreed with this statement, compared to three-quarters (77%) of non-disabled people.

Previous qualitative research[50] commissioned by Activity Alliance has examined this issue. It suggests that the variance in responses may, in part, be due to sport being perceived as social, fast-paced and competitive. Physical activity, meanwhile, was associated with health and leisure. As such, physical activity may be viewed as more accessible to disabled people, and sport as something more exclusive, or elite.

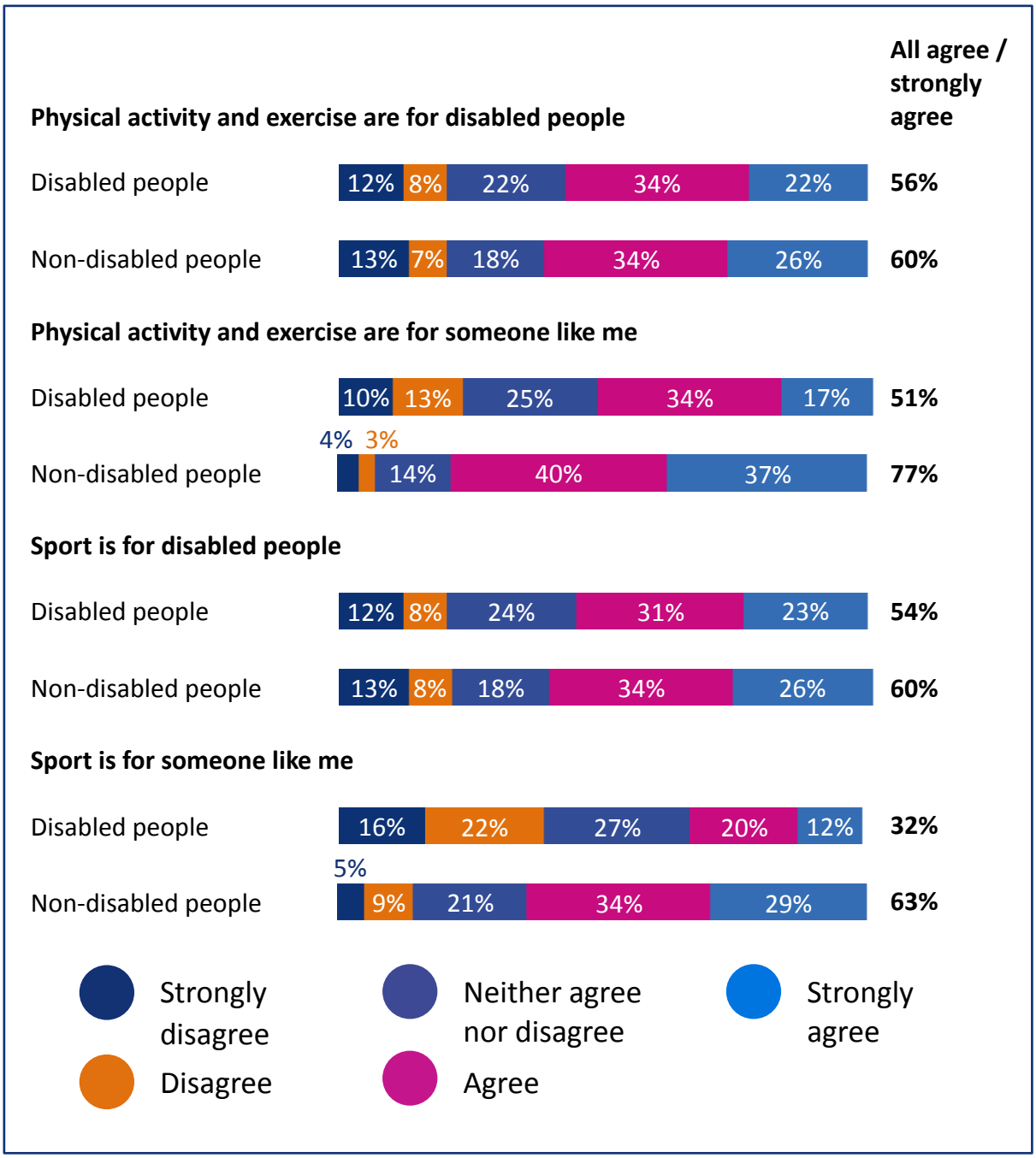
More than half (54%) of disabled people felt sport was for 'disabled people' as a whole group compared to around a third (32%) who felt it was for them. This may, in part, reflect disabled respondents' perceptions of being 'disabled'. Disabled people who did not identify as 'disabled' (39%) were more likely than those who did (26%) to agree that sport was for them. This suggests that disabled people who identify as disabled are the group that feel the most excluded from participating in sport.

[50] Activity Alliance, Understanding the barriers to participation in sport, 2012.

Across the piece, both disabled and non-disabled people were most likely to agree with the statement ‘I enjoyed the last time I took part in a sport or physical activity session’. 67% of disabled respondents and 82% of non-disabled people agreed with the statement. This widespread positivity mirrors a key finding from Chapter 10. People who take part in organised sport and physical activity are likely to enjoy their experience. However, as covered in the same chapter, only 24% of disabled people and 42% of non-disabled people have taken part in an organised activity in the last year.

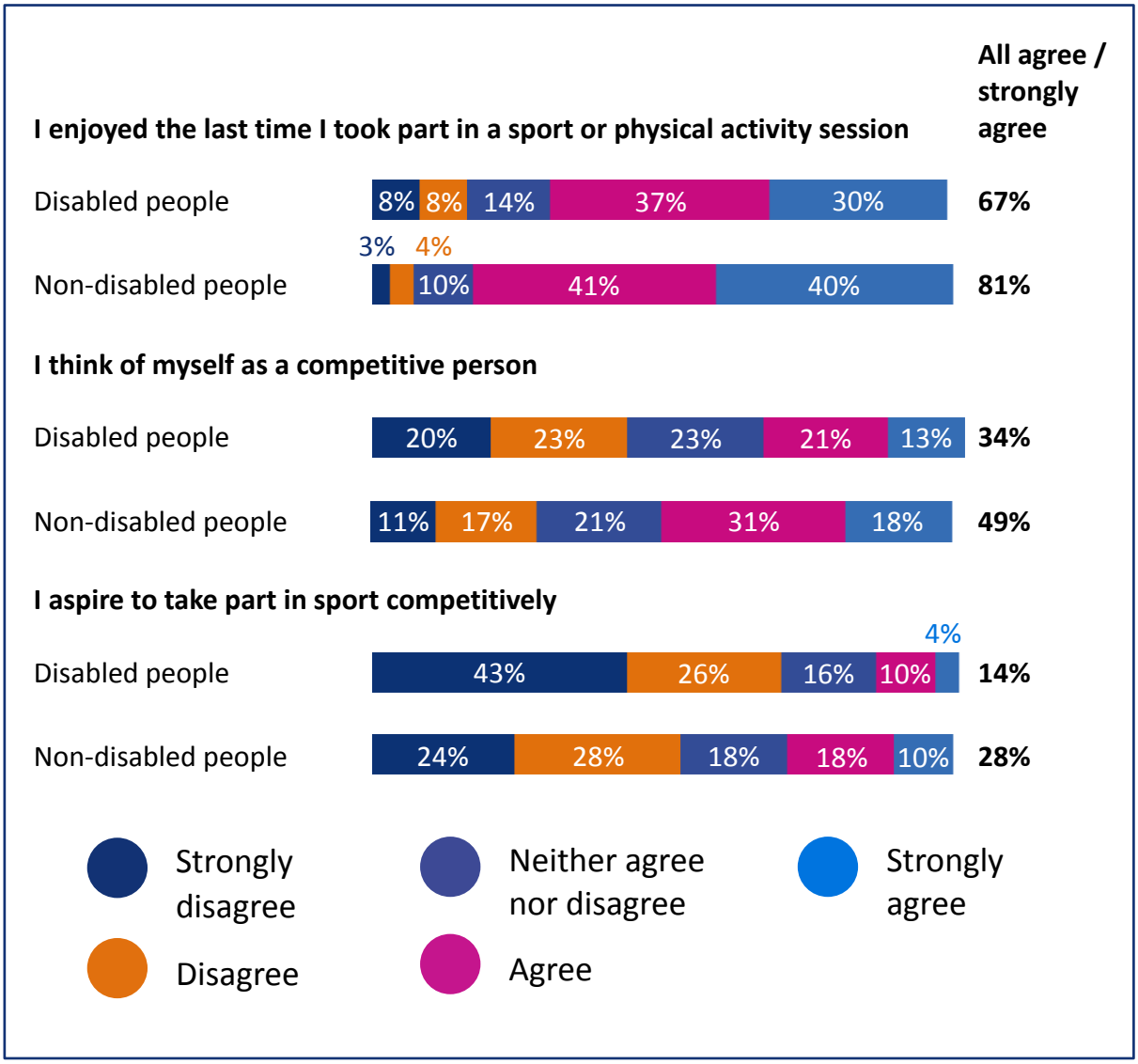
For disabled people in particular, this finding highlights the disconnect between perceptions of sport and physical activity and the reality of taking part. Although two thirds (67%) of disabled people enjoyed the last time they took part, only a third (32%) feel sport is for them (see Figure 6.1). This is particularly marked among disabled people who took part in a sport or physical activity session in the last year. Around half (51%) of disabled people who had taken part felt sport was for them, compared to just a quarter (24%) who had not taken part in a sporting activity.

Figure 6.1 Extent of agreement about who physical activity, exercise and sport are for[51]



[51] C6 How much do you agree or disagree with the following comments about sport and physical activity…? Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136).

Figure 6.2 Extent of agreement about enjoyment and competition in sport any physical activity[52]



These findings highlight the interrelation between taking part in physical activity, and people's views of sport and being active. Experiencing activity could improve perceptions and vice versa.

Disabled people with the following characteristics were also more likely to agree that they enjoyed the last time they took part in an activity session:

[52] C6 How much do you agree or disagree with the following comments about sport and physical activity…? Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136).

- Those who took part in an organised activity session in the last year (87% vs 62% who did not).
- Those who were fairly active[53] (71% vs 63% who were inactive[54]).
- Those who were satisfied with their life (74% vs 59% who were dissatisfied with life).
- Younger disabled people[55] (79% vs 69% of older disabled people[56]).

Additionally, disabled people who were inactive and did not want to do more were least likely to agree with this statement (51% vs 67% on average).

Differences by gender and ethnicity

Disabled women were the group with the least positive relationship to sport and physical activity. They were significantly more likely than the other three groups (non-disabled women, disabled men and non-disabled men) to disagree with the following statements:

- Sport is for someone like me (41% vs 26% on average across the other three groups).
- I enjoyed last time I took part in a sport or physical activity session (19% vs 12% on average).
- I aspire to take part in sport competitively (75% vs 60% on average).
- I think of myself as a competitive person (50% vs 35% on average).

Results also suggest that disabled BAME people felt particularly negatively about sport and physical activity. Disabled BAME people were more likely than disabled white people to disagree that:

- sport is for disabled people (34% vs 19%).
- physical activity is for disabled people (34% vs 20%).

[53] Meaning those who reported they did 30 minutes, or more, of exercise 1-4 days a week.
[54] Meaning those who reported they did 30 minutes, or more, of exercise 0 days a week.
[55] Those aged between 16 and 39 years old.
[56] Those aged 60 years old or more.

Differences by socioeconomic factors

Disabled people in managerial (either higher or intermediate) positions were more likely than those in manual (either skilled or semi-skilled) positions to have a positive relationship to sport and physical activity. They were more likely to agree with four of the seven statements:

- Sport is for someone like me (46% of managers vs 30% of manual workers).
- Physical activity is for someone like me (65% of managers vs 47% of manual workers).
- I enjoyed the last time I took part in sport or physical activity (76% of managers vs 65% of manual workers).
- I think of myself as a competitive person (47% of managers vs 28% of manual workers).

Most strikingly, more than half (51%) of disabled people in higher managerial positions agreed that sport was for them, compared to under a third (31%) in skilled manual labour positions.

7 Barriers and motivations

This chapter looks at why people take part, or do not take part, in sport and active recreation. By understanding barriers that prevent people from being active, we are better able to support them.

Similarly, by recognising what motivates people to take part, we can promote activities that enable people to fulfil their motivations.

Barriers among people who want to do more

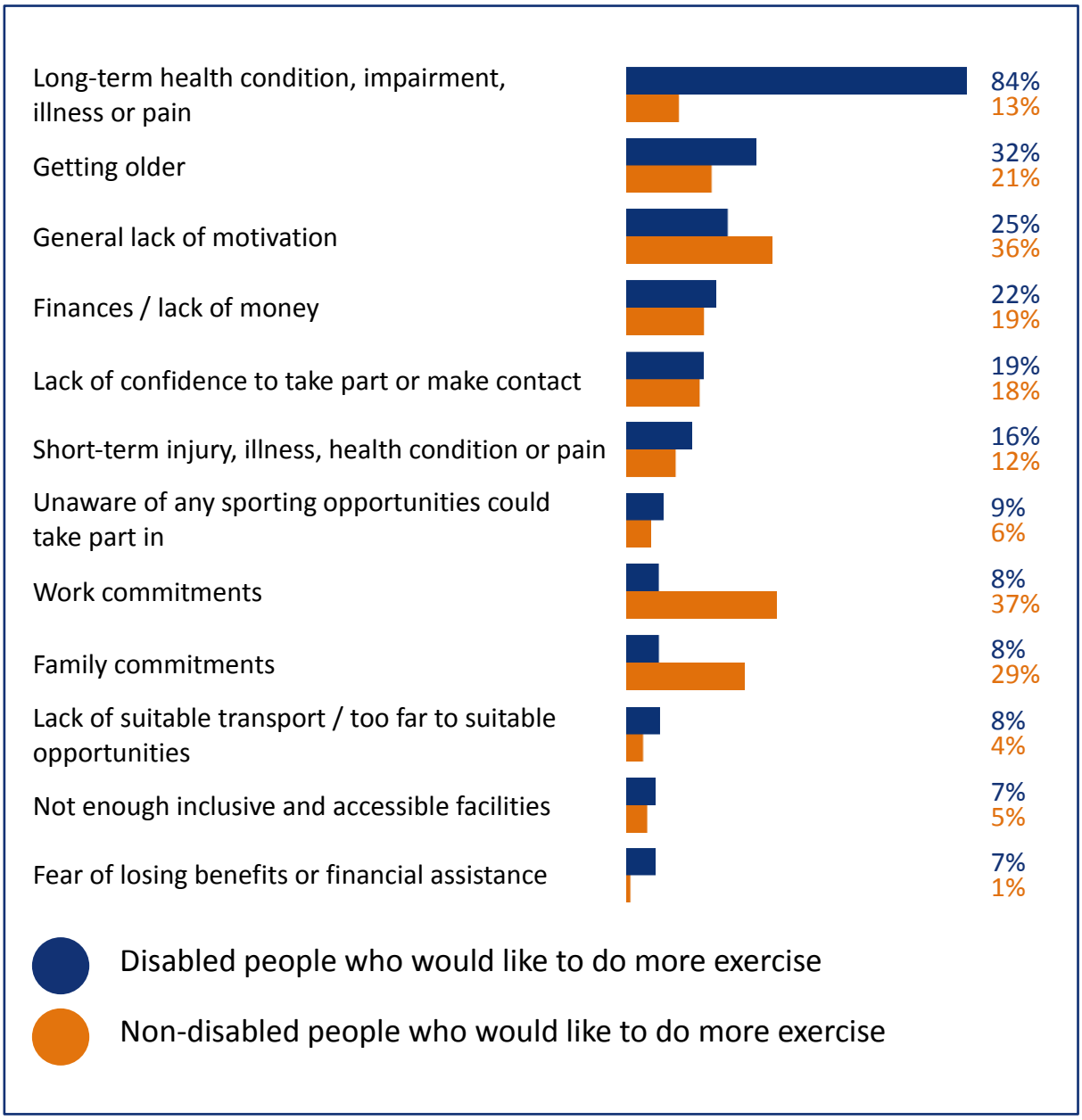
Disabled people were more likely to mention barriers relating to health and physical ability, whereas non-disabled people were more likely to cite work and family commitments as barriers.

As shown in Figure 7.1, most disabled people (84%) reported that a long-term health condition, impairment or illness stops them doing as much sport or physical activity as they would like. This was the only barrier mentioned by more than half of disabled people. This highlights the extent to which disabled people continue to believe that impairments prevent being active, despite significant work to address this.

This reflects previous quantitative research undertaken by Activity Alliance. The 2012 Disabled People's Lifestyle Survey found that more than 70% of disabled people felt disability and health were the main barriers to their participation.[57] However, qualitative research has indicated that many of these barriers may be psychologically driven.[58] It is important to take into account these perceived barriers and ensure that opportunities are physically and logistically accessible. But it is equally important to challenge perceptions among both disabled and non-disabled people.

[57] Activity Alliance, Disabled People's Lifestyle Survey, 2013.
[58] Activity Alliance, Understanding the barriers to participation, 2012.

Figure 7.1 Top 12 barriers preventing disabled people from doing more exercise[59]



Getting older was also a common barrier for disabled people, reported by roughly a third (32% vs 21% of non-disabled people). Campaigns like We Are Undefeatable,[60] programmes such as Get Out Get Active[61] and Sport England's Active Ageing Fund

[59] C4 Which of the following reasons stop you doing as much sport, exercise or physical activity as you would like? Base: Those who would like to do more physical activity (disabled respondent n= 953 / non-disabled respondents n=647).
[60] weareundefeatable.co.uk
[61] getoutgetactive.co.uk

projects[62] show that older people can build physical activity into their lives, whatever their circumstances. However, results from the survey show that a relatively high proportion of disabled people continue to feel that activity is inaccessible due to their age.

Disabled people were generally more motivated to participate in sport and physical activity than non-disabled people. Only a quarter (25%) of disabled people reported a general lack of motivation as a barrier, compared to more than a third (36%) of non-disabled people. It remained, however, the third most commonly chosen barrier for disabled people.

Disabled people were also less likely than non-disabled people to report that work and family commitments prevented them from being more active. Fewer than one in 10 (8%) disabled respondents chose this as a barrier compared to more than a third (37%) of non-disabled people.

While less-commonly reported, disabled people were more likely than non-disabled people to mention the following as barriers:

- Lack of support when taking part (6% vs 3%)
- Lack of suitable transport or too far away (8% vs 4%)
- Unaware of sporting opportunities (9% vs 6%)

Almost one in five (18%) disabled people mentioned at least one of these three barriers, suggesting a lack of suitable opportunities.

People with certain impairment types were more likely to say that transport or opportunities being too far away is a barrier. This includes 13% of people with memory impairments, 14% of people with learning disabilities and 21% of people with visual impairments.

Finally, finances were an important barrier amongst the youngest group of disabled people. Two in five (41%) disabled people under 40 said this prevents them from being more active.

While chosen by relatively few respondents, there remain significant differences in how accessible these opportunities are to disabled and non-disabled people.

[62] Sport England's Active Ageing Fund projects

Disabled people also reported a higher number of barriers than non-disabled people. On average, disabled people selected 2.6 barriers, compared to 2.3 for non-disabled people.

The following groups of disabled people were also more likely to report a higher number of barriers on average:

- Disabled women (2.7 barriers vs 2.4 for non-disabled women and 2.3 for non-disabled men).
- Younger disabled people (3.5 barriers for disabled people under 30 vs 2.3 for disabled people aged 70+).
- Disabled people with three or more types of impairments (2.8 barriers vs 2.3 for people with one impairment).
- Disabled people who reported they were dissatisfied with life (2.9 barriers vs 2.4 for those satisfied with life).

Disabled people with speech impairments gave markedly different reasons for not doing as much physical activity as they would like. They were significantly more likely to report the following barriers:

- Finances/lack of money (50% vs 22% on average)
- Lack of confidence to take part or make contact with a group or facility (41% vs 19%)
- Not enough inclusive and accessible facilities (31% vs 7%)
- Lack of support when taking part (22% vs 6%)

Disabled people with memory impairments and/or mental health problems were more likely to report the following barriers:

- General lack of motivation (42% for people with mental health problems; 39% for people with memory impairments; 25% on average)
- Finances/lack of money (32% for people with mental health problems; 38% for people with memory impairments; 22% on average)
- Lack of confidence to take part or make contact with a group or facility (36% for people with mental health problems; 32% for people with memory impairments; 19% on average)

These differences indicate that barriers vary by impairment type and support must be tailored to meet these needs.

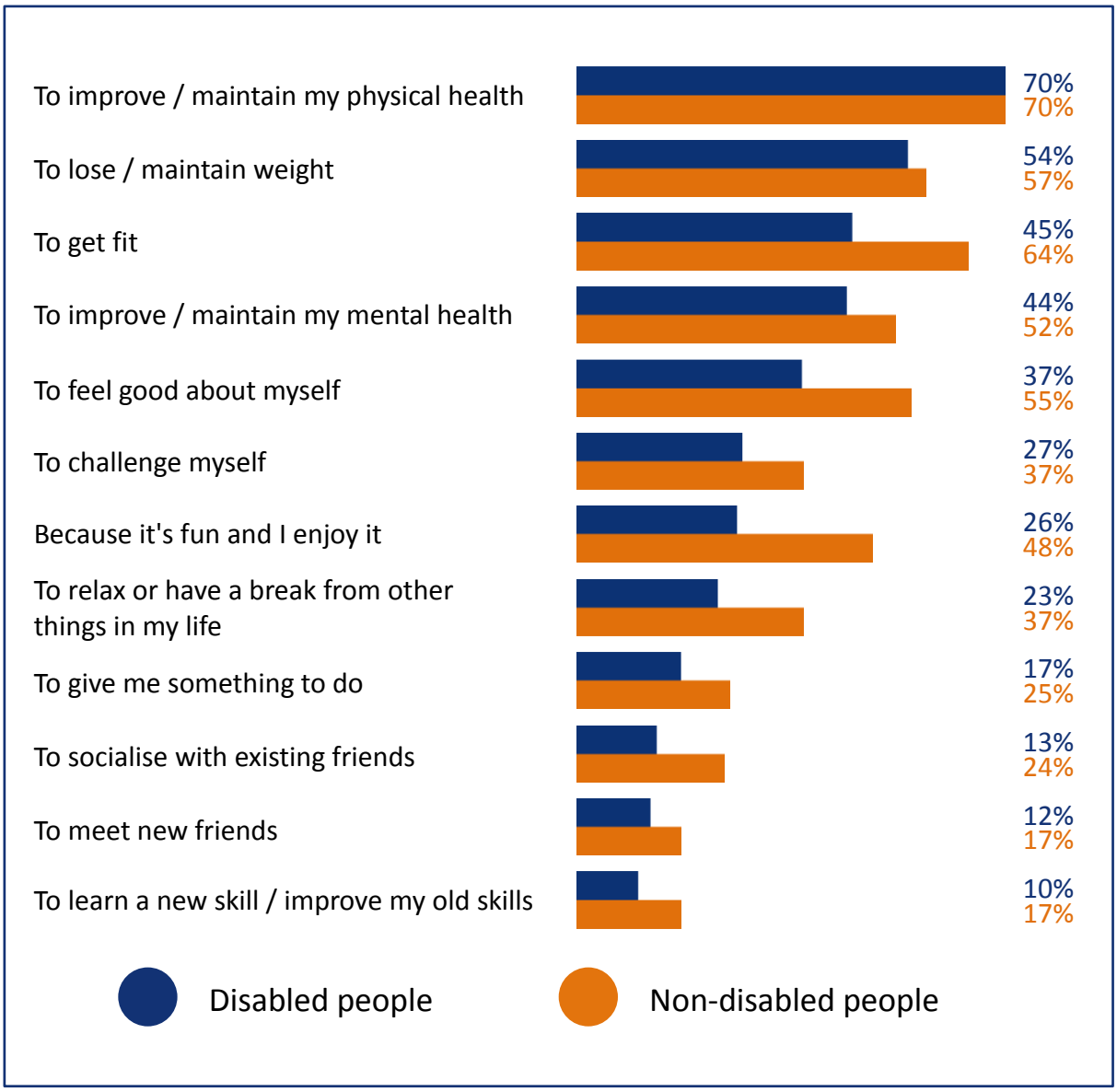
Motivations to be active in the future

The survey also covered factors that motivate people to take part in sport and physical activity. We asked disabled and non-disabled people who were active to some extent ‘why do you take part in sport, exercise or other physical activity?’. For the minority who were not active at all, we asked ‘which of the following would be reasons you might do exercise in the future?’.

Both disabled and non-disabled people were most likely to report they take part, or would take part, in sport or physical activity to improve or maintain their physical health (70% across both groups). The second most common motivation was to lose or maintain weight. This was reported by a similar proportion of disabled (54%) and non-disabled people (57%). These findings show health is a key driver for taking part in sport or physical activity.

Figure 7.2 lists the top 12 reasons disabled people take part, or would take part, in physical activity.

Figure 7.2 Top 12 motivations disabled people have for taking part in sport or physical activity[63]



[63] C7/C8 Why do you/would you take part in sport, exercise or other physical activity? Base: All disabled respondents (n=1,182) / All non-disabled respondents (n=1,136).

Disabled people had fewer motivations for taking part than non-disabled people. On average, disabled people selected 4.3 motivations, compared to 5.4 among non-disabled people. As a result, disabled people were less likely than non-disabled people to select 11 of the 12 remaining motivations.

For instance, they were less likely to choose the following:

- To feel good about myself (37% vs 52% of non-disabled people)
- To challenge myself (27% vs 37%)
- To relax (17% vs 25%)
- To meet new friends (12% vs 17%)

Non-disabled people were also more likely than disabled people to be motivated by improving or maintaining their mental health (52% vs 44%).

This trend could result from disabled people's concerns being more dominated by their impairment.

Disabled men were more likely than disabled women to report a range of softer motivations for taking part in sport and physical activity:

- To challenge myself (31% vs 24% of disabled women)
- Because it's fun (30% vs 23%)
- To socialise with existing friends (16% vs 11%)
- To meet new friends (15% vs 10%)

Conversely, disabled women were more likely than disabled men to report that they take part, or would take part, to improve their mental health (47% vs 40%).

Disabled people under 30 were more likely than over 50s to be motivated for a range of reasons:

- To get fit (68% vs 42%)
- To improve or maintain mental health (74% vs 39%)
- To feel good about myself (60% vs 36%)
- Because it's fun and I enjoy it (56% vs 24%)

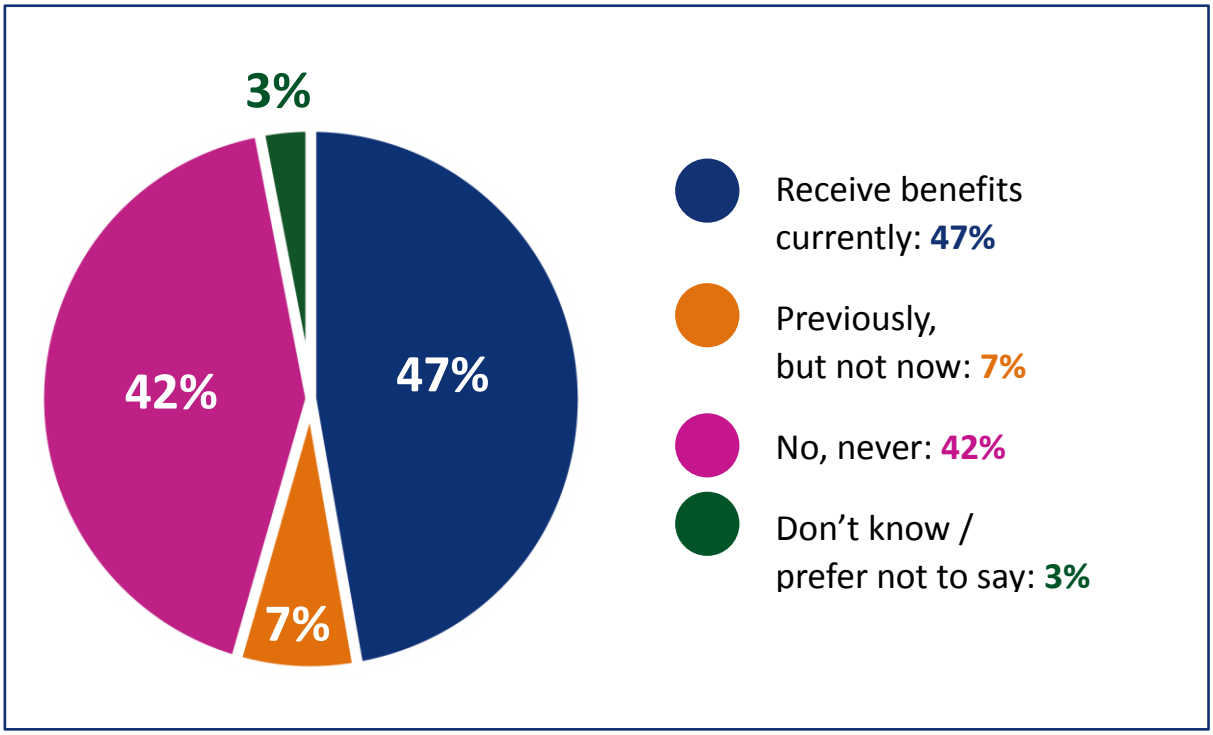
8 Benefits, financial assistance and physical activity

Benefits and other forms of financial assistance play a crucial role in the lives of many disabled people. Commissioned by the Dwarf Sports Association UK, Activity Alliance's 'The Activity Trap' report showed how fears around benefits can prevent many disabled people from being more active.[64] The report focused on people with primarily physical impairments. Our research, which included disabled people with all impairment types, largely confirms these findings.

Types of benefits and financial assistance

Almost half (47%) of the disabled people interviewed in this research received benefits or financial assistance because of their health condition, impairment or illness, as shown in Figure 8.1. A further 7% used to receive such assistance but did not do so at the time of the research. Overall 54% of disabled people currently or previously received benefits or financial assistance because of their impairment.

Figure 8.1 Whether disabled respondents received benefits or financial assistance because of their health condition, impairment or illness[65]



[64] Activity Alliance, The Activity Trap: Disabled people's fear of being active, 2018.
[65] F1: Do you receive benefits or financial assistance because of your health conditions, impairments or illnesses? / Base: All disabled respondents (n=1,182).

The proportion of disabled people who currently or previously received benefits or assistance rose to over two thirds of those with speech impairments (80%), social or behavioural impairments (77%), learning disabilities (73%), memory impairments (73%), visual impairments (70%) and/or mental health problems (69%). Disabled people with three or more types of impairment were much more likely to be or have been in the past in receipt of a benefit or other form of financial assistance (68% vs 41% of those with two and 27% of those with one type).

As outlined in Chapter 3 (Who we spoke to), not all respondents who we define as disabled in this report identify as 'disabled'. Disabled people who did identify as 'disabled' were more likely to be receiving or have received in the past benefits or financial assistance (75% vs 30% of disabled people who did not identify as 'disabled').

Age was also a factor. Around three in five (59%) disabled people aged between 30 and 69 receive or previously received benefits compared to around a two in five of under 30s (44%) or those aged 70+ (39%).

Three in five (62%) of disabled people with no qualifications above GCSE level were receiving or had in the past received financial assistance compared to half (49%) of those with A-levels or a higher level qualification).

The less active disabled respondents were the more likely they were to be in receipt of benefits or have received them in the past. 65% of disabled respondents who were inactive, 49% of those who were fairly active and only 40% of those who were active were in receipt of benefits or had received them in the past.

Two in three disabled people (67%) who were dissatisfied with their life were receiving or had received benefits or financial assistance compared just under half (47%) of those who were satisfied.

Personal Independence Payment (PIP) was the most common form of financial assistance received currently or in the past by respondents. 43% of disabled people received the daily living part and 33% the mobility part, as shown in Figure 8.2.

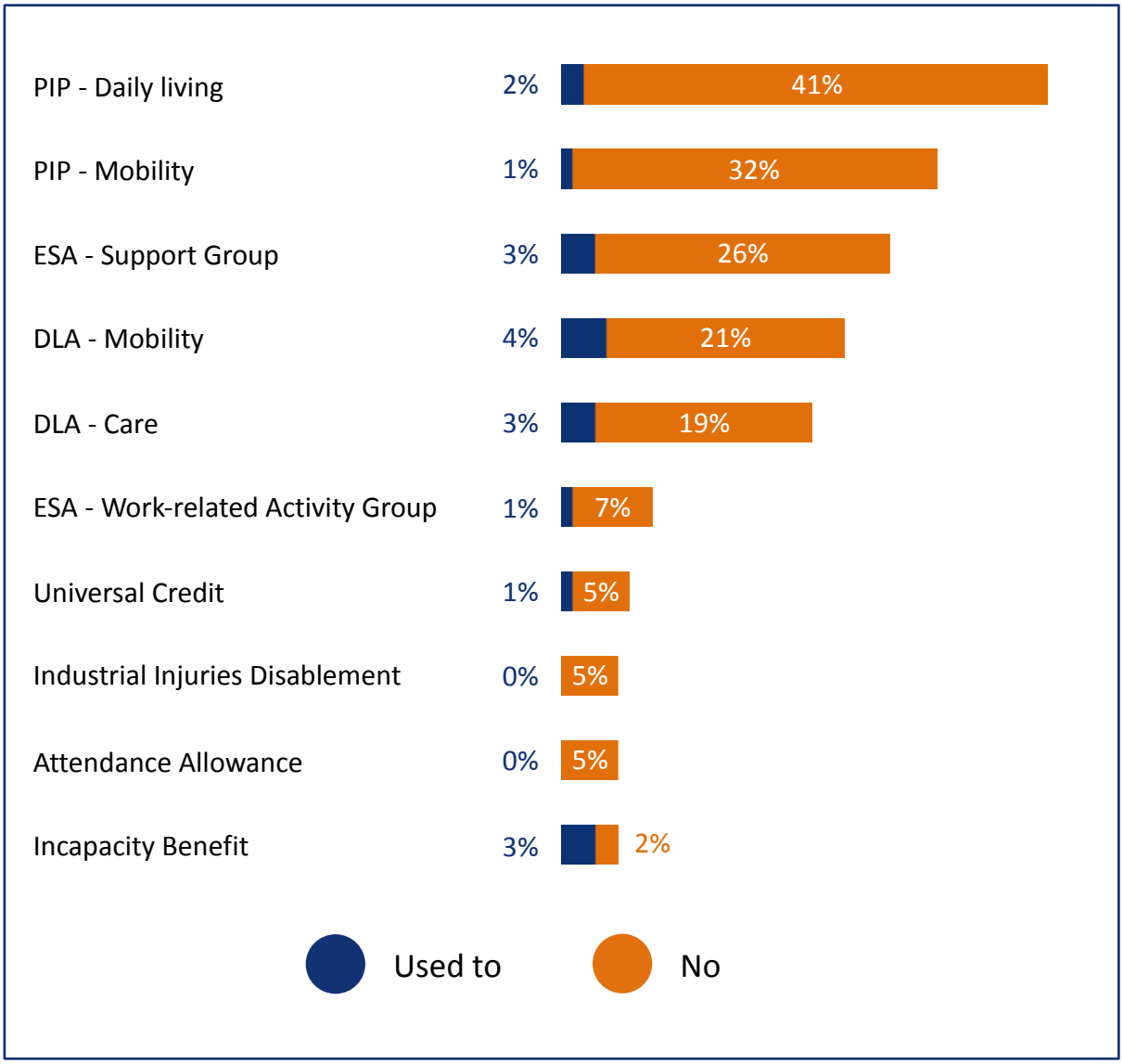
Disability Living Allowance (DLA) was or had been received by a substantial minority. 24% currently or in the past received the mobility component and 22% the care component.

Of income-related, means-tested benefits, it was most common for disabled respondents to receive, or have in the past received, Employment Support Allowance (ESA). 29% were or had been in the support group and 8% in the work

related activity group. Fewer than one in 10 (6%) currently or previously received Universal Credit.

A number of other forms of financial assistance each were (or had been in the past) received by no more than 5% of disabled respondents. These include Industrial Injuries Disablement Benefit, Attendance Allowance, Incapacity Benefit and Severe Disablement Allowance.

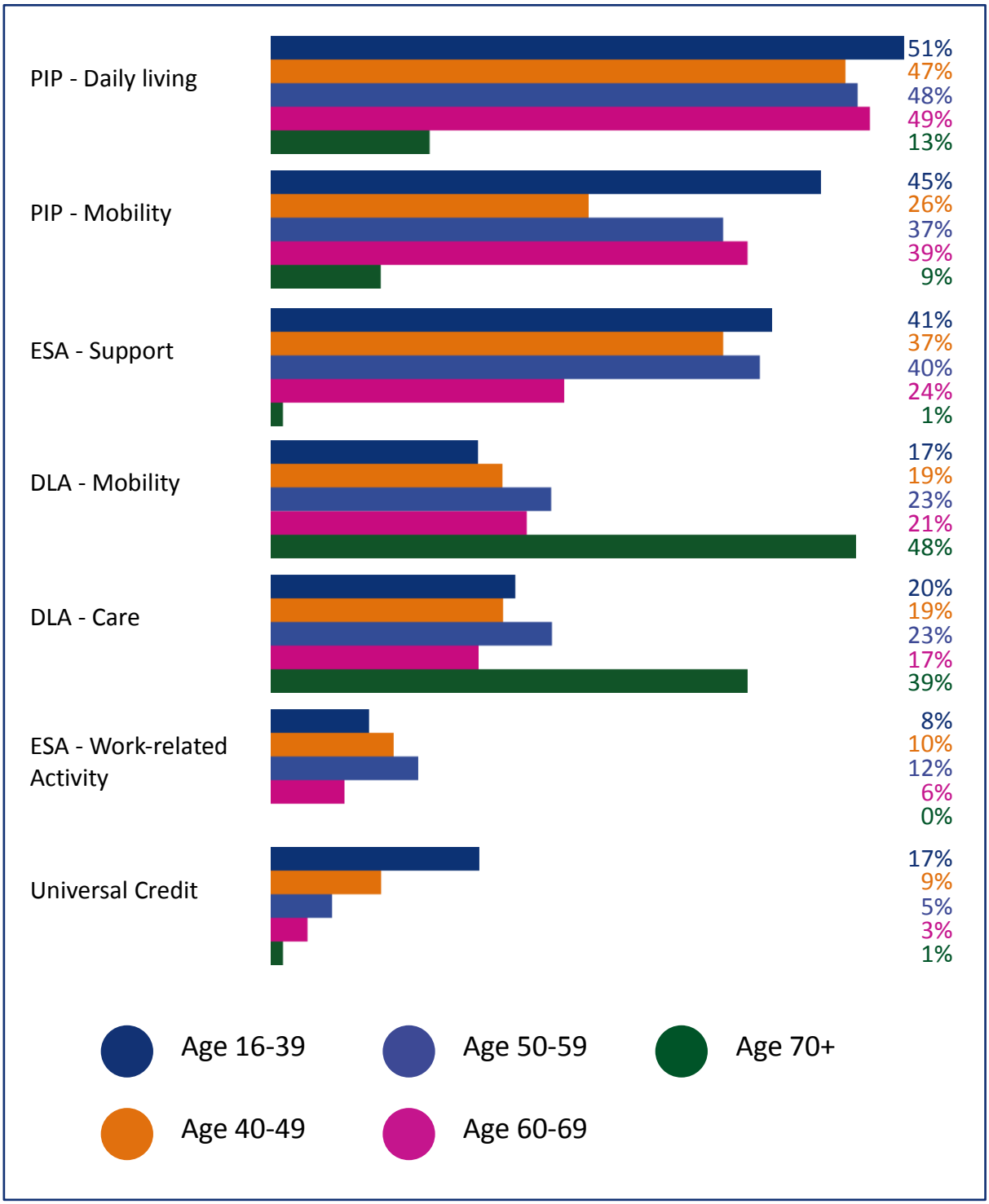
Figure 8.2 Most common benefits received because of health condition, impairment or illness[66]



[66] F2 / F3: Which benefits or financial assistance do you currently receive (or have you received in the past but no longer receive) related to your health conditions, impairments or illnesses? / Base: Disabled respondents who currently receive or previously received benefits (n=643).

The type of benefit received varied a great deal by age, as shown in Figure 8.3. This is because some benefits, such as ESA, are for working age people. People above state pension age cannot apply to receive PIP and are also not being moved to PIP if they already receive DLA. Recipients aged 70+ were far more likely to claim or have claimed DLA for example. The youngest group, aged between 16 and 39, were more likely than older recipients to be claiming Universal Credit.

Figure 8.3 Most common types of benefit the disabled people we spoke to received because of their health condition, impairment or illness - by age[67]



[67] F2 / F3: Which benefits or financial assistance do you currently receive (or have you received in the past but no longer receive) related to your health conditions,

Impact of physical activity on benefits

Overall, 31% of disabled people currently or previously receiving benefits or financial assistance reported having them sanctioned, or knowing someone who had, due to being physically active. A further 15% were unsure if this had happened. It was explained that the change could be either as a result of it being reported by someone else or through self-reporting during an assessment/reassessment. This is very similar to the figure in The Activity Trap report (34%).[68]

In terms of all disabled people (including those not receiving benefits) one in five (21%) either have had their own benefits negatively affected by physical activity, or know of someone who has. A further 13% were unsure if this had happened.

Some groups of current or previous recipients were more likely to say their benefits or those of others had been negatively impacted by being active, as shown in Figure 8.4.[69]

- Recipients with speech impairments (46%), social or behavioural impairments (43%), learning disabilities (42%), mental health problems (38%), visual impairments (38%) and/or memory impairments (37%) [70].
- Disabled people who identified as 'disabled' (33% vs 24% of disabled people who do not).
- Disabled benefit recipients aged 30 to 39 (48%) and 40 to 49 (41%) (compared to those aged 60 to 69 (26%) and 70+ (16%). Younger disabled people were more likely to be in receipt of PIP, which has seen large numbers of those moving from DLA losing higher rates of support.[71]

impairments or illnesses? / Base: Disabled current / previous recipients of benefits (age 16-39 n=71, age 40-49 n=90, age 50-59 n=177, age 60-69 n=204, age 70+ n=94).

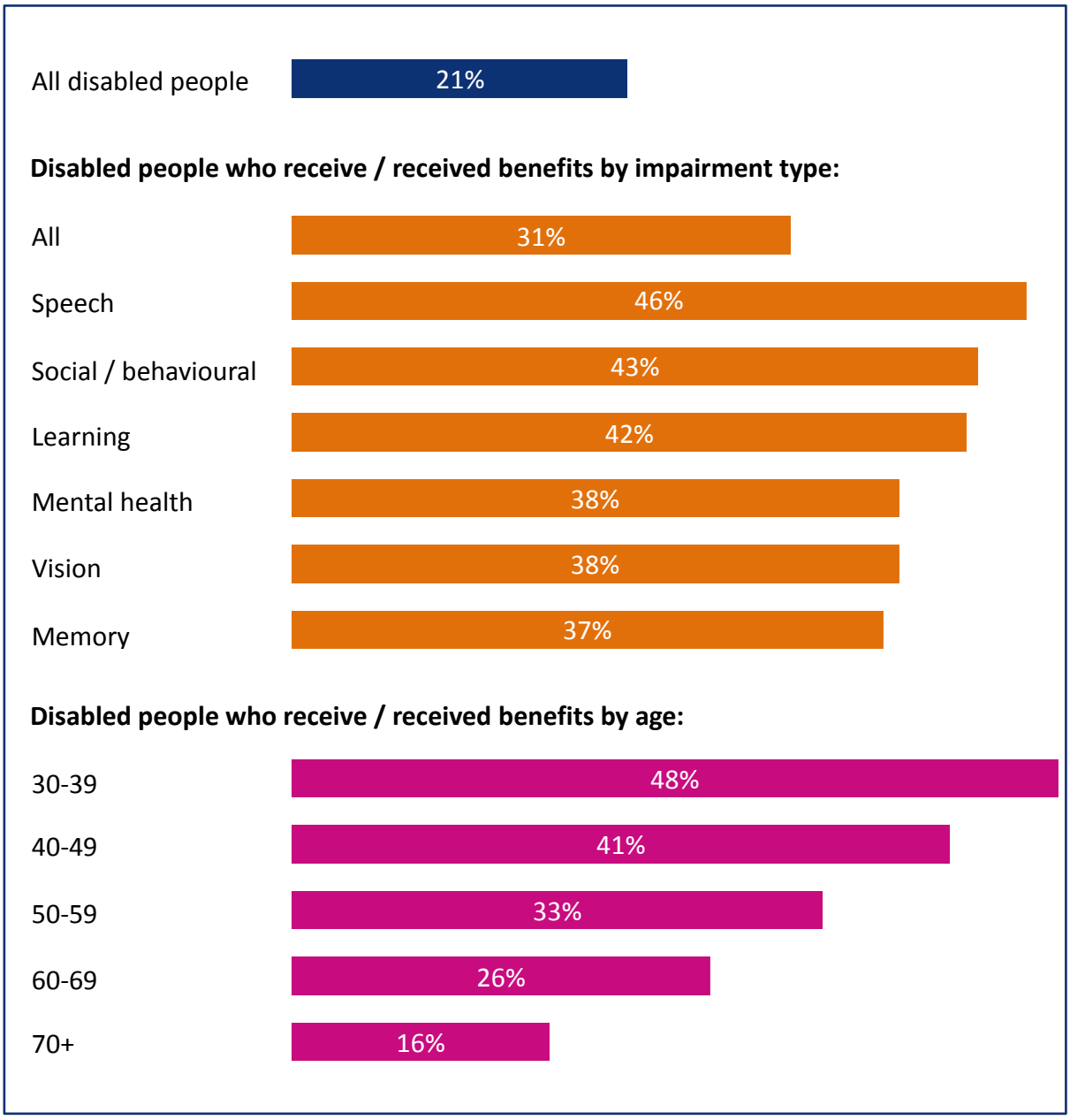
[68] Activity Alliance, The Activity Trap: Disabled people's fear of being active, 2018.

[69] Also recipients of Universal Credit (42%) experienced or knowing about benefits being reduced or lost due to activity levels

[70] The base size for current or previous benefit recipients with impairments related to speech is relatively small (35) and so this finding should be treated as indicative only. The bases for all other groups listed are 50 or more.

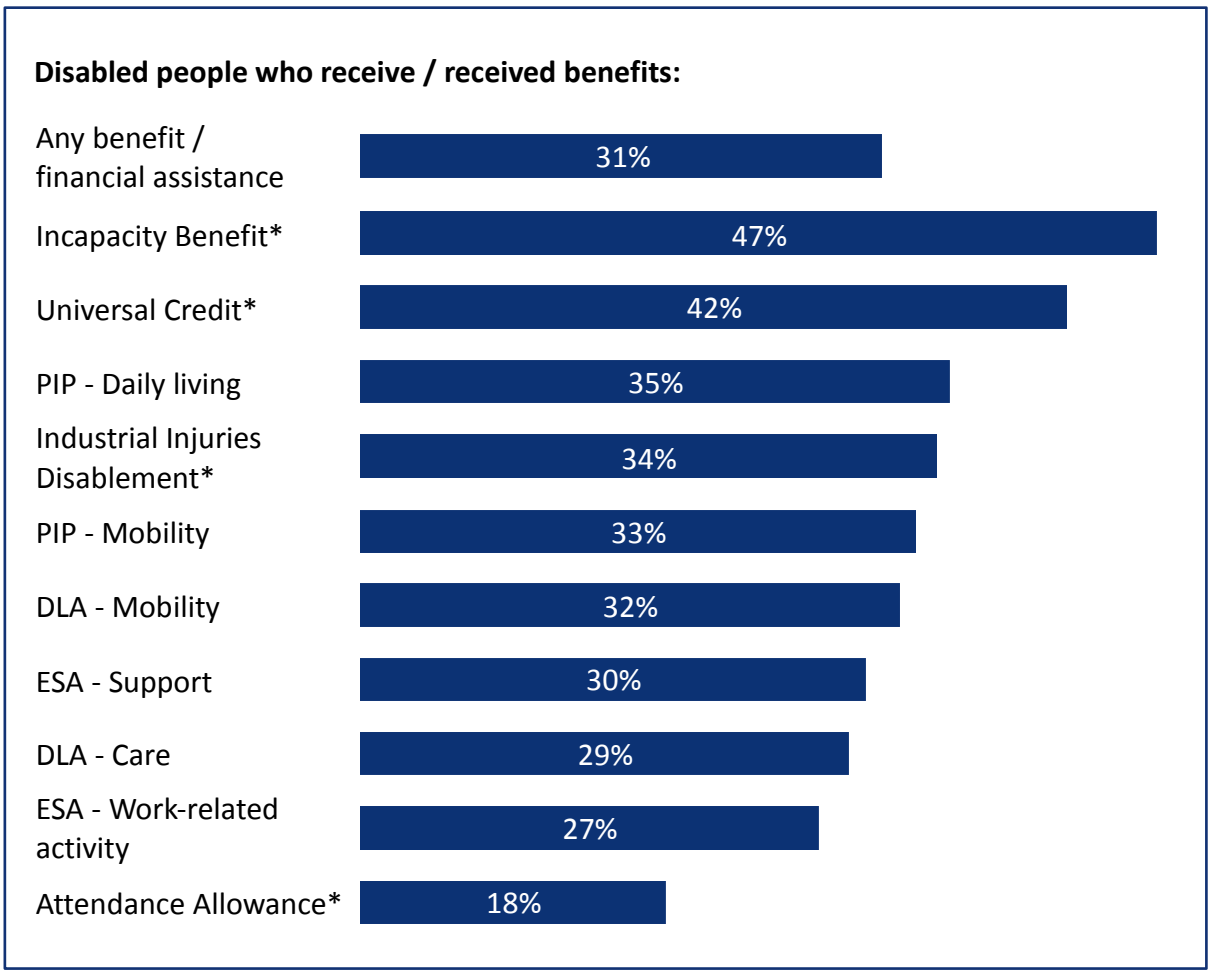
[71] Disability Rights UK

Figure 8.4 Whether own or others' benefits or financial assistance ever negatively impacted because of being active, by those with impairment types most likely to be affected and by age group[72]



[72] F5 Have you, or has anyone you know, ever had benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active? / Base: All disabled respondents (n=1,182).

Figure 8.5 Whether own or others' benefits or financial assistance ever negatively impacted because of being active, by benefit received[73]

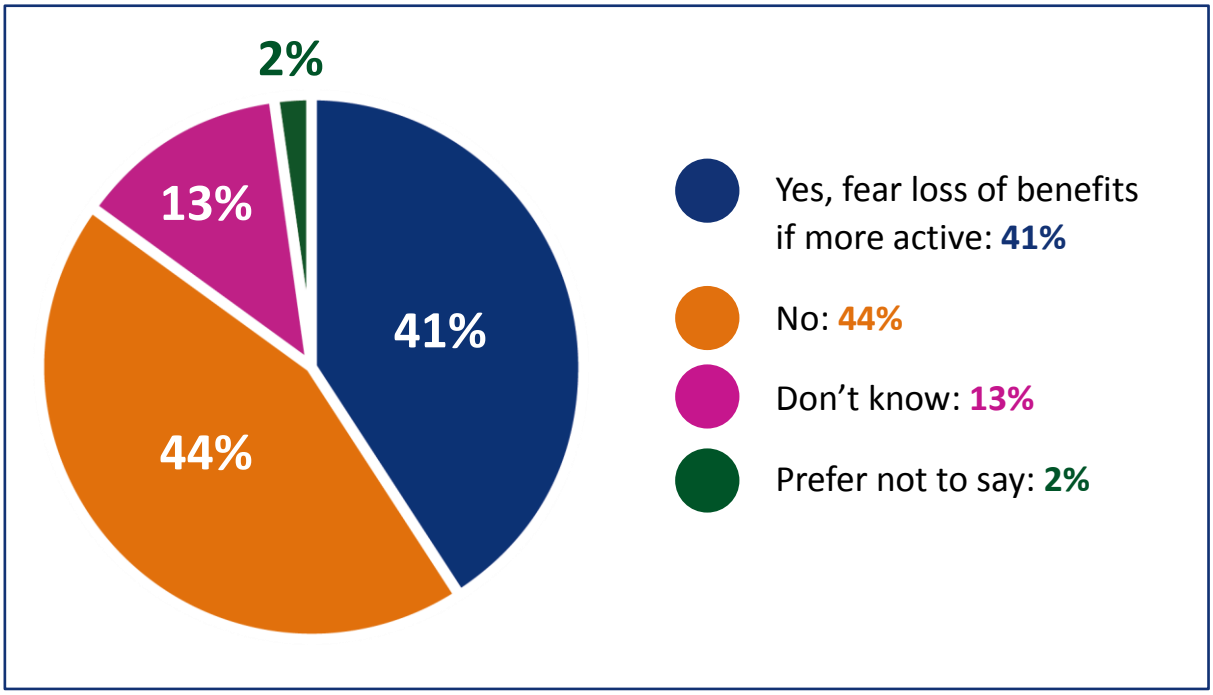


[73] F5 Have you, or has anyone you know, ever had benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active? / Base: Disabled current / previous recipients of benefits (n=643), Incapacity Benefit* (n=34), Universal Credit* (n=36), PIP daily living (n=278), Industrial Injuries Disablement* (n=35), PIP mobility (n=210), DLA mobility (n=157), ESA support (n=186), DLA care (n=143), ESA work related activity (n=51), Attendance Allowance* (n=34). *Caution, low base size - these findings are indicative.

Fear of losing benefits

These experiences have translated into a fear that being more physically active will result in a loss of benefits among many disabled current recipients. Around two in five (41%) said that fear of financial impact prevents them being more active. An additional 15% said they are 'unsure' or don't know if it does, as shown in Figure 8.6. The comparable figure in The Activity Trap[74] was 47%, which had no 'don't know' or 'prefer not to say' option.

Figure 8.6 Whether a fear of benefits or financial assistance being taken away prevents current recipients being more active[75]



Recipients of PIP daily living component were particularly likely to be concerned (46% vs 41% amongst recipients of all types of benefits).

Concern about potential loss of benefits was particularly likely to prevent activity among people with impairments related to speech (64%), social/behavioural (57%), memory (51%) or mental health problems (50%), as shown in Table 8.1 below. This reflects their higher likelihood of having already experienced an impact, or knowing someone else who has.

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[74] Activity Alliance, The Activity Trap: Disabled people's fear of being active, 2018.
[75] F4: Does a fear that your benefits or financial assistance might be taken away prevent you from trying to be more active? / Base: Disabled respondents who currently receive benefits (n=556).

Table 8.1 Percentage of disabled people currently receiving benefits or financial assistance who fear losing them because of activity level, by impairment type [76]

Impairment type	Base (n.)	Fear of losing benefits prevents being more active
Speech or making yourself understood	33	64%
Social or behavioural	47	57%
Memory	106	51%
Learning, understanding or concentrating	64	50%
Mental health	193	50%
Hearing	98	48%
Vision	48	46%
Average amongst all	556	41%
Breathing or stamina	222	40%
Long-term pain	442	40%
Mobility	449	40%
Chronic health condition	260	40%
Dexterity	219	38%

Disabled people who receive benefits and are active (46%) or fairly active (49%) were more likely to say they are prevented from being more active by a fear of losing benefits compared to those who are inactive (35%). It appears that worries about losing benefits are therefore more likely to limit activity than prevent it at all. People who are inactive are likely also facing other barriers to being active.

Disabled people under the age of 40 are more than three times as likely as those aged 70+ to fear a loss of benefits or financial assistance (62% vs 18%). Again, this

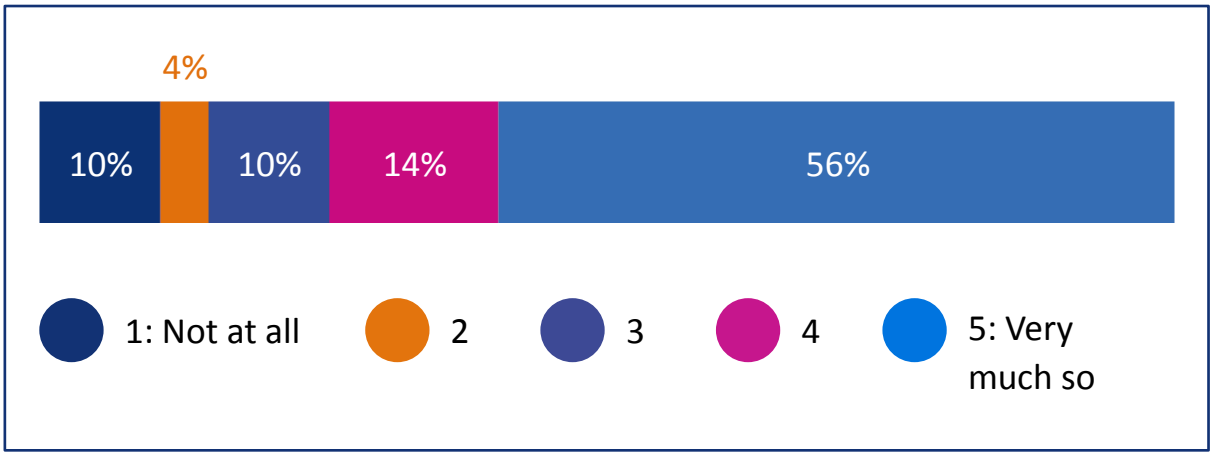
[76] F4: Does a fear that your benefits or financial assistance might be taken away prevent you from trying to be more active? / Base: Disabled respondents who have currently receive benefits (n=556).

broadly aligns with likelihood of receiving PIP or ESA rather than DLA or Attendance Allowance.

Reliance on benefits to be active

Financial assistance is an enabling factor for the majority of those who receive benefits. Almost three in five (56%) rely 'very much' on benefits and financial assistance to be active. Overall, 70% of disabled people who receive benefits reported their reliance as four or five out of five, where one is 'not at all' reliant and five is 'very much so'. Only 10% said they are not at all reliant. This is shown in Figure 8.7.

Figure 8.7 How reliant on benefits / financial assistance to be active[77]



This 56% is broadly in-line with The Activity Trap report, which found 65% of respondents were reliant on benefits to be active (and did not allow 'unsure' or prefer not to say options which accounted for 7% of current recipients in our research).[78]

Disabled people in our study who claim PIP (mobility element) and/or ESA (support group) were particularly likely to report being 'very much' reliant on their financial assistance to be active (63% in each group).[79]

There is little difference based on activity levels. Benefits are as important an enabler for those who are active as those who are less active.

[77] F6 How much do you rely on your benefits or financial assistance to be active? Please choose one answer on a scale of 1 to 5, where 1 is not at all and 5 is very much so. / Base: Disabled current recipients of benefits (n=556).
[78] Activity Alliance, The Activity Trap: Disabled people's fear of being active, 2018.
[79] This rises to 77% of those claiming Universal Credit, but this finding should be treated only as indicative due to a low base size of 30.

Disabled people with only one impairment type were more likely than those with three or more types to not be reliant on their financial assistance to be active. 24% of people with one impairment type chose '1 – not at all' or '2' compared to 13% of those with three or more types of impairment.

Disabled respondents who felt prevented from increasing their activity levels because it might impact their benefits were also more likely than those who were did not feel prevented to be reliant on benefits to be active (71% vs 45%).

Being very reliant (five out of five on the scale) on financial assistance to be active was more likely for younger recipients aged under 30 (59% vs 40% of those aged 70+).

Potential impact if benefits were unconditional

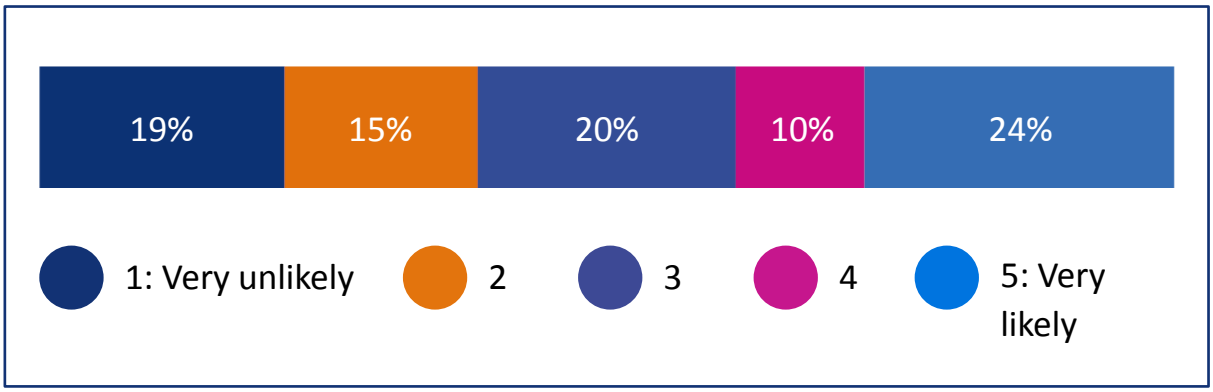
Around a third of benefit recipients (34%) would try to be more physically active if their benefits or financial assistance were unconditional, meaning it could not be taken away.[80] Respondents were asked how likely this was on a scale of one to five, where five was 'very likely' and one was 'very unlikely'. 24% chose 'five' and a further 10% 'four'. This is shown in Figure 8.8. This 34% is a little lower than reported in The Activity Trap, which found 55% of respondents were more likely to be active if their benefits were not at risk. In our research 12% of current recipients were unsure or preferred not say what the impact might be. These answers were not available in The Activity Trap study. Please note that in the current survey, only disabled respondents who currently receive benefits were asked this question. The Activity Trap findings are based on those who currently or previously received benefits.

Recipients with mental health problems were more likely to say unconditional benefits would lead them to be more active (39% selected a four or five out of five).

Half (49%) of disabled benefit recipients under the age of 50 said they were likely to try to be more active compared to less than a third (29%) of older recipients.

[80] This rises to 53% of those claiming Universal Credit but, as above, this finding should be treated only as indicative.

Figure 8.8 Likelihood of trying to be more active if benefits / financial assistance were unconditional (Disabled people who receive benefits)[81]



Disabled benefit recipients who were fairly active were particularly likely to indicate they would be more active if their financial assistance was unconditional. Almost half (47%) said they would be likely to try compared to a quarter (25%) of inactive recipients.

In summary, for the majority of disabled recipients, benefits and financial assistance enable them to be physically active. But the fear of a loss or change to this prevents many from being more active. Younger disabled recipients were more likely to be affected than older recipients. And disabled recipients with impairments related to memory, learning disabilities, social/behavioural, speech and/or mental health problems were more likely to be affected than those with other types of impairments. It appears that disabled people who are doing some physical activity are being held back even more.

[81] F7 If your benefits or financial assistance were unconditional (that is, you couldn't have them taken away), how likely or not is it that you would try to be more physically active? Please choose one answer on a scale of 1 to 5, where 1 is very unlikely and 5 is very likely. / Base: Disabled current recipients of benefits (n=556).

9 Types of activity and participants

In this chapter we look at the types of activity that people are doing. This ranges from competitive individual sport (such as tennis in a tournament) to group exercise or individual activity (such as a gym or dance class). We then consider whether people do these activities alone or whether they do them with other disabled and/or non-disabled people. We finish by exploring whether they would prefer to exercise alone, or with other disabled and/or non-disabled people.

Recreational, competitive or individual activities

Respondents were shown a list of activities and asked to say which, if any, they took part in. As shown in Figure 9.1, almost eight in 10 (78%) disabled respondents reported at least one activity (shown as ‘any activity‘ in the chart). This figure was slightly higher among non-disabled respondents (83%). However, the percentage point difference between disabled and non-disabled people was higher for each individual activity than doing ‘any’ type of exercise overall. This suggests that disabled people are doing a narrower range of activities compared to non-disabled people. Indeed, they were less likely to report doing multiple activities (23% vs 50% of non-disabled respondents).

Figure 8.3 shows a similar pattern across the disabled and non-disabled groups in terms of their preferences. Individual exercise or physical activity was the most common type among both disabled (67%) and non-disabled (74%) respondents. Similarly, competitive individual sport was the least common (3% and 10%).

Figure 9.1 Involvement in sport, exercise and physical activities[82]

Among disabled respondents, participation varied according to impairment, gender and age. It also varied according to educational and employment history.

Participation in any activity was highest among disabled respondents who reported a single impairment type (85% vs 77% of those with multiple impairments). Additionally, participation was lowest among people who reported a speech

[82] C10 Which of the following describe how you take part in sport, exercise or other physical activity? Base: All disabled respondents who take part in activities (n=870, all disabled respondents who take part in activities (n=1,071)

impairment (61% vs 78% overall). That said, this group were more likely to participate in competitive activities in particular (11% compared to 5% overall).

Similarly, participation in any activity was highest among disabled women (81% vs 74% of disabled men). However, women were less likely than men to participate in either competitive (2% vs 9% of men) and/or recreational (15% vs 23%) sports in particular. Instead, women favoured group exercise (28% vs 16% of men). Similar patterns were evident among the non-disabled group. For example, 14% of non-disabled women reported competitive sports compared to 24% of men. 30% reported recreational sports compared to 45% of men.

Disabled people aged under 40 were more likely than older disabled people to be involved in competitive sport (15% vs 3%). Likewise, 35% of disabled people aged under 40 were involved in recreational sports compared to 15% those aged 40+. Variation by age was also evident among the non-disabled group, but the pattern was less marked.

In terms of educational and employment history, participation in any activity was highest among disabled people in more skilled roles, those with higher levels qualifications and those who had never received benefits. For example, 57% of disabled people with no qualifications reported at least one activity. This contrasted with 80% of those with A-levels or equivalent and 86% of those with a first degree or higher-level degree (or equivalent). People with a first or higher-level degree were also more likely to report competitive sports in particular (11% compared to 5% overall) and recreational sports (25% compared to 18% overall).

Semi or unskilled workers were least likely to report at least one activity (65%), along with state pensioners, casual workers and unemployed people (73%) compared to overall (78%). These patterns were less marked among the non-disabled group. Although non-disabled people with a first degree or a higher level degree (or equivalent) were again more likely to report any activity than those with no qualifications (86% vs 67%).

Finally, 71% of disabled people currently receiving benefits reported at least one activity compared to 84% who had never received benefits.

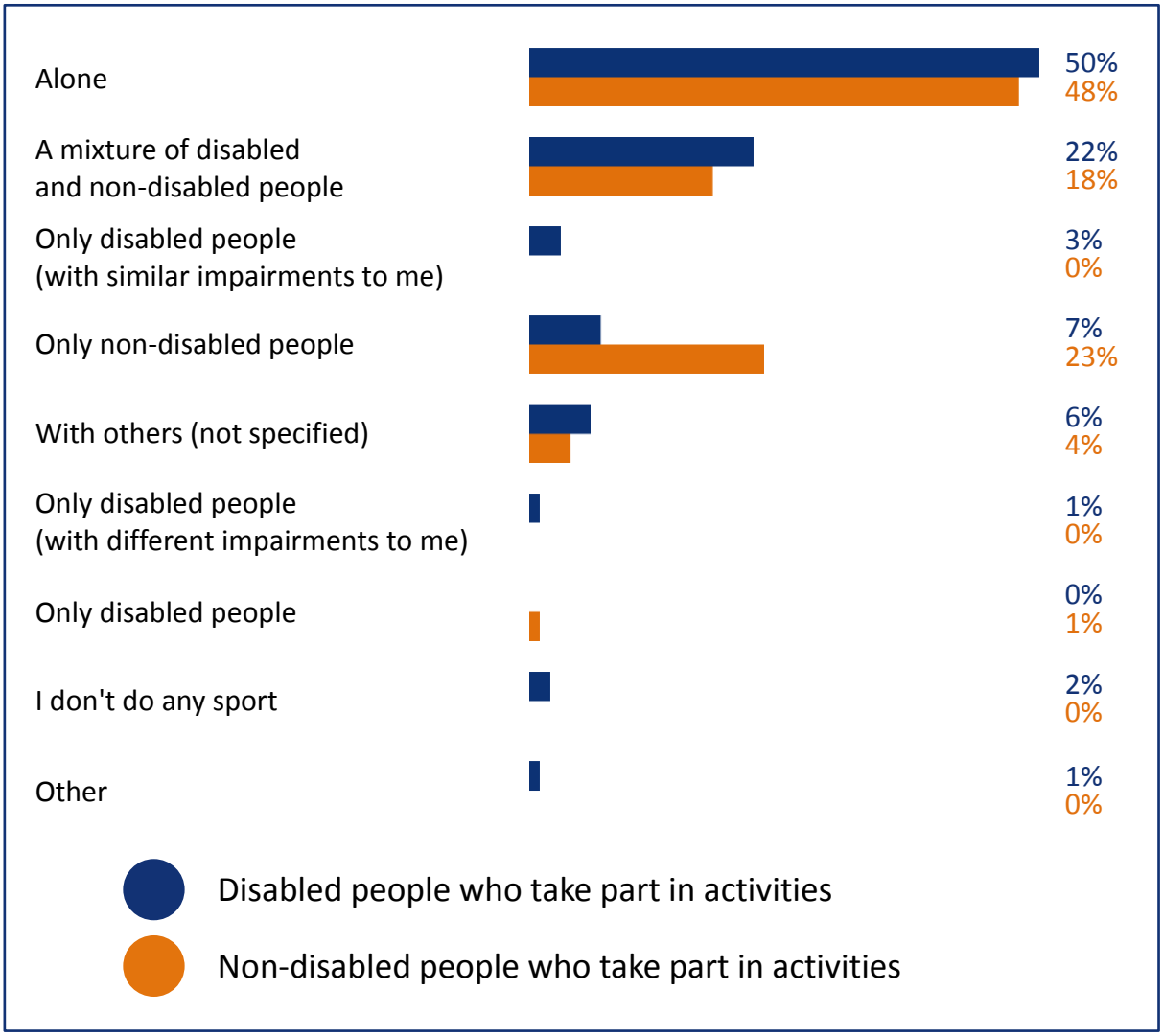
Who respondents currently exercise with and would like to exercise with

Respondents who do some sport or physical activity were asked whether they do this alone or with other disabled and/or non-disabled people. The question asked them to select one option that best described the situation, so may not cover all

activity they do. This reflected the question included in Activity Alliance's 2012 Disabled People's Lifestyle Survey.[83]

As shown in Figure 9.2, the largest group (50%) of disabled people said that they do these activities alone. This was followed by disabled people who reported that they do these activities with a mixture of disabled and non-disabled people (22%). Much smaller proportions reported that they only exercised with non-disabled people (7%, vs 23% among non-disabled people). Just 3% said they only exercised with disabled people with similar impairments to their own. Finally, 1% said that they exercised with disabled people with different impairments to their own.

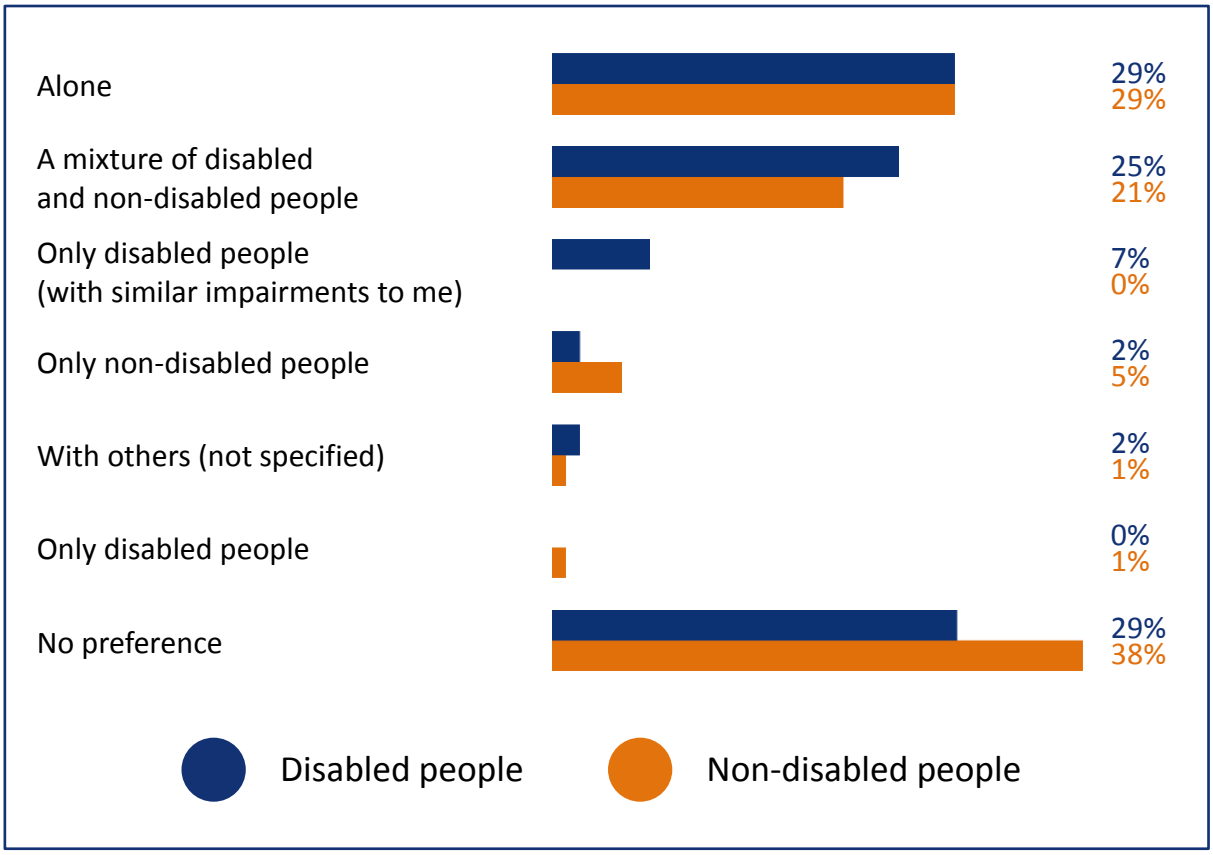
Figure 9.2 Who people do exercise with[84]



[83] Activity Alliance, Disabled People's Lifestyle Survey, 2013.
[84] C12 Which of the following best describes who you do sport, exercise or other physical activity with when you take part? Base: All respondents who take part in activities (disabled respondents n=941, non-disabled respondents n=1,095)

All respondents were asked who they would ideally prefer to do activity with. This was regardless of who they currently took part with or if they took part at all. As shown in Figure 9.3, almost a third (29%) reported that they had no preference at all. This was slightly higher among the non-disabled group (38%). Of the remaining categories, doing activity alone was again the most popular option (29%). This was closely followed by taking part with a mixture of disabled and non-disabled people (25%). This was slightly lower among the non-disabled group (21%).

Figure 9.3 Who people want to do exercise with[85]



As noted previously, only a quarter of disabled people have taken part in group session in last year (24%). Results suggest that disabled people who are currently inactive may be reassured to take part if they could do so with others with similar impairments to them. The 7% of disabled people who said they would prefer to do activity with disabled people with similar impairments rises to 12% among disabled people who are currently inactive. Only 3% of active disabled people gave this answer. Conversely, almost no disabled people said they wanted to be active solely

[85] C13 Who would you prefer to do sport, exercise and other physical activity with if you could choose? Base: All respondents (disabled respondents n=1182, non-disabled respondents n=1,136)

with disabled people with different impairments to themselves (<1%). Inactive respondents were less likely to want to be active with a mixture of disabled and non-disabled people (13% compared to 25% overall). This suggests that for disabled people, the value in disability-specific activity comes from similarity of requirements that having the same impairment type might bring.

Considering current activities, there was little difference between subgroups of disabled people. That said, age appears to be a factor. Disabled people aged 70+ were the least likely to exercise alone (41% vs 50% overall). This was also evident among the youngest age group, although the difference is not statistically significant (43% among under 30s vs 50% overall). These differences were not evident when considering who people would ideally like to exercise with.

10 Organised activity sessions and leaders

This chapter focusses on disabled people who have taken part in an organised[86] activity session in the last year. It explores their experience and perceptions of the sessions and session leaders. Many of the areas covered in this chapter are based on Activity Alliance's 10 Principles.[87] These were, in turn, based on Talk to Me.[88] This was a qualitative project that looked at the aspects of activities that are important to disabled people.

Only a quarter (24%) of disabled people had taken part in an organised activity session in the last year compared to 42% of non-disabled people. Most of those who had done so felt positively about the last session they attended. However, it is important to note that there is still significant room for improvement. A maximum of only two in five strongly agreed with any of the positive statement about the session, dropping to one in five for some statements.

Importance of factors in communication and delivery

The survey covered various aspects of how providers of activities promote, advertise and run their sessions. All disabled and non-disabled people were asked how important they considered each aspect to be, regardless of whether they had taken part in a sport or physical activity in the last year.

Disabled and non-disabled people considered the following to be the most important aspects of how providers run their activities:

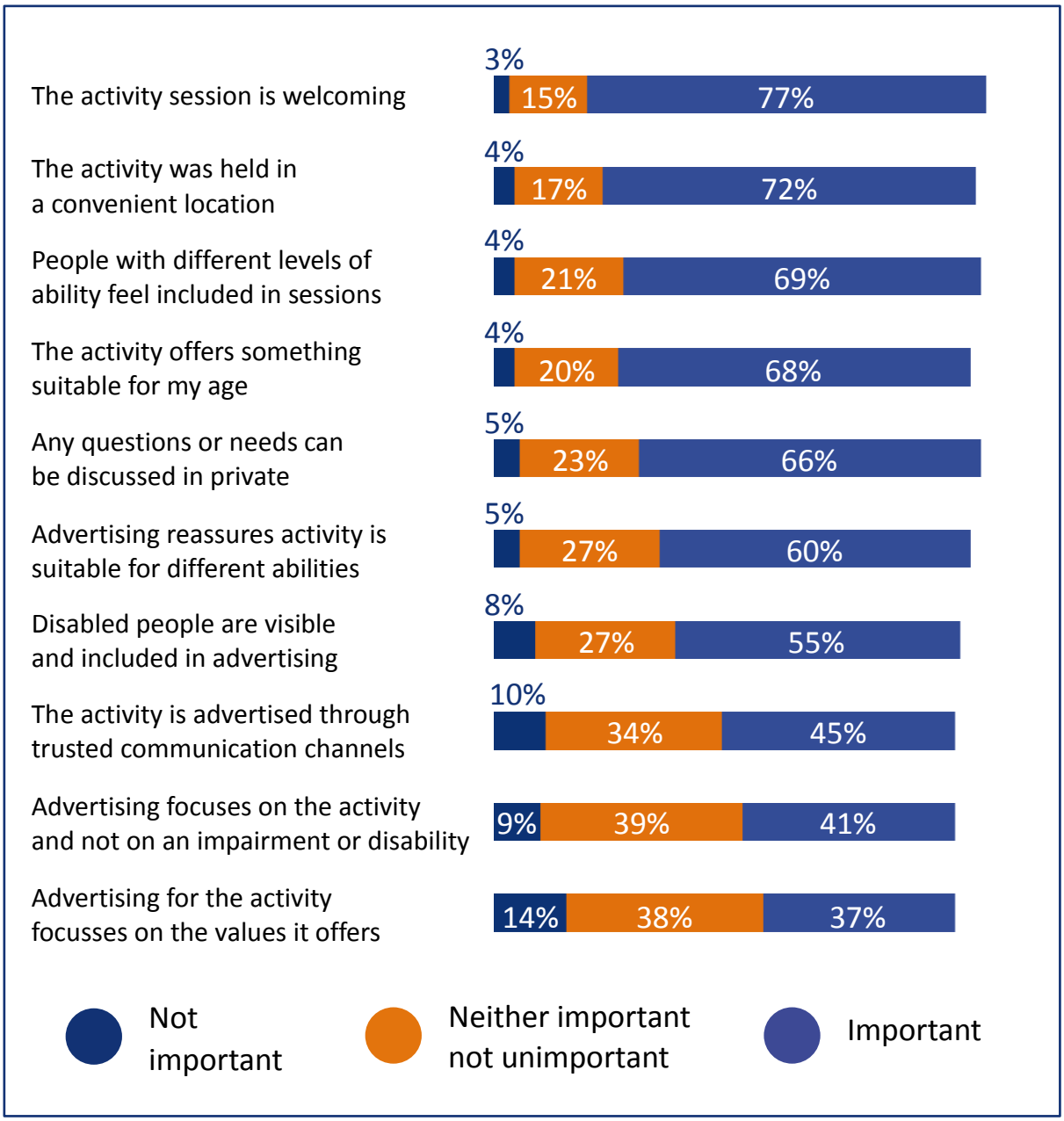
- The activity session being welcoming (77% vs 70% of non-disabled people)
- The activity being held in a convenient location (72% vs 67%)

They were least likely to prioritise advertising focusing on the values it offers, such as competition or socialising (37% vs 35% of non-disabled people).

Figure 10.1 shows disabled people's responses.

[86] In the survey, the following guidance was given about what constituted an 'organised' activity: 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.
[87] Activity Alliance 10 Principles
[88] Activity Alliance, Talk to Me report, October 2014

Figure 10.1 Importance of the following for the way that organisations organise physical activity or sport[89]



Comparing both groups, disabled people generally found aspects of an activity that provide reassurance more important than non-disabled people. This included the following:

[89] D5 (Summary) How important or unimportant is it to you that organisations or people organising physical activity or sport consider each of the following things…? Base: All disabled respondents (1182).

- Any questions or needs can be discussed in private before starting an activity (66% vs 49% of non-disabled people).
- Advertising is reassuring that the activity is suitable for different levels of ability (60% vs 47% of non-disabled people).
- The activity session is welcoming (77% vs 70% of non-disabled people).
- People with different levels of ability feel included in session (69% vs 61% of non-disabled people).

Disabled women were the group most likely to find the following important:

- Any questions or needs can be discussed in private before starting an activity (70% vs 57% on average across the other three groups).[90]
- Advertising is reassuring (64% vs 54%).

Echoing Chapter 6,[91] these findings highlight the complex relationship some disabled women have with sport and physical activity. The above indicates the psychological factors which may influence disabled women's decision to participate in sport.

Experience and perceptions of activity sessions

Thinking about the last activity session they had attended, around nine in ten disabled people agreed that the activity had been:

- suitable for their age (52% agree; 40% strongly agree).
- welcoming (50% agree; 41% strongly agree).
- inclusive and accessible for them (51% agree; 39% strongly agree).
- suitable for their ability level (54% agree; 35% strongly agree).

These results were very similar amongst non-disabled people.

In addition, sessions commonly spoke to the values of disabled people. More than four in five agreed that the activity focussed on the things they value, for example health, socialising and fun (51% agree; 33% strongly agree).

[90] Compared to non-disabled women, disabled men, and non-disabled men
[91] This chapter illustrates that disabled women had the least positive outlook on sport and physical activity

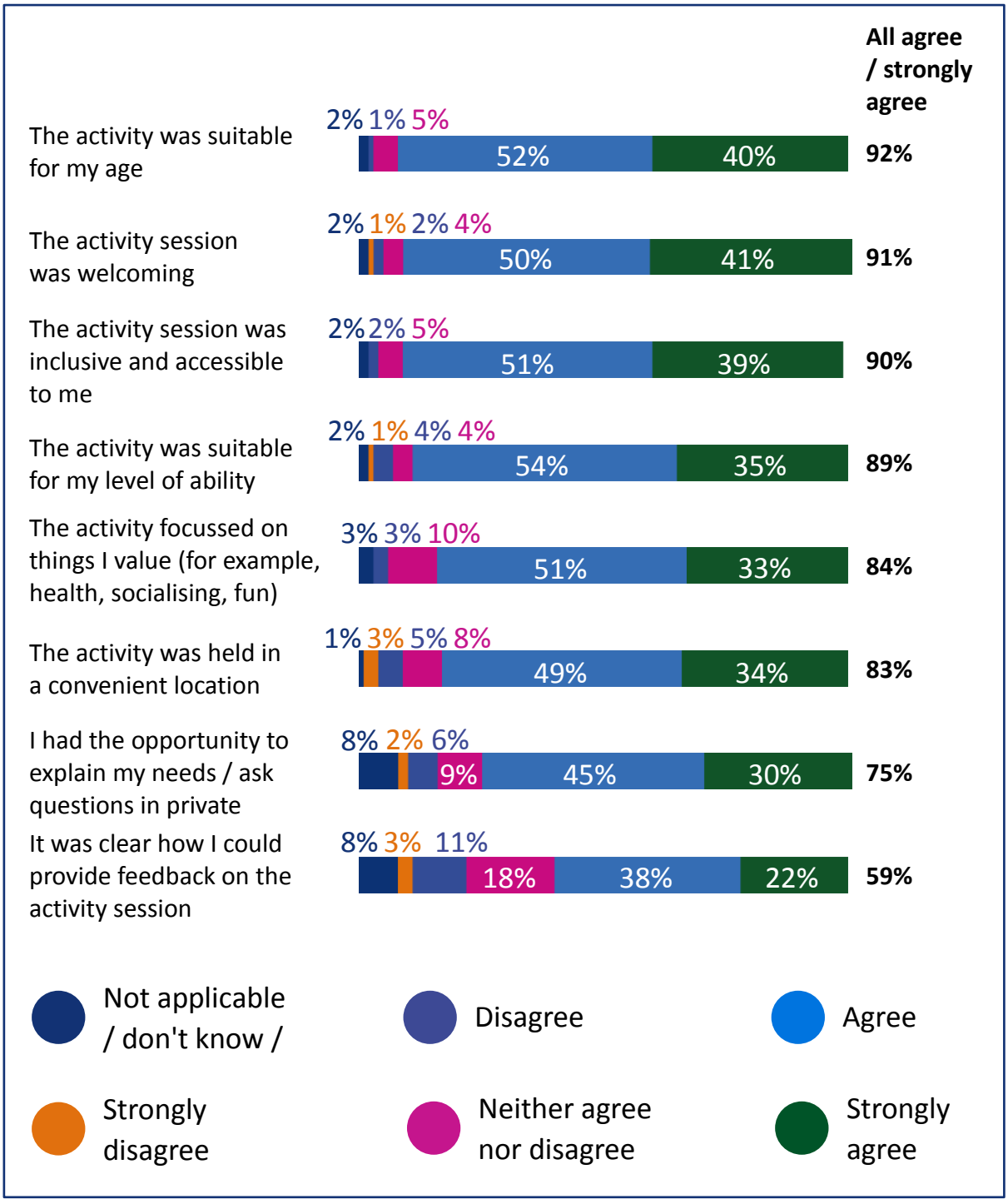
A similar proportion agreed that the activity had been held in a convenient location (49% agree; 34% strongly agree).

Three quarters (75%) of disabled people said they had had the opportunity to explain their needs or ask questions in private (45% agree; 30% strongly agree). This proportion was lower among non-disabled people (60%). This may indicate that the sessions disabled people attended were structured to provide more opportunity or simply that non-disabled people are less likely to consider this issue.

Just six in ten (59%) disabled people said it was clear how they could provide feedback on the activity session (38% agree; 22% strongly agree). This was very similar among non-disabled people. More than one in 10 disabled people (14%) disagreed that it was clear how to provide feedback. This is a relatively high level of disagreement compared to the other statements about the activity sessions.

These results are shown in Figure 10.2.

Figure 10.2 Agreement among disabled people with statements about delivery in the last organised activity session they attended[92]



[92] D3 And now thinking about the activity session itself, how much do you agree or disagree with the following statements… Base: All disabled respondents who experienced an organised sporting session in the last year (279).

Experience and perceptions of session leaders

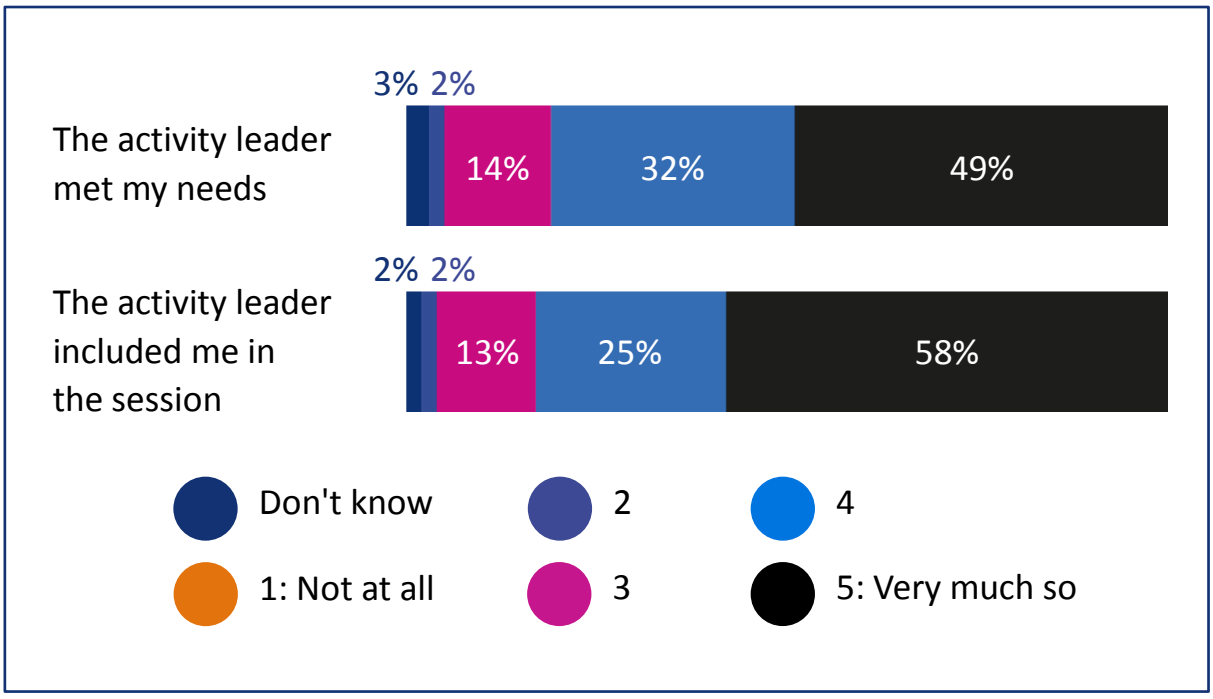
When it came to describing the session leaders of the activities they had attended, disabled people were again largely positive.

Figure 10.3, below, shows that four in five (80%) disabled people felt that the leader had met their needs. 32% chose a rating of four out of five, and 49% chose five out of five.

Four in five (83%) also said that the leader included them in the session. 25% chose a rating of four out of five and 58% chose five.

Results for both questions were very similar among non-disabled people.

Figure 10.3 Whether activity session leaders met the needs of disabled attendees and included them in the session[93]



Level of activity and desire to do more was linked to whether attendees felt their needs had been met. Disabled people who were inactive and wanted to do more were less likely to say the leader had met their needs (69%) compared to those fairly active and satisfied with their activity level (89%).

[93] D3 And now thinking about the activity session itself, how much do you agree or disagree with the following statements…? Base: All disabled respondents who experienced an organised sporting session in the last year (279)

The type of impairments that disabled people had was unrelated to whether they felt their needs had been met.

However, the type of impairments attendees had did affect whether they felt included in the sessions. People with mental health problems (73%) were less likely to agree they had been included compared to those with chronic health conditions (87%) or hearing impairments (89%).

General satisfaction with life had a bearing on whether disabled people felt they had been included or their needs had been met. Those who felt satisfied with their life were more likely to say that the leader had met their needs (91%) compared to those who were unsatisfied (75%) or who were neither satisfied nor dissatisfied (76%).

11 Information and advertising

This chapter looks at how sport and physical activity is promoted and advertised to people. The way information about opportunities to take part in sport and physical activity is communicated is crucial. It can influence an individual's decision to participate and may also impact their wider perceptions of activity.[94] Many of the areas covered in this chapter are based on Activity Alliance's 10 Principles.[95] These were, in turn, based on Talk to Me.[96] This was a qualitative project that looked at aspects of communication around activities that are important to disabled people.

In this chapter, we cover:

- the information channels people use to find out about opportunities to take part in sport and physical activity.
- the role models people listen to about taking part in sport and physical activity.

Experience of factors in communication and delivery

Some respondents took part in an organised activity session in the last year. This included 24% of disabled people and 42% of non-disabled people. We asked whether they agreed that the advertising or promotion for this session had 'delivered' on a range of these factors.

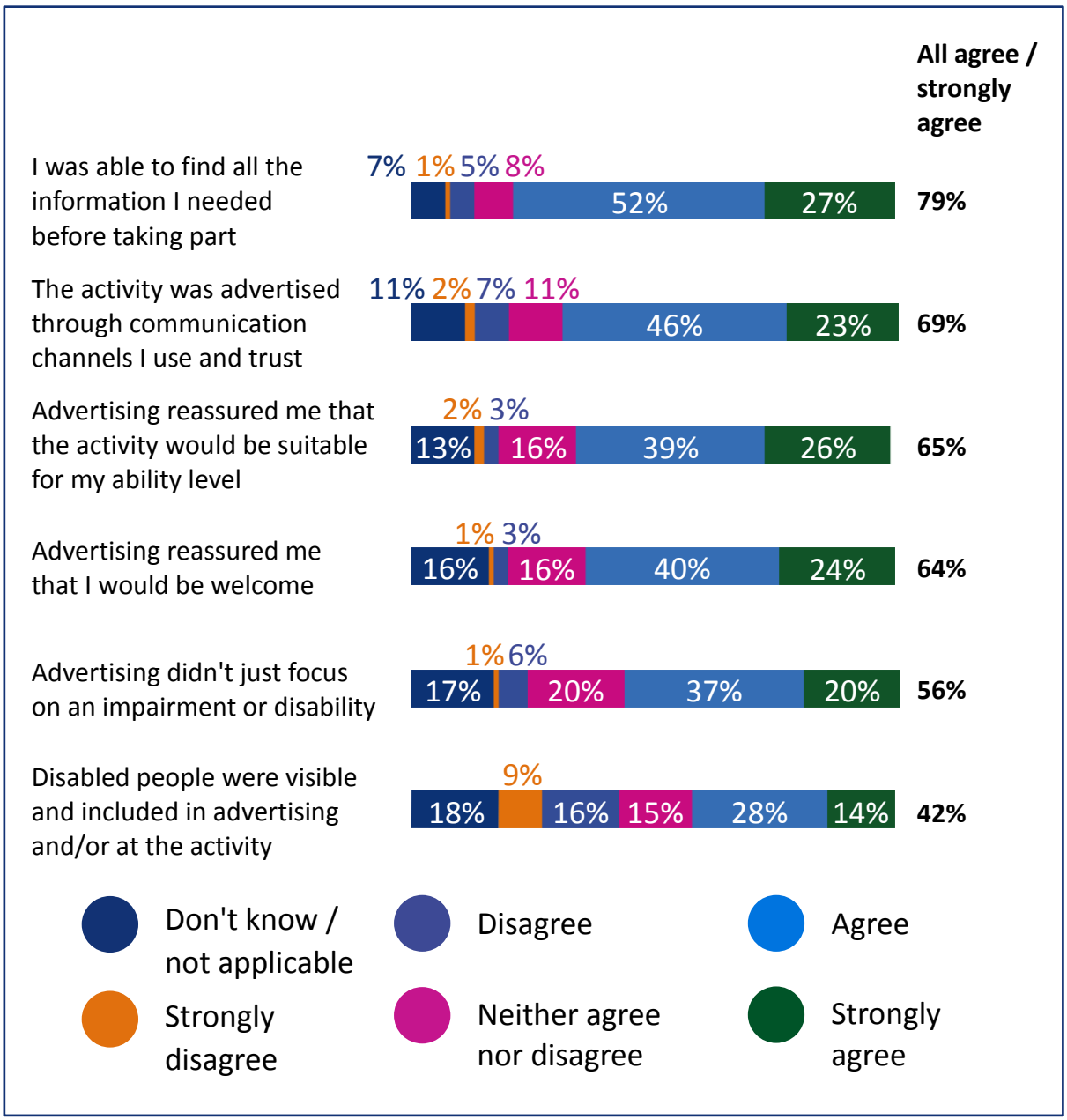
As shown in Figure 11.1:

- Eight in 10 (79%) disabled people agreed that they were able to find all the information they needed before taking part (52% agree; 27% strongly agree).
- Seven in 10 (69%) said the activity was advertised through a communication channel they trusted (46% agree; 23% strongly agree).
- Around two thirds (65%) of disabled people agreed that advertising reassured them the activity would be suitable for their ability level (39% agree; 26% strongly agree).
- About the same proportion (64%) agreed that the advertising reassured them that they would be welcome (40% agree; 24% strongly agree).

[94] See Chapter 6 for further discussion
[95] Activity Alliance 10 Principles
[96] Activity Alliance, Talk to Me report, October 2014

Disabled people were least likely to agree that disabled people were visible and included in advertising (28% agree; 14% strongly agree). However, they were more likely to agree with this than non-disabled people (42% vs 28%). It is worth noting that disabled people may look out for disabled people in advertising more than non-disabled people, or that they are looking at different advertising. Indeed, the next section of this chapter shows that disabled people are more likely to find information via health-related spaces or charities than non-disabled people.

Figure 11.1 Agreement among disabled people with statements about communications in the last organised activity session they attended[97]



[97] D2 Summary How much do you agree or disagree with the following comments about the last time you took part in an organised sport or physical activity…? Base: All disabled people who had taken part in an organised activity in the last year (279)

Disabled people were more likely than non-disabled people to give importance to a range of factors about how activities are run and communicated. But for those who had participated in a sport or physical activity in the last year, there were fewer differences between both groups across these same measures. Indeed, disabled people were no more likely than non-disabled people to agree that:

- they were able to find all the information they needed before taking part (79% of disabled people vs 84% of non-disabled people).
- advertising took place through channels they trusted (69% vs 75%).
- advertising reassured them that the activity would be suitable for their ability level (65% vs 60%).

The above suggest that disabled people's needs and/or concerns may be catered better in reality than they expect.

What information channels are people using?

The survey also asked where people find information about sport and physical activity. The most common information channels used by disabled and non-disabled people were similar. Indeed, three of the five most frequently-used information channels were the same for both groups. They were, however, all more likely to be used by non-disabled than disabled people:

- Websites (45% of disabled people vs 53% of non-disabled people)
- Sport and leisure clubs or organisations (32% vs 40%)
- Friends and family (29% vs 41%)

By contrast, disabled people were more likely to find information through:

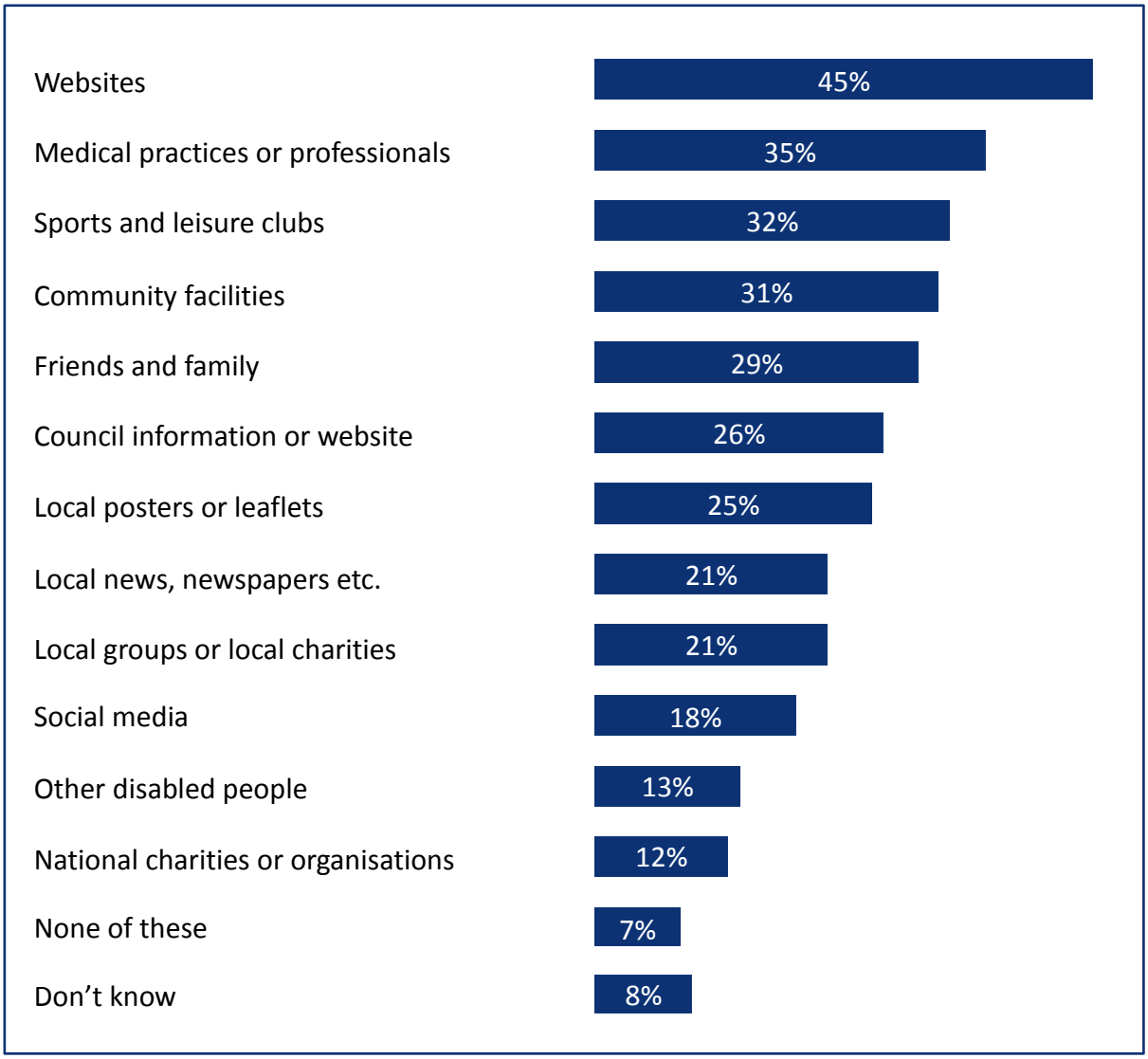
- medical practices or professionals (35% vs 13%).
- community facilities (31% vs 26%).
- their local council (26% vs 21%).
- national charities (12% vs 6%).

Disabled people with three impairment types[98] or more were more likely than those with one impairment type to find information via medical practices or professionals (40% vs 26%).

Figure 11.2 lists the top 12 channels disabled people use to find information about sport or physical activity opportunities.

[98] In the survey, respondents were asked if their health conditions affect them in a range of 'areas', from breathing and dexterity, to hearing and memory.

Figure 11.2 Top 12 information channels disabled people use to find information about sport or physical activity opportunities[99]



[99] C11 Where would you find information about sport or physical activity opportunities? Base: All disabled people (1,182)

Disabled women were more likely than disabled men to use a range of information channels to find information about sport and physical activity opportunities. They were more likely than disabled men to use:

- community facilities (35% vs 25% of disabled men).
- local posters and leaflets (30% vs 17%).
- social media (21% vs 14%).

Conversely, disabled men were more likely than disabled women to report that they used sports and leisure clubs to find information (36% vs 30%).

Whose advice people listen to

Disabled and non-disabled people were also asked to choose the top three types of people they listen to about participating in sport and physical activity. This was asked to both people who do and do not currently take part.

Both disabled and non-disabled people were most likely to listen to health and sport professionals. They were least likely to listen to politicians, celebrities (other than sportspeople), teachers or lecturers (which may be affected by the number of respondents who come into contact with them), and colleagues.

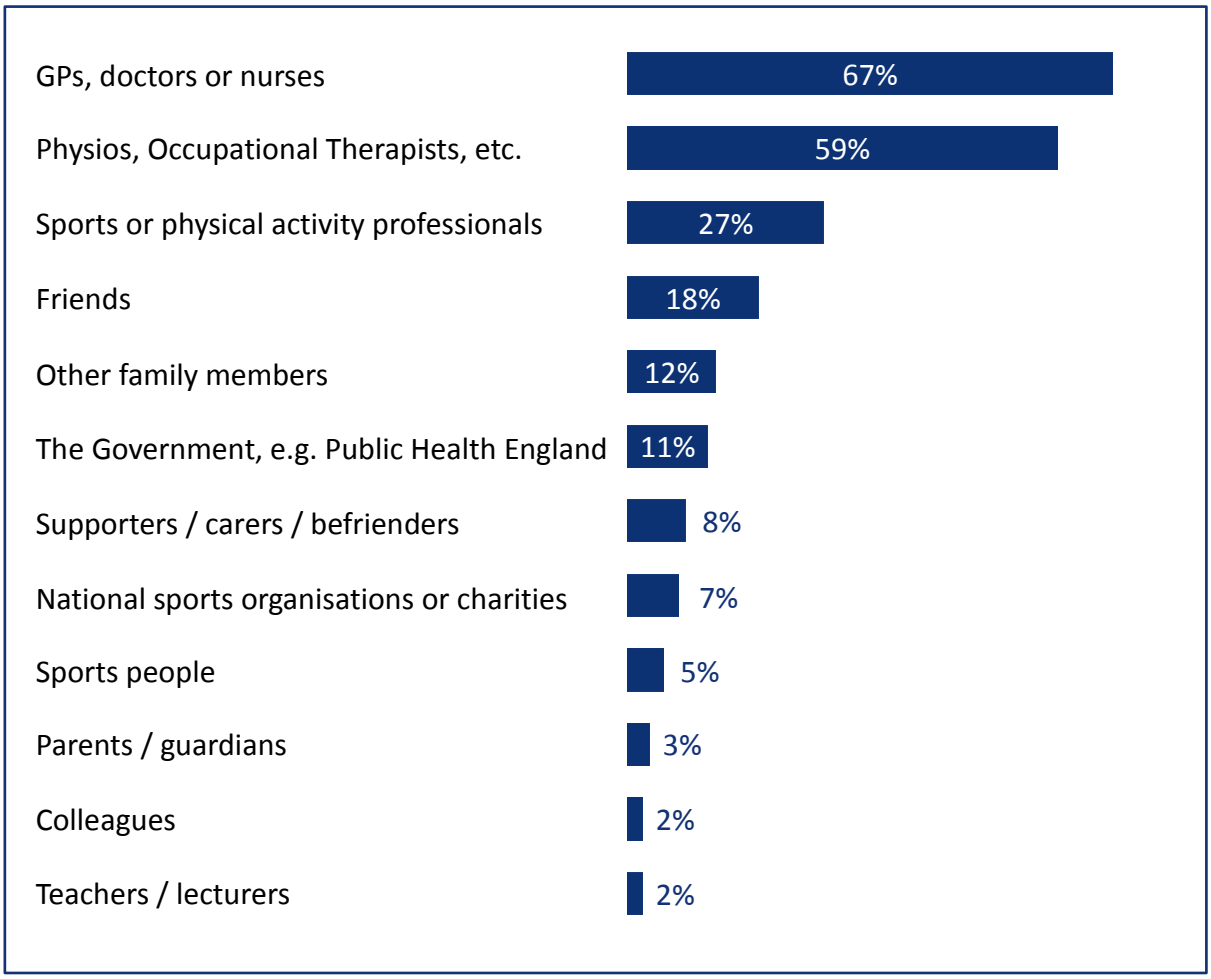
GPs, doctors or nurses were most commonly chosen. Disabled people were more likely to listen to them than non-disabled people (67% vs 46%). The next most common group was physios, occupational therapists and other medical professionals. They were also more likely to be listened to by disabled people than non-disabled people (59% vs 39%).

By contrast, sports professionals were more likely to be listened to by non-disabled people than disabled people (27% of disabled people vs 36% of non-disabled people).

Disabled people were less likely than non-disabled people to listen to most of the other main role models listed, including friends, government, sportspeople and parents. Most significantly, disabled people were roughly half as likely as non-disabled people to listen to their friends' advice (18% vs 35% of non-disabled people). Non-disabled people generally listen to a broader range of people than disabled people.

Figure 11.3 lists the top 12 types of people disabled people listen to about taking part in sport and physical activity.

Figure 11.3 Top 12 role models disabled people listen to about taking part in sport and physical activity[100]



[100] C9 Whose advice would you listen to about taking part in sport or physical activity? Base: All disabled people (1,182)

It was common for disabled people of all ages to listen to health practitioners about sport and physical activity. Within all age groups, between 61% and 73% of disabled people said they would listen to a doctor. The exception was disabled people aged 30-39 years old, of whom 53% would listen to doctors. Amongst under 30s, the figure was quite a bit higher, at 66%.

The pattern was different amongst non-disabled people, where older people were more likely than younger people to listen to health practitioners. Two thirds (67%) of non-disabled people aged 70+ said they would listen to doctors. The proportions reduce with each age group down to 31% of those aged 30-39, and 33% of under 30s.

Disabled people with physical impairments were more likely than those that do not to listen to physios, occupational therapists and other medical professionals. For instance, around two thirds of people with dexterity (66%) and mobility (63%) impairments seek advice from medical professionals. This compares to just 41% of people with learning disabilities and 32% with speech impairments.

12 Conclusions and recommendations

This first Annual Disability and Activity Survey reinforces existing research that shows disabled people remain substantially more likely than non-disabled people to be inactive. But we now have greater understanding of why that might be. Just two in five disabled respondents said they are given the opportunity to be as active as they would like to be. It's clear that there is significant work to do by everyone involved in disabled people's activity.

The impact of these issues is worrying. Inactive disabled people have lower levels of wellbeing than their more active peers. It is not certain that these low levels of wellbeing are caused by low levels of activity. But evidence shows that activity can boost mood, support purpose and self-esteem, and provide opportunities to connect with others. In other words, it can play an important role in improving wellbeing.

It is in this area that Activity Alliance and its partners can have an influence. The vast majority of respondents want to be more active. Indeed, this figure now stands at four in five (81%) among all disabled people. This study also highlighted a number of ways that we may be able more effectively to engage and support disabled people to be active.

1. Address the wider determinants of inactivity

Reinforcing previous Activity Alliance research,[101] this study highlights that a large proportion of disabled people who receive disability benefits fear losing them if they were to be more active. People in lower socioeconomic groups are also less likely to have positive perceptions of activity and its outcomes.

There may be a role for campaigns such as We Are Undefeatable[102] and programmes like Moving Healthcare Professionals[103] to address issues around benefits and finances. This is particularly the case given the roles they hold in the benefits system, both as assessors and when providing supporting statements for assessment.

Many disabled people feel their impairment or health condition is a barrier to participation. Healthcare professionals can play an important role in challenging these perceptions.

[101] Activity Alliance, The Activity Trap, 2018.
[102] weareundefeatable.co.uk
[103] Moving Healthcare Professionals

- Issues such as benefits and finances must be taken into account by providers of activity.
- Healthcare professionals must play a role in reassuring disabled people about being active while having an impairment or health condition.
- Guidance should be given to healthcare professionals on supporting people receiving benefits to be active. Opportunities include personalised healthcare, such as personal health budgets and social prescribing.

2: Design and lead a choice of accessible activities

Organised activity sessions are crucial. But they may not be what all disabled people are currently accessing or would like to access. Among disabled people who favour a group setting, sessions with a mix of disabled and non-disabled people remain crucial. Demand for impairment-specific activity must also be met.

- Offer a range of accessible options:
  - Ensure that individual activities are inclusive and accessible. Settings might include parks, gyms and leisure centres or at home via apps and videos.
  - Represent and showcase individual opportunities in campaigns and via channels that are important to disabled people.
- People with mental health problems may need particular support to feel included.
- Those delivering activity must be offered training and support that enables them to provide truly accessible options.
- Co-production is key, and those delivering activity must work with disabled people.

3: Challenge perceptions through inclusive and accessible communications

More than half of disabled people cite their impairment as the single barrier they face to being more active. Qualitative research has indicated these concerns may be psychologically driven. Communications must be accessible and demonstrate that taking part is possible.

Activity Alliance's 10 Principles[104] show how this can be done in practice, but in particular:

[104] Activity Alliance 10 Principles

- Advertising must focus on reassuring disabled people. Show that activity sessions will be welcoming and that there will be opportunity to discuss any needs before the session.
- Materials should also be clear about the ability level that will be catered for.
- Disabled people should be able to '**see themselves**' in advertising and have their voices **heard** through clear opportunities for feedback.
    - Providers should be aware that disabled women may need particular reassurance.
- Language in materials must be attractive to the audience. Sport and competition may be off-putting to many disabled people.
- Use a range of channels, considering accessibility and importance of each to the audience. Websites are crucial, but traditional media remains important.

Challenging perceptions among disabled and non-disabled people is key, including via campaigns like Who says?[105] from Activity Alliance.

[105] Activity Alliance, Who says?

13 Appendix A: survey and population profiles

The following table shows the profile of our disabled and non-disabled respondents alongside the profile of the disabled and non-disabled population.

Please note that population data for social grade is indicative because we mapped this using NS-SEC, as explained in Appendix B.

Table 13.1 Comparison of profile of disabled respondents and disabled UK population

Profile group		Disabled survey respondents	Disabled UK population
Gender	Male	40%	45%
	Female	60%	56%
Age	16-19	1%	3%
	20-24	1%	4%
	25-34	5%	9%
	35-49	17%	17%
	50-64	40%	27%
	Working age (16-64)	64%	60%
	65+	34%	41%
Ethnicity	White/White British (16+)	96%	91%
	Asian/Asian British (16+)	1%	5%
	Black/Black British (16+)	0.34%	3%
	Mixed ethnic group (16+)	1%	1%
	Other ethnic group (16+)	0.42%	2%

Profile group		Disabled survey respondents	Disabled UK population
Region	North East	7%	5%
	North West	15%	11%
	Yorkshire and the Humber	10%	9%
	East Midlands	9%	8%
	West Midlands	8%	9%
	East	8%	10%
	London	8%	11%
	South East	15%	13%
	South West	10%	9%
	Northern Ireland	2%	3%
	Scotland	4%	8%
	Wales	5%	5%
Social grade	A1 Higher managerial, administrative and professional	7%	4%
	B Intermediate managerial, administrative and professional	15%	13%
	C1 Supervisory, clerical and junior managerial, administrative and professional	17%	20%
	C2 Skilled manual workers	10%	9%
	D Semi-skilled or unskilled manual worker	**8%**	**38%**
	E State pensioner, casual workers, or unemployed with state benefits only	**35%**	**16%**

Orange cells show the largest discrepancies between disabled survey respondents and disabled population.

Table 13.2 Comparison of profile of non-disabled respondents and disabled UK population

Profile group		Non-disabled survey respondents	Non-disabled UK population
Gender	Male	49%	51%
	Female	50%	50%
Age	16-19	6%	8%
	20-24	7%	9%
	25-34	19%	19%
	35-49	24%	26%
	50-64	22%	22%
	Working age (16-64)	78%	85%
	65+	22%	15%
Ethnicity	White/White British (16+)	87%	86%
	Asian/Asian British (16+)	6%	7%
	Black/Black British (16+)	2%	3%
	Mixed ethnic group (16+)	3%	1%
	Other ethnic group (16+)	1%	2%

Profile group		Non-disabled survey respondents	Non-disabled UK population
Region	North East	4%	4%
	North West	12%	11%
	Yorkshire and the Humber	8%	8%
	East Midlands	9%	7%
	West Midlands	9%	9%
	East	9%	10%
	London	15%	14%
	South East	17%	14%
	South West	9%	8%
	Northern Ireland	1%	3%
	Scotland	6%	8%
	Wales	2%	4%
Social grade	A1 Higher managerial, administrative and professional	17%	11%
	B Intermediate managerial, administrative and professional	24%	22%
	C1 Supervisory, clerical and junior managerial, administrative and professional	20%	23%
	C2 Skilled manual workers	10%	7%
	D Semi-skilled or unskilled manual worker	**7%**	**23%**
	E State pensioner, casual workers, or unemployed with state benefits only	16%	14%

Orange cells show the largest discrepancies between non-disabled survey respondents and non-disabled population.

14 Appendix B: Social grade measures used in this report

As mentioned in the main report, we used social grade rather than the newer National Statistics Socioeconomic classification (NS-SEC) used by the Office for National Statistics (ONS).[106] It is more complicated to ask about an individual's NS-SEC and requires more questions. This is because it measures employment relations (e.g. labour contracts) which would have made our survey less accessible.

However this does make it more difficult to assess our own survey profile of social grade against population figures, as most recent population figures now use NS-SEC. In order to provide the comparison in Appendix A, we have used the following mapping between social grade and NS-SEC.

NS-SEC		Social Grade	
1	Higher managerial, administrative and professional occupations	**A**	Higher managerial, administrative and professional
1.1	Large employers and higher managerial and administrative		
1.2	Higher professional occupations		
2	Lower managerial, administrative and professional occupations	**B**	Intermediate managerial, administrative and professional
3	Intermediate occupations	**C1**	Supervisory, clerical and junior managerial, administrative and professional
4	Small employers and own account workers		
5	Lower supervisory and technical operations	**C2**	Skilled manual workers
6	Semi-routine occupations	**D**	Semi-skilled or unskilled manual worker
7	Routine occupations		
8	Never worked and long term unemployed	**E**	State pensioner, casual workers, or unemployed with state benefits only
*****	Students / unclassifiable		

[106] Office for National Statistics

15 Appendix C: Differences from Active Lives Survey activity measures

As noted in the report, there are some significant differences between the proportions of people we found to be in each activity group compared to other studies. This is because other research, including Sport England's Active Lives Survey, have different ways of measuring how much activity people do. For example, the Active Lives Survey Technical Note[107] says the following of how activity data was obtained:

> The data were collected by asking which activities from a list people had done in the last 12 months, on how many days they had done each activity in the last 28 days, how long they usually spent doing the activity per day and whether it raised their breathing rate or made them out of breath or sweaty.

Vigorous activity, defined as 'where you are breathing hard and fast and your heart rate has increased', counted for twice as many minutes as moderate activity. Moderate activity was defined as 'where you raise your heart rate and feel a little out of breath'.

The 'single item' activity measure we use in this report was designed to be simple and clear. We just count on how many days (in a normal week) people do 30 minutes or more of moderate physical activity. Collecting information that is more detailed about exactly how many minutes people spend being active is complex and needs lots of questions. For example, we asked what people do 'in a normal week'. Active Lives uses a long series of questions to capture in detail any activity over the previous four weeks. We did not do this, as we wanted to keep the survey as accessible as possible. We also wanted to make sure we had time to ask other questions about the views and experiences of disabled people.

We also asked people who said they never do a total of 30 minutes activity on a single day in a normal week if they ever do a total of 10 minutes activity on a single day in a normal week. We then had the option to include those that do this three times or more a week as 'fairly active', because they are also doing 30 minutes or more in a week. This shifts some people from the 'inactive' group to the 'fairly active' group. It leaves 32% of disabled people as 'inactive' rather than 41% if we exclude those who are doing less than 30 minutes at one time, as shown in Table 15.1. We have decided not to use this definition of 'inactive' as it is further from the figure used

[107] Ipsos MORI, Active Lives Survey 2018/2019 Year 4 Technical Note, 2019.

in Active Lives for disabled people and it has little impact on the non-disabled figures (they only change by one or two percentage points).

Our measure places more disabled people as ‘fairly active’ (41% compared to only 13% in ‘Active Lives’ data) and fewer as ‘active’ (only 18% compared to 45%), as shown in Table 15.1. This is because our measure does not cover how long each day some ‘fairly active’ people may be. For example, they may only be active on three days a week but they may be active for several hours on each of these days. We will therefore be cautious comparing the ‘active’ and ‘fairly active’ groups, as there may be considerable crossover.

Other factors may also affect the figures. ‘Weighting’ the data by social grade, gender or age had little impact on the figures. This means that the figures would not change much even if the profile of people we spoke to matched the UK population profile even more closely. In any research like this there can be ‘self-reporting bias’, where people want to make themselves sound ‘better’ by over-reporting how much activity they do.

Equivalent figures for non-disabled people are shown in Table 15.2.

Table 15.1 Proportion of disabled people classed as inactive, fairly active or active using different definitions

	Inactive	Fairly active	Active
Disabled people			
Active Lives[108]	**42%**	**13%**	**45%**
	Less than 30 minutes per week	30-149 minutes per week	150+ minutes per week
This Report[109] **Counting only 30+ minute blocks**	**41%**	**41%**	**17%**
	Less than 30 minutes every day per week	30+ minutes 1-4 days per week	30+ minutes 5+ days per week
Alternative[110] **Also counting 10+ minute blocks**	**32%**	**50%**	**18%**
	30+ minutes on 0 days & 10+ minutes on less than 3 days per week	30+ minutes 1-4 days / 10+ minutes 3+ days per week	30+ minutes 5+ days a week

[108] Sport England, Active Lives Survey data November 2017/18.
[109] C1 In a normal week, on how many days do you do a total of 30 minutes or more of physical activity that is enough to raise your breathing rate? This may include sport, exercise and brisk walking or cycling for fun, or to get to and from places, but should not include housework or physical activity that is part of your job. Base: All respondents except those unsure / preferred not to say how often active - disabled / non-disabled (n=1,157 / 1,117)
[110] As above, plus C2 How often would you say you do 10 minutes of physical activity that raises your breathing rate?

Table 15.2 Proportion of non-disabled people classed as inactive, fairly active or active using different definitions

	Inactive	Fairly active	Active
Non-disabled people			
Active Lives[111]	**21%**	**12%**	**67%**
	Less than 30 minutes per week	30-149 minutes per week	150+ minutes per week
This Report[112] **Counting only 30+ minute blocks**	**10%**	**55%**	**36%**
	Less than 30 minutes every day per week	30+ minutes 1-4 days per week	30+ minutes 5+ days per week
Alternative[113] **Also counting 10+ minute blocks**	**8%**	**55%**	**36%**
	30+ minutes on 0 days & 10+ minutes on less than 3 days per week	30+ minutes 1-4 days / 10+ minutes 3+ days per week	30+ minutes 5+ days a week

[111] Sport England, Active Lives Survey data November 2017/18.
[112] C1 In a normal week, on how many days do you do a total of 30 minutes or more of physical activity that is enough to raise your breathing rate? This may include sport, exercise and brisk walking or cycling for fun, or to get to and from places, but should not include housework or physical activity that is part of your job. Base: All respondents except those unsure / preferred not to say how often active - disabled / non-disabled (n=1,157 / 1,117)
[113] As above, plus C2 How often would you say you do 10 minutes of physical activity that raises your breathing rate?

16 Appendix D: online survey questionnaire

The questionnaire used in the study is available at activityalliance.org.uk/research.

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IFF Research illuminates the world for organisations businesses and individuals helping them to make better-informed decisions.’

Our Values:

1. Being human first:

Whether employer or employee, client or collaborator, we are all humans first and foremost. Recognising this essential humanity is central to how we conduct our business, and how we lead our lives. We respect and accommodate each individual’s way of thinking, working and communicating, mindful of the fact that each has their own story and means of telling it.

2. Impartiality and independence:

IFF is a research-led organisation which believes in letting the evidence do the talking. We don’t undertake projects with a preconception of what ‘the answer’ is, and we don’t hide from the truths that research reveals. We are independent, in the research we conduct, of political flavour or dogma. We are open-minded, imaginative and intellectually rigorous.

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