

My Active Future: Including every child



A report exploring disabled children and young people's experiences and perceptions of being active

Full research report
March 2020

#MyActiveFuture

activityalliance.org.uk

**activity
alliance**

disability
inclusion
sport

My Active Future: Including every child

Disabled children and young people's experiences and perceptions of being active

March 2020

Jessica Flavell

Research and Evaluation Advisor

Based on research undertaken by EdComs on behalf of Activity Alliance

Activity Alliance is the operating name for the English Federation of Disability Sport.

Contents

1. Introduction	4
2. Key findings	5
3. Aims and method	10
Project outline	10
Survey sample	13
4. Activity levels	14
Activity levels during school term-time	16
Activity levels during school holidays	19
Active travel	20
5. Enjoyment and participation	22
Enjoyment of physical activity	23
Participation and enjoyment in school	26
Participation and enjoyment of activities outside school	30
6. Inclusive activity	33
Who disabled children want to take part with	33
Perspectives from non-disabled children	35
7. Motivations to be active	37
Top motivations	37
Other important motivations	38
8. Barriers to being active	43
Top barriers	43
Social isolation and physical activity	49
How barriers change with age	52
9. The parent and guardian perspective	55
Parent and guardian activity levels	55
Making decisions about being active	55
Attitudes of parents and guardians towards sport and physical activity	56
Barriers to helping their child be active	58
Parents' support needs	62
10. What do children want?	66
11. Conclusion and recommendations	71
12. Appendix	74

1. Introduction

Activity Alliance's vision is fairness for disabled people in sport and activity. We will achieve that vision by leading organisational improvement and changing attitudes to unlock the value of sport and activity for disabled people.

Sport England's Active Lives Children and Young People Survey 2018/19 found that 3.3 million children (47%) lead active lives. These children meet the Chief Medical Officers' guidelines of doing more than 60 minutes of physical activity a day, across the week. However, 2.1 million (29%) of all children are active for less than 30 minutes a day.

There are almost one million disabled children in England (Department of Work and Pensions Family Resources Survey 2017/18). The benefits of sport and physical activity in children's physical, mental, social, and emotional development are well-documented. Sport and physical activity are linked to cognitive benefits, learning ability and better grade attainment for disabled children.

This report, which complements Sport England's Active Lives Children and Young People Survey, investigates the differences in experience and perceptions of sport and physical activity among disabled and non-disabled children. This includes their attitudes, enjoyment and participation, as well as their barriers and motivations.

We heard directly from disabled children aged 5 to 16 years and their parents. A total of 760 disabled children and parents took part in our online survey, along with 921 non-disabled children and their parents. This allowed us to compare their experiences.

To explore key issues and potential solutions we used exploratory focus groups, interviews and creative workshops. We also consulted with organisations working in the sector to understand shared priorities and challenges.

Understanding the experience of disabled children will enable Activity Alliance and the wider sector provide for and include more disabled children. By encouraging inclusion at an early age, we can help to build lifelong habits and ensure more children enjoy an active future.

2. Key findings

Activity levels

Disabled children are less active than non-disabled children¹

- During term-time, 30% of disabled children are 'less active' compared to 21% of non-disabled children.

As disabled children get older, the gap in activity levels gets bigger²

- Activity levels for disabled and non-disabled children are similar at Key Stage 1 (83% during term-time compared to 84%). By Key Stage 2 disabled children are less likely to be 'active or fairly active' (77% compared to 85%). The gap widens more significantly by Key Stage 4 (52% compared to 72%).

Enjoyment and participation

Disabled children are less likely to enjoy sports and physical activity, but want to do more

- Seven in ten (71%) disabled children say they enjoy taking part in sports and physical activity, compared to eight in ten (82%) non-disabled children.
- Yet, more disabled children would like to take part in more sport and physical activity compared to non-disabled children (38% compared to 28%).

At school, disabled children are less likely to take part, and less likely to enjoy being active

- Only a quarter (25%) of disabled children say they take part in sport and physical activity all of the time at school, compared to 41% of non-disabled children.
- One in five (20%) disabled children do not like PE lessons and games in school. This is significantly higher than their non-disabled peers (9%).

Outside of school, disabled children are significantly less likely to be active

- In the last year, disabled children are less likely than non-disabled children to have been active in the following settings: a park or play area (64% compared to 73%), a leisure centre (53% compared to 61%), at a friend's house (44% compared to 57%), at an afterschool club (28% compared to 41%), for a sports team (17% compared to 27%).
- All children take part to a similar level at home or on their street (48% compared to 53%), at clubs like Brownies and Scouts (17% compared to 18%) and at competitions (12% compared to 15%).

Inclusive activity

Some disabled children want to take part in inclusive sports and activities. Others prefer to take part with children who have similar impairments

- 44% of disabled children want to take part in inclusive activities, with disabled and non-disabled children. 20% want to take part with children with similar impairments, and 15% say they prefer to take part with children with a range of impairments.

¹ This study defined activity levels using Sport England's Active Lives Children and Young People activity categories: 'Less active' (an average of less than 30 minutes per day); 'Fairly active' (an average of 30-60 minutes per day); 'Active' (at least 60 minutes per day).

² Key Stage guide: Key Stage 1: ages 5-7 years, year group 1-2; Key Stage 2: ages 7 to 11 years; year group 3 to 6; Key Stage 3: ages 11 to 14; year group 7 to 9; Key Stage 4: ages 14-16 years, year group 10-11.

Barriers and motivations to being active

Disabled children are more likely to be lonely

- Disabled children are twice as likely to be lonely compared to their non-disabled peers (72% compared to 36%). They are more likely to feel they have no one to talk to, to feel left out and to feel alone.
- Loneliness increase with age. At Key Stage 1, 14% of disabled children are lonely, rising to 29% at Key Stage 4.
- Over three-quarters (78%) of less active disabled children are lonely, compared to over half (52%) of active disabled children.

Disabled children worry about getting hurt, how they look, and not knowing what to do

- 'Feeling uncomfortable' is the second highest barrier for disabled children (37% compared to 19% for non-disabled children). This is especially for children with mental health problems and behavioural impairments.
- Disabled children are more likely to feel that 'getting hurt', 'worrying about how they look' and 'not knowing what to do' stops them from being active.
- Disabled children in Key Stage 4 are significantly more likely to be worried about how they look compared to their non-disabled peers (27% vs 11%).
- Qualitative evidence suggests that some also worry about standing out, being made fun of or making mistakes.

Disabled children feel their impairment makes it more difficult to be active

- Two in five (40%) disabled children view their impairment as the top barrier to being active. This is more common among children with mobility impairments, long-term pain and individuals with three or more impairments.
- This feeling increases with age. Almost half (49%) of disabled children in Key Stage 4 select this as a top barrier, compared to 37% and 36% in Key Stage 1 and 2.

All children have similar motivations to be active

- The top reasons for disabled and non-disabled children to be active are 'to improve physical health', 'for fun' and 'to spend time with friends'.
- Disabled children also want to take part for 'a sense of belonging', 'to be more independent', and 'to help with their impairment'.

The role of parents and guardians

Parents and guardians see sport and physical activity as important and are more involved in decision-making

- Nine in ten (86%) parents of disabled children say their child's level of physical activity is important to them.
- Parents of disabled children are more likely to say that decisions on being active are 'generally' or 'totally' driven by them (26% compared to 13% for parents of non-disabled children).

Parents of disabled children need more support to help their children to be more active

- Over a quarter (27%) of parents of disabled children think their child doesn't do enough physical activity (17% for parents of non-disabled children).

- Less than half (49%) of parents with a disabled child feel it is easy to get their child involved in physical activity.
- Parents of disabled children are less likely than parents of non-disabled children to feel they have enough support to manage their child's wellbeing (47% compared to 73%) and to help their child to be active (47% compared to 70%).

Concerns about safety, inclusion and cost can stop parents supporting their child to be active

- All parents find cost and a lack of suitable places a barrier to their children being active.
- Additional concerns that parents of disabled children have include a lack of support and understanding from people working in the sport sector. They also worry about their child not being able to take part, and their child's safety.
- Parents of disabled children feel more information on what is suitable, practical support during activities, and advice from medical professionals would help them to support their child to be active.

What do children want?

We asked disabled children to tell us what one thing would support them to be more active.

- **More understanding and acceptance from others:** Many children and parents want others to understand their impairment, and how it affects them. They want children to be more accepting and for adults to be more patient when taking part in activities.

"Don't shout if we don't understand the first time."

- **More choice:** Children want more choice of activities that are suitable for them and that they feel confident they will enjoy. For some this means more activities that are inclusive for disabled and non-disabled children. Others want activities that are just for children with similar impairments.

"Give me more choices of what to do, so I can pick what I like the sound of."

- **Less pressure:** Being able to make mistakes and to learn at their own pace would help disabled children feel more comfortable. This could include smaller groups, focusing on having fun, comfortable and familiar environments, more time and breaks, one-on-one support or confidence and skill-building.

"When those who are really good make fun of me, it hurts my feelings and I don't want to do it anymore."

- **Independence and practical support:** Many children want more support to be active, and to feel less reliant on their parents and guardians.

"Have people to help me, because Mummy can't do it all."

- **More motivation:** Disabled children want more encouragement and inspiration. This could be from teachers, healthcare professionals, the media, role models and wider representation in society.

“Make everyone less bothered about winning and more about doing it for fun”

Recommendations

Our findings reinforce the activity gap between disabled and non-disabled children. Disabled children are less active than their peers, and experience more barriers. They are less likely to enjoy being active in and out of school, and are less likely to be included in PE and games.

Despite the difference in participation and enjoyment, there are less differences between what disabled and non-disabled children want to do more of. This tells us there is work to do in many settings to include disabled children, and to ensure quality experiences.

The research highlights the importance of tackling the activity gap that widens as disabled children get older. Bad experiences, worries about appearance and being treated differently, and increasing social isolation contribute to this. A lack of suitable opportunities and appropriate inclusive activities could also be a factor.

Below are four key themes that emerged from the study as important areas for action. This research will help us champion disabled children’s inclusion in sport and physical activity. Importantly, it enables us all to understand how to encourage and support disabled children to have active futures.

1. Engage with and listen to all children

- Design and promote activities that appeal to children’s motivations. All children want to be active for fun, to take part with friends and to stay healthy. Other motivations like fostering a sense of belonging and feeling independent are important for disabled children.
- Teachers and providers should be supported to take children’s impairments into account, rather than seen as a reason for them not to take part. Often disabled children want more time, clearer instructions and one-on-one support.
- Parents and other adults should be supported to offer children more choice (ideally the same choices as non-disabled children). This gives them independence and a sense that they have the same opportunities as others.
- Ensure every child’s opinion is heard through research and co-production: these should be accessible and inclusive, including different methodology and formats.

2. Build confidence and independence from a young age

- Support all children to understand disability and to celebrate differences, as well as individual classmates’ and peers’ needs. This could reduce bullying, social isolation, and encourage inclusion in sport and physical activity.
- Challenge perceptions of disability among children and parents. Many feel their impairment stops them taking part or worry about being safe. Provide reliable information about risks, and reassurance on how adaptations help overcome potential barriers.

- Create opportunities to address personal feelings about being active and help to build confidence. This might be sessions to empower disabled children, campaigns with disabled role models, and representation of children or teachers with impairments.
- Design opportunities to re-engage older disabled children to be more active. This could include informal events specifically targeting disabled children at Key Stage 3 onwards. This is critical to help children be active as they move into adulthood, as explored in our 2015 [Active Beyond Education research](#).

3. Engage leaders on the need for inclusion and show how to create comfortable environments

- Train and support teachers and activity deliverers to better understand and act on the individual needs of disabled children. This could be through disability awareness courses or class activities.
- Educate leaders on providing truly inclusive activities for all children. In schools, this could include using and learning from initiatives like [Sainsbury's Active Kids for All Inclusive PE Training](#) for teachers, and [Youth Sport Trust's Lead Inclusion Schools](#) and [Top Sportsability programme](#). There are lessons to be learnt from successful initiatives that already exist to upskill the community-based workforce. The [Inclusive Activity Programme](#) trains sports deliverers to adapt activity sessions for disabled people.
- To encourage the least active children to be active, focus on providing a predictable and comfortable environment to build confidence. This highlights the importance of accessible and high quality activities. These may be more impairment-specific informal activities so parents and children can feel more at ease.
- Government must ensure that departments and stakeholders work closely together to support disabled children to live, study and play on equal terms. This includes transport, housing and community, health and social care.

4. Support and encourage parents to help their child to live an active life

- Reassure parents and guardians about the wellbeing of their child and address concerns about their child's ability to take part when designing and promoting inclusive activities. Some would value advice from their child's healthcare professional.
- Offer practical support to parents. This can include providing travel for children, providing carers or specific support during an activity, and make activities local, flexible, and sustainable.
- Harness the link between parents' and children's activity levels. Conduct campaigns and programmes to encourage parents to take part in sport and physical activity themselves and act as a role model for their child. Initiatives such as [Sport England's Family Fund](#) and Activity Alliance's [Get Out Get Active programme](#), can help families be active together
- Raise awareness among parents that disabled children are more likely to be inactive and promote the benefits of physical activity to make it a priority.
- Link initiatives that provide general support to parents to those who support physical activity in children. Parents who feel more able to support their child's wellbeing in general can be better placed to support their child to be active. This could include collaboration between support, health, and community organisations with impairment specialists.

3. Aims and method

The research aimed to understand the experiences and perceptions of disabled children, and how this compares to their non-disabled peers.

To do this, the research focussed on:

- Differences in enjoyment and participation, both in and out of school.
- Barriers and motivations to taking part in sport and physical activity.
- Parents' perceptions of sport and physical activity for their children, and what support they need to help their children be more active.
- The experiences of different age groups and different impairment types.
- Developing solutions to help improve participation and experience.

A secondary objective was to gain insight directly from children themselves. Through this, the research aimed to empower and give disabled children a voice. Parents added their insights to supplement and add context to their child's views.

Our methodology reflected Activity Alliance's inclusive approach. We wanted to capture insights from a wide range of children, including young children and those with different communication needs. To support their participation, we used a range of research methods, simple language, and involved parents in the research process.

Project outline

1 - Exploratory qualitative research	<ul style="list-style-type: none">• Stakeholder workshop with sector organisations• Focus groups with children and parents
2 - Quantitative research	<ul style="list-style-type: none">• An online survey with children and parents
3 - Secondary qualitative research	<ul style="list-style-type: none">• In-depth interviews with children and parents• Creative workshops with children and parents

Stakeholder workshop – May 2019

Aim: To explore sector knowledge and priorities to inform the direction of travel and the research questions. The discussion focussed on:

- Sector priorities: ensuring all young people have the same opportunities, acknowledging the importance of listening directly to young people, sharing best practice, understanding the role of gatekeepers, and understanding the links between school, home, and the community.
- Sector challenges: lack of resources, working collaboratively, understanding and reflecting the wider challenges in the lives of children and families, sustainability of initiatives, and addressing logistical issues at a large scale.

Sample: 29 individuals from sport and child-focussed organisations took part.

Exploratory focus groups – June 2019

Aim: To identify survey topics and appropriate language.

- Two focus groups with disabled children and their parents. These took place in London and Manchester.

Sample: The sample included children of a range of ages, impairment types, ethnicity and socioeconomic groups, and from urban, suburban and semi-rural environments.

Age (years)	Impairment type	Gender
<ul style="list-style-type: none"> • Five aged 8-10 • Two aged 11-14 	<ul style="list-style-type: none"> • Five physical • One sensory • Three learning • Two social or behavioural • One mental health 	<ul style="list-style-type: none"> • Two girls • Five boys

Online survey – September and October 2019

Aim: To understand and quantify perceptions and experiences of being active among disabled and non-disabled children, and their parents.

- A 15-minute survey with children aged 5-16 years and their parents in England.
- Question meaning and language was tested with four parents and children in face-to-face interviews before launching the survey.
- The survey had three sections; one section for parents, one for parents and children to complete together, and one for children themselves. The section for parents and children to complete together allowed parents to explain more complex questions to their children.
- The survey was created with children in mind and used simple language and images. [Activity Alliance’s inclusive communications guide](#) helped to inform the design.

Sample: 760 parents of disabled children and 923 parents of non-disabled children completed the survey. The survey link was distributed to a market research panel provider and shared with Activity Alliance’s network and partners.

- 681 parents of disabled children and 921 parents of non-disabled children completed the survey through an online panel provider. 79 parents of disabled children and two parents of non-disabled children took part in the survey via Activity Alliance’s network.

In-depth interviews – August, September, and October 2019

Aim: To explore sensitive topics, to add detail to survey findings, and to include those with different communication needs.

- One-hour face-to-face at-home interviews took place with disabled children and their parents, in urban and non-urban areas in and near London, Birmingham and Manchester.
- The interviews focussed on the child’s experiences. For some interviews, parents assisted with communication or answered questions on their child’s behalf where necessary. Discussion guides were amended before each interview to ensure activities were suitable for the child’s communication needs.

Sample: Full details of the interview sample are shown in the appendix. Overall we spoke to 19 children (10 girls, 9 boys) aged between 5 and 16 years old. Children who took part had a range of impairments. This includes those with profound and multiple learning disabilities and sensory impairments which were less well represented in other areas of the project.

Creative workshops – October 2019

Aim: To use creative and collaborative techniques to develop solutions to barriers to being active.

- Four mini-focus groups took place in London and Birmingham. Two of these groups were with children between 8-11 years old and two were with 12-15 year-old children. We also held a focus group with eight non-disabled children and their parents as a comparison.
- Creative techniques and activities were used to engage with children and to encourage imaginative responses. This included using storyboards, pen portraits, and cards and stickers.

Sample: Details of the focus group sample are shown in the appendix. We spoke to 12 children (6 girls, 6 boys) aged between 8 and 15 years old. This included those with physical, sensory, learning, social or mental health impairments.

Our approach to disability: the social model

There are two well-recognised models of disability: the medical model and the social model. Historically, the medical model describes disability as a problem to be tackled by doctors – by curing the person’s impairment. In the 1980s, the disabled people’s movement developed a different view: the social model. The social model of disability is a way of viewing the world, developed by disabled people. It says that people are disabled by barriers in society, not by their impairment or difference. These barriers include people’s perceptions and attitudes towards disabled people, as well as logistical and practical barriers relating to the environment.

This report, and Activity Alliance’s strategy, is based on the social model of disability. However, some perceptions held by the participants in this research align more with the medical model of disability. This may be reflected in their insights.

Definition of impairment: use of language

During the research process, we reflected on how best to speak to children about their impairment. This was important to help identify who should be part of our sample, as well as helping to understand how children prefer to talk about disability and sport. During the exploratory focus groups, children and parents were asked to consider associations and meaning in language relating to disability and sport. This informed the questions asked in the survey and in-depth interviews.

Different children, and families, interpreted words associated with disability in different ways.

Key learnings included:

- Children do not often identify themselves as having an impairment or being disabled.
- Some parents introduce other language to their children to help them to explain their impairment in a positive and child-friendly way.
- Some understand that they have a specific condition. Younger children do not use the name of their condition but explain its impact on their body.
- Parents like the word ‘inclusive’ but some struggle to understand what it means, and whether it means available to everyone with or without an impairment.

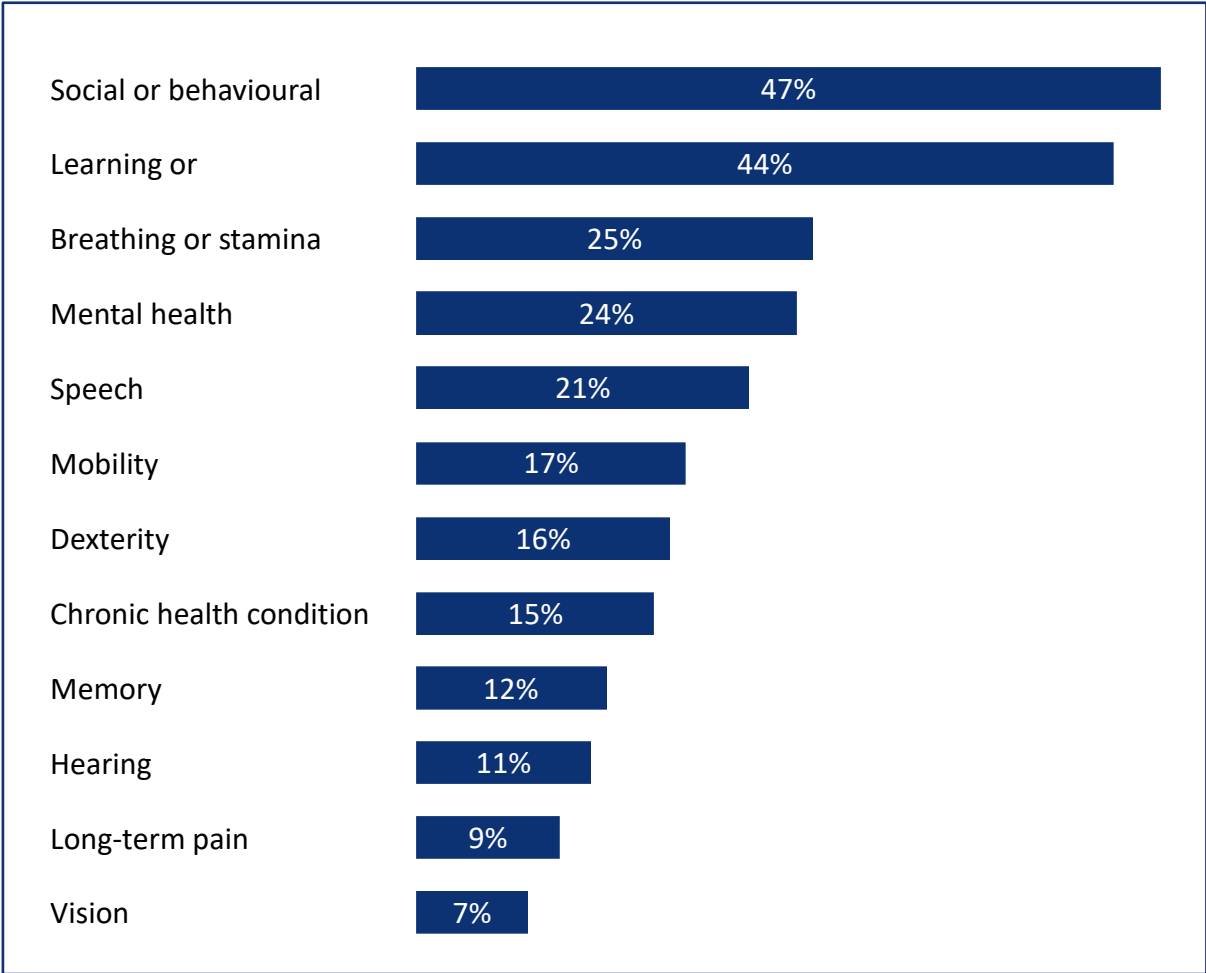
Survey sample

Definition of impairment: impairment types

Given the difficulty with defining disability, particularly with young children or those with complex needs, we primarily asked parents to identify if their child was disabled. We then later asked children themselves a child-friendly version of the question to assess alignment. A brief analysis showing the difference between parent and child reported disability type is shown in the appendix.

Parents were asked if their child had “a long-term health condition, impairment or illness that has a substantial effect on them being able to do normal daily activities”. Parents then specified how their child is affected by their impairment using predefined categories. The proportion of different impairments included in the survey as answered by parents are shown in Figure 3.1.

Figure 3.1. Type of impairment³

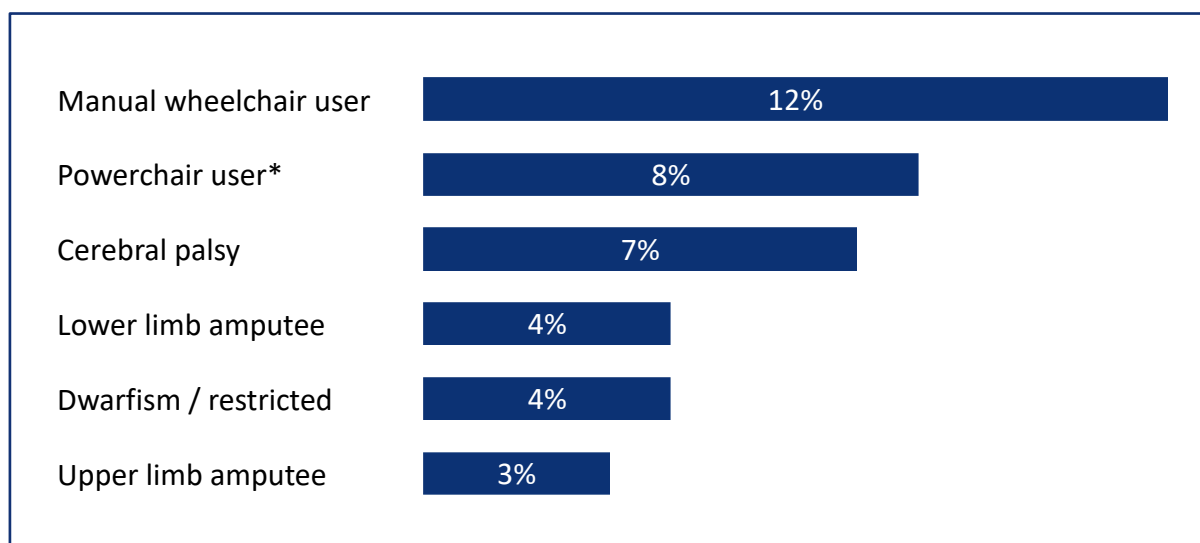


44% of parents said their child’s impairment started when they were born or less than one year old. 54% said their impairment started at a later age. 2% preferred not to say or weren’t sure. We asked parents of disabled children if any specific characteristics applied to their child (Figure 3.2). The sample has representation from young wheelchair users, and individuals with cerebral

³ Q: Do your child’s health conditions, impairments or illnesses affect them in any of the following areas? Base: All parents of disabled children (760)

palsy. It included children with lower and upper limb amputations, and individuals with dwarfism or restricted growth conditions.

Figure 3.2. Specific impairment characteristics⁴



*'Powerchair user' was asked as 'Electric wheelchair/ powerchair/ scooter user' in the survey.

Other demographics

The survey sample included a range of ages, ethnicity, socioeconomic groups, and included people from all areas of England. The table below shows the data for the sample of disabled children and their parents:

Age	Gender	Social group	Ethnicity
Age of children <ul style="list-style-type: none"> 51% 5-10 years 48% 11-16 years⁵ 	Child gender <ul style="list-style-type: none"> 61% male 39% female Parent gender <ul style="list-style-type: none"> 68% female 31% male³ 	Household <ul style="list-style-type: none"> 53% ABC1 43% C2DE⁶ 	Parent ethnicity <ul style="list-style-type: none"> 89% White British 4% mixed 4% Asian or Asian British 2% Black or Black British 1% other

Half of the disabled children in the sample (49%) attended a state or free school, with 17% attending an academy. 17% of disabled children attended a Special Educational Needs (SEN) school, which is higher than the national figure.⁷

Please note significant differences across subgroups are shown where this is particularly unique to disabled children, rather than the child population as a whole. The survey asked parents to state their child's year in age, as well as Key Stage. To provide meaningful significant differences between age groups, we grouped children by Key Stage rather than age in years.

⁴ Q: Do any of the following apply to your child? Base: All parents of a disabled child (760).

⁵ Remaining respondents selected 'prefer not to say'.

⁶ Remaining respondents selected either 'don't know' or 'prefer not to say'. This was based on the job of the main earner in the household. This is similar to the national figures of 55% ABC1 and 45% C2DE.

⁷ Department of Education. 'Special educational needs in England: January 2019' (2019).

Where possible, quotes from the focus groups or attributed to a person, giving details about their age, gender, or impairment.

4. Activity levels

This chapter provides an analysis of the activity levels among disabled and non-disabled children during term-time and school holidays. This includes activity levels across impairment types and Key Stages. We also look at the differences between how disabled and non-disabled children travel to and from school. Activity levels were measured in the survey. Parents asked their child how often they are physically active in a week, for either 30 or 60 minutes per day⁸.

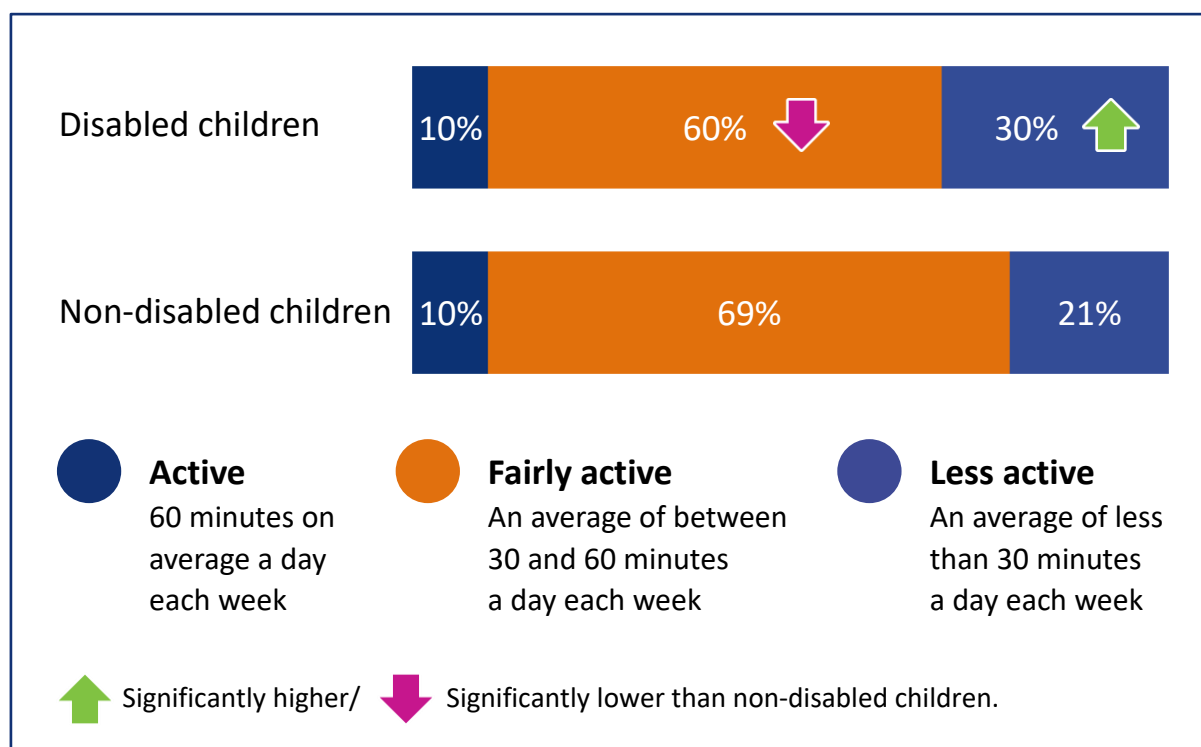
Activity levels during school term-time

Disabled children are less active than non-disabled children

Disabled children are significantly more likely to be less active compared to non-disabled children (30% compared to 21%) during school term-time, as shown in Figure 4.1. This means a third of disabled children are taking part in 30 minutes or less of physical activity a day.

This research indicates that only one in ten children are meeting the Chief Medical Officer's guidelines of an average of 60 minutes of physical activity each day across the week⁹, though there are no significant differences between disabled and non-disabled children.

Figure 4.1. Children's activity levels during term-time¹⁰



⁸ Physical activity was defined as “anything that makes you breathe faster. For example, playing on climbing frames in the playground, walking, dancing, running, swimming, cycling, playing football, netball, or gymnastics”. Further details on this question can be found in the ‘Defining activity levels’ section of the appendix.

⁹ Department of Health and Social Care. [UK Chief Medical Officers' Physical Activity Guidelines](#) (2019).

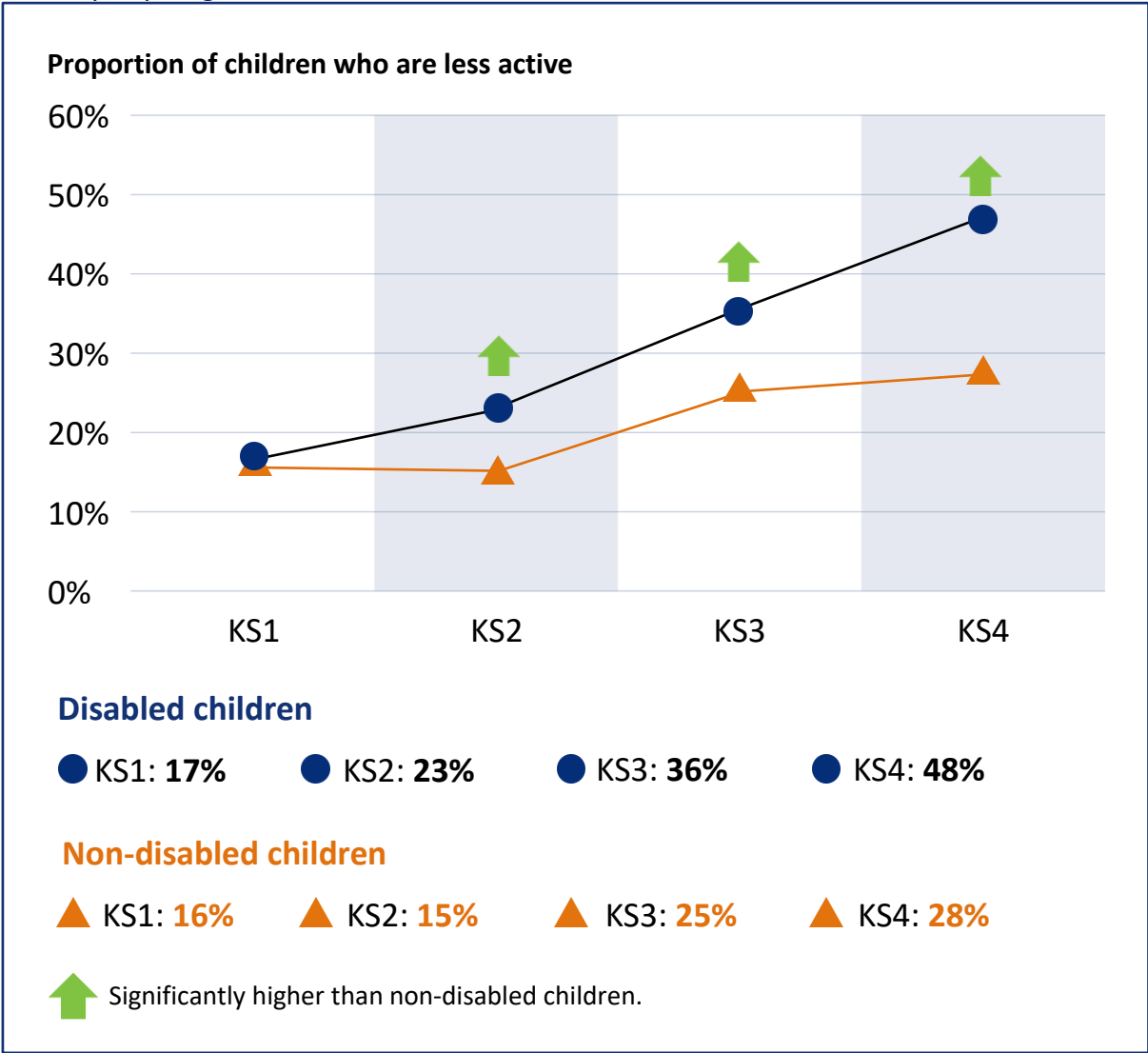
¹⁰ Q: In a week when they are in school, but also including the weekend, how many days do they do a total of 60 minutes or more of activity?/ In school, on how many of the other remaining days do they do at least 30 minutes of activity? Scores were combined to give the overall number of minutes per week, and then divided by 7 for minutes per day. Base: All disabled children (760) and non-disabled children (923)

Sport England’s Active Lives Children and Young People Survey¹¹ provides the most important overall activity level data for disabled and non-disabled children. This uses a different question set, with a larger sample. Our question showed similar activity levels for less active groups, but Active Lives shows a larger proportion of active children (47% across all children). 60% of disabled children are fairly active, compared to 69% of non-disabled children.

As disabled children get older, the gap in activity levels gets bigger

As shown in Figure 4.2, a similar proportion of disabled and non-disabled children at Key Stage 1 are less active. However, from Key Stage 2 onwards, disabled children become significantly more likely to be less active compared to their non-disabled peers. The gap widens further as they reach Key Stage 4. This difference is also observed in Sport England’s Active Lives Children and Young People Survey. The potential reasons behind this are explored in Chapter 7 of this report.

Figure 4.2. The proportion of disabled and non-disabled children who are less active during term-time, by Key Stage¹²



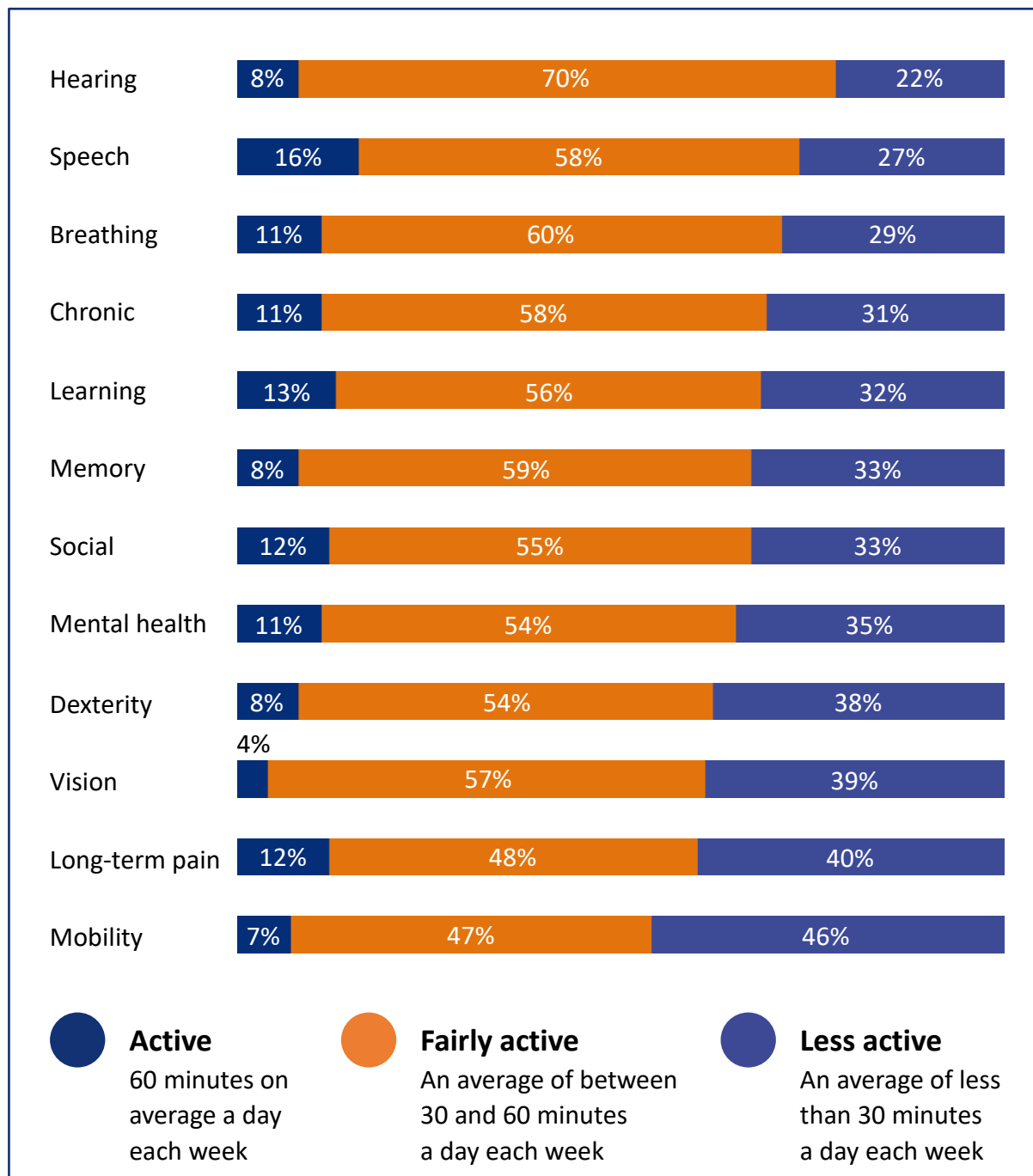
¹¹ Sport England. [Active Lives Children and Young People Academic Year 2017/18](#) (2019).

¹² Q: In a week when they are in school, but also including the weekend, how many days do they do a total of 60 minutes or more of activity?/ In school, on how many of the other remaining days do they do at least 30 minutes of

Activity levels vary across impairment types

Figure 4.3 shows activity levels during term-time for different impairment groups.

Figure 4.3. Children’s term-time activity level, by impairment type¹³



activity? Base: All disabled children in KS1/2/3/4 (132/245/184/147) non-disabled children answering question in KS1/2/3/4 (128/268/229/219)

¹³ Q: In a week when they are in school, but also including the weekend, how many days do they do a total of 60 minutes or more of activity?/ In school, on how many of the other remaining days do they do at least 30 minutes of activity? Base: All disabled children (718), Hearing (86), Speech (147), Breathing (180), Chronic (110), Learning (317), Memory (91), Social (332), Mental Health (168), Dexterity (112), Vision (49), Long term pain (67), Mobility (121)

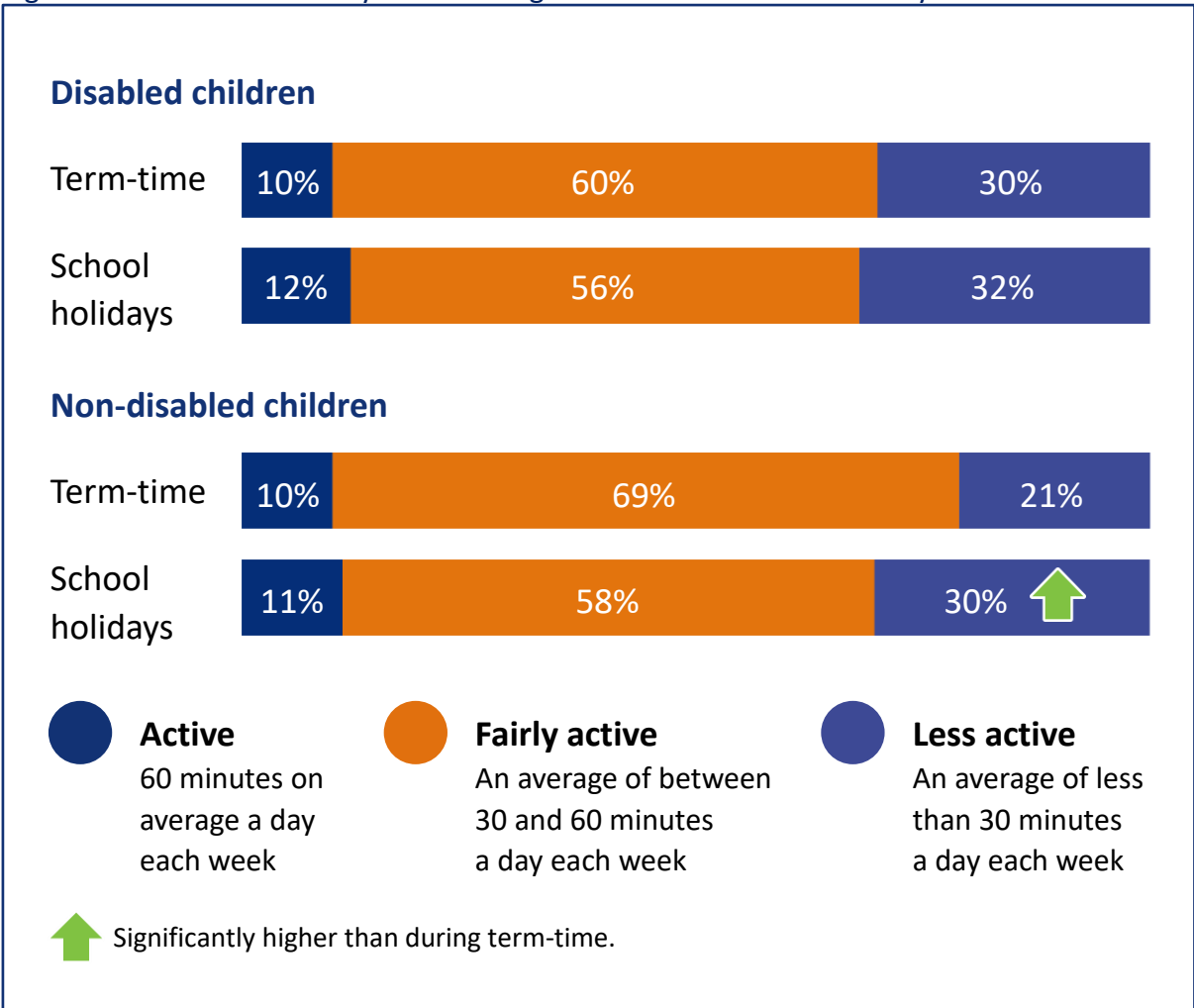
Children with mobility impairments are the least active group, with 46% being active for less than 30 minutes a day. Those with long-term pain and visual impairments are also less likely to be active, with 40% and 39% respectively taking part in less than 30 minutes of activity each day. Children with hearing, speech, and breathing impairments are more active than children with other impairments.

Activity levels during school holidays

Activity levels of disabled and non-disabled children are similar during school holidays

There is no significant difference between levels of activity for disabled and non-disabled children during the school holidays. Interestingly, non-disabled children become less active during the school holidays, with 30% taking part in less than 30 minutes of activity each day. Among disabled children, the level of activity during school holidays and school term-time remains similar (Figure 4.4). This suggests that non-disabled children experience an uplift in activity levels due to physical activities in school that disabled children do not.

Figure 4.4. Children’s activity levels during term-time and school holidays¹⁴



¹⁴ In a week when they are in school, but also including the weekend, how many days do they do a total of 60 minutes or more of activity?/ In school, on how many of the other remaining days do they do at least 30 minutes of activity? Now thinking of a normal week when your child is on school holidays (including the weekend), how many days do they do a total of 60 minutes or more of activity?/ On how many of the other remaining days do they do at

Disabled children in Key Stages 3 and 4 are significantly more likely to be less active during school holidays compared to disabled children in Key Stages 1 and 2. 36% and 50% of disabled children in Key Stages 3 and 4 were taking part in less than 30 minutes of physical activity each day during school holidays, compared to 24% at Key Stage 1 and 2.

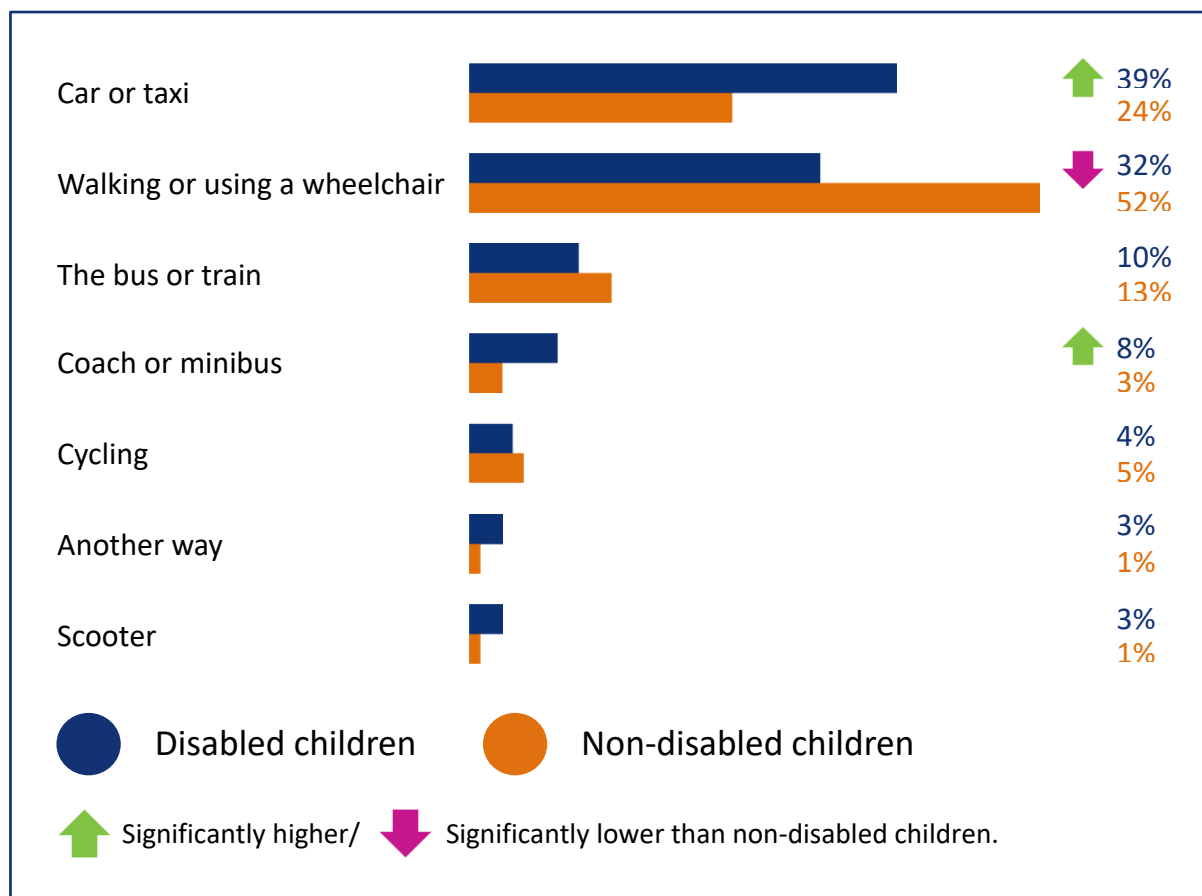
This decrease is similar to the trend observed in activity levels for disabled children during school term-time. However, the difference between less active non-disabled and disabled children is not significant. This is because non-disabled children experience more of a decrease in activity levels during the school holidays as they got older, compared to in term-time. 37% and 41% of disabled children in Key Stages 3 and 4 were taking part in less than 30 minutes of physical activity each day during school holidays, compared to 15% and 23% at Key Stage 1 and 2.

Active travel

Disabled children are less likely to engage in active travel on their way to and from school

As shown in Figure 4.5, disabled children are most likely to get to school by car or taxi, with almost four in ten (39%) travelling this way, compared to a quarter (24%) of their non-disabled peers. They are less likely to walk (or use a wheelchair), with only a third (32%) travelling this way, compared to over half of their non-disabled peers (52%).

Figure 4.5. Children’s travel to and from school¹⁵



least 30 minutes of activity? Scores combined to form overall number of minutes per week. Base: All disabled children (691) non-disabled children (829)

¹⁵ Q: How do you get to school most days? Base: All disabled children (760) non-disabled children (923)

Disabled children who attend SEN schools are less likely to engage in active travel, with only 8% walking or using a wheelchair to get to and from school. Disabled children who attend SEN schools are more likely than disabled children who attend a mainstream school to travel via car or taxi (52% compared to 38%), or by minibus or coach (29% compared to 3%).

5. Enjoyment and participation

This chapter explores disabled children's enjoyment of sport and physical activity, participation in different settings in and out of school, and their willingness to take part.

When asked which activities they enjoy, disabled children are as likely as non-disabled children to say school, music, video games and drawing and painting. However, they are significantly less likely than non-disabled children to say they enjoy:

- Sport and being active (37% compared to 52%).
- Being with friends or family (57% compared to 73%).
- Watching TV (65% compared to 70%).
- Reading (33% compared to 41%).

This is the first indication that sport and physical activity can be less of a priority for disabled children. In the focus groups and interviews, disabled children talked about their varied and interesting lives. Like non-disabled children, many spoke of the importance of their friends and family and their lives in school. Many were particularly passionate about video games, art, social media or time with their pets. Some children, often teenagers, preferred to stay at home rather than do activities outside the house.

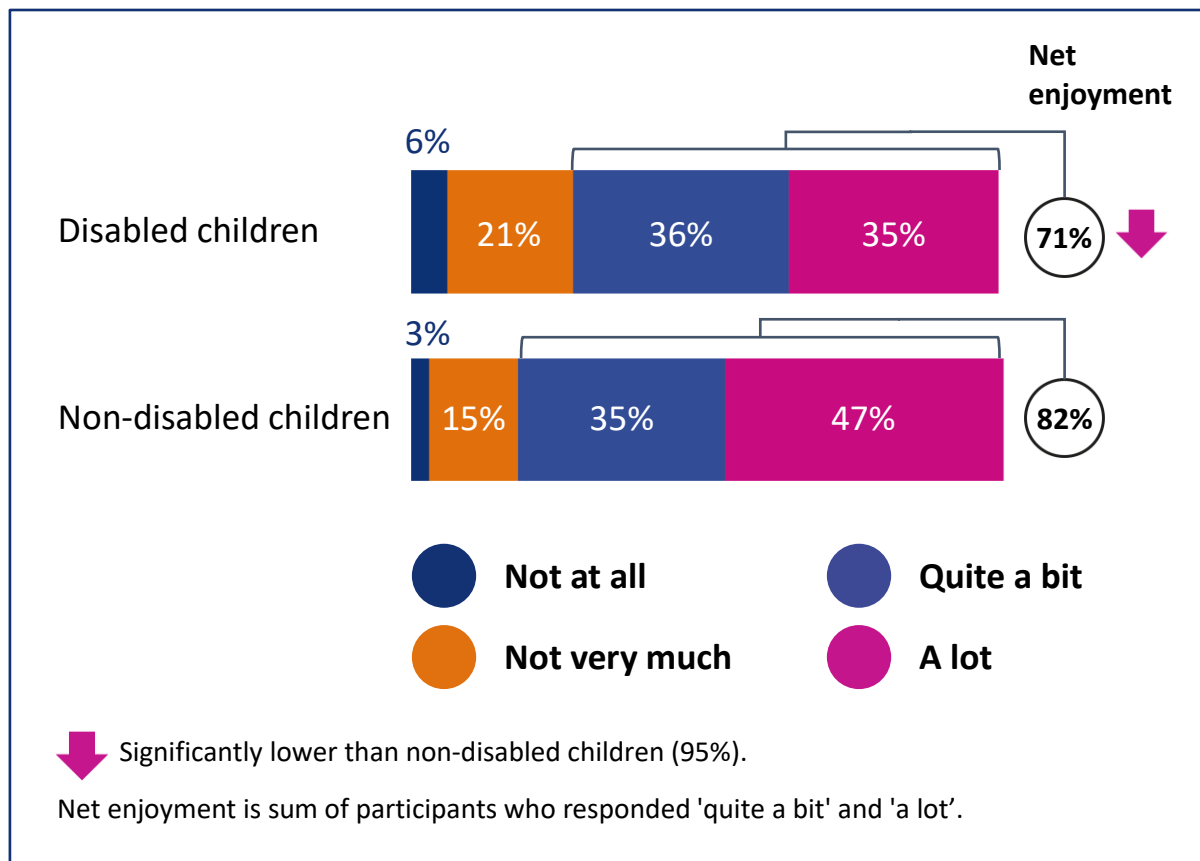
Many children feel their impairment affects their ability to take part in sport and physical activity. Over two-thirds of disabled children (69%) say it affects them either 'quite a bit' or 'a lot'. This chapter explores how this translates into differences in enjoyment and participation in different settings.

Enjoyment of physical activity

Disabled children are less likely to enjoy sports and physical activity, but want to do more

Almost three quarters of disabled children (71%) say they enjoy sport and being active ‘a lot’ or ‘quite a bit’. This is significantly less than non-disabled children (82%), as shown in Figure 5.1.

Figure 5.1. Children’s enjoyment of sport and physical activity¹⁶



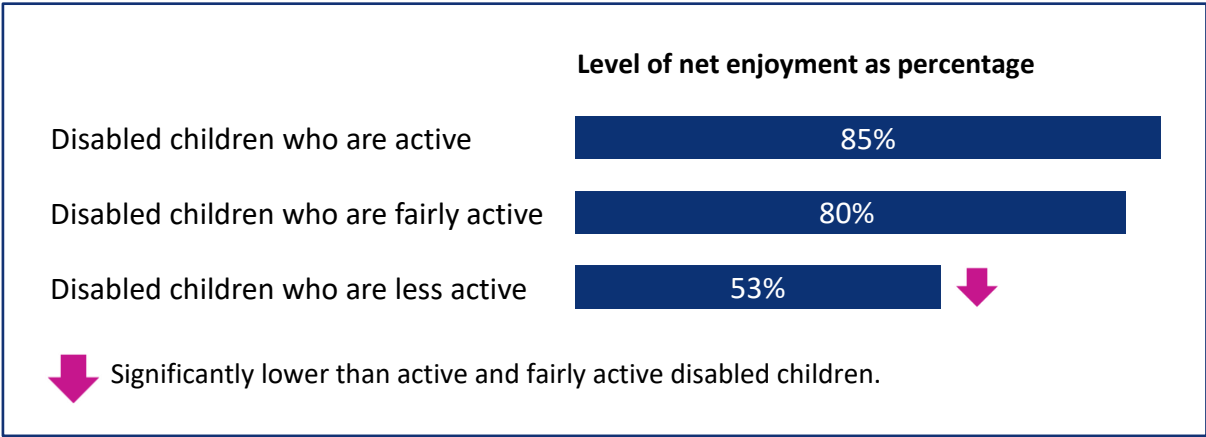
Almost one in four disabled children say they want to be more active than they currently are (38%, compared to 28% of non-disabled children). 47% say they are happy with how much sport and activity they do (compared to 66% of non-disabled children), while 9% would like to do less (compared to 3% of non-disabled children).

Enjoyment is associated with activity levels

As shown in Figure 5.2, disabled children who are more active are significantly more likely to say they enjoy sports and being active (85%). For the least active children, this falls to 53%. This highlights the association between enjoyment and activity levels, especially for those that are less active.

¹⁶ Q: How much do you enjoy sport and being active? Base: All disabled children (760) non-disabled children (923)

Figure 5.2. Disabled children’s enjoyment of sports and physical activity, by activity level¹⁷

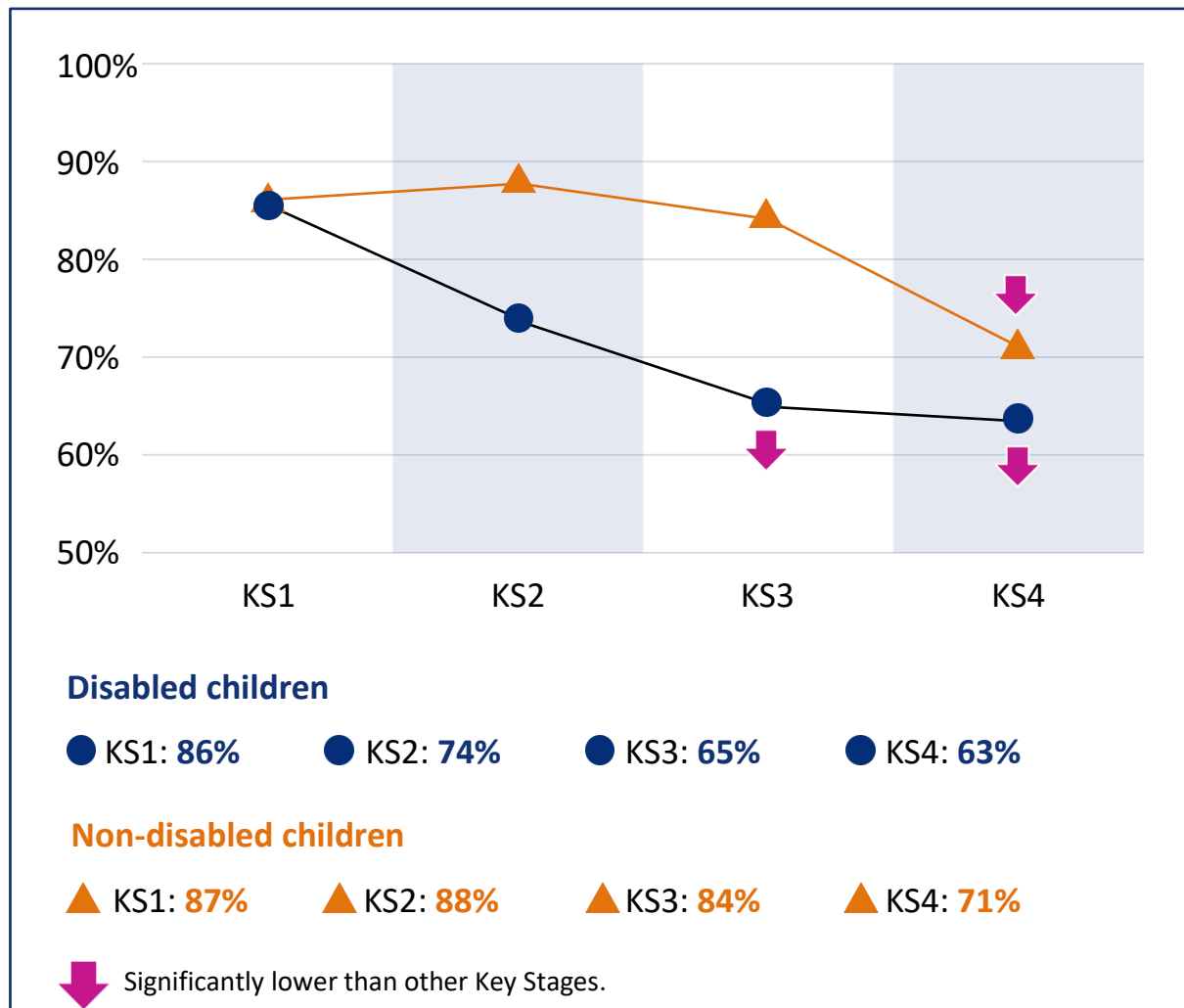


Enjoyment of sports and physical activity decreases with age

Disabled children in Key Stages 1 and 2 are significantly more likely to enjoy sport and being active compared to those in Key Stages 3 and 4 (Figure 5.3). Non-disabled children in Key Stage 1, 2 and 3 show similar levels of enjoyment; this significantly decreases at Key Stage 4. This suggests that while all children enjoy being active less as they get older, this happens earlier in childhood for disabled children. How perceptions and barriers change with age is explored further in Chapter 8.

¹⁷ Q: How much do you enjoy sport and being active? Base: All disabled children who are less active (217), fairly active (433), active (68)

Figure 5.3. Enjoyment of sports and physical activity, by Key Stage¹⁸



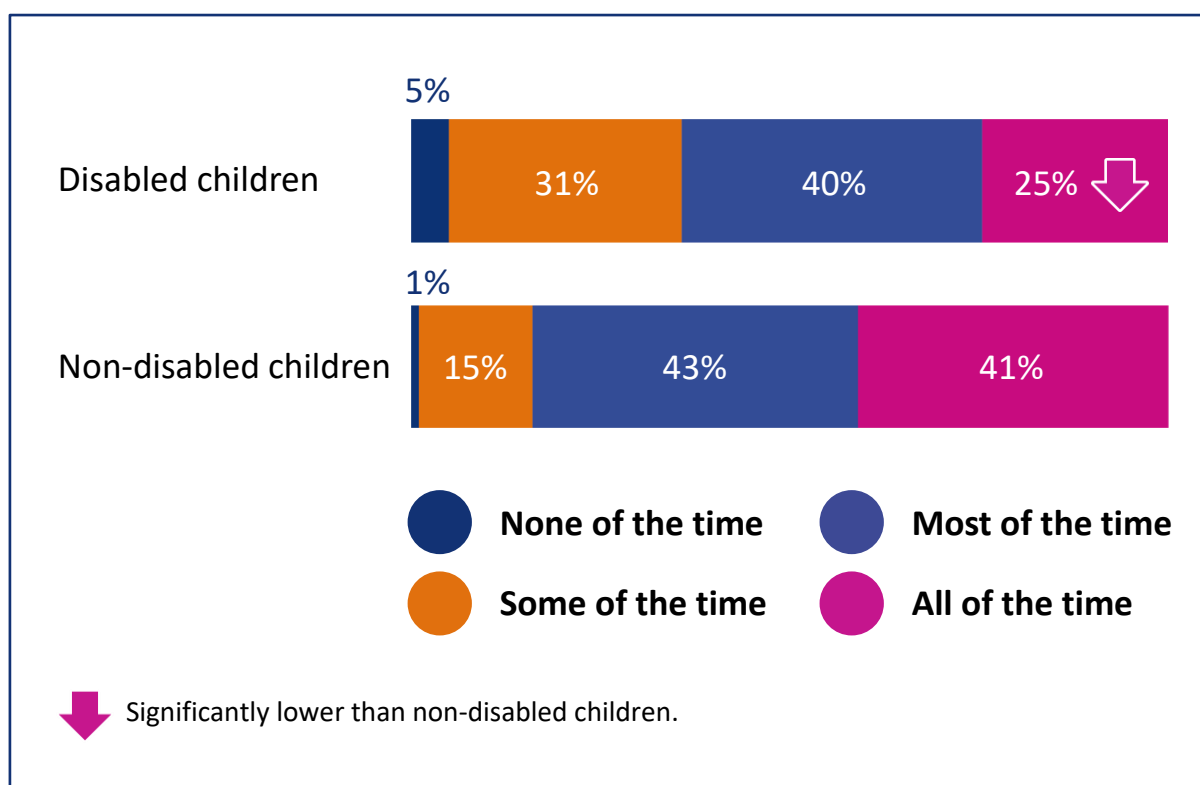
¹⁸ Q: How much do you enjoy sport and being active? Base: All disabled children in KS1/2/3/4 (136/262/192/158) non-disabled children in KS1/2/3/4 (140/291/246/237)

Participation and enjoyment in school

Disabled children are significantly less likely to feel they can join in with sports and physical activity at school

Two-thirds (65%) of disabled children say they are able to join in with sport and physical activity at school all or most of the time, compared to 84% of their non-disabled peers (Figure 5.4). Only a quarter of disabled children (25%) say they can take part all of the time, compared to 41% of non-disabled children. Only 5% say they never take part; this is higher than the 1% of non-disabled children who say the same. Disabled children in Key Stage 3 and 4 are significantly more likely to say they can never take part (6% and 11%) compared to disabled children in Key Stage 1 (1%).

Figure 5.4. Ability to join in with sports and physical activity at school¹⁹



This was reflected in the qualitative research. Many children shared their experiences of being unable to join in with certain activities and games, or being left out of PE lessons altogether. Examples included:

- Sitting 'on the side' and watching activities for all or part of lessons.
- Doing homework in a separate classroom while the rest of the class participate in PE.
- Being sent to student services or the library.
- Schools scheduling physiotherapy during PE time.
- Schools not considering or acquiring suitable equipment.
- Schools having equipment but not having the time or support staff to use them.

¹⁹ Q: When sports and activities are happening at school, how often are you able to join in? Base: All disabled children (760) non-disabled children (923)

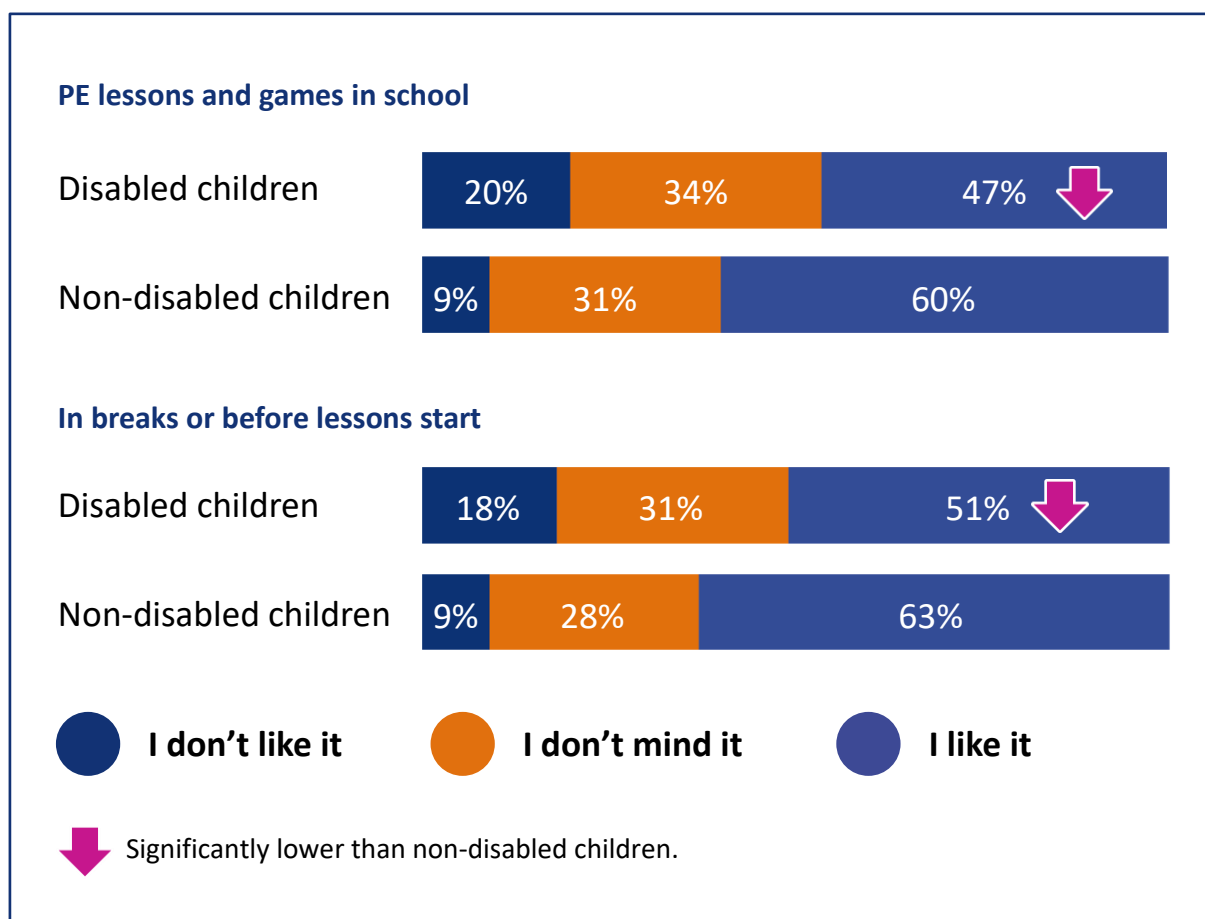
“I just sit out of PE really. I’ve been given things ago but then just felt silly and the teacher couldn’t help because he didn’t get it and the class is just big.”
 (8-11 year old child with an impairment)

Disabled children are less likely to enjoy sport and physical activities inside school

Similar to the trend seen in disabled children’s overall enjoyment of sport and physical activity, disabled children are less likely to like being active and playing sports in school than their non-disabled peers (Figure 5.5).

Disabled children are significantly less likely to say they that they like PE lessons and games in schools led by a teacher compared to their non-disabled peers (47% compared to 60%). They are also significantly less likely to say that they like being active and playing sports in breaks or before lessons start (51% compared to 63%).

Figure 5.5. Enjoyment of sports and physical activity in school settings²⁰



²⁰ Q: We would like you to think how much you enjoy being active and playing sports... Base: All disabled children (760) non-disabled children (923)

Disabled children explained there are many different reasons why they are less likely to enjoy sports and activities in school

From the qualitative research, there are many reasons why disabled children often do not enjoy sports and activities in schools. These are explored further in Chapter 8, but specific challenges at school include:

- Other children staring, laughing, or teasing them when they are being active.
- Feeling like some teachers don't understand their needs or adapt activities.
- A lack of suitable equipment or uncomfortable environment.
- Being left out of activities by teachers or friends.
- Frequent changes in activity types or lesson structures can feel unpredictable and overwhelming.
- Struggling to understand instructions or to know what to do (particularly for games with complex rules or which use new equipment).
- Not having breaks or control over what they do in PE lessons.
- Disliking the competitive or "tense" atmosphere.
- Feel uncomfortable in large groups, or being with children who they aren't friends with.
- Tests and grading in PE lessons (for older children).

"I don't really have fun when we're playing in PE. Everything feels tense. Like, everyone is playing properly, but when I am just playing with people that I already know, I just have fun doing it, because we can just run around and kick the ball properly, and it is not a very stressful thing."
(10-year-old boy, mobility and long-term pain impairment)

"I didn't like that they kept pushing me. I really don't like the bleep test because I can't hear the beeps, and I come away feeling like I've failed it."
(13-year-old girl, hearing impairment)

Children often mentioned issues with teachers when talking about PE or sports in school. Teachers can face challenges with confidence and awareness of inclusive activity, as well as engaging with those who are less interested in PE or who have behavioural issues. Teachers often work in difficult environments, and have many different priorities and needs to consider. Our research shows that for some disabled children this translates into negative experiences of PE and school sports. Common reasons for this were: feeling that teachers didn't do enough to include them in the lessons, give them enough time or attention, or that they didn't understand their impairment or needs.

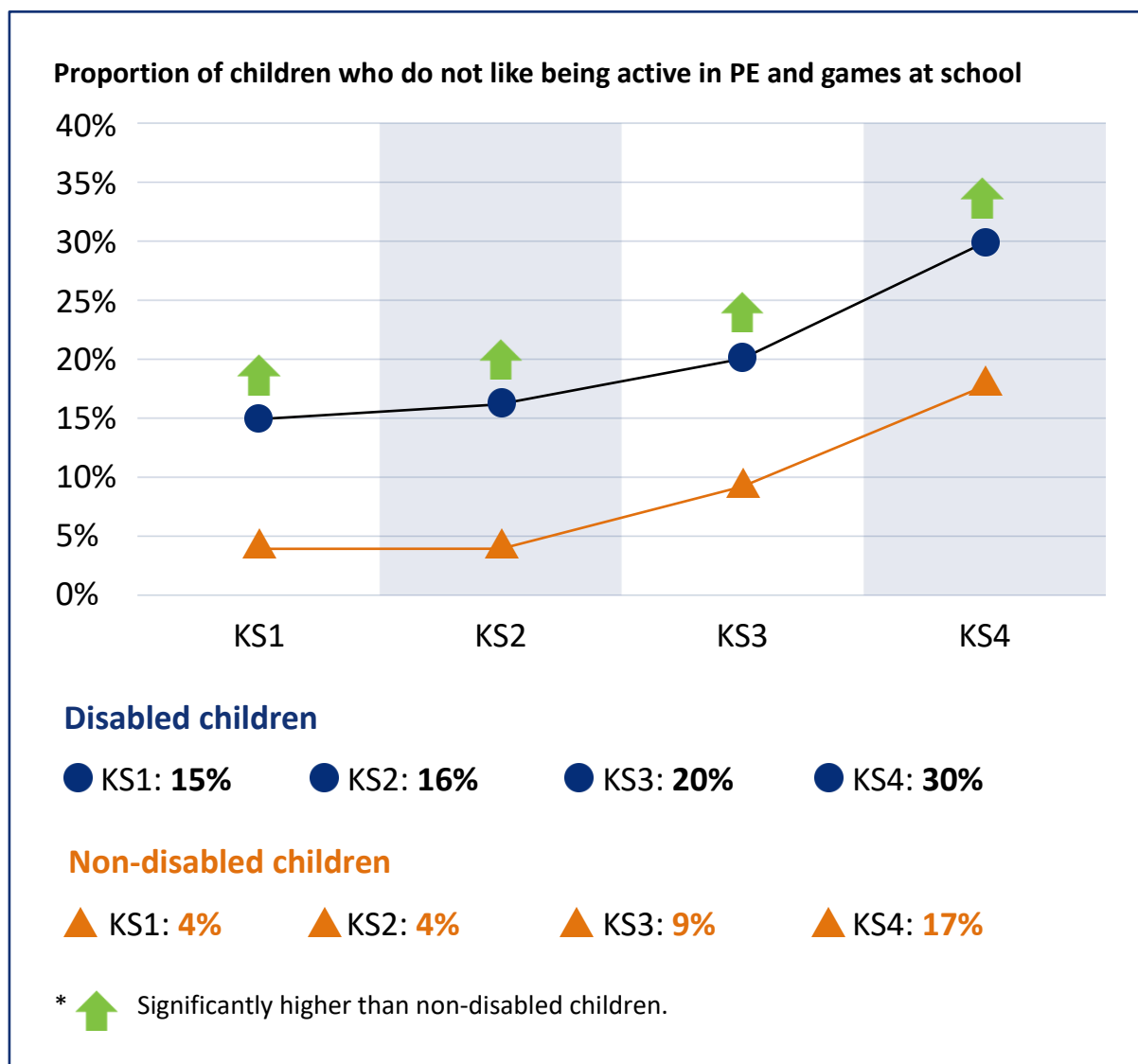
"Most teachers tell me to just carry on because they don't know how bad it is and they say, 'Carry on until you get to there,' and they don't let me in my wheelchair most of the time."
(11 year old boy with mobility impairment)

"The teaching assistants care, the teachers don't. They [teachers] don't try and get the equipment out. But then the teaching assistants would try and do something different with me and my friends."
(8-11 year old child with an impairment)

Enjoyment of sport in school decreases by age for all children

All children become less likely to enjoy PE lessons and games in school as they get older; a similar trend is seen for both disabled and non-disabled children. However, this is particularly true for disabled children, with almost a third of disabled children in Key Stage 4 saying they do not enjoy PE lessons or games (Figure 5.6). This trend is also seen for sport and physical activity during break times or before lessons.

Figure 5.6. The proportion of children who don't enjoy sports and physical activity during PE lessons or games, by Key Stage²¹



²¹ Q: We would like you to think how much you enjoy being active and playing sports... Base: All disabled children (136/262/192/158) non-disabled children (140/291/246/236)

Participation and enjoyment of activities outside school

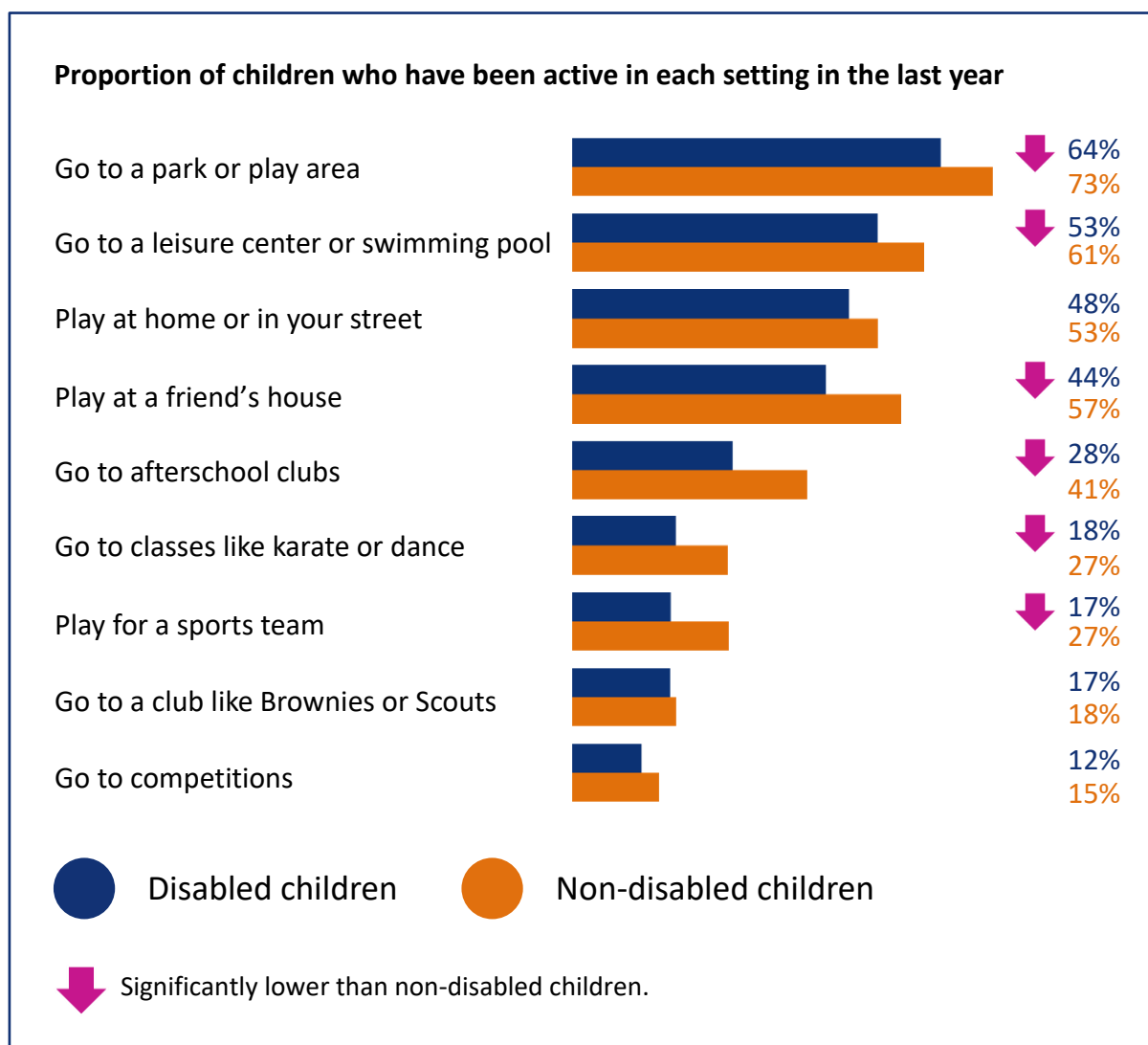
Outside of school, disabled children are significantly less likely to be active in many settings

Compared to their non-disabled peers, disabled children were significantly less likely to have been active in many settings in the last year (Figure 5.7). The difference is wider for more formal activities, like playing for a sports team, attending sports classes or afterschool clubs. There are also significant differences between disabled and non-disabled children being active in informal settings like parks or play areas, leisure centres or swimming pools, and friends' houses.

The three types of activity where disabled and non-disabled children participate at similar levels were:

- Going to competitions (12% compared to 15%).
- Going to a club like Brownies or Scouts (17% compared to 18%).
- Playing at home or their street (48% compared to 53%).

Figure 5.7. Participation in different settings outside of school in the last year²²

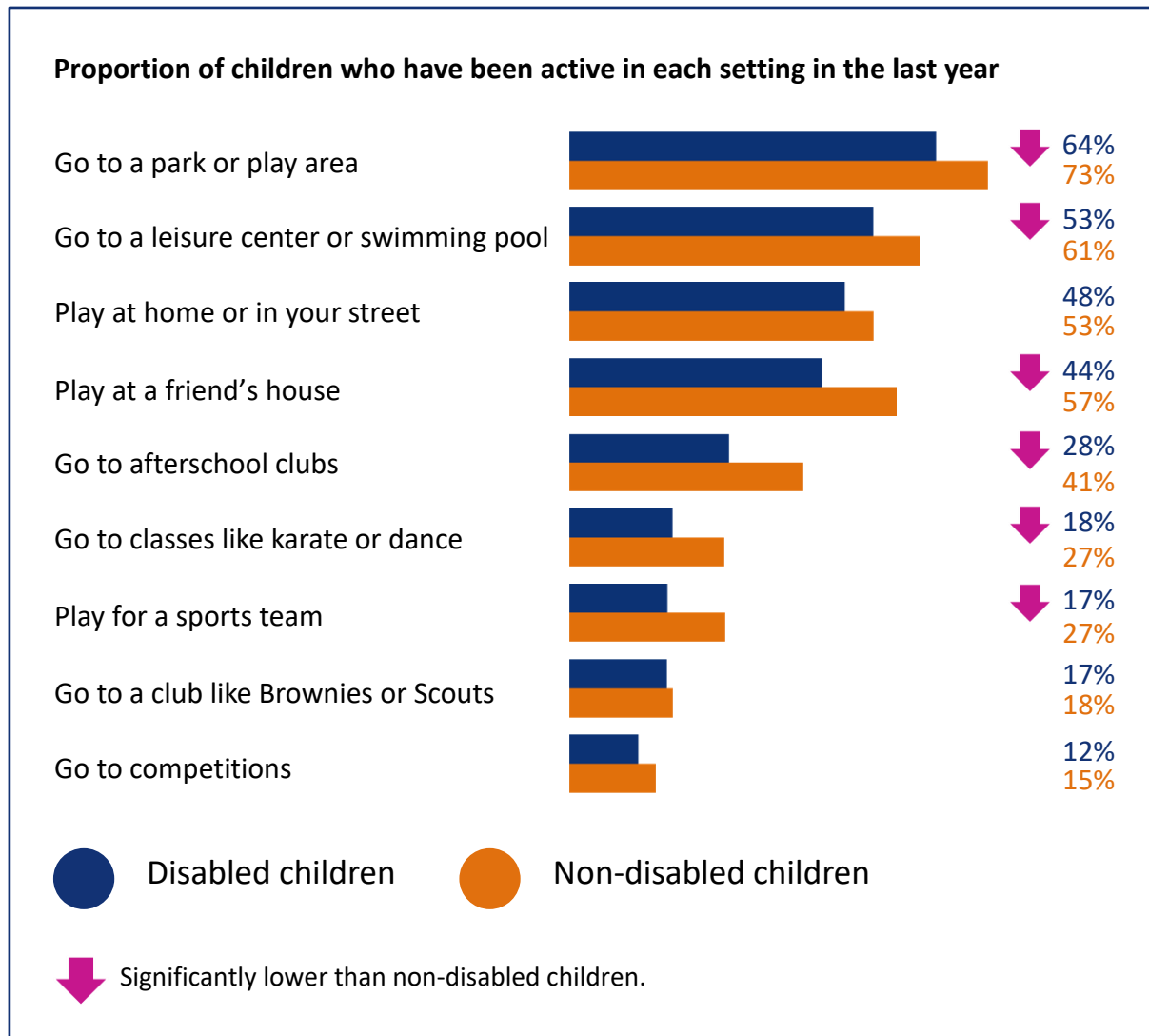


²² Q: Have you done any of these things where you are active in the last year? Base: All disabled children (760) non-disabled children (923)

Disabled children who do take part in these activities are less likely to enjoy them than their non-disabled peers

Disabled children express less enjoyment of activities in almost all settings, as shown in Figure 5.8. The only setting where disabled children are as likely as non-disabled children to enjoy sports and physical activity is at home (81% compared to 85%).

Figure 5.8. Enjoyment of being active in different settings outside school²³



Despite the difference in participation and enjoyment, disabled children want to take part in these activities at similar levels as non-disabled children

Children were asked if they wanted to do more in each different setting. Both groups were most likely to say they wanted to:

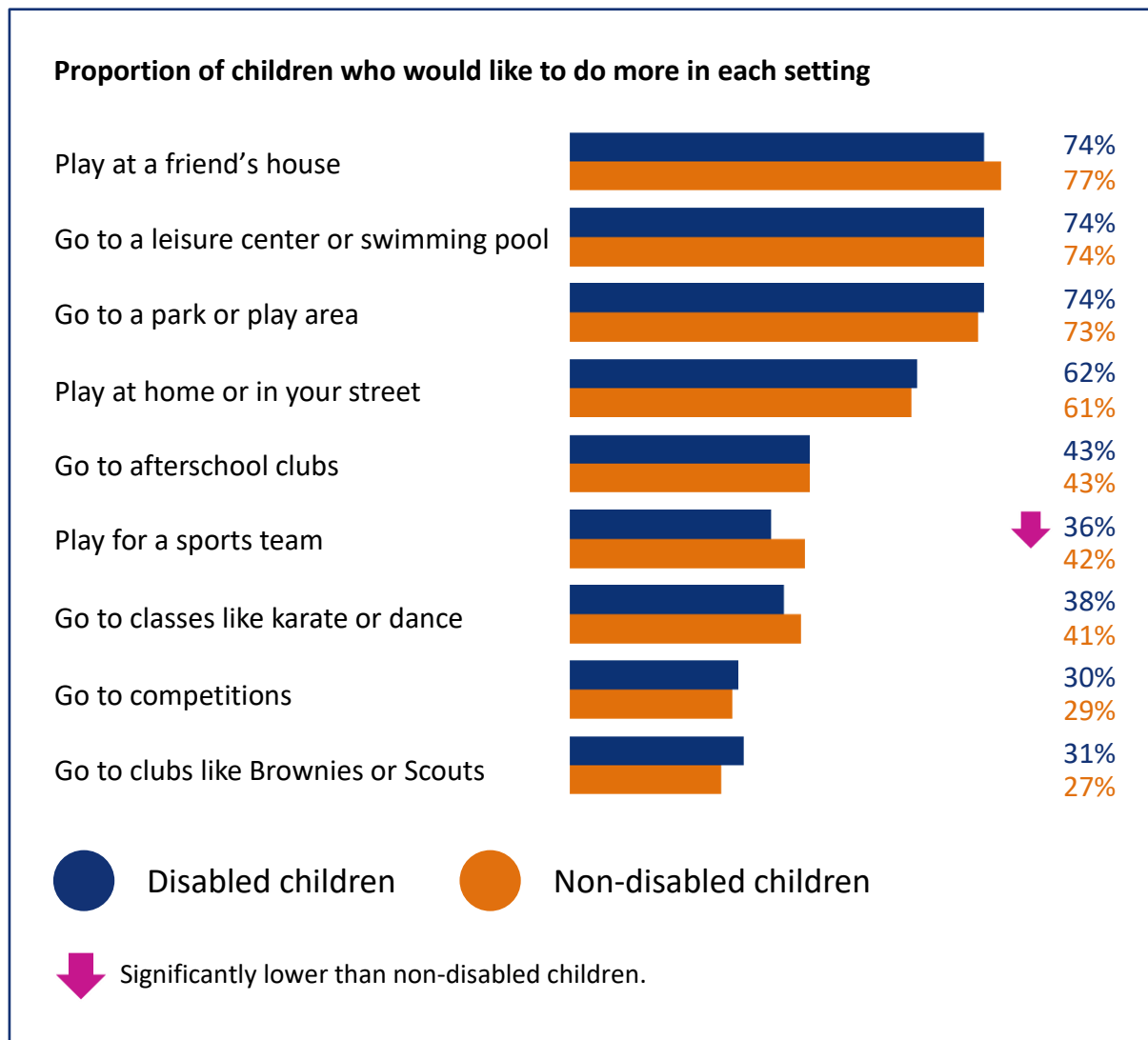
- Go to a park or play area more
- Go to a leisure centre or swimming pool more
- Play at home or in their street more

²³ Q: How much do you enjoy doing these things? Base: All disabled children who have done the specified activity before (varies, minimum of 90) non-disabled children who have done activity before (varies, minimum of 136)

- Play at a friend’s house more.

This reflects the informal activities that all children enjoy more, shown in Figure 5.9. There was less interest in more formal activities for all children. This includes playing for a sports team and going to after-school clubs. Playing for a sports team was the only activity that disabled children were significantly less interested in compared to non-disabled children, suggesting sports teams are one of the least appealing settings for disabled children.

Figure 5.9. Children's desire to be active in different settings outside of school²⁴



As children grow older, they become less likely to say they would like to do more in all settings, though ‘going to a leisure centre or swimming pool’ showed the smallest decrease in interest. This suggests simply offering different activities may not be enough to engage with older children who have already lost interest.

²⁴ Q: Would you like to do more of any of these? Base: All disabled children (760) non-disabled children (923)

6. Inclusive activity

This chapter investigates who disabled children want to be active with, and what taking part with different groups means to them. We also consider the perspectives of non-disabled children.

Inclusive activity – disabled and non-disabled people taking part together – helps to provide equal access and equal opportunities for all. This means that diverse needs are taken into account when designing and delivering activities through adapting the environment, equipment, or approach. Truly inclusive physical activity provides equal participation and enjoyment for all children, regardless of disability or other factors that are associated with discrimination.

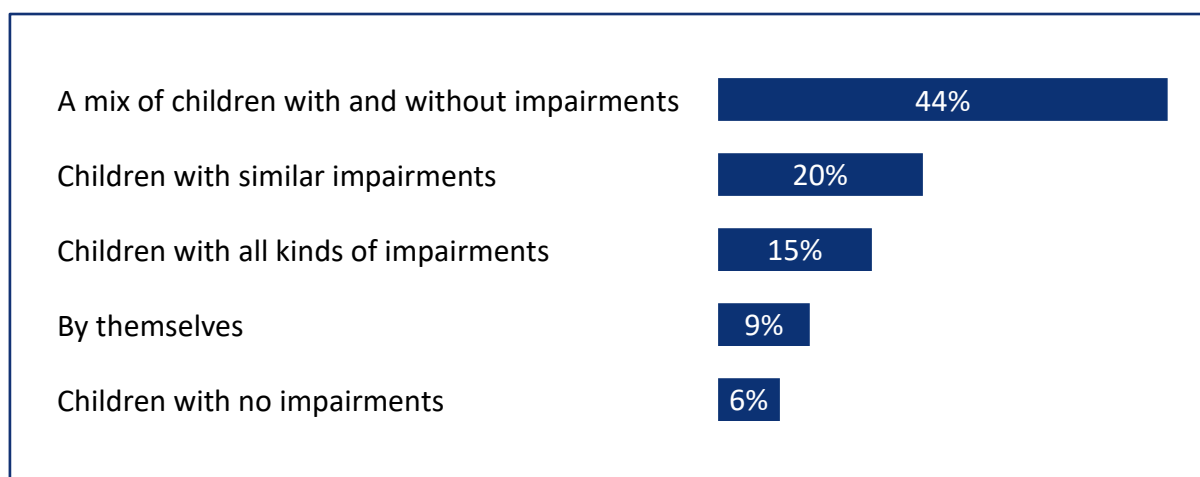
Children also take part in physical activity by themselves, with children with similar impairments, with children with no impairments, and with children with a range of impairments. By understanding children’s preference and needs for each settings, we can understand when and how they can be useful to increase participation.

Who disabled children want to take part with

Some disabled children want to take part in inclusive sports and activities. Others prefer to take part with children who have similar impairments

Children are more likely to want to take part in inclusive activities with disabled and non-disabled children, with 44% showing a preference for inclusive sport and activities (Figure 6.1). However, one-fifth (20%) say they prefer to take part with children who share similar impairments. This supports the delivery of inclusive activities. However, it also reminds us that children and parents, especially those who have had bad experiences, can feel disability-specific activities are more likely to offer their child an accessible or positive experience.

Figure 6.1. Who disabled children want to take part in sports and physical activity with²⁵



²⁵ Q: We would like to understand who your child enjoys taking part in sport and physical activity with. We would like you to talk to your child about this question so we understand their answer. You may want to use different language, perhaps talking about their specific condition. Would you say your child would like to take part in sport and physical activity with... Base: all parents of disabled children (760)

Children with visual (29%), mobility (28%) and long-term pain (28%) impairments are most likely to prefer to take part with children that have similar impairments, though inclusive activity was the most common choice regardless of impairment type. Children who are less active are more likely to prefer to take part with children with similar impairments compared to those who are active (24% compared to 10%).

In the qualitative research, we explored young people's views about taking part with different groups of people:

- **A mix of children with and without impairments:** Most children want the option to be able to take part in physical activities with other children, regardless of their disability status. They want to take part with their non-disabled family and friends, and to have the same range of options as other children. It was more important for children that they can easily take part in a sport or activity without feeling different or left out, that activities are adapted properly, and they could enjoy it.

“I don't mind who I do it with. It's just making sure that they are on the same level, or we can play it together.”

(8-11 year old child with an impairment)

Some prefer inclusive activities as they feel it is not necessary to separate people based on disability, especially if deliverers or teachers can provide individual support. Some had poor experiences of activities where they had taken part with non-disabled children (e.g. PE lessons, or out-of-school sessions). These were poor experiences as the activities were not adapted, the deliverers or teachers did not provide any specific support, or they did not feel comfortable with non-disabled children. This leads to a negative view of “inclusive” activity.

“So at my school everyone can do well in PE class, but then everyone has a learning difficulty. So all the teachers know and help us in the way we need. It makes it easier to train at football in school.”

(12-year-old boy with autism)

- **Children with similar impairments:** Some disabled children feel it would be better to take part in physical activity with other children with similar impairments. They felt this would mean that all children taking part could do the activity in the same way. This was particularly the case where children were wheelchair users; they felt it was difficult to compete or play with other children for some games. Some children with mental and social impairments wanted to be around other children who understood how they felt (not necessarily children with other types of impairments).

“You don't feel like you're like them in football because of the problem with the passing the ball, but if it was a wheelchair football team then everybody would have the same difficulties so everybody would be the same. I want to be a part of a football team for disabled people.”

(9-year-old girl with cerebral palsy)

“It would make me more confident if I was around the people who felt the same as me.”

(12-year-old boy with a social impairment)

- **Children with a range of impairments:** Children who wanted to take part with children with a range of impairments felt that the deliverer would be more understanding of different needs and individual children, regardless of impairment types. They feel that the children involved would have more understanding and respect for each other, and that they could learn to understand others better too.

Some parents expect staff working in these environments to have more training, for there to be more supervision, or for children to be in smaller groups. They saw this type of environment as safer, especially for activities like swimming or rugby where children without impairments can be “boisterous” or “rough”.

“We would prefer any disability, yes, I think any disability. So she gets an understanding of other children and other disabilities.”

(Parent of child with an impairment)

“I’m not just going to drop him off at the pool with 30 other kids. He just can’t cope in environments with mainstream kids.”

(Parent of child with an impairment)

Perspectives from non-disabled children

Non-disabled children have positive experiences of inclusive activity but also mention challenges

Non-disabled children were not asked the survey question in Figure 6.1, but the topic was talked about in a focus group with non-disabled children. Most of the non-disabled children in the focus group knew other children with impairments or special needs. They had had positive experiences being active with disabled children, and were happy to be active with them in the future. This was because:

- It was fun or no different to playing with non-disabled children.
- They have disabled friends who they want to play or do sports with.
- They could learn from different ways of playing a game or sport.
- They want to help disabled children feel included.
- They want to learn more about impairments and disabled children.

“I think it would be fun because it’s a different way to play the game you’re playing.”

(Non-disabled child)

Some non-disabled children were unsure about being active with disabled children. This was because:

- They don’t understand what disabilities were or how it would affect another child.
- They feel disabled children would be hurt more easily.
- They feel disabled children would be less “good” at some games or activities.
- They had experienced disabled children being upset or having issues in the past.

“I think sometimes it might be a little tricky playing with disabled people, because sometimes you can hurt them by accident if they’re sitting down. So, if you bounce the ball and it will hit them, you have to be careful.”

(Non-disabled child)

Case study 6.1: Charlotte

“I want to dance instead of doing physiotherapy”

Charlotte is a 9-year-old girl with cerebral palsy. She uses a powerchair and goes to a mainstream school. Charlotte is not always able to take part in PE: her school arranges for her to have physiotherapy instead. Her mum has explained to her school that PE is good for Charlotte and that she wants to take part. (“Dance is like physio for her”).

“I don’t want to do physio because it hurts, and I like to dance.”

This said, Charlotte’s PE teacher has adapted modern dance lessons for Charlotte. This means she can join in with her friends and can feel good about herself.

“I like dancing and making dances up. It makes me feel happy and excited. It makes me feel more confident. I like dancing in class because we do it in pairs. Then we practise outside of class at break.”

Charlotte wants to do other sports like football, but feels she can’t fully take part. Her school doesn’t adapt these lesson, so she feels she gets things wrong, like not being able to pass the ball to her friends.

After Charlotte had tried and enjoyed dancing in school, her mum found a local inclusive dance and theatre group that takes place on the weekend. The group incorporates singing and acting with being physically active. She takes part with children with learning impairments, children who use wheelchairs, and children without impairments.

Her mum thinks it would be good for Charlotte to play sports with children who are also powerchair users with similar impairments. She thinks this would help her compete on an equal level and give her other role models.

“Yes, she tries to join in with football but she feels like she’s not the same. It’s like having the Paralympics where people are on an even keel... you get the real competition coming out of it, if everyone plays basketball from a wheelchair. She’s used to being the only one in a wheelchair, or with other children who have much more profound difficulties. She needs to be able to push herself forward.”

What’s important to Charlotte:

- Joining in with her friends
- Competing at an equal level
- Not being restricted and trying a variety of different sports

7. Motivations to be active

This chapter investigates what motivates disabled children to take part in physical activity and sport, and how this compares to their non-disabled peers. By understanding these motivations, we can better promote and provide activities that appeal to disabled children.

Top motivations

Disabled and non-disabled children have similar motivations to be active

Parents asked their child what their top three reasons for taking part in sport and physical activity were²⁶. Although disabled children participate and enjoy physical activity less than non-disabled children, they share the same top reasons for taking part. Figure 7.1 shows that having fun, improving physical health, and making friends are the top three reasons for all children.

Figure 7.1. Children’s top three reasons for wanting to take part in sport and physical activity²⁷

Disabled children		Non-disabled children	
1 st	Helps them to have fun 50%	1 st	Improves physical health 62%
2 nd	Improves physical health 46%	2 nd	Helps them to have fun 54%
3 rd	To spend time with friends 37%	3 rd	To spend time with friends 45%

Among disabled children, the top three motivations are similar across all impairment types and demographics, with some key differences:

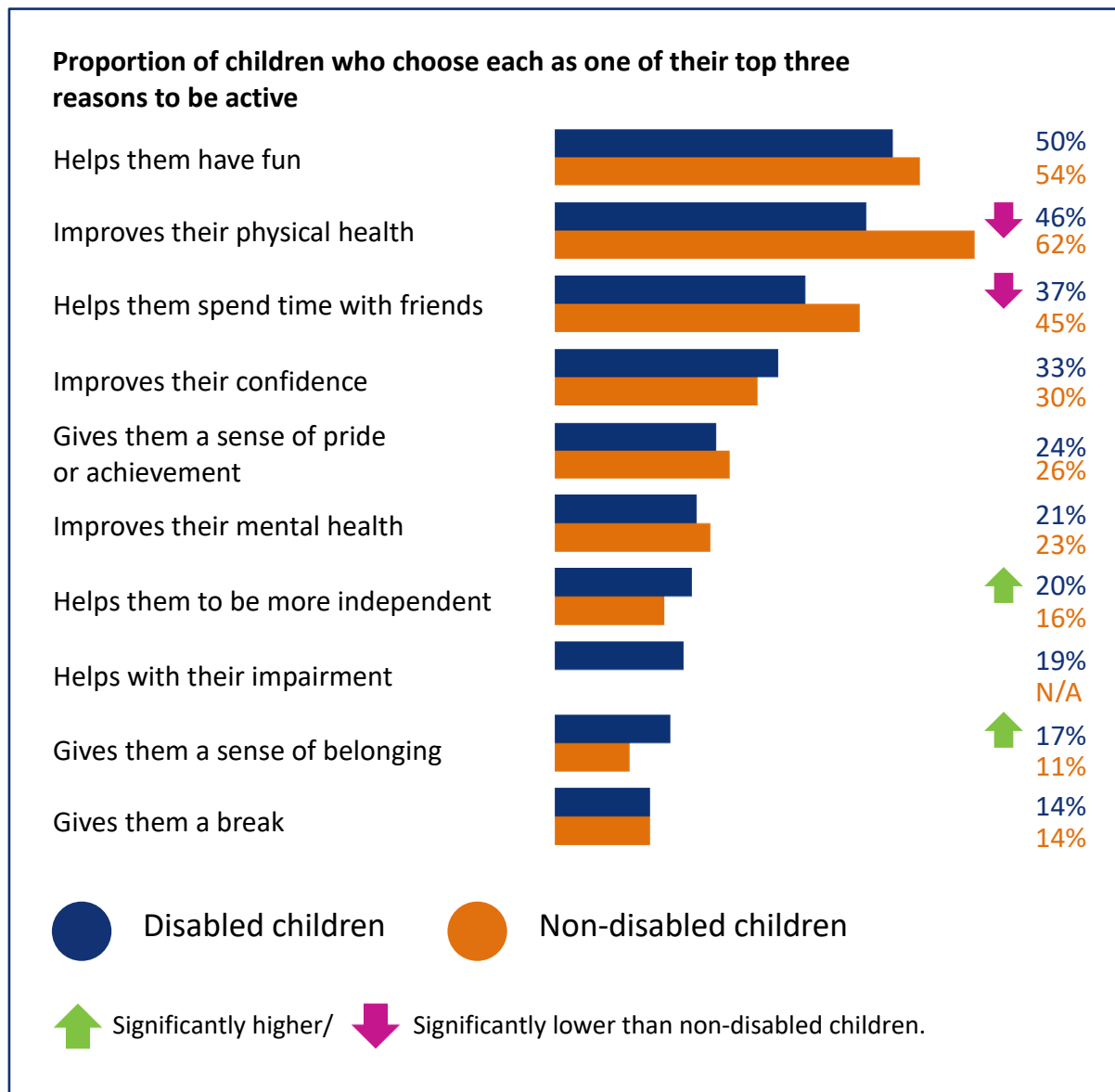
- Having fun is more important for those with social or behavioural impairments (55%), and for those with a learning impairment (55%).
- Among disabled children, having fun is a less important motivation as children get older (61% in Key Stage 1 and 58% in Key Stage 2 compared to 41% in Key Stage 3 and 38% in Key Stage 4). A similar trend was seen in non-disabled children, though the decrease was less marked.
- Disabled children with parents from the C2DE social group are more likely to select having fun as a top motivation than those in the ABC1 social group (55% compared to 46%).
- Less active children are less motivated by having fun (38% compared to 69% of active children).

Figure 7.2 shows the full list of motivations for both disabled and non-disabled children.

²⁶ Respondents were shown a pre-coded list, based on other research, and focus groups and testing interviews

²⁷ Q: We would like to know what your child thinks are the top three reasons for being active and taking part in sport and exercise. Base: All disabled children (760) non-disabled children (923)

Figure 7.2. Motivations for wanting to take part in sport and physical activity



Other important motivations

Disabled children have other reasons to be active compared to non-disabled children

While the top three motivations are the same for disabled and non-disabled children, disabled children are significantly more likely to report other factors as being important too (Figure 7.2). These were less often chosen than the top reasons listed above, but they potentially demonstrate a specific appeal for activity and sport among disabled children. These reasons are related to psychological drivers, and their perceptions about their impairment:

- **Gives them a sense of belonging:** chosen as a top three motivation by 17% of disabled children compared to 11% of non-disabled children.
- **Helps them to be more independent:** chosen by 20% of disabled children compared to 16% of non-disabled children.
- **Helping with their impairment:** chosen by 19% of disabled children (not asked to non-disabled children).

A sense of belonging: Achieving a sense of belonging was an important reason to be active for disabled children compared to their non-disabled peers. This was explored further in the qualitative research, where children gave examples of what helped them achieve a sense of belonging in sport:

- Meeting new people and making new friends.
- Helping, and been helped by, their friends.
- Feeling proud of having a role within a team.
- Receiving positive encouragement from adults and peers.
- Shared interests and social activities.
- Succeeding as part of a team.
- Having regular interactions with the same group.
- Meeting other children like them who have similar challenges.

Case study 7.1: Sam

“Playing sport with friends helps me to feel like I belong”

Sam is a 15-year-old boy. He has a hearing impairment. Sam does not think he is very good at team sports, especially football. Sometimes he can't hear the instructions given by teachers or team captains in PE lessons. He's not always fully involved in games, and feels that his teammates get frustrated with him.

“I get panicked whenever the ball comes over to me in that (football) game... the ball came over to me, and someone was shouting for me to pass it, but I had no idea what they were saying... everyone was kind of annoyed at me, because I passed to the wrong person and didn't know what they said. It makes me feel a little bit panicked.”

Sam can feel nervous speaking to new people, but taking part in sport gives him the confidence to socialise. Sport gives him something he can talk to other young people about.

“I'm pretty nervous about speaking to new people. I can find it pretty difficult... it's just easier when you're playing a sport, because, you know, you're caught up in what you are doing.”

He has made good friends through the snowboarding class he attends on Saturdays. He likes the more relaxed environment at snowboarding – it has helped him to feel comfortable. His snowboarding instructor has been supportive, and has helped Sam to feel more confident about asking people for help, which he's not able to do in PE lessons.

“My instructor's pretty good with it, and I've made some pretty good friends there, so if they say something and I didn't hear it, I can just ask them to repeat it.”

Sport has helped Sam to feel more independent. Sometimes he is chosen as the captain of his team and enjoys the opportunity to lead his friends.

“It helps me build up my confidence, and then I can do stuff by myself, because I've had the experience of helping my team.”

What's important to Sam:

- Coaches and teachers who take time to ensure he understands.
- Meeting people with shared interests.
- Supportive friends who help him participate fully.

Feeling more independent: Sport and physical activity offers an important opportunity to gain independence for all children. This appears to be even more important for those with impairments, with a fifth (20%) of disabled children choosing this as one of their top reasons to take part.

Feeling independent is more important for the following groups:

- Those who are affected ‘a lot’ by their impairment (28% compared to 10% of those who are affected ‘not much’ or ‘at all’).
- Less active children (24% compared to 12% of active children).
- Children in SEN schools (29% compared to 18% of those in mainstream settings).

Qualitative findings support the importance of independence as a reason for children to be active. Some children recognise that they often need to rely on adults or peers to do everyday activities, or that they miss activities and experiences because of needing someone to assist them. Taking part in a sport or activity by themselves helps them to have more control and autonomy in their lives.

Disabled children want to be independent in sports and activities to help them:

- Rely less on parents and other adults.
- Need less help from friends and peers.
- Become stronger or fitter.
- Do activities by themselves (gym, jogging, or trips away).
- Do activities with friends without parents (going to the park or swimming, school trips).
- Develop responsibility and self-reliance.
- Become more confident.
- To be able to make decisions for themselves about what activities to do.

Case study 7.2: Omar

“I want to be active without my mum”

Omar is a 15-year old boy who was born with a genetic condition. This means he has restricted growth, and mobility and learning impairments. Omar doesn’t see himself as being very active. He would prefer to ‘stay in the house and chill out’, playing Fortnite on his computer.

Omar lives with his mum, who he relies on for many aspects of his life, including dealing with issues at school, getting around, his diet, and medical care. He describes her as always being there for him.

Omar often feels that he is unable to take part in activities in school as the teachers don’t adapt them to suit his needs. He has tried many activities out of school, but has struggled to find one where he can take part with young people of a similar age, build, and ability. He has

taken part in out-of-school dance classes in the past, but he got frustrated when he wasn't able to progress as quickly as his peers.

“I've done lots of different activities but nothing has worked.”

Omar has recently started private classes, which use an apparatus called 'aerial straps'. Omar first came across aerial straps in a children's circus. He thought they looked impressive and wanted to give them a go. The activity is one-on-one with a coach who usually works with adults. Not needing his mum to be there to support him in the activity helps Omar feel more independent, and he also likes doing something he's good at.

“I like doing straps... I'm good at it, and don't need to rely on my mum.”

Omar is keen to gain weight and strength, and hopes these classes help him to achieve his goal. His mum is also supportive of this ambition:

“He's got to gain weight; he's on a mission to gain weight, so he can't do too much exercise. So this is why we do the straps: it's all muscle gaining.”

The class have helped Omar to feel more positive about life.

“It (doing aerial straps) just makes me think about moving on in my life. Like, I don't want to go back in my life, I always want to go forward. You need to just take a step forward, not a step back, and keep going.”

What's important to Omar:

- Feeling independent.
- Finding an activity he feels he is good at.
- Gaining weight and building strength.

Helps with their impairment: Disabled children were shown an additional reason in the survey question: 'sport and physical activity helps with their impairment, health condition or disability'. This was chosen by 1 in 5 (19%) of disabled children as one of their top three motivations to be active. Disabled children with chronic health conditions were the most likely impairment group to select this option (30%).

This shows that some children and parents recognise the benefits that sport and physical activity can have on their health, and on managing their impairment. However, it can also reflect that some children and parents see disability as a personal obstacle to overcome, rather than a barrier presented by society and the environment.

In the qualitative research, children highlight several factors when talking about how physical activity can help with their impairment:

- Wanting to manage their impairment or health condition on a day-to-day basis (e.g. to lessen anxiety by swimming, or provide pain relief through stretching).
- To address long-term worries about their health or impairment (e.g. increasing muscle strength or stamina, improving mobility or coordination, or to look less different).

- To help how they feel about their impairment, and its potential impact on their life (e.g. feeling more in control, developing a positive and constructive attitude).
- To change other peoples' attitudes about disability towards a more positive perspective.

"I've always found sport to be like an escape, because I've got really bad anxiety, so I don't see sport stopping me to do anything, I see it more as an escape."

(12-15 year old child with a mental health impairment)

"When I felt more energetic we used to take the stairs in the hospital to build my strength up."

(11-year-old boy with cancer)

"Well, I need to strengthen my foot. That's why I play out a lot."

(10-year-old boy with a mobility impairment).

Other motivations: Other motivators for disabled children (which are not significantly different from their non-disabled peers on an overall level) include:

- Improving confidence (chosen as a top reason by 33%): This is more important for disabled girls (38% compared to 30% for disabled boys). This difference is not seen between non-disabled boys and girls, suggesting this is a specific motivator for girls with impairments.
- Achieving a sense of pride and achievement (24%).
- Improving their mental health (21%): This is more often chosen by those with chronic health conditions (27%), long-term pain (27%), and mental health problems (26%). Mental health becomes more important with age: it was chosen as a top reason by 32% of those in Key Stage 4, compared with only 17% in Key Stage 1.

8. Barriers to being active

This chapter explores what disabled children feel prevents or makes it difficult for them to be active or to take part in sport and physical activity. This will help us understand how to overcome these challenges.

There are wider structural, organisational, or cultural barriers that affect participation in sport, such as funding pressures affecting the amount, frequency and quality of local provision, and the broader challenges and pressures that children and parents face in their lives. However, this chapter focusses on the immediate psychological and practical barriers that children most often recognised.

Top barriers

Disabled children have different barriers to being active than non-disabled children

Parents asked their child to choose the top three reasons why they found it difficult to be active or take part in sports and physical activity²⁸. Figure 8.1 shows that disabled children and non-disabled children have different barriers.

Figure 8.1. Children’s top three barriers to being active²⁹

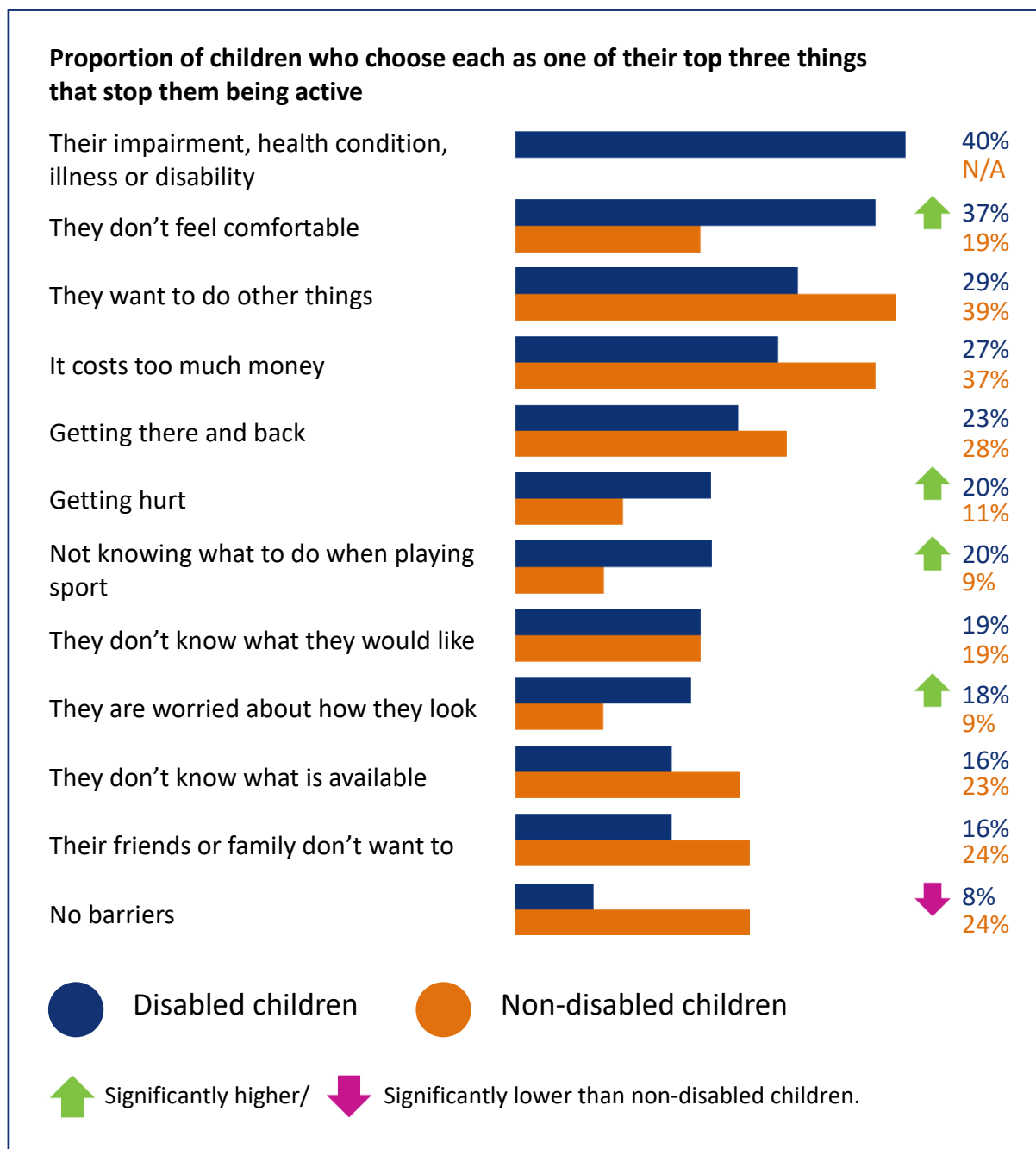
Disabled children		Non-disabled children		
1 st	Their impairment	40%	1 st Want to do other things	62%
2 nd	Not feeling comfortable	37%	2 nd Costs too much money	54%
3 rd	Want to do other things	29%	3 rd Getting there and back	45%

Overall, disabled children are more likely to say there is at least one barrier to taking part in sports and physical activity than non-disabled children. Less than one in ten (8%) say there is not anything that makes it difficult to take part in sports and physical activity, compared to 24% of non-disabled children. Figure 8.2 shows the full list of barriers for disabled and non-disabled children.

²⁸ Respondents shown a pre-coded list, based on other research and focus groups and testing interviews

²⁹ Q: We now want to know what stops your child from or makes it more difficult for them to be active or taking part in sports. Base: All disabled children (760) non-disabled children (923)

Figure 8.2. Children’s barriers to taking part in sport and physical activity³⁰



Disabled children feel their impairment makes it difficult to be active

Two-fifths (40%) of disabled children think ‘their impairment, health condition, illness or disability’ stops them from being active. This reflects how many people can perceive impairments or differences as a central barrier to many activities. Some of the respondents consider their impairment in the context of the medical model of disability, rather than the social model. This means many children, even at an early age, view their impairment as a top barrier, rather than considering societal barriers.

³⁰Q: We now want to know what stops your child from or makes it more difficult for them to be active or taking part in sports. Base: All disabled children (760) non-disabled children (923)

Feeling their impairment is a top barrier to being active is more common among children with:

- Long-term pain (65%).
- Mobility impairments (65%).
- Three or more impairments (52%).

“I don’t feel comfortable if I get a sensory overload. I won’t feel comfortable, it stops me completely. It’s quite overwhelming.”

(16-year-old girl with mental health and visual impairments)

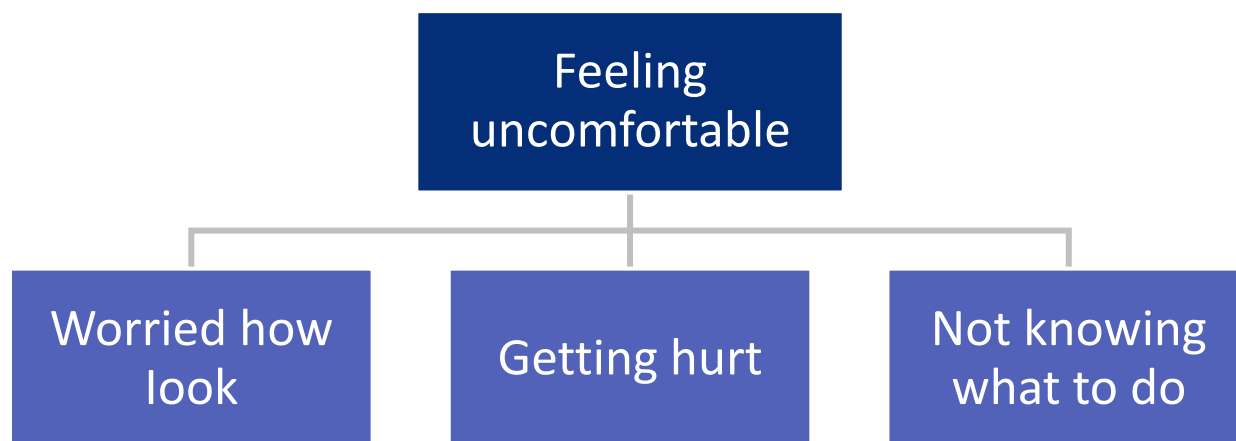
Not feeling ‘comfortable’ stops many children from taking part

The second biggest barrier for disabled children is not ‘feeling comfortable’ when being physically active. This is significantly higher for disabled children compared to their non-disabled peers (37% compared to 19%). The impairment types most likely to report this as a barrier are:

- Children with a mental health problem (47%)
- Children with social or behavioural impairments (45%).

‘Feeling comfortable’ can encompass many different perceptions and feelings for children. This was explored in the qualitative research and appeared to relate to three other more specific barriers from the survey question. This is shown in Figure 8.3 and explored further below.

Figure 8.3. Barriers underpinning ‘feeling uncomfortable’



Concern about ‘getting hurt’: Disabled children are significantly more likely (20%) to view ‘getting hurt’ as a barrier compared to non-disabled children (11%). Children with long-term pain (35%) are more likely to see getting hurt as a barrier compared to other impairment types.

During the qualitative research, children expanded on their concerns about getting hurt:

- Because facilities or equipment are not been adapted to suit them. This was particularly true for fast-paced and contact sports such as dodgeball or basketball.
- Children notice their parent’s safety concerns and become worried themselves. Some are less worried, but do not want to upset their parents by doing perceived risky activities.
- Some worry that the length or the intensity of particular sessions (e.g. martial arts) could be too intense. They wanted to try the activity, but were worried about getting tired or injured.

- Parents and children rarely received advice or reassurance about being safe when being active, so some feel it is safer to avoid taking part.

“It’s good being in the power chair and being fast with everyone else. Then it starts to hurt being in the chair after a while, and I’d want to stop. It was too uncomfortable.”
(8-11 year old boy with an impairment)

“I would always want to go out running and playing football. But mum wouldn’t let me or would stop me when I did because she was scared I’d get hurt or something or knock the catheter.”
(11-year-old boy with cancer)

“I’d like to give karate a try, but I worry about other people not understanding and the coach making me train with someone bigger and not letting me rest.”
(8-11 year old child with an impairment)

Worried about how they look: Disabled children are significantly more likely to worry about how they look when being physically active and taking part in sport compared to non-disabled children (18% compared to 9%).

Qualitative research suggests that there are a number of different reasons for this:

- Worries about standing out from their peers, or drawing attention to themselves.
- Past negative experiences of bullying and teasing.
- Worries about their physical appearance (sometimes relating to a visible impairment, but often to their general appearance).
- To be seen to have failed or to have made mistakes by peers.
- Less commonly, self-doubt and low self-esteem.

While non-disabled children also experience many of these challenges, some disabled children appear to be more affected. Many children in the qualitative research spoke of their desire to fit (or blend) in with their peers. Some parents say their children are reluctant to accept their impairment and do not want to be seen as different.

“Sometimes I don’t try at all in my PE lessons, because I’m worried about trying, and not being able to do anything, and then people thinking about how stupid I look because I’m just falling over or trying to do something. I get worried about what other people will think.”
(15-year-old boy with a hearing impairment)

Case study: 8.1 Jeevan

“I worry how I look when playing with my friends”

Jeevan is a 9-year-old boy who has a hip impairment. Jeevan enjoys reading, playing hide and seek with his friends. He doesn’t like more intense activities like having to run faster.

Jeevan doesn’t enjoy PE lessons with his whole class much, as some of his classmates tease him as he looks and moves differently to other children. This makes him feel different and embarrassed.

“When I was playing basketball, everybody was getting me and they were laughing at me, except my friends.”

His mum says that sometimes children make fun of Jeevan for not running far or for not kicking a football in the same way as they do. She knows that Jeevan wants to try as hard as other children, and to take part in activities to the same extent as his friends do. She knows he finds it hard and upsetting when other children treat him badly.

“He tried, as much as he can, he tried... Last year where a lot of people were being quite horrible to him because he couldn't run the full distance and he wanted to go and kick the ball but people could see that he was struggling.”

What's important to Jeevan:

- Being able to be active without any pressure.
- Taking part in sports at his level.
- Being treated fairly when being active and doing physical activity.

Unsure what to do during an activity: Disabled children are significantly more likely to feel not knowing what to do stops them being active compared to non-disabled children (20% compared to 9%).

This is particularly true for disabled children who have three or more impairments. They are significantly more likely to select this as a top barrier compared to those who have one impairment (24% compared to 15%).

Qualitative research suggests several reasons why disabled children see this as a particular barrier:

- Deliverers not explaining or demonstrating activities in a suitable way.
- Deliverers or activities not allowing them enough time to learn or be comfortable.
- Finding it difficult to understand or follow instructions and rules.
- A lack of experience or skills.
- Negative past experiences.
- Not wanting to ask friends or peers what they should be doing.

Case study 8.2 Micah

“I need people to show me what to do”

Micah is a 12-year-old boy with autism. He loves football and attends a performance academy at a professional club. He has a collection of football trophies and is most proud of his ‘player of the season’ trophy.

Micah’s PE teacher and his football coach know that Micah finds it difficult to process information. They make sure they demonstrate activities so that he understands instructions. His mum explains:

“When people coach him, they have to understand that he’s a visual learner and if he’s watching somebody do it, that’s fine, but if he’s given instructions, especially if it’s more than two things, he can’t process it and can’t follow it.”

Micah sometimes attends football camps at different locations. This change in environment can make him feel unsure, and worried that he doesn’t know what to do.

“I feel a bit anxious at times because I don’t really know anyone there. So, if someone talks, I won’t really know or when they do a demo I’ll be a bit unsure at times.”

His mum tries to address this by helping him to prepare for the change by looking up new venues online, and talking about what to expect. She thinks it would be better if she could speak to a member of staff and explain his specific needs. She hopes this would help the new Coach to tailor their instructions in a way that Micah can understand and know what to do.

“The thing is when you go in all the parents are dropping off as well, so as a parent you don’t really get the opportunity to explain. You put it on their forms...but there is such a huge parameter of difference. You don’t get just one autism, do you?”

When he can understand and join in with activities at his club or in school, Micah felt more confident, comfortable and united with his teammates.

“I feel good with it because they’re all my friends and they’re all the same as me. The teacher knows what we have, so he’ll always do a demo with it and he does it nice and slowly so we all understand.”

What’s important to Micah:

- People understanding how he learns
- Being around people he knows and feels comfortable with
- Preparation and support when there is any change in environment

Social isolation and physical activity

Physical activity has a key role to play in tackling social isolation and loneliness, for both adults and children.

This section investigates differences in loneliness between disabled and non-disabled children. It also examines the impact this may have on their likelihood to get involved in sports and physical activity. To measure loneliness, we used the three-item UCLA Loneliness scale for children³¹. This measure asked children 'how often do you feel that you have no one to talk to', 'how often do you feel left out' and 'how often do you feel alone'. The scores of these three statements were combined to produce a loneliness index, classifying children as lonely 'often', 'sometimes' or 'hardly ever/never'.

Disabled children are more likely to be lonely

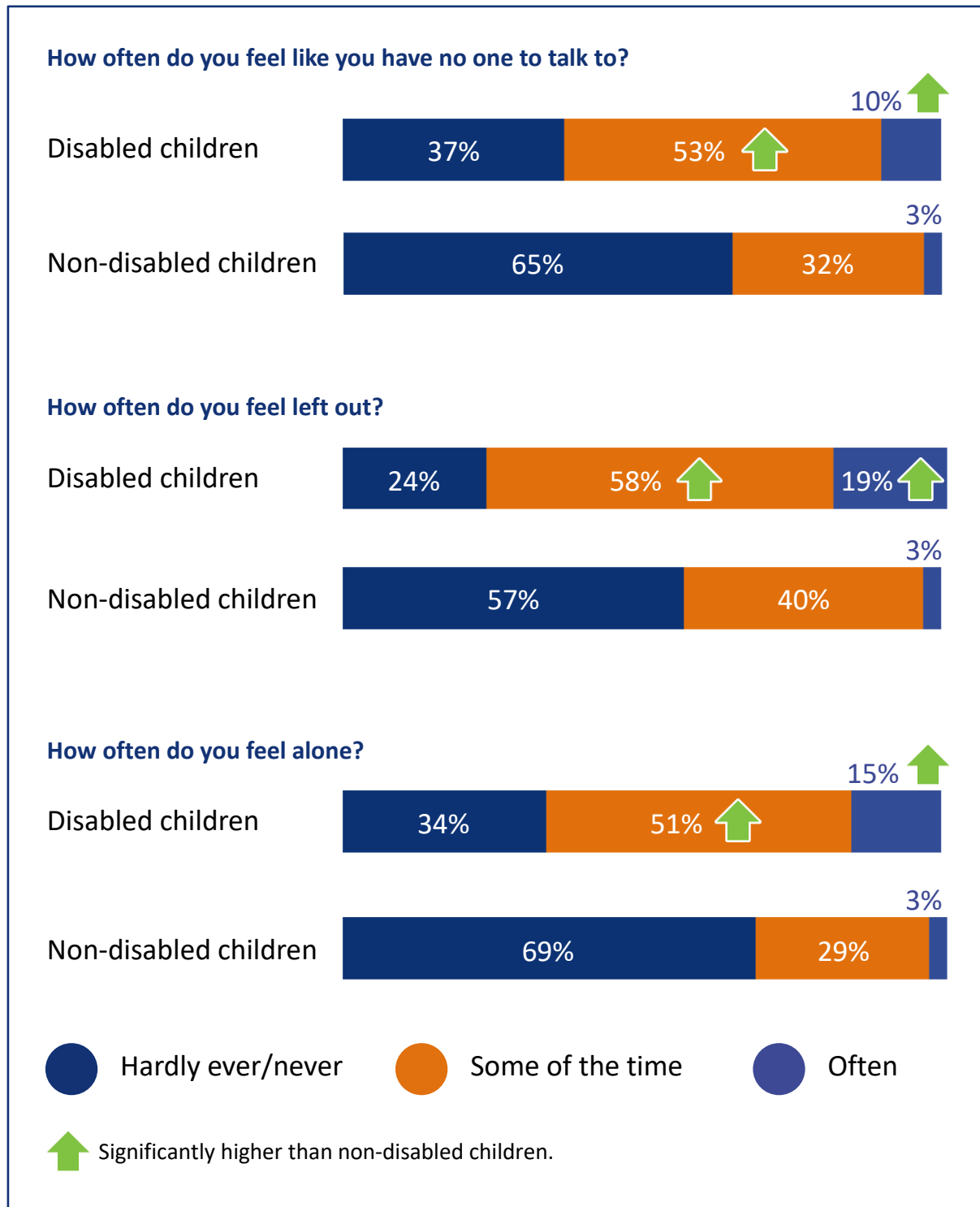
Disabled children were significantly likely to be classified as often lonely compared to non-disabled children (22% compared to 4%), and as lonely 'sometimes' (50% compared to 32%). Only 28% of disabled children were not lonely, compared to 64% of non-disabled children (Figure 8.4).

Looking at the individual measures of loneliness, disabled children are significantly likely to say they 'sometimes' or 'often':

- **Have no one to talk to** (63% of disabled children compared to 35% of non-disabled children).
- **Feel left out** (76% of disabled children compared to 43% of non-disabled children).
- **Feel alone** (66% of disabled children compared to 31% of non-disabled children).

³¹ The UCLA Loneliness Scale is a 20-item measure that assesses how often a person feels disconnected from others, for use in large-scale surveys. This survey used the 3-item measure.

Figure 8.4. Proportions of children experiencing loneliness (UCLA lonscale individual measures) ³²



³² Q: How often do you feel you have no one to talk to? Base: Disabled children (735) non-disabled children (902)
 Q: How often do you feel left out? Base: Disabled children (720) non-disabled children (894). Q: How often do you feel alone? Base: Disabled children (703) non-disabled children (875).

Among disabled children, the following groups are most likely to say they are lonely 'often':

- Children with long-term pain impairments (41%).
- Children with mental health impairments (34%).
- Girls (28%) compared to boys (18%).
- Children whose parents are inactive (32%) compared to those with active parents (22%).

Though it was not a focus of the qualitative research, some children explained some aspects of their life that caused them to feel lonely:

- Not having enough (or the same) opportunities to socialise with other children.
- Feeling like adults and teachers don't listen to them.
- Having different communication needs.
- Feeling like others do not understand their experience of disability.
- Not knowing what activities or hobbies they can do with others.
- Not knowing who to talk to about their feelings with or where to get information.
- Being teased, bullied, or judged unfairly.
- Socialising with younger children, or children with different communication needs.
- Wanting to avoid crowds, loud places, or large groups.
- Having absences from schools, or changing schools.

"Half the people in my school don't know what I go through in hospital, and then they come up to me and say bad words. I think people should look out for people who look different and care about them."

(14-year-old girl with a neurological condition and physical impairment)

"She wants to have a proper best friend. She wants to be properly loved for her. She hasn't had that. She has been looking for it year after year after year. A new person joined in the class. She's so excited. Maybe this could be the person, always."

(Parent of child with an impairment)

Case study 8.3 Gia

"It's hard being in big groups and meeting new people"

Gia is a 16-year-old girl who has anxiety and a speech impairment.

She used to like doing ballet when she was younger, but stopped as she is not comfortable doing activities in groups. Her mum has tried to get her to do other activities, but Gia is not interested. Gia says she does not want to interact with new people, or have people watch her doing sports or activities. She is worried about others judging her, or that they won't understand her if she speaks to them.

"I don't like meeting new people first of all, because I don't like humans and second of all because I get really anxious. Because I have a stutter. And also because other people judge, and I don't like being judged."

Gia is interested in swimming and going to the gym. She can do these activities herself, without worrying about other people around her. She finds that these activities have a positive effect on her emotions and mental health.

“If there was anything I actually really want to do, it’s either gym or swimming. It makes me feel relaxed. Also, if I’m upset or angry, I can just swim and it’s like gathering my thoughts.”

Gia does not feel comfortable in a busy swimming pool environment. She would like to swim in a quieter pool where she can be by herself or swim with a friend. She also feels more confident in larger pools where it is easier to find a space away from other people, helping her to focus less on the people around her and more on the activity itself.

“A bigger pool... if there are a lot of people on that day, you’ll have quite a lot of space, free space, and you won’t feel that insecure.”

What’s important to Gia:

- Having the opportunity to do sports by herself or with close friends.
- Having people understand and help her preferences for small groups.
- Having access to quiet spaces to be active.

How barriers change with age

A number of these barriers increase as children age. Growing older means physical and social change for children, as well as changing environments and support systems. With age, disabled children also accumulate negative experiences of sport and physical activity, leading to different barriers becoming more important.

1. Feeling more self-conscious:

‘They are worried about how they look’: Disabled children in Key Stage 4 are significantly more likely to be worried about how they look compared to their younger peers in Key Stage 1 and 2 (27% compared to 8% and 16%). There were no significant differences by age for this barrier amongst non-disabled children (at Key Stage 1, 6% felt this way a barrier; by Key Stage 4 this rose slightly to 11%), showing it is a particular challenge for disabled children.

Qualitative findings suggest that disabled older children can be more self-conscious about what others think of them. They begin to feel less confident about taking part in activities with, or in front of, other people. At the same time, some also feel increasingly self-conscious about their image and body. For example, some worried about physical differences, such as birthmarks, scars, or their body shape or weight.

“Sometimes they can stare at me which doesn’t feel nice. I try to ignore it and carry on.”
(8-11 year old child with impairment)

Amongst disabled children, worrying about appearance is more likely to be a barrier among girls than boys (21% compared to 16%). This trend is not seen among non-disabled children, suggesting disabled girls in particular experience this as an issue.

Loneliness and isolation: Disabled students in Key Stage 4 are significantly more likely to be lonely 'often' compared to disabled children in Key Stage 1 (29% compared to 14%).

Qualitative findings suggest that older disabled children are more likely to experience the barriers described in the previous 'Social isolation and physical activity' section. These include an increased sense that others do not understand them, and becoming more aware of being judged by others. This can lead to older children wanting to avoid situations or people where they feel uncomfortable, which can lead to further isolation.

Other research has shown that older children become less reliant on their families for social experience, with the focus moving to peer groups³³. This may be more of a challenge for disabled children, who feel less included in social activities (including sports and being active). They may also experience more feelings of not being understood, or being bullied or marginalised by their peers.

"I don't like being around people. I don't like doing sports at school in teams because I don't like the environment with the girls. I go to an all-girls' school and it's just not a pleasant place, so I don't do any sports at school other than lessons and occasionally going to the gym after school."
(16-year-old girl with a mental health problem)

Their impairment: Disabled students in Key Stage 4 are significantly more likely to say their impairment is a barrier for taking part in sports and physical activity compared to Key Stage 1 (49% compared to 37%).

This can reflect their experience of how others view their impairment, and their developing awareness with age. It also suggests that sports and physical activity become less inclusive as children age, with children experiencing being able to do less activities and take part because of their impairment. Activity Alliance's Annual Disability and Activity Survey showed disabled adults also view their impairment as the top barrier to being active³⁴, showing this view persists into adulthood.

2. Negative past experiences

Qualitative findings suggest that some barriers develop because of negative experiences that build up over time. Both disabled children and their parents try different activities that they think will be suitable, but then find out they can't take part, or properly enjoy an activity. This can leave them with long-lasting negative and emotional memories. Examples of this included:

- Being shouted at by deliverers who don't understand their needs.
- Being laughed at by other children.
- Turning up to activities or places and not being able to access facilities (e.g. toilets or parking).
- Injuring themselves or causing an accident.
- Having to watch friends or family enjoy something they weren't allowed to take part in.
- Paying for activities or sets of sessions and being unable to take part.

³³ Action for Children. A report looking into the impact of loneliness in children, young people and families (2017).

³⁴ Annual Disability and Activity Survey 2019, Activity Alliance (2020)

“I try to get him to try new things, but every time I do he gets so uncomfortable. I've tried boxing and youth groups and other sports stuff and he just shuts down. They close themselves down from trying new things because they remember that they got hurt the last time they tried something similar.

(Parent of 11-year-old boy with a physical impairment)

“I was nagging my mum for ages, wasn't I, about trying karate. Got there. Hated. It. But she couldn't just pay for one session and I didn't want to go back. So I wouldn't want to waste it (money) like that again by trying something else.”

(8-11 year old child with impairment)

3. Other changing barriers

Barriers that lessen with age: There are several barriers which decline as children reach Key Stage 4. These trends are seen among both disabled and non-disabled children, so don't appear to be specific to children with impairments. These include:

- Getting hurt (23% in Key Stage 1 and 12% in Key Stage 4).
- Not knowing what to do (26% in Key Stage 1 and 15% in Key Stage 4).
- Not knowing what they would like (25% in Key Stage 1 and 15% in Key Stage 4).

Not knowing what is available: For non-disabled children, this becomes less of a barrier with age. For disabled children, it increases in Key Stage 4 (21%, compared to 18%, 12% and 14% in Key Stage 1, 2 and 3). This suggests that while non-disabled children are more likely to know what they can do and what they like as they get older, for disabled children uncertainty on what is available persists and grows.

“I just get home from school and don't want to do anything. Just play computer games or the TV. I wouldn't know what else to do to be honest.”

(8-11-year-old child with an impairment)

9. The parent and guardian perspective

Parents and guardians have an important role to play in influencing and supporting their child to be active. While this research focused on the experiences of children, we did ask parents' specific questions in the survey, and listened to their experiences in the focus groups and interviews.

This chapter explores parents' own activity levels, their attitudes towards sport and physical activity, their role in decision-making, and their support needs to help their children be active.

Parent and guardian activity levels

Disabled children who have active parents are more likely to be active

Parents were asked many days they do 30 minutes or more of sport and physical activity in a normal week. This data was used to match the Active Lives³⁵ Survey. The research shows an association between parents and disabled child activity levels; disabled children are more likely to be active if their parents are 'active' too.

- For parents who were 'active', only 17% of their children were 'less active'.
- For parents who were 'fairly active', 35% of children were 'less active'.
- For parents who were 'inactive', 50% of their children were 'less active'.

While this association shows a promising association, the question methodology may lead to parents who overestimate their own activities levels also estimating their children's activity levels. However, other research has shown a similar correlation.

In the qualitative research, parents would often say they felt themselves and their children were active and engaged in a range of different activities. However, some children, when asked separately, felt their parents were not very active. It may be that parents and children have different understandings of being active, or that children do not always see their parents being active.

Making decisions about being active

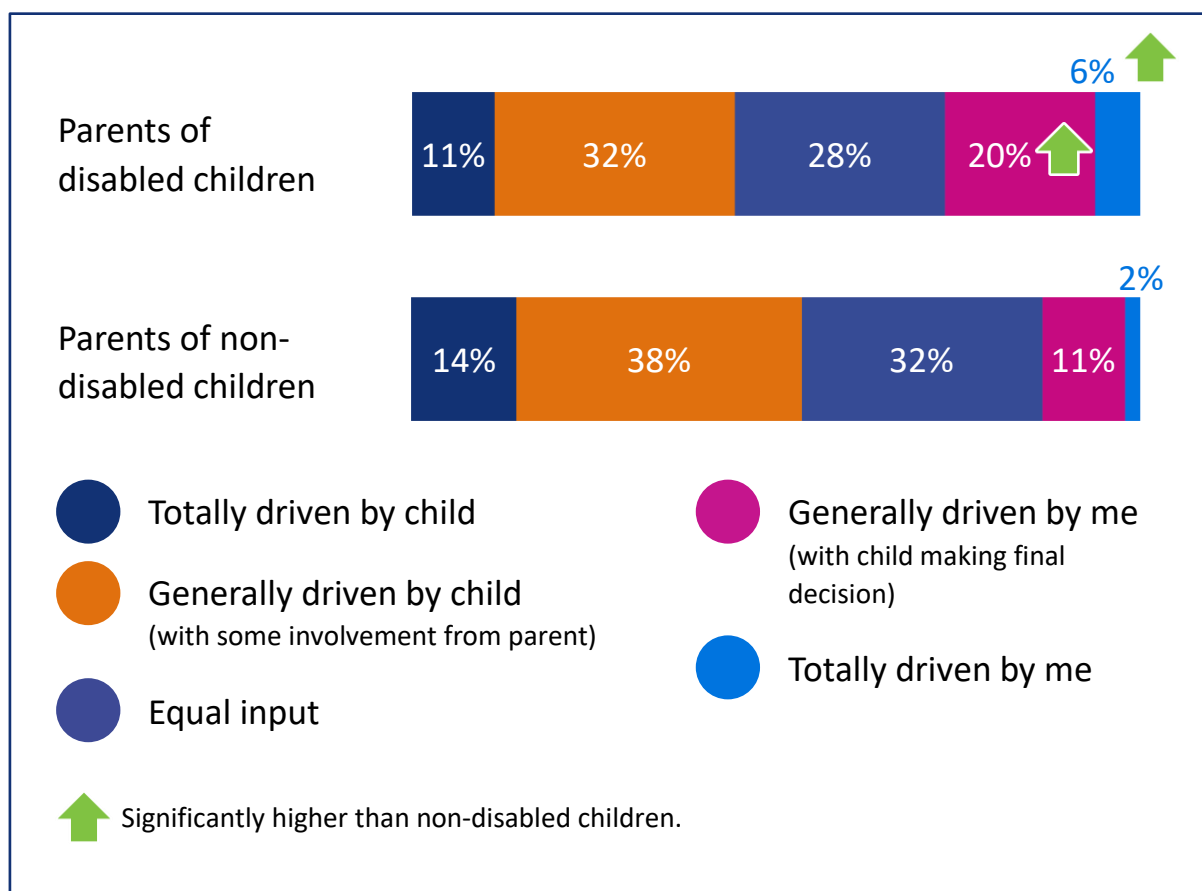
Parents of disabled children are more likely to be involved in decisions about their child taking part in sport and physical activity than parents of non-disabled children

In the survey, parents were asked to what extent they were involved in decisions about their child taking part in sport and physical activity. As Figure 9.1 shows, parents of disabled children are significantly more likely to say that decisions about sport and physical activity are 'generally driven by them but with their child having the final decision' than parents of non-disabled children (20% compared to 11%). In contrast, parents of non-disabled children are significantly

³⁵ Parents were asked, in a normal week, how many days they do 30 minutes or more of sport and physical activity. For those who do less than 30 minutes of sport and physical activity a week, we asked how often they do 10 minutes or more sport and physical activity in a week. These answers were used to assign parents to the same categories used in the Active Lives Adult survey: 'inactive' (less than 30 minutes a week, 'fairly active' (30-149 minutes a week) or 'active' (150 minutes or more a week).

more likely to say that it is 'generally driven by their child with some involvement from them' (38% compared to 32%).

Figure 9.1. Parent role in decisions about their child taking part in sport and physical activity³⁶



Attitudes of parents and guardians towards sport and physical activity

Parents of disabled children can have more pessimistic attitudes about their child being active

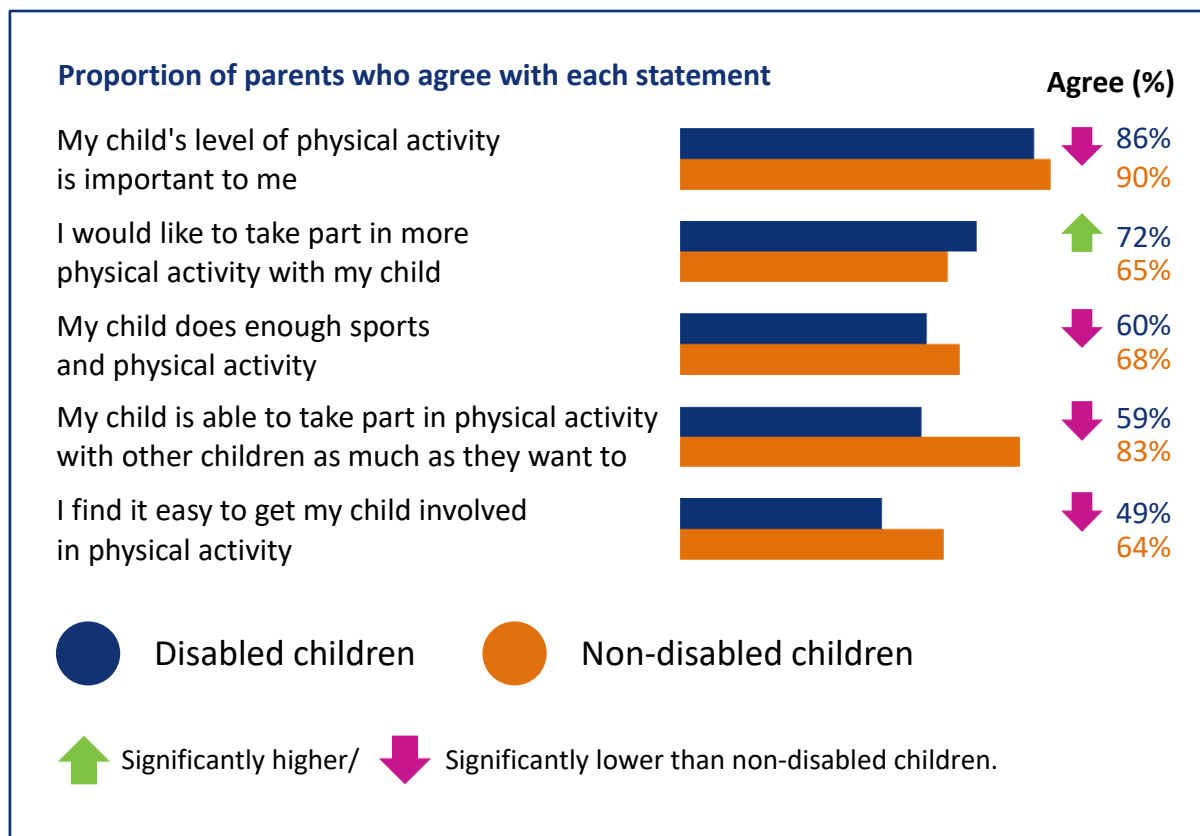
As shown in Figure 9.2, Parents of disabled children are less likely than parents of non-disabled children to agree that:

- Their child's level of physical activity is important to them.
- That their child does enough sport and physical activity.
- That their child is able to take part with other children as much as they want to.
- That they find it easy to get their child involved with physical activity.

However, they are more likely to agree that they want to take part in more physical activity with their child, showing a desire for families to be active together.

³⁶ Q: We would like to know about how you and your child make decisions around taking part in sport and physical activity with or without any input from other professionals such as teachers or health experts. Between you and your child, would you say the decisions on taking part in sport and physical activity for your child are...Base: All parents of a disabled child (760) all parents of a non-disabled child (923)

Figure 9.2. Parent attitudes to sports and physical activity³⁷



Over a quarter of parents or guardians of disabled children feel that their child doesn't do enough sport and physical activity

27% of parents of disabled children disagree or strongly disagree that their child does enough sports and physical activity. This is significantly higher than parents of non-disabled children, 17% of which disagree or strongly disagree. Parents of disabled children in the least active group (doing less than 30 minutes of activity per day) are more likely to recognise that their child is not doing enough sport and physical activity; 49% disagree or strongly disagree with this statement.

A quarter of parents or guardians of disabled children feel that their child can't take part in sport and physical activity as much as they want to

Parents of disabled children are significantly more likely to disagree or strongly disagree that their child can take part in sport and physical activity with others as much as they want to compared to parents of non-disabled children (25% compared to 4%).

Over a third of parents of disabled children do not feel it is easy to get their child involved in sports and physical activity

³⁷ Q: How much do you agree or disagree with the following statements? Base: All parents of a disabled child (760) all parents of a non-disabled child (923)

Parents of disabled children are significantly more likely to disagree or strongly disagree that it is easy to get their child involved in sports and physical activity compared to parents of non-disabled children (35% compared to 18%).

Parents of disabled children who are in a lower socioeconomic group face more challenges

Parents of disabled children in the C2DE social group are significantly less likely to agree that it is easy to get their child involved in sports and physical activity than parents of disabled children in the ABC1 social group (42% compared to 55%). They are also less likely to think their child is doing enough sports and physical activity (52% compared to 66%). There is no significant difference by social group for these perceptions among the non-disabled sample. This suggests that finances may be an issue that particularly affects those with a disabled child.

Barriers to helping their child be active

Parents were shown a list of potential barriers³⁸ and asked to choose which they felt were the top barriers for them in helping their child to be active (Figure 9.3). Parents of disabled children are more likely to report at least one barrier compared to parents of non-disabled children (91% compared to 72% of parents of non-disabled children).

Concerns about their child's impairment was the most common barrier

The most common barrier for parents was worrying about their child's impairment, which was chosen by 33% of parents. This was also a commonly chosen barrier among disabled children themselves. This indicates that many parents see their child's impairment as a key issue, rather than societal barriers and perceptions.

Parents of disabled children with three impairments or more are more significantly more likely to select this as being a barrier to their child being active (41%).

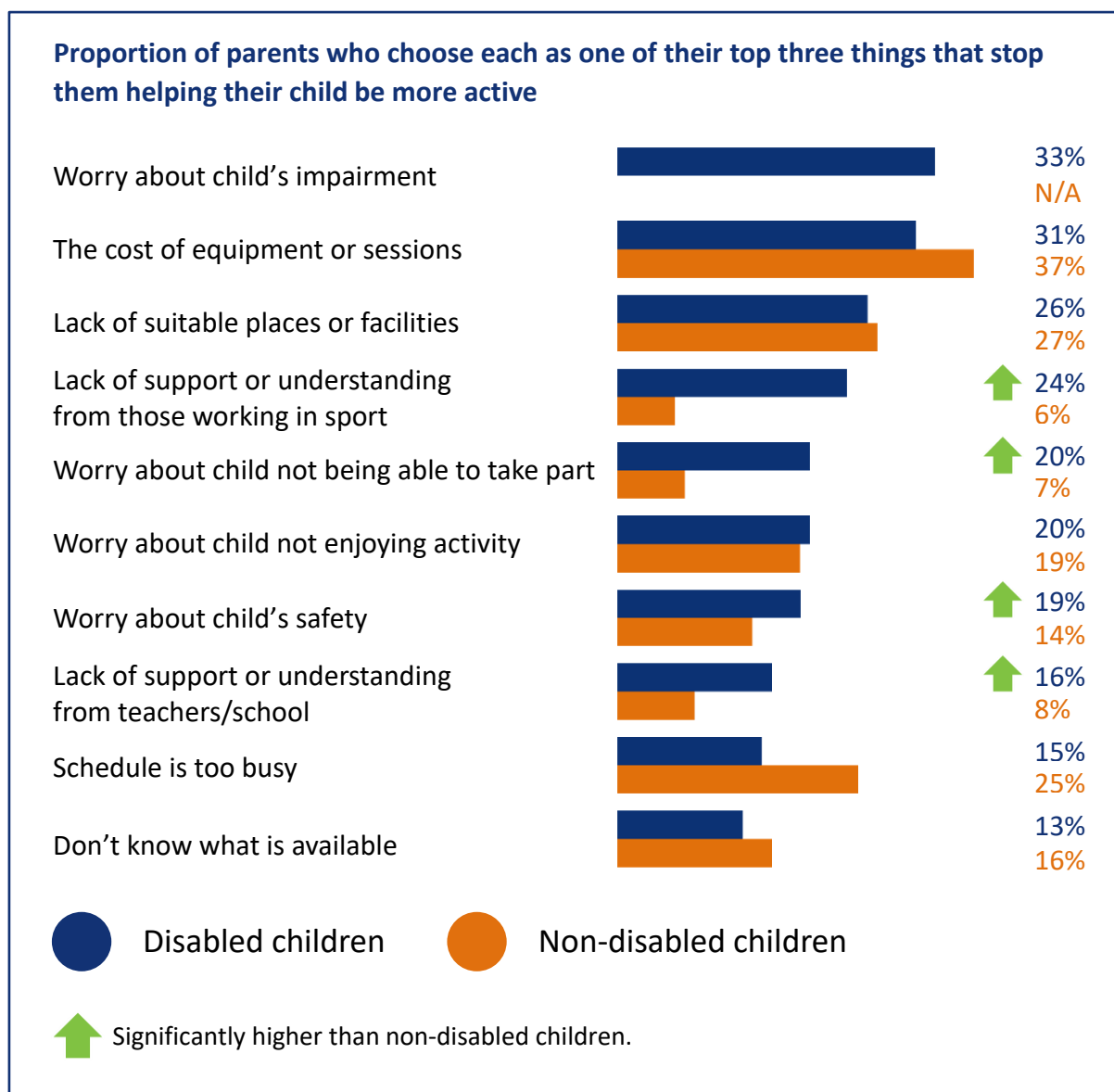
Concerns about cost and a lack of suitable places are common and shared barriers for both parents of disabled and non-disabled children

Cost is the second most common barrier, though this was less of an issue for parents of disabled children compared to parents of non-disabled children (31% compared to 37%). This suggests that parents of disabled children experience more wide-ranging barriers that they need to consider besides cost.

Both parents of disabled and non-disabled children view a lack of suitable places as a barrier to helping their child being active (27% and 26%), suggesting that having accessible and safe local spaces to be active in is an issue for all families. Parents of disabled children with mobility impairments are significantly more likely to say a barrier is a 'lack of suitable places or facilities' (38%) compared to other types of impairments.

³⁸ Respondents shown a pre-coded list, based on other research, and focus groups and testing interviews.

Figure 9.3. Barriers for parents in helping their child to be more active³⁹



Parents of disabled children are more likely to have worries about safety and inclusion

One in five parents of disabled children view a lack of inclusion and their child's safety as a top barrier (20% and 19%), significantly more than parents of non-disabled children

Qualitatively, many parents spoke about safety as a top priority when thinking about their child being active. Some parents recognise they are cautious with certain activities, and that they tell their child not to do certain things. While many want to let their children make their own decisions, they can equally feel that they know their child and their impairment the best. This means they are best placed to make a judgement on what is unsafe, too much, or inappropriate for their child. This is particularly true when parents are not familiar with, or does not trust, the person leading an activity.

³⁹ Q: Which of the following prevent you from helping your child to be more physically active? Base: All parents of a disabled child (760) all parents of a non-disabled child (923)

“She wants to try to do what the other kids are doing. She will figure out a way to be able to do it, but it does look different and then sometimes she just can’t. She just literally cannot take part. She is the one who has more falls and tumbles than most of the other kids. So, she’ll come back with a graze or a cut from having had an accident.”

(Parent of 15-year-old girl with multiple impairments)

Other parents have safety concerns relating to their child’s medical condition or equipment. Parents can feel like sports and activities will have a negative impact on any health concerns, lead to hospital visits, or cause their child pain.

“I do get scared though, to be fair. It’s not just her, I do stop her too. Because she does have blood clots in her legs, and I’d hate for those to burst.”

(Parent of 7-year-old girl with a physical impairment)

Many parents worry about their child not being able to fully take part in physical activities. Some discussed negative experiences of going to activities and realising that it was not suitable or accessible for their child. Explaining this to their child, or having their child try to take part unsuccessfully, can lead lasting negative impressions.

“I felt amazing as a parent, because [at an inclusive activity] I didn’t have to sit there every five seconds shouting, ‘Don’t do that’, or have other parents coming over to me and saying, ‘He’s done this,’ or, ‘He’s done that.’

(Parent of 8-year-old boy with autism)

A lack of support is more of a barrier for parents of disabled children

Parents of disabled children are significantly more likely than parents of non-disabled children to say that there is a lack of support and understanding from people working in sport and physical activity (24% compared to 6%), teachers or schools (16% compared to 8%), and family and friends (11% compared to 5%). Interestingly, the percentage choosing a lack of support from teachers as a key barrier is similar for those whose child attends SEN or non-SEN schools.

A lack of support encompasses many issues, including a lack of understanding from other parents or deliverers, not being listened to at schools or in other organisations, or a lack of support with their child’s wellbeing in general.

“We’re fighting for months and years to get stuff done.”

(Parent of 14-year-old girl with a physical impairment)

“Organisations like schools tend to overcomplicate things, the whole logistics and bureaucracy of getting even a little thing organised for one or two kids. It’s a minefield with different levels of people. It’s disheartening to think this is just for one kid and there are thousands that need help.”

(Parent of 11-year-old boy with a developmental impairment)

Parents of children with mental health impairments have additional barriers

Parents of disabled children who have mental health impairments are significantly more likely to say that they ‘worry about their child not enjoying the activity’ (24%). They are also more likely to say that ‘my child doesn’t want to be physically active’ (29%).

Attitudes towards being active may be related to other circumstances

Qualitative findings suggest that parents of disabled children often have a considerably more complicated set of needs to navigate and to be concerned with. This can affect their attitudes towards their child being more active. They often have to prioritise other aspects of their lives, such as their child’s healthcare and education, over encouraging them to be active and to take part in sport. Some parents of disabled children have the needs of other children or family members to juggle and experience financial strains, while others experience challenges as a single parent.

“Realistically, helping her to be active is one of my lower priorities... We can’t commit to much more than that because she has schoolwork to do and everything else. I do think sometimes that I should, but she has a sister who also has cerebral palsy and therefore getting into sports stuff is hard... just trying to juggle the needs of both and everything else.”

(Parent of 9-year-old child with cerebral palsy)

Case study 9.1 Oscar’s mum, Kath

“It’s really hard to get my son involved in accessible activities”

Oscar is an 11-year-old boy with cerebral palsy. His mum, Kath, looks after him and his two siblings. His brother also has an impairment. Kath wants to give them both the same opportunities as his other sibling, but can find this a challenge.

Kath not only wants him to take part in physical activity because of the physical and health benefits, but also so that he can feel included when his siblings are being active. Oscar wants to take part in activities with his family. However, Kath finds it hard to find a location or club with the equipment and facilities to accommodate his needs. Oscar has already noticed things like lack of disabled car parking.

Kath would like to introduce him to a wider variety of sports. However, she and Oscar were both concerned that the equipment needed to take part can be expensive.

“If you want wheelchair rugby, they’re all specialist chairs...they cost an average of about £5k a go. I don’t have £5k to pay for a sports chair so it’s like putting barriers up to them and it’s mad.”

She is frustrated, as she knows of a number of different sports that Oscar could take part in, but finds that many clubs don’t host them or that they don’t provide the right equipment. She has looked for opportunities for Oscar to take part in football and judo, but has not found any clubs or settings with the right equipment and facilities. Kath would like a central system where she could find up-to-date information about local inclusive activities. This

would help her to find appropriate activities more easily and mean that she could better plan for upcoming activities.

“There’s boccia if you can find a club that offers it, and there are lots of other disability sports, but finding one that does it or that has the right equipment to do it is really hard.”

What’s important to Kath:

- Accessing equipment and facilities easily.
- Having affordable equipment for inclusive sports.
- Knowing about local inclusive sports.

Parents’ support needs

Only half of parents of disabled children feel they have enough support to help their child to be physically active

Parents of disabled children are significantly less likely to feel they have enough help to support their child’s wellbeing in general. Only one in two parents (47%) of a disabled child ‘agreed’ or ‘strongly agreed’ with this statement, compared to three-quarters (73%) of parents of non-disabled children. A similar proportion agree that they have enough support to help their child be active (47% and 70% respectively).

Parents in the following groups are less likely to agree they have enough help to support their child to be active:

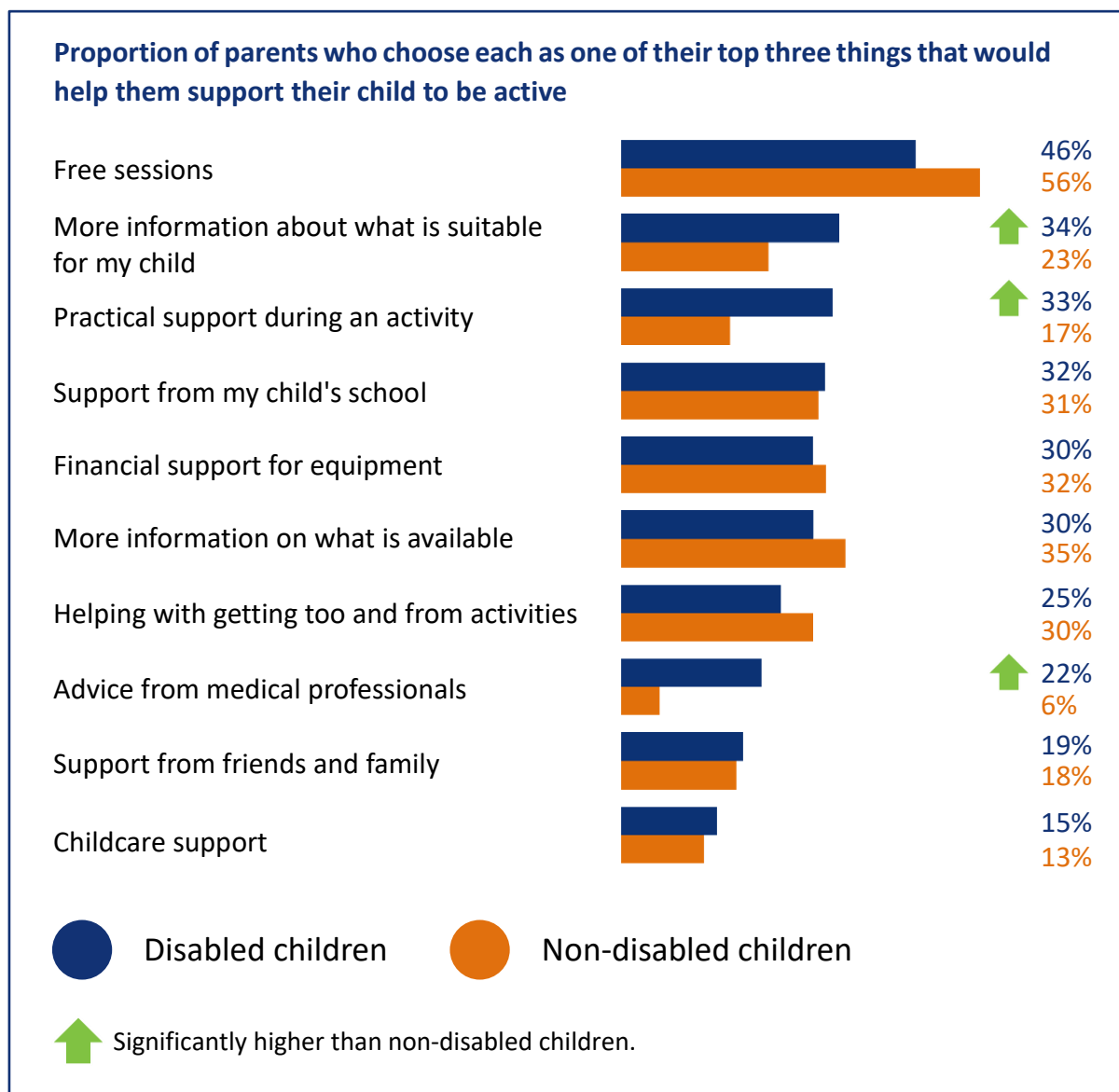
- Children with mobility (30%), memory (35%), dexterity (36%), learning (39%), mental health (37%), social or behavioural (37%), speech (37%), long-term pain (41%), and visual (43%) impairments. Parents of children with hearing (59%), breathing or stamina (51%), chronic health (52%) impairments were more likely to feel they have support.
- Parents of children with three or more impairments (38% compared to 57% of those with children who have one impairment).
- Parents in the C2DE social group (42% agree they have enough support compared to 52% of those in the ABC1 social group). This difference is not observed between parents of non-disabled children.
- Mothers of disabled children. 42% agree they have enough support compared to 58% of fathers. This difference is not observed between parents of non-disabled children, suggesting mothers of disabled children particularly lack support in this area.

There are no significant differences between parents of children of different ages, children of different genders, and with parents with and without impairments themselves.

Parents want free sessions, and information and practical support

Parents choose the top three types of support which would be most helpful for them to support their child to be active (Figure 9.4). Free sessions are chosen as one of the top types of support by both parents of disabled and non-disabled children (46% and 56%). Less parents of disabled children select this, as for some, other types of support become more important.

Figure 9.4. Useful support to help parents with getting their children active⁴⁰



Information: 34% of parents of disabled children want more information, compared to 23% of parents of non-disabled children.

Qualitative findings indicate many parents struggle to find accessible, reliable, and tailored information on what physical activities their children will enjoy and will be able to do. They feel it is more difficult and time-consuming to find suitable activities for their child. They would particularly like up-to-date information on what local activities are available, what the associated costs are, and what support is provided. Parents want information on how the activity is suited for different impairments, what the environment is like, and what training and experience deliverers have. Parents mention the following information channels:

- Websites and social media.
- Community centres.
- Charities or community groups.

⁴⁰ Q: Which of the following would be most helpful for you to support your child to be active? Base: All parents of a disabled child (760) all parents of a non-disabled child (923).

- Parent networks.
- Friends and family or word of mouth.
- Exhibitions.
- Social or care workers.
- Schools and teachers.
- Local authorities.

“I ring up specific places or email them saying, ‘Do you have any specialised classes or anything that would be accommodating for my son?’ and stuff like that, or maybe just go along once and see what it’s like and make a decision from there really. Everything just takes a lot more effort, a lot more research and a lot more hard work.”

(Parent of a child with an impairment)

Practical support: Parents of disabled children are significantly more likely to want practical support during an activity than parents of non-disabled children (33% compared to 17%).

Qualitative findings indicate parents would value more support from deliverers when their children are involved in activities. This can mean having qualified or experienced support workers present during activities for children that are advertised as inclusive, or disability-specific. They would like deliverers or support workers to provide one-on-one support, though often this relates to aspects that aren’t related to sport or activities, such as managing behavioural or social issues, applying first-aid, making them feel comfortable, using toilets or other facilities, or transport to and from venues. Some parents did mention practical support that relates to the sport or activity, such as help using equipment or explaining the rules. Some parents fulfil this role themselves in out-of-school settings, but would prefer to have a trained person available.

Advice: Over a fifth of parents of disabled children feel advice medical professional on their child being active would be one of the most helpful types of support (22%, compared to 6% of parents of non-disabled children).

As discussed in previous chapters, both parents and children feel their impairment stops them from being active, and worry about activities and sports not being safe for someone like them. In the focus groups and interviews, parents said they would value reassurance and advice from a healthcare professional on what activities are suitable or safe for their child. Some were also interested in what activities would be “beneficial” for their impairment or health condition. Parents said medical professionals rarely offer advice on this topic. Many would also value advice and support on being active from other professionals in their children’s lives, including teachers, coaches, occupational therapists and physiotherapists, and disability specialists.

Financial support: There is no significant difference with finance-based support between parents of disabled children (30%) and parents of non-disabled children (32%). Parents of disabled children in the C2DE socioeconomic group were significantly more likely than parents in the ABC1 social group to want ‘financial support with equipment’ (34% compared to 27%) and ‘free sessions’ (52% compared to 40%). Among parents of non-disabled children, there was no difference across socioeconomic grades for wanting ‘free sessions’, suggesting this is an issue that is more relevant for parents of disabled children in the C2DE group.

“It’s not that we don’t earn a lot, it’s just that lots of the activities that could work are just very expensive.”

(Parent of disabled child)

What parents want from activities

In the qualitative research, parents discussed aspects of activities that they felt would be beneficial for their child to take part in:

- Activities that help their children build confidence and independence.
- One-on-one support with deliverers who understand their impairment.
- Consistent staff and deliverers who their children like and trust.
- Allow parents themselves to have respite or support.
- Mentors or buddy systems.
- Summer camps or residential activities.
- Spaces for children to talk about their impairment and mental health.
- Initiatives that build social networks and friendships.
- Sustainable and long-term programmes (e.g. not just in the summer holidays).
- Activities where families or friends take part together.
- Having easily understandable costs or low financial commitment.
- Outdoor activities.

“The mentor, they would be somebody gets them [the children] used to themselves. Someone who can help them understand what is wrong, how to live with it, how to cope with it, how to be comfortable with it. They have the rest of their lives to have to deal with this.”

(Parent of a child with an impairment)

“It’s having a feeling that they have somebody by their side even if they can’t talk to Mum and Dad about it. Something happened this week in school blah, blah blah. They want to talk to somebody else.”

(Parent of a child with an impairment)

“He sometimes gets frustrated if he has to talk about the same things with different people, nothing changes. He already gets that with consultants. I think if we are going to have somebody, well, we are talking now one-on-one with sports, all the child needs is consistency. That’s what they need.”

(Parent of a child with an impairment)

10. What do children want?

This final chapter explores what children feel would help them and others like them to be more active. Understanding the unique perspectives and understanding of children themselves, rather than by proxy through parents or professionals, helps us reflect their priorities in our policy and service design.

What disabled children would change

In the survey, we asked children what ‘one thing they would change to help young people with impairments, health conditions, or disabilities like theirs to be more active’. These were grouped into five dominant themes: **more understanding and acceptance, more choice, less pressure, independence and practical support, and more motivation.**

More understanding and acceptance from others: Many disabled children feel that other children, as well as adults, don’t understand their impairment or disabilities in general. They want others to understand how their impairment affects their lives, and how it might affect them being active. They think this would help other children be more accepting towards them, and that adults would have more patience.

Children and their parents suggested a number of ways in which organisations and services could help to raise awareness and education:

- Assemblies or events which raise awareness and promote a positive attitude towards disabilities and differences.
- Training teachers and other deliverers on how specific impairments affect children.
- Creating campaigns on the acceptance of different disabilities.
- TV channel or adverts dedicated to inclusive sport.

“Stop people being mean and looking at you like you don’t belong, and accept that everyone needs help to get more active.”

(Child with an impairment)

“For people to know it’s not always easy for me. I may forget easily, give me extra help.”

(Child with an impairment)

More choice: Children want more variety of different activities that are suitable for them. For some, this means more inclusive activities, though others want activities that are for children with similar impairments. Some just want the same options that other children have. In order to have more choice, activities need to be made accessible and truly inclusive.

Disabled children suggested a number of ways in which organisations and services could help give them more choice. For example:

- Making adapted equipment more “normal”
- Having age-appropriate adapted versions of all sports and activities so they can choose (including adapted versions of more complex or unusual games or activities).
- Deliverers or organisations listening to and learning from disabled children and their parents on how they already adapt activities from themselves.
- Easy access into buildings and facilities.

- Parents and adults giving them more suggestions.
- Athletes or role models showing how they take part.
- Access to inclusive gyms or play spaces.

“To try as many things as I can, there will be some I can do and enjoy.”
(Child with an impairment)

“Give me more choices of what to do, so I can pick what I like the sound of. And make everyone less bothered about winning, and more about doing it for fun because I'm just not good at sport at school.”
(Child with an impairment)

Less pressure: Many children worry about how they look, being judged and making mistakes when being active. They want to be able to make mistakes and being able to learn at their own pace would help some to feel more comfortable. Some children, especially those who are less active, wanted more predictable environments.

Disabled children suggested a number of ways that would help them feel less pressure:

- Comfortable, fun, and safe environments.
- Friendly deliverers and peers.
- Being active in smaller groups or quiet spaces.
- Understanding what is required/expected in advance.
- Less focus on being “good”.
- Giving louder instructions and more demonstrations.
- Simplifying language and separating instructions.
- Having more time.
- More breaks and freedom.
- One-to-one support.

“I want a place where we can all meet up and not feel left out or worried if we can't do the activities.”
(Child with an impairment)

“I want to know what to expect. Every time I go out. It was good trying karate because they sent my mum a letter to tell her what was going to happen.”
(Child with an impairment)

Independence and practical support: Many disabled children want to have more support to be active, and to feel less reliant on their parents to ensure the activity will go well. Disabled children suggested a number of ways that they could be helped to be more independent.

- Being able to choose to do activities with their friends or alone.
- Having appropriate support to help them go to activities when parents are busy.
- Introductory sessions with parents.
- Buddy or mentor systems.
- Trusted and known deliverers.
- Trips away or days out with friends.
- More reassurance for parents.

- Better transport options (e.g. lift shares, accessible public transport).
- Being “outside” more often.

“I’d be fine going with my mum or I’d usually go with my aunty to swimming and things. But maybe I could do something without them and see if I could do it.”

(Child with an impairment)

“Sessions that are close to home, free to everyone, fun and transport and helpers with me.”

(Child with an impairment)

More motivation: Some wanted to feel more inspired to be active. This could be from teachers or healthcare professionals, or from the media, role models, and the wider representation of disabled people. Disabled children suggested a number of ways that they could be more motivated to be active:

- Favourite celebrities getting involved in a sport or activity.
- Friends and peers wanting to be more active.
- Motivation from healthcare professionals or other adults.
- Coverage of parasport events and athletes.
- Seeing children with similar impairments taking part in different activities.
- Encouragement or acceptance from older children.
- People promoting “healthy living” in general.
- Recognition of successes.
- Feeling more confident in their skills and ability to be active.

“It would be good if we had a sport mentor or if we spoke to someone like us who had done different sports. I think I’d try and give it a go then.”

(Child with an impairment)

“People to help me so I can do whatever non-disabled people do. Like in the Paralympics.”

(Child with an impairment)

Case study 9.1 Tessa

“My inclusive badminton club helped me to be more active in school”

Tessa is a 16-year-old girl who has diabetes and a visual impairment. Tessa doesn’t do much sport or physical activity – she uses an exercise bike once a week, walks, and takes part in PE lessons.

For several years, Tessa was a member of a badminton club. This was a badminton club for disabled and non-disabled participants, giving everyone the opportunity to play wheelchair badminton together. Tessa enjoyed taking part in competitions and being able to play with and against everybody.

“They’ll just mix everyone together, then they take us out, if you’ve got special stuff, or you struggle with a specific thing, they’ll take you out specifically and work with you one-on-one.

So, it's irrespective of whether you're disabled or not, every single person has their own needs and then they will meet each person's needs however they need to be met.”

Tessa liked the fact that the club sessions followed a similar structure every week so she knew what to expect. This helped her to feel comfortable and also meant that she could plan her insulin injections around it. She finds it challenging not to know what is going to happen in each school PE lesson.

Tessa found the coaches at the badminton club very supportive. They knew that she found it hard to see the shuttlecock so they painted the end of it red so that Tessa could see it approaching her and knew when to hit it. Tessa and her parents told her PE teacher about the shuttlecock. This led to them adapting other equipment and games to help her participate fully and confidently.

“We did it with a rounders ball. We coloured in half a rounders ball so I could see it twirling and getting bigger.”

Tessa’s club and school didn’t make these adaptations until she was 14. She felt that she could have been more active in her younger years if these adaptations had been made earlier and that by 14 it was too late for her to become very interested in sport.

What’s important to Tessa:

- Taking part with disabled and non-disabled peers
- Having equipment which enables her to take part fully
- Accessing information about activities to enable her to plan

Preference for different types of sports and physical activities

Children were given a number of paired statements, which listed different factors that can describe a sport or physical activity. They were asked to choose one statement from each pair which they felt best described sports or activities they like. It should be noted that the question was set up in a way that it was mandatory to choose one of the pairs. They were instructed to choose the one they like best, if they liked them equally. Children may also find either factor preferable in different situations, or prefer something else.

Disabled children are less likely to want to do activities that are outdoors and with others compared to non-disabled children

Like non-disabled children, the majority of disabled children say they prefer playing just for fun, with others, and outdoors (Figure 10.1). However, as a group, they express less of a strong preference for some of these types of activities. This means there are sizable groups of disabled children who prefer being active on their own, or indoors. Alongside this, disabled children also show a clear preference for quiet activities.

Figure 10.1. Type of sport and physical activity preferred by disabled and non-disabled children⁴¹

Type of sport and physical activity	Disabled children	Non-disabled children
Noisy	30%*	55%
Quiet	66%*	41%
Just for fun	67%*	62%
Playing to win	29%	34%
On their own	31%*	10%
With others	66%*	85%
Indoors	35%*	22%
Outdoors	62%*	74%
Don't like any kind of sport	4%	4%

These preferences differ by the activity level of children. Those who are less active are also less likely to prefer activities that are noisy, with others and outdoors compared to disabled children who are fairly active or active (Figure 10.2).

Figure 10.2. Type of sport and physical activity preferred by disabled children, by activity level⁴¹

Type of sport and physical activity	Disabled children	
	Less active	Fairly active or active
Noisy	20%*	34%
Quiet	75%*	63%
Just for fun	77%*	63%
Playing to win	18%*	34%
On their own	38%*	27%
With others	58%*	70%
Indoors	47%*	30%
Outdoors	49%*	67%
Don't like any kind of sport	5%	3%

⁴¹ Q: Please tell us what kind of activity and sport you like. Please choose from the pairs below. If you like them both, please choose the one you like the best. Base: All disabled children (760), all non-disabled children (923). (*) represents a significantly higher or lower result compared to non-disabled children.

11. Conclusion and recommendations

Our findings reinforce the activity gap between disabled and non-disabled children. Disabled children are less active than their peers, and experience more barriers. They are less likely to enjoy being active in school, and are less likely to be included in PE and games.

Disabled children are also less likely to take part in and enjoy out-of-school activities. This is seen in more formal settings, such as playing for sports clubs or going to sports classes, and informal settings like parks, play areas, and friends' houses. Clubs like Brownies and Scouts, sports competitions, and children's own homes are more accessible environments, and children's own homes are the only place where they enjoy being active at similar levels to their peers. Despite the difference in participation and enjoyment, there are fewer differences between what disabled and non-disabled children want to do more of. This tells us there is work to be done in many settings to include disabled children, and to ensure quality experiences.

The research highlighted the importance of tackling the activity gap that widens as disabled children get older. Bad experiences, worries about appearance and being treated differently, and increasing social isolation, contribute to this. Less suitable opportunities and less inclusive activities could also be a factor.

Most children were more likely to want to take part with children with and without impairments. However, we heard that often parents and children have poor experiences of activities where their child has taken part with non-disabled children. Often activities aren't properly adapted, or the child's needs are not considered. This leads to some preferred disability-specific or pan-disability activities, and families being less willing to take part in inclusive activities. It also leads to some, especially less active children, preferring quiet, predictable, and less challenging activities.

Impairments themselves and being safe are still seen as a key barrier by children and their parents. This perception, that activities can't be adapted and safe for everyone, is driven by negative experiences of activities that aren't fully inclusive, and a lack of advice and guidance. The research also highlighted the key role that parents play in supporting their child to be active, in decision-making, and being active together. Families will play a key part in helping all children to be active, and understanding their challenges and priorities helps us to meet their needs.

Below are four key themes that emerged from the study as important areas for action. This research will help us advocate for this group, and for us all to understand how to encourage and support disabled children to have active futures.

1. Engage with and listen to all children

- Design and promote activities that appeal to children's motivations. All children want to be active for fun, to take part with friends and to stay healthy. Other motivations like fostering a sense of belonging and feeling independent are important for disabled children.
- Teachers and providers should be supported to take children's impairments into account, rather than seen as a reason for them not to take part. Often disabled children want more time, clearer instructions and one-on-one support.

- Parents and other adults should be supported to offer children more choice (ideally the same choices as non-disabled children). This gives them independence and a sense that they have the same opportunities as others.
- Ensure every child's opinion is heard through research and co-production: these should be accessible and inclusive, including different methodology and formats.

2. Build confidence and independence from a young age

- Support all children to understand disability and to celebrate differences, as well as individual classmates' and peers' needs. This could reduce bullying, social isolation, and encourage inclusion in sport and physical activity.
- Challenge perceptions of disability among children and parents. Many feel their impairment stops them from taking part or worry about being safe. Provide reliable information about risks, and reassurance on how adaptations help overcome potential barriers.
- Create opportunities to address personal feelings about being active and help to build confidence. This might be sessions to empower disabled children, campaigns with disabled role models and representation of children or teachers with impairments.
- Design opportunities to re-engage older disabled children to be more active. This could include informal events specifically targeting disabled children at Key Stage 3 onwards. This is critical to help children be active as they move into adulthood, as explored in our 2015 [Active Beyond Education research](#).

3. Engage leaders on the need for inclusion and show how to create comfortable environments

- Train and support teachers and activity deliverers to better understand and act on the individual needs of disabled children. This could be through disability awareness courses or class activities.
- Educate leaders on providing truly inclusive activities for all children. In schools, this could include using and learning from initiatives like [Sainsbury's Active Kids for All Inclusive PE Training](#) for teachers, and [Youth Sport Trust's Lead Inclusion Schools](#) and [Top Sportsability programme](#). There are lessons to be learnt from successful initiatives that already exist to upskill the community-based workforce. The [Inclusive Activity Programme](#) trains sports deliverers to adapt activity sessions for disabled people.
- To encourage the least active children to be active, focus on providing a predictable and comfortable environment to build confidence. This highlights the importance of accessible and high quality activities. These may be more impairment-specific informal activities so parents and children can feel more at ease.
- Government must ensure that departments and stakeholders work closely together to support disabled children to live, study and play on equal terms. This includes transport, housing and community, health and social care.

4. Support and encourage parents to help their child to live an active life

- Reassure parents and guardians about the wellbeing of their child and address concerns about their child's ability to take part when designing and promoting inclusive activities. Some would value advice from their child's healthcare professional.
- Offer practical support to parents. This can include providing travel for children, providing carers or specific support during an activity, and make activities local, flexible, and sustainable.

- Harness the link between parents' and children's activity levels. Conduct campaigns and programmes to encourage parents to take part in sport and physical activity themselves and act as a role model for their child. Initiatives such as [Sport England's Family Fund](#) and Activity Alliance's [Get Out Get Active programme](#), can help families be active together.
- Raise awareness among parents that disabled children are more likely to be inactive and promote the benefits of physical activity to make it a priority.
- Link initiatives that provide general support to parents to those who support physical activity in children. Parents who feel more able to support their child's wellbeing in general can be better placed to support their child to be active. This could include collaboration between support, health, and community organisations with impairment specialists.

12. Appendix

Definitions

Physical activity is defined as anything that makes children breathe faster. Children were given examples such as playing on the climbing frames in the playground, walking, dancing, running, swimming, cycling, playing football, netball, doing gymnastics and similar things that would make them breathe faster.

School term-time is defined as the week when children are in school but also including the weekend. It includes activities in PE lessons and break times as well as activities done after school and over the weekend.

School holidays are defined as the week when children are outside term-time but also including the weekend. It includes any physical activity done within this period.

Defining activity levels

Term-time activity levels of children in the quantitative study are measured by asking parents to ask their children about how often they are physically active in a normal seven day week when they are in school. In the survey, parents explained that physical activity includes anything that makes their child breathe faster. For example, playing on the climbing frames in the playground, walking, dancing, running, swimming, cycling, playing football, netball, taking part in gymnastics and similar things that would make their child breathe faster.

Parents reported how many days their child said they did 60 minutes or more of physical activity. For the days where children were doing less than 60 minutes of physical activity, we asked them how many days they did at least 30 minutes of physical activity. These answers were then categorised into three activity levels:

- Less active: active for less than an average of 30 minutes each day
- Fairly active: active for an average between 30 and 59 minutes each day
- Active: active for at least an average of 60 minutes each day

Results for this question are used to show term-time, or in school, activity levels. The questions were repeated to ask about activity levels during the school holidays, and this is used to show school holiday, or out of school, activity levels. We then asked separate follow up questions about specific settings that children might get involved in sports and physical activity both inside and outside of school.

This question differed from Active Lives Children and Young People's Survey, as it captures only whether respondents took part in 60 or 30 or 0 minutes of activity per day, rather than the exact number. This means it is less sensitive, which may explain the discrepancy seen between the proportion who were active in each survey.

Qualitative sample

The sample details for each qualitative method is shown below. Many children had multiple impairment types. A mix of ethnicity, marital status, school types, and activity levels were achieved across the sample.

Focus groups: Seven children and parents

Two groups across Manchester (four children) and London (three children).

Age	Impairments	Gender
Age of children One 8 years Two 9 years Two 10 years One 12 years One 13 years	<ul style="list-style-type: none"> • Cystic fibrosis • Cerebral palsy • Restricted growth • Dexterity impairment • Visual impairment and mobility impairment • Neurological condition • Social or behavioral (Asperger's Syndrome and ADHD) • Mental health 	<ul style="list-style-type: none"> • Two girls • Five boys

Creative focus groups: 12 children and parents

Four groups with disabled children across London (six children) and Birmingham (six children).

Age	Impairments	Gender
Age of children One 8 years Two 9 years Two 10 years One 12 years Two 13 years Two 14 years	<ul style="list-style-type: none"> • Five physical including dyspraxia, asthma, epilepsy, cerebral palsy and arthritis • Two sensory including vision and hearing impairments • Three learning impairments • Social or behavioural (ADHD and autism) • Depression 	<ul style="list-style-type: none"> • Six girls • Six boys

In-depth interviews: 17 children and parents

Interviews in Manchester (4 children), London (9 children), and Birmingham (4 children).

Age	Impairments	Gender
Age of children One 8 years Two 9 years Two 10 years One 12 years Two 13 years Two 14 years	<ul style="list-style-type: none"> • Visual impairment • Chromosomal condition (learning, mobility, hearing impairments) • Chromosomal condition (learning and developmental impairments) • Muscular dystrophy • Cerebral palsy • Cancer • Vascular condition (mobility impairment) • Asthma 	<ul style="list-style-type: none"> • Seven girls • Ten boys

- Bladder condition
- Heart condition
- Epilepsy
- Social or behavioural including ADHD and ASD
- Mental health including anxiety, depression and OCD

Research considerations

Quantitative research

- The sample is largely nationally representative of demographic groups, though not an exact match. Panel participants may be self-selecting, increasing potential bias.
- Fewer parents took part through charity networks than expected.
- Alternative methods of completing the survey were offered, though we received no requests for this.
- We used a single version of the survey with simple language. This could have been less accessible for some people with learning difficulties.
- There was less representation of ethnic minority groups in the survey sample, which meant we were unable to test for significant differences for these groups.
- We relied on parents asking their children for their input on questions and for them to complete the survey with their child present, rather than answering on their behalf. We include prompts and clear signposting in the survey to help parents understand they should elicit answers from children where possible. However, it was not possible to check to what extent parents did this, and their own preconceptions could influence the responses to some extent.
- Classification of activity levels of children are modelled on the categories used in Sport England's Active Lives Children and Young People Survey. However, the questions used in this study to collect activity level data and the method used to derive activity level categories are different. As such, activity levels of children reported in this report are not directly comparable with the findings from the Active Lives Children and Young People Survey.

Qualitative research

- Recruitment for the qualitative research was challenging, especially for younger children and for girls. These groups are less well-represented in the qualitative findings.
- There was overrepresentation of learning disabilities, as well as social or behavioural impairments. Many parents and other adults say their child has these kind of impairments due to challenges at school with learning and behaviour.
- It was challenging to find children with sensory impairments, and those with limb amputations.
- While children with profound and multiple learning disabilities were recruited and interviewed at home, due to communication needs their parents often gave more information than the child themselves. They also were not included in the focus groups.
- For safeguarding purposes, parents were present for most of the focus group tasks and for all of the at-home interviews. This means that due to the presence of the parents, some children's responses may have been biased.

Comparison of child reported and parent reported impairment type

Children studying in Year 3 to Year 11 and those who have just left Year 11 were asked about their health conditions, impairments or illnesses that affected them using the questions asked in Sport England’s Active Lives Children and Young People Survey. Children studying in Year 3 to Year 6 had different wording and simplified answer categories to the children studying Year 7 to Year 11 (and those who had just left Year 11).

This data shows many differences between how often parents and children say they have an impairment, based on these questions. The question used for younger children in Active Lives was adapted to be more understandable, but can lead to more children choosing each option. It also raises interesting questions about how to define disability in such questions, and who defines who is disabled.

Children in Year 3 to 6

As shown in Figure 12.1. children in Year 3 to Year 6 over report or under report impairment categories. Parents and children are likely to report similar proportions for hearing and speech impairments. Parents are more likely to say their child has a breathing impairment than their children, and children are more likely to say they have every other type of impairment in this age group.

Figure 12.1. Health condition, impairment or illness reported for children in year 3 to 6⁴²

Impairment type	% of children reported Year 3 to Year 6	% of parents reported
Learning	39%	46%
Mental health	36%	21%
Social or behavioural	35%	45%
Mobility	26%	15%
Speech	21%	23%
Dexterity	20%	16%
Vision	17%	6%
Breathing	15%	27%
Hearing	13%	11%

Children in Year 7 to 11

As shown in Figure 12.2, older children also show differences in classifying themselves as having an impairment compared to their parents. In this older group, long-term pain, chronic health condition, hearing and vision categories have similar results between parents and children. Parents become more likely to say their child has mental health, mobility, dexterity, and speech impairments, whereas children are more likely to say they have a social, behavioural, or breathing impairment.

⁴² Q: Do your child’s health conditions, impairments or illnesses affect them in any of the following areas?/ Q: Do you need extra help with any of these things?

Base: Disabled children studying in year 3 to year 6 (262)

Figure 12.2. Health condition, impairment or illness reported for children in year 7 to 11⁴³

Impairment type	% of children reported Year 7 to 11	% of parents reported
Social or behavioural	46%	27%
Mental health	29%	32%
Breathing	24%	11%
Mobility	16%	24%
Dexterity	16%	21%
Speech	16%	30%
Vision	7%	8%
Hearing	12%	9%

Non-disabled children

Children whose parents said they did not have an impairment were asked whether they had any health conditions, impairments or illnesses affecting them using the same question. As shown in Figure 12.3, there are small minorities of young children whose parents say do not have an impairment who disagree, based on these questions.

Younger children were especially likely to say they had learning or breathing impairments. Among non-disabled children in Year 7 to 11 the proportion of children reporting an impairment type is much lower.

Figure 12.3. Health condition, impairment or illness reported for non-disabled children⁴⁴

Impairment type	% of children reported Year 3 to Year 6	% of parents reported
Learning	11%	2%
Breathing	7%	1%
Speech	6%	1%
Mobility	6%	1%
Hearing	5%	<1%
Mental health	5%	1%
Dexterity	4%	1%
Social or behavioural	4%	<1%
Vision	3%	1%
Long term pain	*	<1%
Chronic health condition	*	<1%

⁴³ Q: Do your child's health conditions, impairments or illnesses affect them in any of the following areas? / Q: Does this disability, or special educational need affect you in any of the following areas?

Base: Disabled children studying in year 7 to year 11 or just left year 11 (350)

⁴⁴ Q: Do you need extra help with any of these things? / Q: Does this disability, or special educational need affect you in any of the following areas? Base: Non-disabled children studying in year 7 to year 11 or just left year 11 (483); non-disabled children studying in year 3 to year 6 (291)

(* indicates that impairment category was not included in the question)

Stakeholder involvement

A stakeholder workshop was held at the beginning of the project to explore current knowledge and priorities in the sport and physical activity sector. New partners, such as organisations working specifically with children, were also invited to the workshop. Organisations listed below took part in the workshop:

Access Sports, London Sport, Association of Paediatric Chartered Physiotherapists, Inspired Inclusive Solutions, British Blind Sport, Cerebral Palsy Sport, Dwarf Sports Association UK, International Mixed Ability Sport, Leonard Cheshire, Level Water, LimbPower, Mencap, Disabled Children's Partnership, Mind, PMLD Network, Sense, Special Olympics GB, Sport England, Street Games, UK Deaf Sport, WheelPower, Whizz Kids, Youth Sport Trust.

We would also like to extend additional thanks to the following organisations for their involvement in the survey and final report:

Ability Sports, Access Sports, International Mixed Ability Sports, Access Sports, Mind, the National Disability Sports Organisations, Sense, Sport England and Youth Sport Trust.

**activity
alliance**

**disability
inclusion
sport**



Please contact us if you need support accessing this document.

Telephone: 01509 227750

Email: info@activityalliance.org.uk

Website: activityalliance.org.uk

Facebook: [ActivityAlliance](https://www.facebook.com/ActivityAlliance)

Twitter: [@AllForActivity](https://twitter.com/AllForActivity)

Photo credits: Dwarf Sports Association UK, Special Olympics GB.

Activity Alliance is the operating name for the English Federation of Disability Sport. Registered Charity Number 1075180.