

Britainthinks

Insight & Strategy

activity alliance

disability
inclusion
sport

“Include me as we return to activity.”

Inclusive recovery report:

How sport and activity providers responded and disabled people’s experiences as the COVID-19 pandemic restrictions were lifted.

Research report
by BritainThinks
for Activity Alliance.

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activityalliance.org.uk



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1. Introduction.

Background.

Working with BritainThinks, Activity Alliance wanted to understand how the barriers and motivations have changed for disabled people since COVID-19 restrictions have eased. The project also explored how providers can support and include disabled people better as we recover from this national crisis.

Before the pandemic, many people working to provide activity had a good understanding of the challenges disabled people face, and what can be done to help increase participation. Previous research by Activity Alliance found that the main barriers for disabled people can be grouped into psychological, logistical, and physical aspects. Further research informed the development of Activity Alliance's Ten Principles in 2014¹. These helped many providers and deliverers to encourage more disabled people to take part in physical activity. However, the COVID-19 pandemic has changed the sport and physical activity landscape for many disabled people, and for the organisations providing activity opportunities.

Disabled people are less active than before the pandemic. Last year, 42.4% of disabled people were inactive (doing less than 30 minutes of physical activity a week), compared to 22.6% of non-disabled people². This is an increase of 2.6% compared to the year before the pandemic. Participation in organised activities and a range of sports has been especially affected.

Activity Alliance's Annual Disability and Activity Survey 2021-22³ showed that disabled people are being left out of the return to activity, and that the pandemic is having an ongoing effect on health and confidence, as well as on support networks. This project provides a qualitative, in-depth exploration of the survey findings. Our approach embedded a diverse group of disabled people's authentic voices throughout the study. It's vital that people who have been disproportionately affected by the pandemic are engaged with and included as we recover.

Findings from Activity Alliance's Annual Disability and Activity Survey 2021-22.



Only 1 in 5 (20%) disabled people had taken part in organised physical activity in the last year.



Less than 3 in 10 (28%) disabled people felt encouraged to return to sport or physical activity.



8 in 10 (79%) disabled people said the pandemic had affected their health or impairment.



Only half (53%) of disabled people said that returning to activity after restrictions were lifted was a positive experience.

¹ Activity Alliance, [Ten Principles](#) (2014).

² Sport England, [Active Lives Nov 2020-21](#) (2022).

³ Activity Alliance, [Annual Activity and Disability Survey 2021-22](#) (2022).

Research objectives.

- The impact of the pandemic on disabled people and their participation in organised activity now and in the future.
- What support disabled people might need when taking part in organised activities and any differences between groups.
- What opportunities disabled people have to take part, and what challenges providers face offering inclusive organised activities.
- What support could help providers deliver more inclusive organised activities.

Methods and sample.

BritainThinks delivered a multi-stage, mixed method approach. This took place from 3 March to 10 April 2022.

- 1. Rapid evidence assessment:** A review of existing research to understand trends and identify knowledge gaps.
- 2. 'Digital self-ethnography' with disabled people:** A two-week online platform where participants self-reported their views and experiences through a series of different tasks and activities. 36 disabled participants took part, exploring attitudes, previous challenges, their experience trying a new activity during the study, and potential solutions. A range of different people took part, covering different demographics, impairment type and activity level.
- 3. Provider survey:** A quantitative survey with organised activity providers compliments our understanding of barriers and challenges from the perspective of those responsible for ensuring inclusive reopening. 41 people⁴ involved in delivering or organising activity for disabled people, comprising 14 delivers and 27 planners⁵, including sports clubs, Active Partnerships, community providers, local authorities, charities, and sports / leisure operators.
- 4. Co-production workshop:** A 90-minute online workshop with 8 providers and 19 disabled people to produce a series of recommendations for how organised activity providers can support and include disabled people as restrictions ease.

[Please see the appendix for more details on the methods and the sample.](#)

While there were no COVID-19 restrictions in place during the research, it is important to note that there was increased concern due to rising infection rates and new variants. A small proportion of disabled people were shielding at the time: 13% of people at risk were still following the previous guidance, with a further 69% no longer shielding but taking extra precautions⁶.

⁴ Please note small quantitative sample size.

⁵ Note: 'deliverers' are those that directly deliver organised activity and 'planners' are those that organise or offer organised activity. Throughout this report, where 'providers' are referenced, this includes responses from both 'deliverers' and 'planners' and there is no difference between the two groups.

⁶ Office for National Statistics, [Coronavirus and Clinically Vulnerable People](#) (May 2022).

2. Key findings.

For disabled people:



Most participants still want to be active after the pandemic and feel it will benefit their lives. While personal experiences of activity differ for everyone, the benefits of being active (and equally, the impact of not being active) are universal. They directly influence our mental and physical wellbeing, as well as impact our social lives.



The pandemic led to key challenges in participating in activity. A lack of access to facilities or restrictions on meeting with others has decreased opportunities for participation. This led to reduced confidence or motivation for many.



The pandemic has worsened existing barriers for disabled people, but also created new barriers. Many physical, psychological, financial, and structural challenges are not new. However, the pandemic has created a new reality, with continued fluctuating involvement and nervousness about participation.

For providers:



The pandemic caused additional challenges for providers. This includes fluctuating or reduced participation, reduced staff or loss of skilled staff, and changes or loss in networks and partnerships, lack of financial stability or even closures. Many are focused on 'survival', making it more challenging to spend time or resource to focus on inclusion.



There is a strong desire among providers to use the pandemic to improve and grow. Despite the increased challenges, providers want to provide more inclusive activities. They want to improve experiences for disabled participants and are eager for guidance and support to enable them to do this.



3. Disabled people's experiences.

What does 'being active' mean to disabled people?

'Being active' means different things to different people, depending on their own activity levels and what is feasible for them in line with their impairment and/or health condition.

- Those who are more active see 'being active' as participating in at least one high intensity activity on a regular basis.
 - For example, running, aerobic activity classes, martial arts, at least several times a week.
- Those who are less active themselves typically refer to 'being active' in a simple form – making sure they are moving every day.
 - For example, chair exercises, walks or gentle gardening.
- Those who are not active often see 'being active' as something which is unattainable for them, normally due to physical or psychological barriers.

Low intensity.

"For me, being active makes me think of my blood pressure being calm, and reducing my stress. It also gives me more energy and a zest for life.

(Person who stopped activity, 47, sensory impairment.)

Medium intensity.

"I see myself as a relatively active person. Compared to my close friends and family, I do a lot more walking and taking part in opportunities, but I do not take part in many 'sports'. Not being active could influence my mood in a bad way in terms of the chemicals that being fit releases in your body."

(Person who started activity, 24, learning impairment and mental health condition.)

High intensity.

"I do a lot of running, so I do that every other day and sometimes daily. I also do martial arts. And that for me is my way of keeping active."

(Person who is always active, 26, long-term health condition.)

What are the benefits of being active for disabled people?

There is strong evidence for many benefits of being active for disabled people, particularly for preventing and managing long-term health conditions. The effect on mental health and wellbeing, and the social benefits, are also well-established⁷. This project reviewed how the benefits of taking part in organised activity have changed since the pandemic, from the perspective of disabled people. We saw the increased importance of mental health, as well as many disabled people focusing on physical benefits, regardless of impairment type. Goals relating to resilience were also a more prominent theme this year.

Being active has a ripple effect, positively impacting other aspects of participants' lives.

- **Mental health** (most frequent impact): Improved mood, increased confidence and self-esteem, better concentration, memory and general 'alertness', better self-care.
 - "It makes me feel good about myself and makes me forget all or most of my troubles, it makes me feel happier, which makes me do my work. It makes me concentrate better and makes me talk to people better. It makes everything better."
(Person who is always active, 45, physical impairment.)
- **Physical health** (middle frequent impact): Feeling "lighter", more flexible, and mobile, managing impairments or conditions, and staying fit or strong.
 - "The good parts about being active is how 'springy' I feel; I feel physically healthier, lighter and movement takes much less effort."
(Person who started activity, 19, learning impairment and mental health condition.)
- **Resilience** (middle frequent impact): Overcoming challenges and working towards a goal, gaining a sense of achievement, satisfaction at doing something for yourself.
 - "I get quite disappointed when I can't achieve things I want to achieve, so being active for me it makes me feel happy. It completes me. It makes me feel in control. I feel empowered. I feel like I am looking after myself."
(Person who stopped activity, 47, sensory impairment.)
- **Social** (least frequent impact): Meeting new people, developing social skills and connecting with others, being part of a team, preventing isolation and loneliness.
 - "It's the feeling positive - it's not just the activity that makes you feel positive, it's the planning for it. The preparation feeling part of the team, feeling that you're achieving something, that the goals that you set."
(Person who stopped activity, 47, visual impairment.)

⁷ UK Chief Medical Officers' Physical Activity Guidelines (2019).

How has the pandemic affected disabled people?

79% of disabled people said the pandemic had affected their impairment or health condition, in 2021⁸. The COVID-19 pandemic impacted every aspect of the participants' lives, with the challenges continuing into 2022:

- Negative changes to mobility, strength, and fitness because of being less active, or for some, after having COVID-19.
- Financial strain and lack of financial support; other research has shown that disabled people were more likely to face financial pressure during the pandemic.⁹
- Reduced access to healthcare and social care services, and informal support - leading to a deterioration in overall health and wellbeing.
- Loneliness and social isolation, particularly for people living alone and for those who were shielding. According to research conducted by the Office for National Statistics, disabled people are twice as likely to say they are lonely¹⁰.
- For some who were shielding, there is ongoing frustration at being labelled 'vulnerable' and being 'imprisoned' in their homes.
- Disruption to routines and a loss of 'life as normal' – despite restrictions lifting.

How have the barriers to being active changed for disabled people?

Activity Alliance's previous research had defined the barriers disabled people face to participation, as physical, logistical, and psychological. Through this project, we have developed these further to understand how the pandemic amplified four challenges to taking part in organised activity.

- Physical
- Psychological
- Financial
- Structural

The physical effects on health and fitness, and the impact of a lack of support and lack of activity during the pandemic, continued issues with access and adaptation, were most often mentioned. The pandemic has increased existing psychological challenges, particularly for confidence and doubts about ability and suitability. The research led us to highlight two new categories of barriers: disabled people's ability to take part is increasingly affected by financial challenges. We have also highlighted the structural and systemic barriers that run through our society and organisations.

⁸ Activity Alliance, Annual Disability and Activity Survey, Survey 2021-22 (2022).

⁹ BritainThinks and Activity Alliance, Rapid Evidence Assessment (2022, unpublished).

¹⁰ Office for National Statistics, 'Coronavirus, and the social impacts on disabled people in Great Britain: March 2020 to December 2021' (2022).

Physical.

- It's become more difficult for people to manage impairments or health conditions. This is due to lack of access to or support with health services and exercise, with many reporting increased symptoms, or loss of fitness or strength.
- Fearing activities or accidents that could worsen functionality or symptoms, or that injury could occur. This is more concerning for those whose physical health declined due to reduced activity during the pandemic.
- Ongoing concern about how 'COVID safe' physical environments will be, particularly for people at higher risk.
- The pandemic has led to less opportunities and awareness of activities that are accessible and suitable for people to attend. Concerns about the physical environment, including places, facilities, and equipment, being unwelcoming or unsuitable continue to prevent participation.

It is important to note that the medical consensus is that physical activity is safe for people with long-term health conditions, and the benefits outweigh the risks.¹¹ The evidence shows the risk of adverse events is low, and temporary increases in things like pain, fatigue, or shortness of breath are normal and safe, provided the amount and intensity of activity is increased gradually. However, other research (including this project) highlights the concerns about safety and risk experienced by many disabled people and people with health conditions – this needs to be recognised with solutions.



“I get scared that either injury or doing more than my body is capable of will then cause a pain or fatigue flare-up - it's happened before! I also feel self-conscious... People tend to stare or ask questions, which sometimes I'm ok with but sometimes I just want to be left alone to get on with what I'm doing.”
(Person who is always active, 35, physical impairment.)

“The majority of activities do involve having to have some experience, knowledge and skill in the activity, and jumping straight into that would cause my body significant problems.”
(Person who started activity, 23, mental health condition and physical impairment.)

¹¹ Moving Medicine, [Consensus statement on the risks of physical activity for people living with long-term conditions](#) (2021); Department of Health and Social Care, [UK Chief Medical Officers' Physical Activity Guidelines](#) (2019).

Case study 1: Trying to start being active while worrying it'll affect your condition.

Anneka¹², 31, has had a hard time being active since the symptoms of her long-term health condition have intensified over the last few years...

Before acquiring her impairment, Anneka went to a kick-boxing class to keep fit. She liked that it helped her put her energy to 'good use'. Anneka used to love being active, now she feels that her health conditions prevent her from doing certain activities.

In the last few years, she found it difficult to keep active as her health condition leads to fatigue and pain. She knows being active is good for her general health but doesn't feel motivated. Because she stopped being active, she worries now that it would cause more pain, fatigue, or an injury. These worries have decreased her confidence, and she feels nervous about being around and interacting with others. COVID-19 has made these issues worse.

"I'd love to do a group activity of yoga or Pilates but the main thing that holds me back is being in that group setting, worrying about hurting myself or causing more damage, or becoming so fatigued I can't continue, or even get myself home."

When Anneka searches for activities, she is drawn to the ones she can find more information about that may make her feel more comfortable, such as alternatives for movements which might cause her pain, or number of people taking part. Having an opportunity to speak to the instructor beforehand would help to ease her worries.

Psychological.

- Loss of confidence, fearing shame or embarrassment, or not feeling able to be active in a way that is safe, suitable, and comfortable for their impairment or condition. This is amplified in organised activity, in which participants fear being 'the worst in the class', or embarrassment in front of others if they are unable to keep up. This is a key challenge for people who feel their fitness or ability reduced during the pandemic.
- Motivation can be an issue for some, especially when routines and habits are still affected by the impact of restrictions.
- Less social interactions during the pandemic have led to worries about being able to be active with others. This includes increased concerns around what people think, and the behaviours of other people.
- Some appear to have more scepticism about the suitability of organised activities, and worry they won't be welcome.

"It's mainly my motivation. I could go out for a walk (or push) any time, but just don't, I don't seem to have the get-up-and-go like I used to have. As far as group activities go, it's a confidence thing, I'm ashamed of how far I've fallen fitness wise."

(Person who stopped activity, 43, physical impairment.)

¹² Participant names changed throughout for anonymity.

Case study 2: Being active when feeling less confident.

Korallia is 23. She has anxiety and arthritis. Before the pandemic, Korallia attended climbing sessions once a week. She loved the challenge of the activity and working with others in her group. This is what drew her to the activity. After climbing, she felt accomplished and refreshed.

Korallia tried other types of physical activity during the pandemic but struggled to motivate herself. She found it difficult to get energised without having group activities and didn't keep up other activities at home. As a result, she feels less confident. She is also anxious about the risk of COVID-19, so has avoiding being around people she doesn't know.

“I have social anxiety so going to organised activities alone is very scary. The pandemic has also exacerbated this as I'm not used to interacting with people very much.”

To get back into activity now restrictions have ended, Korallia wants to increase her confidence in her ability to climb, before she can go back to it in a group. Attending a session with a partner or friend would help her to feel more relaxed.

“The main things that currently stop me from being active are confidence and motivation. It's been so long since I've done many physical activities, I have developed a mental barrier about starting again. I feel scared and hesitant.”

Financial.

- Many disabled people are experiencing financial pressures. This limits spending on organised activity sessions, membership or fees, or equipment. Additional costs, like public transport or taxis, also present a barrier to accessing activities.
- The developing cost-of-living crisis is having a disproportionate impact on disabled people¹³. Many people are experiencing stress regarding financial challenges, and frustrations that activities they want to take part in aren't affordable.

“The cost is an issue – becoming a member of a climbing centre or attending yoga classes are both very expensive pastimes. I'm not able to be able to afford them at the moment.”

(Person who stopped activity, 23, mental health condition and physical impairment.)

¹³ Scope, '[Disabled people hit hardest in biggest cost-of-living crisis in a generation](#)' (2022).

Case study 3: Struggling to afford a new activity.

Bridget, 28, found during the pandemic she has more time to dedicate to herself and to being active. Being active is an important part of Bridget's daily life. Being active makes her feel better both mentally and physically. She enjoys relaxing forms of activity, like yoga or Pilates. She also likes swimming, as that makes her feel calm.

The pandemic alleviated time pressures she had before when her life was busier. Towards the end of lockdown, Bridget got back involved in organised activity with others, such as classes.

Now, Bridget cannot afford to participate in organised activity as much as she would like. This has led to her making cutbacks on how often she takes part. Bridget wants to see discounts available to help encourage disabled people to get involved, and to make organised activity more accessible.

"The cost is sometimes too high for organised classes and travel plays a major role due to the expense."

Structural.

- The closure of leisure centres, gyms, and other facilities during restrictions had reduced the variety of activities available. Participants noted before the pandemic, while many activities are promoted as being 'open to all', they were often not suitable for their needs, bespoke forms of activity were hard to find, and that disabled people were not a priority.
- Once reopened, many activities required additional planning, such as online booking, with no offline alternative available. A lack of information and signposting, and difficulties obtaining support, continue to prevent disabled people from taking part.
- Broader cultural attitudes, a lack of representation, and ingrained practices that fail to properly include disabled people have been amplified by the pandemic (with some feeling providers are failing to adapt to their needs as restrictions ease). Some participants felt they are more likely to be 'turned away' by providers or deliverers who have fears about adaptations or injury.
- Disabled people recognised structural issues – the lack of collaboration or 'joined-up' approach to the pandemic by local organisations is evident, especially between the NHS or local services, in terms of information provided or awareness of organised activities.

"I find that people who have some experience with the disability are the best people to run activities, whether they have the disability themselves or a family member does. They then know what's possible and what's not possible for their clients. This then makes the user feel more supported and will encourage them to make use of the facility."

(Person who stopped activity, 43, physical impairment.)

"Local signposting is always poor. I am over 50 so I'm told to join a senior activity. Ridiculous, one-size-fits all tick box exercise, and one from which I would run a mile (I probably could just about do that!)."

(Person who stopped activity, 51, mental health problem and long-term health condition.)

Case study 4: Being encouraged to take part in activity through positive behaviours of others.

Paul is 34 - sport has always been an important part of his life. Since being diagnosed with Crohn's, he is determined keep being active.

Paul likes keeping active by going to the gym 5 times a week. He also is part of a running group. He likes that the gym keeps him focused. It feels like he is achieving a goal, while being part of a running group means he meets and socialises with people.

The pandemic caused Paul to consider his priorities and understand what the benefits of exercise really are for him. He found that the lack of exercise during this time resulted in feeling sluggish and stressed. Even though Zoom classes were not the same, they provided much-needed movement.

When trying out a new activity during the project, Paul selected hockey. The captain of the team tried to welcome Paul. This made a huge difference to his experience. He feels that it's important to "promote organised activity far and wide" to ensure the activity is as inclusive as possible.

"I think for me it's just education around what the opportunities are, but I'm happy to get stuck in. I think for other people it could be around how things are advertised so it could be advertising on social media so that it complements the adverts that we see out and about or on TV, YouTube or blog adverts, and news articles."



Feelings about returning to activity.

During the project, some participants were hesitant to rush into changing their behaviours significantly.

- Despite recognition that being active has many benefits, participants emphasise the need to listen and respond to the needs of their body, and not rush or force themselves to take part in activity.
- This is particularly evident amongst those who have had a recent setback in their health.
- As such, some disabled people are more likely to want to see a slower return to activity, and an overall 'kind' or 'gentle' attitude towards themselves.
- This indicates that establishing a broader definition of activity beyond 'sport' to softer, more manageable examples of movement may help participation feel more possible for some inactive disabled people. This sentiment is shared by many providers.
- However, it is important to remember that many disabled people prefer a faster pace of exercise, and so providers must be mindful that there is not a 'one size fits all' approach. Instead, participants should be given the choice about the activities they take part in, and the pace they take with them.

"I must be very gentle going back into any kind of activities but it's very easy to go racing ahead in your mind and feel disappointed when your body doesn't follow. Knowing my limits is something I have to work on, even though I've always had a disability."

(Person who is always active, 35, long-term health condition and physical impairment.)

"I can sometimes feel like 'dead weight' which affects how I am mentally. But battling with a chronic pain condition means I have to limit how much I let not being active impact me."

(Person who started activity, 23, mental health problem and long-term health condition.)

"We have to be empathetic. We have to meet people where they are. This can be a long way from 'sport'. It might be that 'movement' is where we need to start."

(Provider.)

For a small number of disabled people, changes brought about by the pandemic led them to discover new ways to be active.

- Increased available time or changes of routines (for example, working from home) gave some more opportunity to take part in new online classes or extend their current routines.
- Some also underwent a period of self-reflection during the pandemic, which led them to understand their impairment, or condition in more depth, and in turn to take active steps to improve their general wellbeing and activity levels.

4. Providers' views and experiences of inclusive activity.

All providers of organised activity in England that took part in this project experienced at least some difficulty since the COVID-19 pandemic. The most fundamental impact was a loss in revenue due to closures during restrictions. Many note a continued variability in participation even as restrictions ease, and difficulties in adapting to this new environment.

What are the priorities for people working to deliver inclusive activity?

Providers recognised the need to, and want to, offer inclusive activity. 'Including disabled people' was selected as 'very important' by 11 out of 14 deliverers and 25 out of 27 planners¹⁴. This, coupled with 77%¹⁵ of disabled people wanting to be more active, indicates a clear opportunity for the sector.

The top priorities were similar for both groups, though deliverers were more aware of the need to keep participants safe as restrictions eased. Engaging new participants is seen as a key priority by both, indicating challenges with reduced participation ([Figure 1](#)). Improving knowledge and skills is a mid-level priority, while finding new facilities, locations and online delivery are seen as less important at this time.

¹⁴ Survey question: On a scale of 1 to 5, where 1 is not at all and 5 is very much, how much of a priority are each of the following factors for you / your organisation right now when delivering sport or activity? (Base n=14 Deliverers) (Base n=27 Planners).

¹⁵ Activity Alliance, [Annual Disability and Activity Survey 2021-22 \(2022\)](#).

Figure 1: Priorities for deliverers and planners, from most to least important.

Priorities for deliverers.	Priorities for planners.
<ol style="list-style-type: none"> 1. Keeping participants safe as restrictions ease. 2. Engaging new participants. 3. Responding to the needs of existing participants. 	<ol style="list-style-type: none"> 1. Engaging new participants. 2. Including disabled people in activities. 3. Responding to the needs of existing participants.
<ol style="list-style-type: none"> 4. Including disabled people in activities. 5. Improving skills and knowledge to ensure high quality delivery. 6. Ensuring enough participants to make activity viable. 7. Supporting participants with mental health. 8. Finding new or different facilities or locations. 9. Offering a blend of in person and online delivery. 	<ol style="list-style-type: none"> 4. Keeping participants safe as restrictions ease. 5. Ensuring enough staff to provide quality delivery. 6. Improving workforce skills and knowledge. 7. Securing funding. 8. Supporting participants with mental health. 9. Developing new strategy. 10. Reducing costs. 11. Finding new or different facilities or locations. 12. Building or improving online delivery.

What challenges do providers and deliverers face?

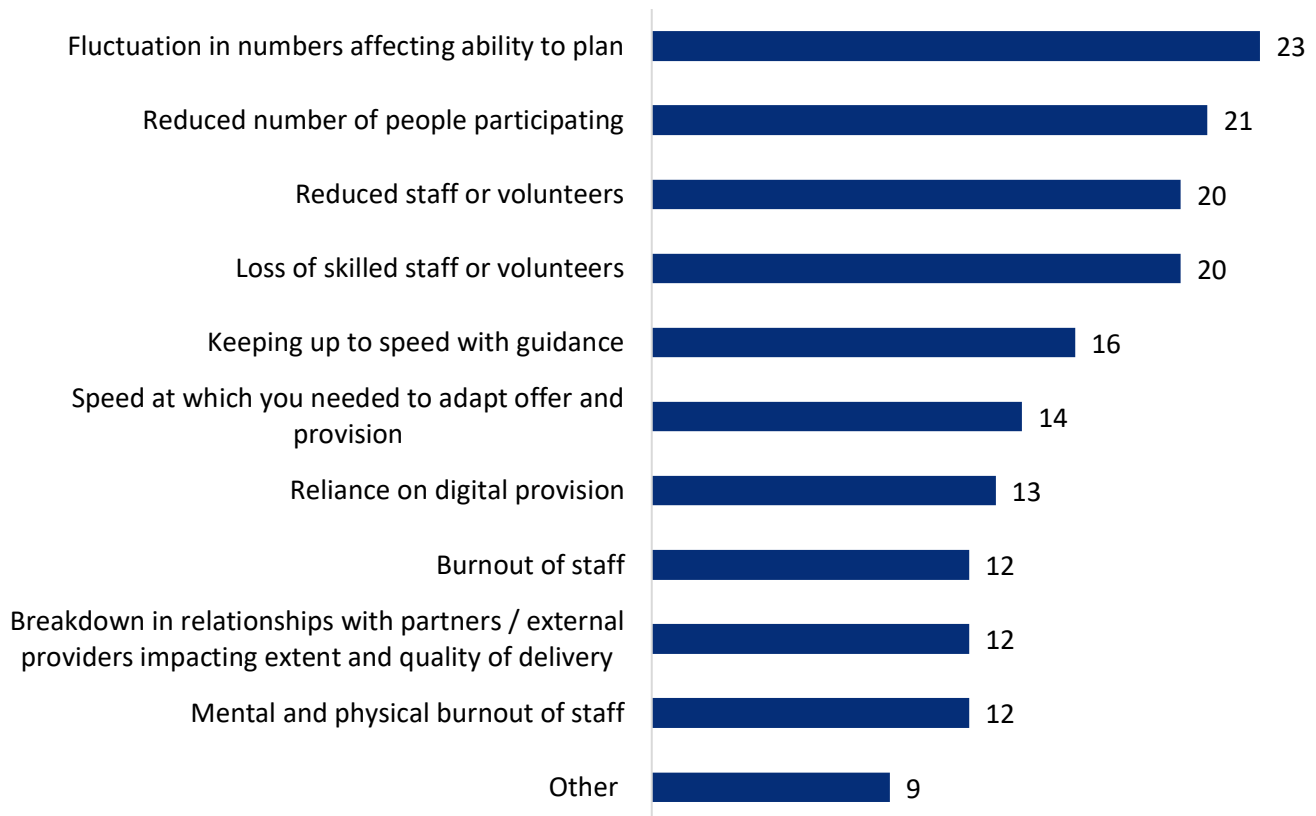
Organisations working in sport and activity are facing a wide range of challenges in providing and delivering opportunities for disabled people (Figure 2). Providers can feel hesitant to provide adapted activities or a range of activities due to lack of staff and volunteers who have specialist skills to support disabled participants. Fluctuating interest and attendance in these services makes it more difficult to provide consistent activities.

Some providers are finding it more difficult to encourage disabled people to take part in sessions. 3 in 5 (61%) agree that it is harder to ‘motivate or encourage disabled people’ to take part since the pandemic.¹⁶

¹⁶ Survey question: Some providers feel that it may be harder to encourage or motivate disabled people and people with long term health conditions to join or continue to take part in physical activity sessions, as there are more barriers to taking part since the pandemic. To what extent do you agree or disagree with this statement? (Base n=40).

Figure 2: Challenges faced by planners and deliverers during COVID-19.

Showing total number selecting each challenge.



These challenges relate to the barriers that disabled people experience:

Physical.

- Most providers know that activities and facilities need to be safe and comfortable for disabled people. However, some recognise that they, or others, are not always equipped to fully inclusive or adapted activities.
- While positive that providers are aware of the challenges faced, there is a need for increased skills and knowledge, and therefore confidence, in the wider workforce.
- Rules and guidance around 'COVID-19 safe' environments have put additional strain on providers, requiring additional resources to review and implement changes. Adapting to increased participant concerns about safety and ability is challenging with current resource pressures.

"There is still understandably an uncertainty amongst our participants about taking part, so we need to keep talking to people so we understand their views rather than make assumptions." **(Provider.)**

"I think it's less about motivating people and more about the practical realities." **(Provider.)**

"Things are improving but access and availability have largely focused on what activities can be provided easily. In the case of leisure centres, it seems to be a case of get as many people in as possible with no real thought for engaging those most in need of support." **(Provider.)**

Psychological.

- While inclusive activities require resources and commitment, perceptions of inclusive approaches being ‘too’ difficult or expensive present an attitudinal barrier.
- Some don’t feel confident to respond effectively to participant's needs. This could include mental health issues, a lack of confidence, continued concern about COVID-19, or a lack of motivation to take part.
- 6 in 14 deliverers do not have high confidence in their skills and knowledge to provide high quality experiences¹⁷. Similarly, 11 in 27 planners do not have high levels of confidence in the skills and knowledge of their delivery staff.¹⁸
- Providers would like training and support from organisations (particularly healthcare – [Figure 3](#)) to increase their confidence in providing quality experiences. However, resource challenges limit the time or funding available for training.

“Additional support has been necessary for many people, such as reassurance to attend a session, follow-up and continued adaptation to remain inclusive.” **(Provider.)**

“All the usual barriers still exist, but we have the added barrier of hesitance to go to new or different activities particularly if they are not familiar with the facilities / groups. This was a barrier before, but it is more prominent now that people are limited in mixing.” **(Provider.)**

“We have found that much of the work to build self-esteem and confidence for people prior to the pandemic has taken a step back. In some cases, people were relying on parents / carers - whereas they had previously become more independent. This will take time and the right support and approach to re-build.” **(Provider.)**

Financial.

- Provider organisations experienced a loss of income from the pandemic – with gyms alone being estimated to have lost £3.1 billion of revenue since 2020¹⁹. Many are now experiencing ongoing inconsistent attendance or offering less session/capacity than previously. Some note additional outgoings from additional COVID-19 health and safety precautions now required to keep participants safe.
- This leaves providers with less financial reserves or buffer to trial new ideas or initiatives, and less time to focus on feedback and improvements. For some inclusion work is seen as ‘the first to go’.
- As a result, funding is felt to be the most important future challenge for both planners and deliverers, with 21 of 27 planners and with 8 of 14 deliverers citing it as the top future challenge.

¹⁷ Please note, no change in pre-pandemic confidence.

¹⁸ Survey question: Thinking about now: When delivering sport or activity, how confident, or otherwise, do you feel about ‘Your skills and knowledge to provide a quality service to disabled people with long term health conditions’ Please select one, with 1 being 'not at all' and 5 being 'extremely'. Base (n=14 Deliverers). Thinking about now: When planning sport or activity, how confident, or otherwise, did you feel about ‘The skills and knowledge amongst your delivery staff to offer a quality experience to disabled people and people with long term health conditions.’ Please select one, with 1 being 'not at all' and 5 being 'extremely'. Base (n=27 Planners). Not having high confidence levels defined as a score of 3/5 or less.

¹⁹ BritainThinks and Activity Alliance, Rapid Evidence Assessment (2022).

“Most organisations have had to cut their costs. Unfortunately, inclusion officers are often the first to go in a lot of places.” **(Provider.)**

“Delivery has taken time to develop and attract new funding. Participants have been hesitant to return to activities which has provided a viability issue for effectiveness and attractiveness of sessions. Lack of funding has meant we have had to rely more on volunteers and casual staff. Due to wanting to get the facility back open we have challenges with staffing levels/ prioritisation and ability to start new sessions and initiatives.” **(Provider.)**

Structural.

- Providers acknowledge that there are not sufficient options for activity available for disabled people, and that most mainstream forms of activity are not suitable for all needs.
- Many providers have faced challenges in creating more expansive offers and in engaging with disabled people. This can be due to lack of widespread expertise (and prioritisation). Despite many positive changes, most providers experience low awareness of disability inclusion, inequalities, accessibility, and broader cultural barriers in adopting change.
- This has been further impacted by the pandemic, with the loss of knowledgeable and experienced staff leading inclusive delivery, and an overall decrease in staff numbers reducing available resources.
- This is often linked to broader systemic and structural issues that can prevent sport and activity providers from partnership working, particularly with healthcare organisations.

“I feel the organisations we work with are very capable but we can always find ways to be better. We sometimes struggle to find high quality delivery partners that have the time to deliver additional sessions. I feel we can offer a more expansive offer to disabled people and people with health conditions.” **(Provider.)**

“I don't think there's a motivation problem. I think there's not enough opportunities out there and not enough awareness of these opportunities. Registering / leaflets etc. are not always inclusive for the target audience.” **(Provider.)**

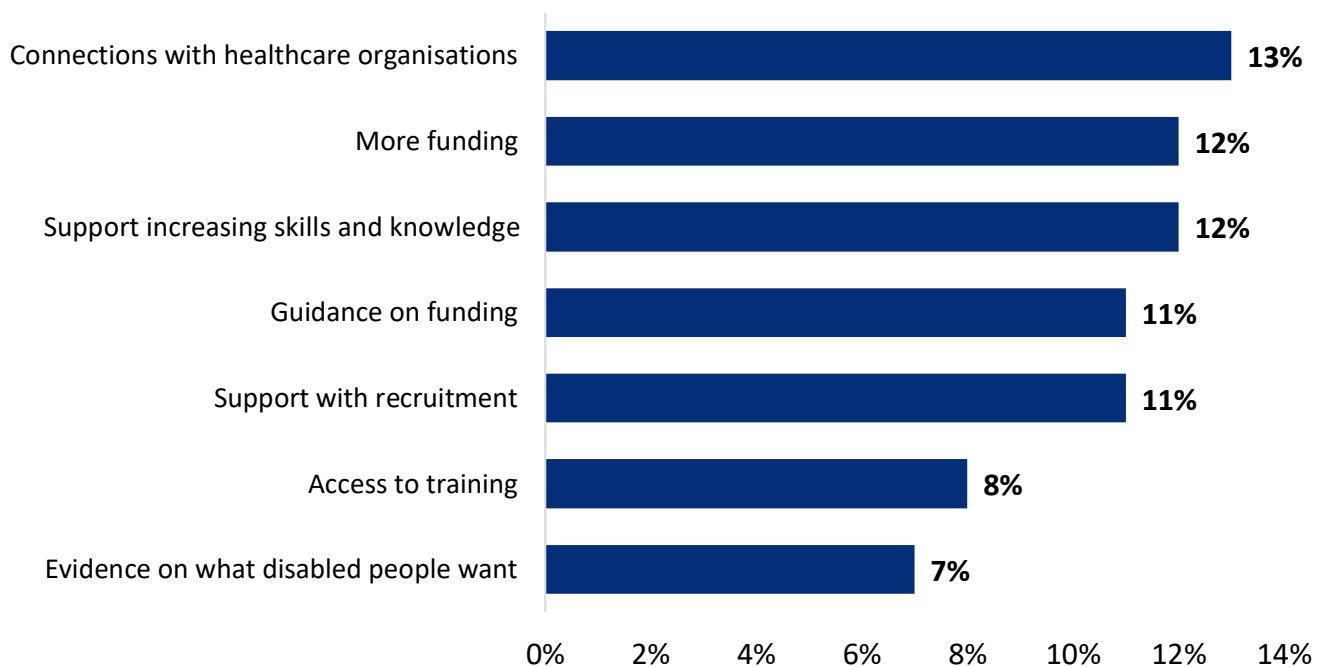


What support would help address the challenges?

- To address the challenges faced, the survey showed that providers want to see improved networking, better funding, and increased staff support (Figure 3).²⁰
- Connections to healthcare organisations to help participants receive tailored advice for their needs, and that activity helps to manage health and fitness.
- More funding could enable expansion of tailored offers suitable for disabled participants, train more deliverers, and offer more opportunities in more locations. Engaging with target audiences can help decision-making on budgets and justifying spending.
- Training to ensure that deliverers feel confident in making participants to feel safe and comfortable, provide motivation and a supportive environment to build confidence.

Figure 3: Tools or support to help encourage participation.

Proportion selecting each as top 3 form of support or tools that would help providers and deliverers encourage more disabled people into organised activity.



²⁰ Survey question: Which of the following support or tools would you find most useful to help encourage more disabled people and people with long term health conditions into organised activity now that restrictions have eased? Please select your top 3. Base (n=41, All).

5. Improving user experiences for disabled people - from the home to active place.

Understanding how investing in inclusive delivery can help providers be more flexible in responding to needs and increase participation. This is an opportunity to improve experiences as the sport and activity sector recovers from the impact of the COVID-19 pandemic.

Across user journeys and experiences, there are several key factors that providers need to get right for participants.

1. Promotion and raising awareness of the activity.
2. Information provided in advance of attending.
3. Travelling to the activity, whether through public transport, car, or walking/cycling.
4. Immediate impression of the venue or facility upon arrival. For example, reception staff, atmosphere, and accessibility.
5. Impression of staff leading the activity and other participants.
6. Experience of the organised activity.
7. Follow up or feedback after the activity.

Currently, the research showed challenges across each of these factors:

1. **Promotion and awareness:** Participants struggle to find out about the activity, while providers have difficulties find the right audience.
2. **Information provided about the activity:** Not all providers are aware of what information should be provided to encourage participation.
3. **Transport:** Participants struggle with the cost of transport to activities or require assistance. Providers are do not have the resources or power to provide cheaper travel more local delivery, or assistance.
4. **Immediate impression of the venue or facility:** Participants can find some spaces intimidating, inaccessible to them, or unwelcoming. Providers do not always have the knowledge or capacity to improve facilities and spaces.
5. **Impressions of the staff and other participants:** Participants can have negative experiences when deliverers don't take the time to include and reassure them in group settings. Providers do not always have the right training to provide better experiences.
6. **Experience of the organised activity:** Deliverers don't always have the confidence and competence to adapt activities to participant needs, making them unable to take part or feeling less comfortable and safe.
7. **Follow up or feedback after the activity:** Participants can benefit from ongoing communication with the people involved in delivering the activity. Providers may not recognise this need.

Case studies: user experiences.

The following case studies highlight disabled people's user experience when attempting to access an organised activity. Each case study shows examples of how different factors affect disabled people's access to activity and reflects participants' experience in this project.²¹

Margaret has a visual impairment and is inactive. She tried a yoga class in her local area for the first time after the pandemic.



Margaret was interested in a yoga class in her local area. She did not feel too worried about the actual activity, as she has done it before, and found it easy to find a local option.



She had to book a few days in advance online due to demand for the session. This gave her time to mentally prepare for the session. She feels confident in using technology, so did not face any issues with booking.



She initially felt excited to attend the session and was looking forward to it. She had questions about accessing the studio, but as she has taken part in yoga before, and her friend was attending, she felt comfortable.



Although a friend agreed to go with her, they cancelled at the last minute. This made her feel nervous about how she would locate the studio and perform in the session, particularly understanding the instructions. She ultimately decided not to attend.



She is going to consider an alternative session provided by the NHS. She had seen this promoted to her via social media.

²¹ All case study participant's names are changed for anonymity.

Patrick has diabetes. He is not normally active, but since the pandemic has been thinking about playing golf.



Patrick wanted to take up golf as his friend recently joined a club in his local area.



He did extensive research into the club, as well as the memberships on offer.



He was really keen to play – attending with a friend means there is a social aspect, as well as free transport.



When he went, staff at the club were very welcoming. Patrick was able to take things slow around the course. The clubs were provided without a cost.



After visiting, Patrick wants to play again. However, he is concerned that the price of the membership is too high to justify.



He plans to visit again and talk to the staff about more affordable options.



Louisa has cancer and arthritis. She is active and decided to try aquarobics for the first time.



Louisa was interested in aquarobics, so she asked her daughter to take her to a nearby pool where she has a gym membership.



She wanted to ask questions face-to-face to alleviate her concerns. On arrival she learned it was a very popular class, which needed to be booked two weeks in advance. The staff did let her know carers could attend for free.



Next time, she had difficulty entering and exiting the pool using the stairs. This was more challenging than her local pool which has a slope for easier access, but it doesn't have aquarobics sessions. However, as there were not many people there, she got to join the session comfortably.



It's too far for her to travel on transport on a regular basis. Although her daughter took her this time, she would not be regularly available to do.

Tristan has a mobility impairment and is a wheelchair user. He used to be very active and wants to get back to this.



Tristan wanted to try swimming. He felt this would be a gentle activity after a spinal fracture.



He did a lot of research online to understand what was available in his local area, specifically for wheelchair users.



He found that many activities offered catered for some people with specific impairments, but not for people who need wheelchair access.



Tristan could not find enough information about accessibility, including access to the building, pool facilities, or if there were suitable changing facilities. He decided not to go.



Although he was disappointed, he did not want to spend money and time going without knowing the necessary information.

6. Recommendations.

Participants and providers came together to discuss recommendations on how to remove the barriers identified in this research. The recommendations focus on three areas. When wanting to be active, disabled people have three important asks:

1. Make it easier for me to find out how to be active again or where to continue my activity.

- ✓ A range of organised activities are well promoted and readily available.
- ✓ Information on the activity is clear and easy to understand.
- ✓ I can physically access the organised activity easily.

To support participants, providers should:

- Promote sessions widely, highlighting information about who the sessions target and accessibility accommodations. Ensure webpages are accessible, and provide offline information → [Activity Alliance Inclusive Communications Guide](#).
- Understand who might be excluded from finding or accessing your activity → [GOGA learning resource on engaging different community groups](#).
- Work with community groups, Disabled People's User Led Organisations, and local government to reach more potential disabled participants → [GOGA learning resource on engaging partners to reach the least active](#).
- Look at ways to reduce transport costs by offering transport, encouraging sharing schemes, walking or cycling, or having deliverers travel to meet participants.



2. Make me confident that the activity will be a safe, welcoming, and comfortable place for me to participate.

- ✓ I know where the activity is, the atmosphere or pace of the session, who takes part, and what will be expected.
- ✓ The processes in place to keep people safe from COVID-19 are clear.
- ✓ I feel welcomed, included, and comfortable from the moment I arrive to the moment I leave.
- ✓ I know those delivering activity have experience in offering inclusive activity and can reassure me the activity is safe for my impairment.
- ✓ There is clear evidence that disabled people have participated and had positive experiences.

To support participants, providers should:

- Offer introductory or taster sessions to give participants opportunities to try a new activity without commitment. Offer opportunities to informally discuss the activity and any adaptations beforehand.
- Understand your customer's journey to ensure a safe and inviting environment with friendly staff and continually improving access standards → [leisure factsheet on accessible venues](#) and [Delivering an Excellent Service for Disabled Customers eLearning course](#).
- Maintain and communicate a base level of COVID-19 safety to reassure participants → [Activity Alliance reopening activity guidance](#).
- Develop testimonials from a range of disabled participants to share positive experiences and address barriers to participation → [Activity Alliance effective engagement factsheets](#).
- Increase awareness of disability and inclusive approaches across the workforce, including people in informal roles → [leisure factsheet on developing an inclusive workforce](#).
- Ensure that deliverers are confident in including disabled people in activities and adapting delivery, whether that activity is designed for disabled people or not → Activity Alliance [Inclusive Activity Programme](#) and [Richmond Group physical activity and long-term health condition resource packs](#).



3. Ensure opportunities are available that meet my needs and values.

- ✓ Providers offer inclusive activity, with adaptations to be inclusive of disabled people and non-disabled people. Facilities and places that are welcoming and accessible, and people who understand my impairments and needs.
- ✓ Show how the activity connects to my values, and how it will benefit me – improving mental and physical health, resilience, and social opportunities.
- ✓ The activity works with my budget and any financial constraints I have.

To support participants, providers should:

- Include disabled people in design of sessions and create frequent and easy ways for feedback. Through close working with disabled people, evidence what works to other disabled participants → [Disability Rights UK co-production guidance](#), [Activity Alliance leisure factsheet on insight and marketing](#) and [Talk to Me report](#).
- Provide guidance on building fitness, mental health, and healthy lifestyles to support people to increase mobility and confidence at their own pace → [Chartered Society of Physiotherapists guidance](#), [Activity Alliance adapting activities guidance](#), [We Are Undefeatable campaign](#), and [Mind mental health and activity toolkit](#).
- Consider opportunities for groups or regular attendees to socialise, for example a WhatsApp group or virtual catchups.
- Where necessary, trial tailored sessions for smaller groups (e.g. women, or wheelchair users) to increase confidence to participate and provide tailored support and exercises → [GOGA learning resource on creating activities that put people's needs first](#).
- Demonstrate understanding of current financial pressures - if possible, make your activities financially viable through subsidised activities, flexible and part-time memberships, and free access for support workers. Consider funding avenues that can contribute to running costs → [Sport England funds and campaigns](#).



Activity Alliance's role.

Activity Alliance is the leading voice for disabled people in sport and activity. In this role, the national charity plays an important role in driving change as we recover from the pandemic. Activity Alliance will continue to work with national, regional, and local partners, growing the collective movement within the following areas:

- **Perceptions and practices:**
 - Shift and challenge ingrained practices that exclude disabled people from organised activity and promote the importance of equal access and opportunities for disabled people. We will use tools, resources and expertise to support organisations and the individuals within them to undertake their own improvement journeys. We will encourage increased visibility through campaigns and promoting co-production to ensure disabled people have a voice.
- **Policy:**
 - Strengthen our position on policies that affect disabled people, to positively influence access and opportunities to be active. We will work with our partners and the Government to assess the state of inclusive provision for organised activity, and encourage Government departments to work together on these issues.
 - Work with organisations to promote the consistent prioritisation of disability and inclusion in equality agendas and organisational policies.
- **Educate:**
 - Develop our workforce training, resources, and toolkits. We will use our insight and learning from our programmes and events, to empower and educate more people on inclusive practices and approaches.
 - Share and amplify the voices and reality of disabled people. We will demonstrate their evolving experiences during the pandemic and promote representation and lived experience in the workforce.
- **Health and social care:**
 - Strengthen connections between the sport and activity sector, local councils, community organisations, and the NHS. This will improve signposting and promotion of positive and reassuring messages about physical activity.

Please contact Activity Alliance's research team to discuss how to interpret and use the data or how to implement the recommendations:

Email: research@activityalliance.org.uk

Phone: 01509 227750

7. Appendix.

Activity Alliance would like to thank all the people and organisations for contributing their time, experience, and knowledge to this project.

Participants' reflections on taking part in the research.

The people who took part in this project reported a positive experience, and that it had a continuing impact on how they feel about being active.

- Before the project, many participants were aware of the barriers they faced in their individual lives to be active. Afterwards, they report being more aware of barriers and solutions to being active more broadly. Some participants felt more motivated to be active, and to encourage others to be active too.
- Those that are currently active are more confident to research and to try more activities in their local area compared to before the project.
- Some feel more encouraged to exercise with people in their local area, for example friends or neighbours.
- Some feel more confident that adjustments can be made to support their participation.
- There was less impact on people who were currently inactive, with some feeling worried about the long-term barriers they have face, or not knowing how to begin being active.

“The word ‘active’ has stuck in my mind, taking part in this research has encouraged me to stay active and hopefully I can start helping others by motivating them to start being active, if they’re not already. And if they are already, start motivating them to stay active.”

(Person who is active, 49, long-term health condition.)

“The main thing that’s stuck in my head is how the amount of physical activity I do has drastically changed over the last couple of years. Until now I hadn’t stopped to think about it as much, so I will now try to find some activity that I can start taking part in.”

(Person who is inactive, 23, physical impairment and long-term health condition.)

Methods and sample.

Sampling: Digital self-ethnography.

36 disabled people participated in a two-week long digital self-ethnography from a range of urban, suburban, and rural locations across England.

Activity level	Age	Gender	SEG ²²	Ethnicity	Impairment
10 x active pre-pandemic and currently	1 x 16 – 24 3 x 25 – 34 1 x 35 – 44 1 x 45 – 54 4 x 55+	6 x Men 4 x Women	3 x B 4 x C1C2 3 x DE	3 x Black 7 x White British	4 x Visual impairment 15 x Physical impairment 1 x Hearing impairment 1 x Dexterity
8 x not active pre-pandemic but are currently	3 x 16 – 24 0 x 25 – 34 2 x 45 – 54 1 x 55+	2 x Men 7 x Women	1 x B 6 x C1C2 2 x DE	2 x Asian 4 x Black 1 x Mixed 3 x White Other	4 x Social or behavioural impairment 20 x Long-term health condition 4 x Learning impairment
10 x active pre-pandemic but not currently	3 x 16 – 24 1 x 25 – 34 1 x 35 – 44 2 x 45 – 54 3 x 55+	3 x Men 5 x Women	1 x B 5 x C1C2 2 x DE	2 x Black 8 x White British	13 x Mental health problem 1 x Other
9 x not active pre-pandemic or currently	2 x 16 – 24 2 x 25 – 34 3 x 35 – 44 1 x 45 – 54 1 x 55+	4 x Men 5 x Women	1 x B 7 x C1C2 1 x DE	1 x Asian 2 x Other 7 x White British	8 participants reported having 2 impairments, and 7 with 3 or more impairments

²² SEG: 2 The socio-economic grade classification uses the ABC1 system produced by the Office for National Statistics, based on occupation and employment status of the Chief Income Earner in a household.

Sampling: Providers.

41 providers completed an online survey, comprising 14 deliverers and 27 planners. A breakdown of the type of organisation and activity delivered is below:

Type of organisation	Count
Sports team or club	10
Active partnership	8
Community group offering physical activity	8
Self-employed individual offering physical activity	7
Local authority or government body	5
Sports / leisure centre or operator	5
Operating in another capacity offering or promoting activity	5
National charity offering physical activity	4
National disability sports organisation	4
Sports governing body	3
Educational institution	3

Type of activity delivered	Count
Inclusive sessions with disabled and non-disabled people taking part together	16
Pan-impairment or impairment specific-sessions	20
Sessions not specifically designed for disabled people	9

Online workshop.

5 provider organisations, 3 Activity Alliance staff, and 19 disabled participants took part in the co-production workshop.

Providers: Type of organisation	Count
Sports team or club	1
Active partnership	1
National charity 1	1
National programme	1
National disability sports organisation	1

Participants: sample	Count
Physical impairment	7
Mental health condition	3
Chronic health condition	6
Social or behavioural condition	3
Men	9
Women	10
Less active (0-3 days)	14
More active (4-6 days)	5



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This document is also available in accessible Word format. Please contact us if you need more support.

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Photo credit: British Blind Sport,
Dwarf Sports Association UK

Activity Alliance is the operating name for the English Federation of Disability Sport. Registered Charity No. 1075180.