

Annual Disability
and Activity Survey

2025-26

Disabled people's
perceptions and
experiences of sport
and activity

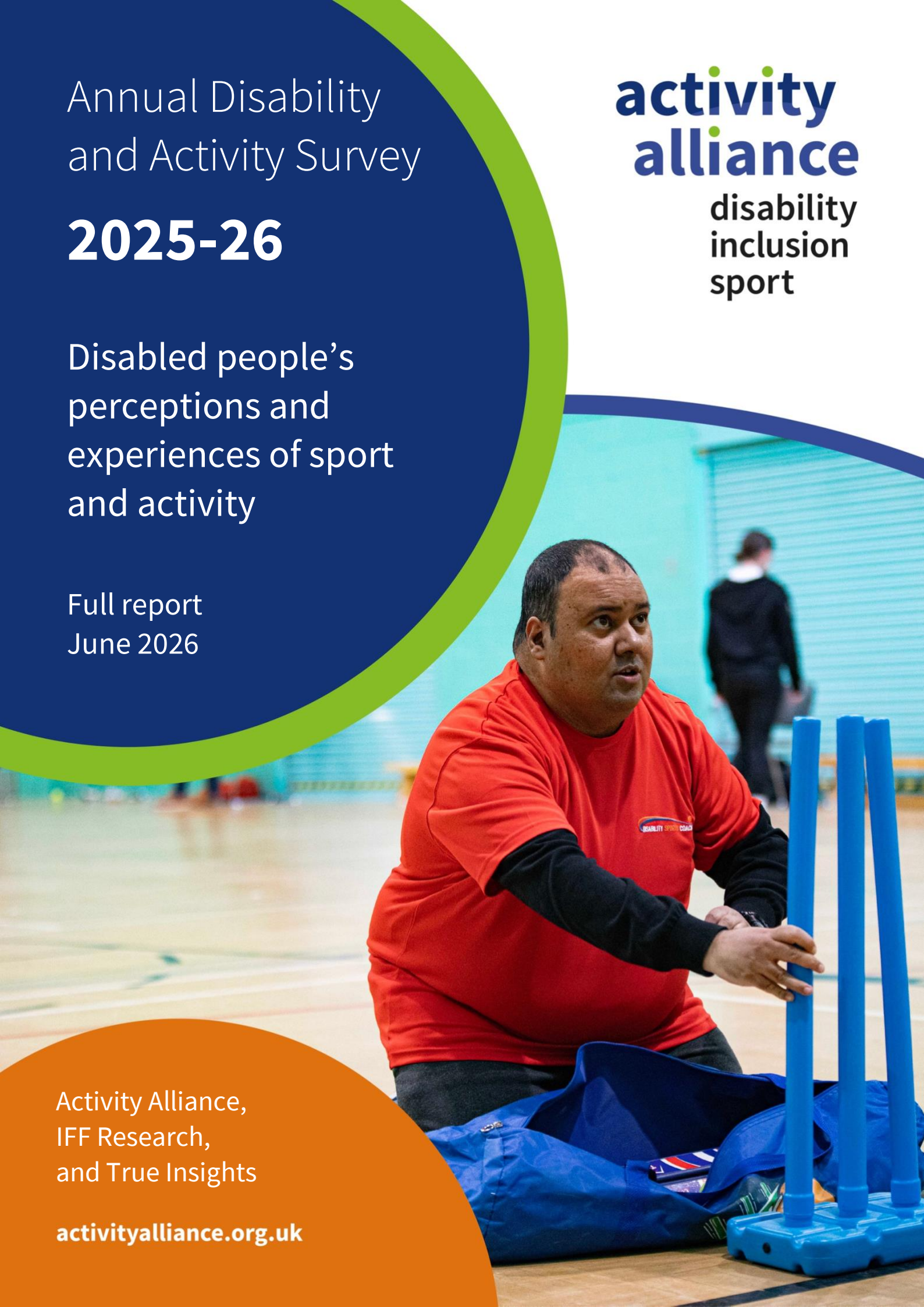
Full report
June 2026

**activity
alliance**

disability
inclusion
sport

Activity Alliance,
IFF Research,
and True Insights

activityalliance.org.uk



Contents

Foreword	3
Introduction	4
Background.....	4
Research methods.....	5
Research findings	7
1. Participation and inclusion.....	7
2. Health, wellbeing and social connection	20
3. Costs and access	28
4. Representation, belonging and involvement	36
5. Accessible spaces	42
Conclusion and recommendations	54
Recommendations	55
Concluding message from our CEO	56
Appendix	57
Definitions.....	57
Sample	58
Further reading and useful resources.....	64



Foreword

Everyone deserves the right to experience the benefits of sports and activities. Yet, as our sixth Annual Disability and Activity Survey shows, that right is still not realised equally. Disabled people remain far less active than non-disabled people, not because of a lack of interest or motivation, but because of the barriers that continue to shape their everyday experiences.

This year's findings are both a challenge and an opportunity. They make clear that disabled people value being active for their physical health, mental wellbeing and social connection, and many want to do more. At the same time, they highlight the persistent gaps between intention and reality. Too often, environments are described as inclusive but do not consistently meet people's needs in practice, and systems still rely on individuals to navigate barriers rather than removing them at source.

What stands out most powerfully in this report is the voice of lived experience. Through both the survey and workshops, disabled people have told us not only about the challenges they face, but also what would make a meaningful difference. They are asking for flexible and affordable offers, clearer information, better trained staff, practical adjustments and environments where they feel they belong without judgement or explanation.

The recommendations set out in this report are grounded in that evidence. They are achievable and essential if we are serious about tackling inequalities in sports and activities. They call on all of us, whether you are a policy maker, activity leader, or provider, to move beyond commitment towards greater action.

Our expert team is here to support organisations across the sector and beyond in many ways.

This is not about creating something separate for disabled people. It is about designing a system that works for everyone from the outset. When we do this well, we unlock not only increased participation, but stronger communities, improved wellbeing, and a more inclusive society.

We are proud of the insight this report continues to provide, and grateful to the disabled people and co-researchers whose experiences shape it. Now, the responsibility lies with all of us to act on what we have heard. Being active must not be a privilege, but a genuine possibility for everyone.

Adam Blaze, Chief Executive

Introduction

Background

Now in its sixth year, our Annual Disability and Activity Survey continues to track disabled people's perceptions and experiences of sport and activity. The research has been conducted annually for five years, between 2019 and 2023. In 2024-25, we paused the research to conduct a detailed consultation. This reviewed successes, usage, questions and areas for development, to ensure the research continues to provide important and useful data and insight. The consultation included disabled people, stakeholders, co-researchers and Activity Alliance colleagues.

Along with core questions on experiences, perceptions, barriers and attitudes, this year's research includes insights on how being active is affected by:

- Health, wellbeing and social connection.
- Costs and access.
- Representation, belonging and involvement.
- Accessible spaces.

The research was also paused to enable us to focus on other related research, including our [secondary analysis of 5 years of survey data from 2019-2023](#), and our research into [disabled children and young people's experiences and perceptions of sport and activity](#).



Research methods

Online survey

2,111 people took part in an online survey between September and October 2025.

- 1,007 disabled people.
- 1,104 non-disabled people.

The survey was undertaken with IFF Research. The sample is representative of the UK profile of disabled people across demographics and is consistent with previous years. The sample included people with a range of impairments. More information on the sample and profile of respondents can be found in the appendix.

Before launch, and new to the research this year, the survey was tested for usability with disabled people. Their feedback contributed to refining and finalising the survey questions, understandability, navigation, and the quality of accessible survey formats.

The survey was available to complete online, with a choice of standard or Easy Read version. The survey was also available to be completed via phone with the assistance of a researcher.

Focus group workshops

Following the survey, the findings were explored in co-designed and co-facilitated online focus group workshops with disabled people in January 2026. Across four groups, 24 disabled people with different impairments and demographics took part. More detail about the sample of participants is in the appendix.

Workshops were co-designed by the Activity Alliance research team, disabled co-researchers and members of our Lived Experience Network, combining professional expertise with lived experience. They were facilitated by the Activity Alliance research team and independent co-researchers with professional research expertise and lived experience of disability from True Insights and Bob's Your Uncle Research. Taking this approach enhanced the quality of the research process and outcomes, and embedded lived experience perspectives and involvement in the research.

In each workshop, we introduced each topic with a brief presentation of the relevant survey findings. Participants were then invited to reflect on what the results meant in practice, explore how they related to their own lived experience of engaging with sport and physical activity, and discuss where and why their experiences aligned with, or differed from the survey findings. As well as discussing participants' experiences, we also facilitated solution focused discussions. Discussions took place in the main group and in smaller 'breakout' groups, creating an informal and supportive space for sharing experiences.

Each workshop explored the core survey themes to ensure consistent coverage across sessions, with one theme given additional time and emphasis within each workshop, enabling deeper discussion and richer insight into participants' experiences. This approach provided breadth across all topics while enabling depth in priority themes for each group.

We thank our participants and co-researchers for their time and expertise.

Understanding the report and definitions used

This report summarises findings based on significant differences between disabled and non-disabled people. This year's survey data is compared with data from previous years. We have referenced other research and evidence in the report to add context to our findings.

The report is split into five themed sections plus a conclusion and overall recommendations. At the end of each section, we have provided a section summary recapping the key findings and sharing disabled people's suggestions for changes and improvements.

Information on how we defined disability and activity levels, and use of the phrase 'sport and activity' can be viewed in the appendix.

We will also release separate impairment reports, with summaries for people with different impairments, as well as a report of secondary analysis with combined years of survey data.

Resources and further reading are available at the end of the report to provide further information and support this work.



Research findings

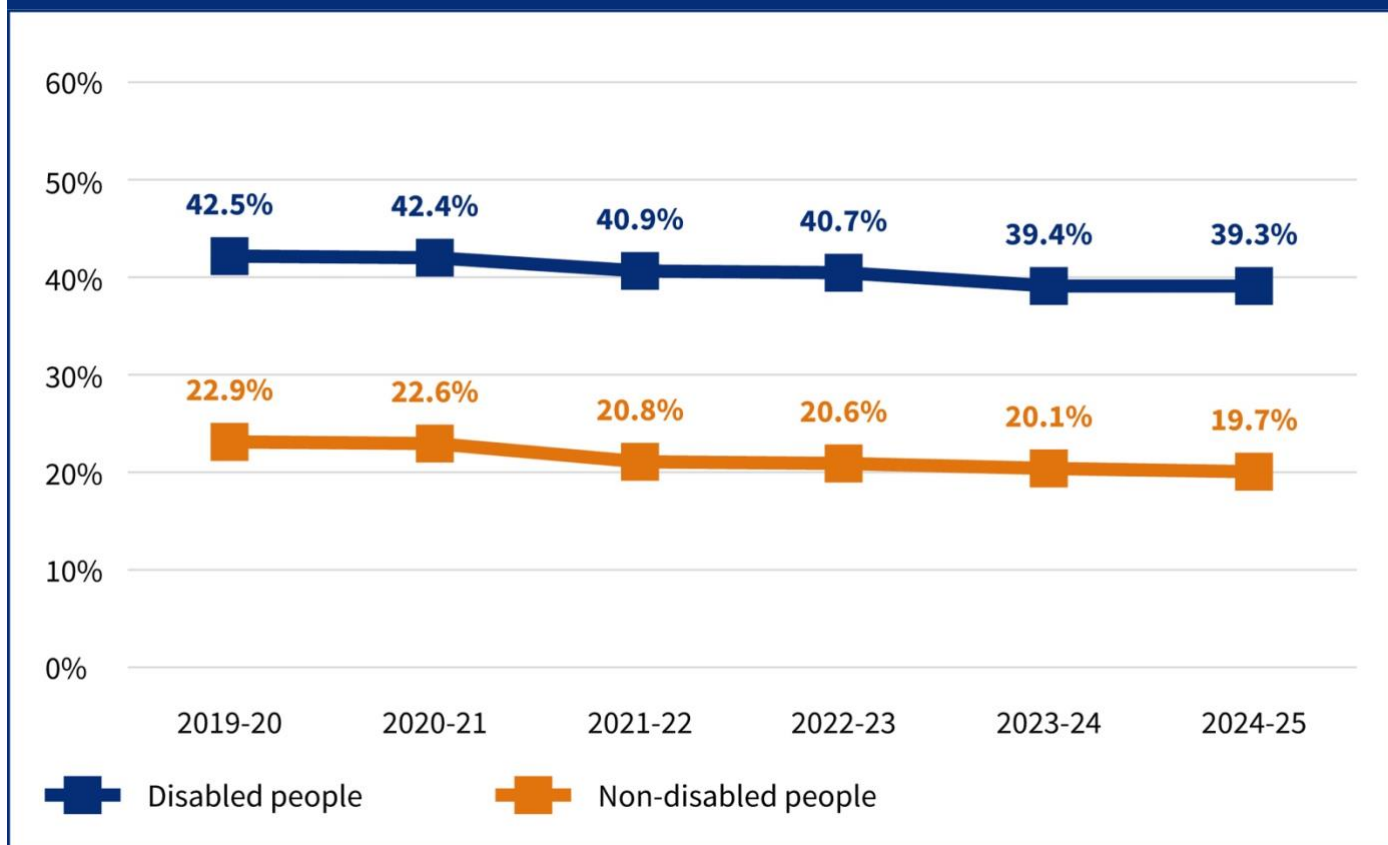
1. Participation and inclusion

This section examines the differences in activity levels, disabled people's opportunities and experiences of being active, barriers to sports and activities, and the inclusivity of sports and activities.

Disabled people remain less active than non-disabled people

This report complements [Sport England's Active Lives Adult Survey](#), offering more detailed insights into the experiences and issues important to disabled people. The most recent Active Lives data from April 2026 (covering November 2024-25) shows 39.3% (estimated 6.56 million¹) disabled people were inactive, compared to 19.7% of non-disabled people. This is consistent with last year and highlights that disabled people continue to be one of the least active groups. Disabled people's inactivity levels have not considerably improved over the years. Consistent since the survey began, disabled people are twice as likely to be inactive than non-disabled people (Figure 1).

Figure 1: Active Lives data showing levels of inactivity for disabled and non-disabled people between 2019 and 2025.



¹ Department for Work & Pensions. [UK Disability Statistics](#)

Our survey findings show disabled people who are most likely to be inactive are:

- Disabled people aged 65+ (41%).
- Disabled people with five or more impairments (32%).
- People with a physical impairment (31%).
- People who see themselves as disabled (29%).
- Disabled people who acquired their impairment or condition through aging (28%).
- Disabled women (27%).

The workshop findings help to explain why lower activity levels persist, particularly among older people and those with multiple health conditions as shown in the survey data. Many participants across the sessions said they were currently less active than they would like to be and linked this directly to their impairment or health condition. Those with multiple impairments described managing layered fatigue, pain, medication effects and competing health priorities. Older participants spoke about reduced confidence, slower recovery and anxiety about causing further injury. These accounts suggest that lower activity levels reflect complexity and day-to-day risk management, rather than reduced interest in being active.

A disabled person said:

“ I'd love to climb again this year, but I just don't know if my health will let me do that...
I just like to get involved and try everything. ”

Reduced participation is often driven by fluctuating health combined with accessibility and adjustment barriers

Whilst the main barrier to sport and activity reported in the survey remains related to health condition, impairment, illness or pain, disabled people experience wider social, practical and systemic barriers and determinants influencing access to sports and activities, which this report further explores. Survey findings show the most common reasons reported by disabled people as to what is preventing them from participating in sports and activities remains consistent over the years. These are:

- Their health condition, impairment, illness or pain (66%).
- A general lack of motivation (32%).
- Getting older (28%).

Of those disabled people who said their health condition is a barrier, 78% said 'symptoms make it hard' for them to be active. This was most common for disabled people with a breathing or stamina impairment (87%), long-term health condition (85%), mobility impairment (83%) or long-term pain (83%).

Workshop discussions provide important context for these findings. Participants frequently described feelings of frustration when illness, injury, or impairment reduced their ability to take part in activities (particularly where they had been highly active in the past). They described how changes to their health had disrupted established routines and confidence.

A disabled person said:

“ I'm an amputee... doing physical activity and sort of going out at times can be quite hard for me... there's no leisure centres or anything like that which are particularly close. So, on a bad day where my legs are really bad, I don't want to go out... I can't, I'm in too much pain. ”

A disabled person said:

“ I haven't been doing so much this last year because of my foot... I've put a lot of weight on and feel a bit sluggish. ”

While survey data identifies “lack of motivation” as a common barrier, workshop discussions suggest this often reflects the cumulative impact of inaccessible or overwhelming environments rather than reduced interest in being active. Participants described repeatedly encountering spaces that were not designed with their needs in mind such as exercise groups that felt physically unmanageable, busy gyms with loud music, bright lighting or unpredictable social interactions. For some, particularly those who are sensory sensitive, these conditions can make activity feel exhausting or inaccessible before it had even begun. What might appear as a lack of motivation may instead reflect the effort required to navigate environments that do not consistently reduce sensory load or adapt delivery in practice.

A disabled person said:

“ I have looked and I've been to various things, but I just physically cannot manage to join most exercise groups. They're just not set up for people with disabilities like mine. ”

A disabled person said:

“ I would say the main one that affects my ability to do sports and exercise is my neurodivergence and it is particularly the sensory part of my neurodivergence. ”

Finally, participants described how anticipating resistance or the need to justify adjustments created anxiety. For some, this sense of having to ‘pick battles’ influenced decisions about whether it felt worth pursuing an opportunity at all. Over time, repeatedly encountering these barriers can erode confidence and make withdrawal appear like a lack of motivation, when in reality it reflects the cumulative impact of navigating environments that are not consistently welcoming or responsive.

A disabled person said:

“ I think the number one starting point would be not to have the anxiety of reaching out to somewhere that offers an activity with the view that you're actually going to have a battle on your hands. ”

Disabled people still want to be more active

Whilst disabled people are still less likely to have the opportunity to be active and more likely to want to be more active, there are positive changes.

It is a consistent trend over the years that disabled people were less likely than non-disabled people to feel they are given the opportunity to be as active as they want to be at the moment (52% vs 74%). Now half of disabled people say they are given the opportunity to be as active as they like. This is a positive increase from 43% in 2023, but still remains lower than non-disabled people's opportunities to be active.

Disabled people who are least likely to have the opportunity to be as active as they would like are:

- People with five or more impairments (32% vs 58% of those with one impairment).
- People aged 45-54 (38%).
- Disabled women (46% vs 60% of disabled men).

Disabled people were more likely than non-disabled people to say they would like to do more physical activity (67% vs 54%). Whilst this has been a consistent trend over the years, positively the gap has narrowed since 2023, when 76% of disabled people and 57% of non-disabled people said they wanted to be more active.

Disabled people who are more likely to want to do more activity are:

- People with five or more impairments (77%).
- Disabled people aged 45-54 (76%).
- People with physical impairments (74%).
- Disabled people who are inactive (73%).
- People with mental health conditions (72%).

Across the workshops, participants echoed the survey findings of wanting to do more activity. They described the benefits as extending beyond exercise itself, helping them get out of the house, spend time in different environments to feel more balanced and in control.

A disabled person said:

“ It's wellbeing... mental health and making sure anybody can have opportunities to do what they want and making sure everyone can be included, but (even in) our day and age, sometimes it can't happen. ”

Participants emphasised the importance of social contact through activity, describing how connecting with others while being active supports wellbeing, reduces isolation and lifts mood. This report explores this theme in more detail in the health and wellbeing section.

A disabled person said:

“ The longer I don't exercise, the more unwell I feel. I know from past experience that if I go and exercise, it's a good decision and I feel better. ”

For some in the workshops, sport and activity was also closely tied to identity and sense of self. Participants talked about sport and exercise as something they had done throughout their lives, discussing activities such as football, cricket, basketball, athletics, climbing, skiing, running, going to the gym, Pilates, horse-riding and dance – with swimming and Parkrun being particularly strong this year.

A disabled person said:

“ I love to exercise; it is who I am and one of the biggest motivations is for health purposes... I just really love it, and it's amazing for my mental health. ”

Consistent with previous years, disabled people were less likely than non-disabled people to agree that they enjoyed the last time they took part in a sport or physical activity session (67% vs 83%). Our [secondary analysis](#) of five years of survey data shows seven in ten disabled people enjoyed the last time they took part in sport or physical activity.

Workshop discussions also help explain why enjoyment levels are lower, even where interest in being active is strong. Participants described how unpredictability, pain, fatigue and anxiety can shape the experience of taking part, meaning that sessions may feel stressful, exposing or physically demanding rather than energising. Where environments required constant self-advocacy or adjustment, enjoyment could be overshadowed by the effort involved in simply managing participation. For some, this meant that activity was still valued and desired but not always experienced as straightforwardly enjoyable in practice. These experiences connect closely to the wider themes of health, cost, representation and accessible spaces, each of which is explored in more detail in the relevant sections of this report.

A lack of clear information prevents disabled people from finding suitable and supportive sport and physical activity opportunities

Workshop participants described not knowing where to look for accessible sports and activities that would suit them. According to survey data, and consistent with the previous year, disabled people most commonly find information about sport and activity opportunities through:

- Websites (35%).
- Friends and family (31%).
- Social media (27%).
- Medical practices or professionals (24%).

In addition, workshop discussions highlighted difficulties with judging whether an activity would meet their needs before attending. A lack of clear, consistent information made it difficult to understand what environments would be supportive, what adjustments might be available on arrival, or whether an activity would be appropriate for their condition.

A disabled person said:

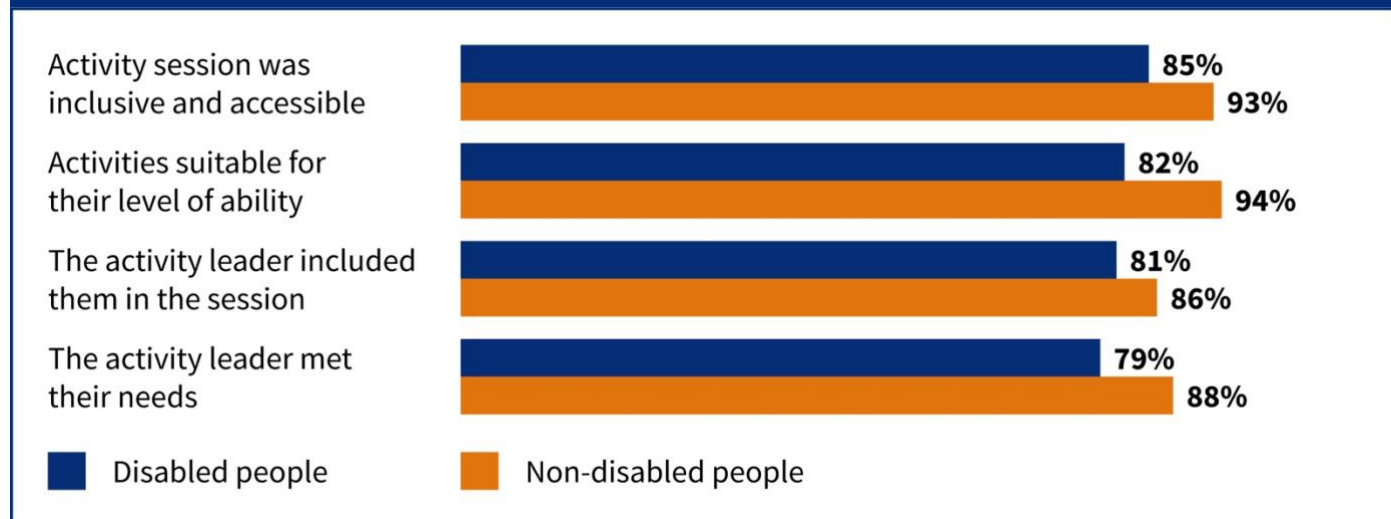
“ I have to research so much... where I could go, is it flat? Is there parking? Is it accessible? ”



A gap between inclusive messaging and inclusive delivery in practice

Findings highlight a persistent gap between intention and experience. The survey data shows disabled people were less likely to agree that activities were suitable for their level of ability (82% vs 94% of non-disabled people). However, positively the proportion of both disabled and non-disabled people agreeing has increased considerably since 2023, when both groups responded similarly. Despite this positive change, disabled people are still less likely to agree that the activity was suitable for their level of ability (Figure 2).

Figure 2: Proportion agreeing with each statement.



Disabled people were less likely to agree that the activity session was inclusive and accessible to them (85% vs 93% of non-disabled people) (Figure 2). This is a negative change since 2023, when disabled and non-disabled people responded similarly. Survey findings now show disabled people are more likely to say activities are not inclusive and accessible to them.

Workshop participants described a disconnect between inclusive messaging and lived experience. This may help to contextualise and explain a survey finding that disabled people were twice as likely than non-disabled people to say a lack of confidence to take part or make contact with a group or facility stops them from being active (24% vs 12%). While some venues and providers presented themselves as “accessible” or “inclusive”, workshop participants said this was not always reflected in practice.

Adjustments were described as inconsistent, unclear, or dependent on individual staff attitudes, which undermined trust and made it harder to feel confident about attending.

A disabled person said:

“ They’re not actually doing it (being inclusive)... they declared themselves as being inclusive, so that’s a bit disappointing. ”

Furthermore, survey data shows disabled people were less likely to feel that the activity leader met their needs (79% vs 88% of non-disabled people) (Figure 2). However, disabled people were equally likely to agree that the activity leader included them in the session (81% vs 86% of non-disabled people) (Figure 2). This varies by number of impairments, as disabled people with five or more impairments were less likely to agree that the activity leader included them in the session (63%). This suggests that inclusion in principle does not always happen in tailored, needs-based delivery in practice.

Workshop discussions highlighted how inconsistent support and limited staff awareness could create uncertainty about whether activities would meet disabled people's needs. Participants described staff not always anticipating needs or offering simple adjustments, meaning they were often left to adapt activities themselves (for example, using a wall for support or modifying movements). This reinforced the sense that inclusion depended on individual effort rather than thoughtful session design and made some participants hesitant to attend activities where it was unclear whether their needs would be understood or supported.

A disabled person said:

“ They (staff) don't have the awareness. ”

A disabled person said:

“ I think a lot of it is purely that they don't understand the wide range of disabilities... they don't understand the alternatives or options to give to people. ”

Workshop discussions also emphasised a perceived gap in training and awareness among fitness instructors, which participants felt could limit how inclusive or safe 'mainstream' provision is in practice. Some described needing instructors to understand how different impairments affect movement, fatigue, pain or sensory needs, and to adapt exercises accordingly. Where this knowledge was missing, participants said it reduced confidence to attend, increased the risk of inappropriate guidance, and reinforced the feeling that gyms and classes are not designed with disabled people in mind.

A disabled person said:

“ Unfortunately, fitness instructors... are absolutely not trained on how to work with disabled people... there is absolutely zero awareness. ”

In addition, in one workshop there were concerns about risk and liability being used to justify restriction rather than enablement. Participants believed this shifted the focus toward managing organisational risk, rather than exploring practical ways to make activities inclusive through reasonable adjustments, training and clear procedures.

A disabled person said:

“ Unfortunately... businesses aren't going to want to take it (adjustments) on board because unfortunately, if something happens... they're liable... And the health and safety argument would be cost prohibits the activity... too many will use health and safety to offset the Equality Act. ”

A reoccurring theme was that ‘inclusive’ was often used as a broad label without clear definition. Participants said that simply stating an activity was inclusive did little to reduce anxiety about making contact or turning up, particularly when past experience had involved having to negotiate, justify, or repeatedly explain why they need an adjustment.

A disabled person said:

“ I think a lot of people don't know about certain things, or where to go or they're afraid of asking for help or asking about accessible options... because they feel like they're a burden. ”

What mattered more was specificity and reliability – clear information about what support and adjustments were available, how needs would be accommodated in practice, and whether staff had the confidence and willingness to adapt delivery. Without this detail, claims of inclusivity could feel vague and, at times, misleading or even performative.

A disabled person said:

“ I don't like just the word, oh, we're an inclusive group. What does that mean? ”

In contrast, a small number of workshop participants described positive experiences of organised, accessible activities delivered by charities or specialist providers, where adaptations, equipment and support were built in as standard. Examples included accessible football, horse-riding, Pilates and hydrotherapy. These accounts highlight how well-designed, inclusive provision can enable participation, build confidence and help overcome barriers. Parkrun, in particular, was described positively for having a large number of volunteers available throughout.

A disabled person said:

“ You can be at the back, and it doesn't matter how well you do. ”

However, whilst some participants felt inclusion might have improved in recent years, disabled people are still less likely than non-disabled people to feel sports and activities are fully inclusive for them. There is an ongoing need to strengthen person-centred delivery, core to [Activity Alliance's Talk to Me Report and ten principles](#).

Practical and environmental barriers can prevent participation

Barriers were frequently described across the workshop discussions, including inaccessible facilities, limited and inconvenient time slots, transport challenges, and venues that were difficult or impossible to use independently.

Getting to accessible places can be difficult because participation is often limited to a small number of suitable venues or locations, rather than any convenient option. In the workshops, participants explained that disabled people may not be able to simply choose the nearest or most familiar venue, as accessibility, available support, environment, staff understanding and a willingness to be flexible can vary.

Several participants noted that older buildings in particular had not been updated to meet current accessibility expectations, meaning that basic infrastructure such as Changing Places toilets, hoists, pool access equipment or step-free routes were missing.

A disabled person said:

“ I think a lot of venues are outdated, if you get a new community building, for example, it needs to have, by law, a changing place (and)... different adapted things for different people's needs, but if you go to older buildings, they haven't had the opportunity – their specification would be a lot older. ”

Physical and structural barriers impact access to activities, as exemplified by one wheelchair user who described so called accessible venues with blocked access routes forcing wheelchair users into the road, and entrances that were “absolutely impossible to open on my own”.

Participants also described occasions where straightforward adaptations were refused, such as turning down loud music, which could make a space effectively unusable for someone with sensory sensitivities.

A disabled person said:

“ A lack of judgment from the people that actually make the assessments and better education and knowledge about disabilities would go a long way. ”

Furthermore, discussions also highlighted how practical and financial barriers can impact inclusion for those requiring more tailored or specific support or equipment. For example, a participant described wanting to participate in wheelchair tennis but being unable to due to difficulties accessing a suitable wheelchair.

A disabled person said:

“ For me, in the ideal world, every single tennis club in the UK would have a wheelchair for tennis. Then anyone can have a go. ”

The workshops also highlighted how participation can depend on having the right practical person-to-person support in place. For some, being active was not simply a matter of motivation or availability of sessions, but of whether they could access appropriate guidance, supervision or assistance to take part safely and confidently. This was particularly important where independent participation is difficult without adaptations or support, such as running, gym-based exercise or swimming.

A disabled person said:

“ I need to find somebody to run with because I need a guide to run and same with the gym. I need an instructor. ”

In addition, caring responsibilities and family logistics can create additional barriers to being active. Where a partner or family member also acts as a carer, participation may depend on both their availability and practical arrangements such as childcare.

A disabled person said:

“ My partner is my carer, so he has to be with me all the time and we don't have somewhere to put my child to do these activities. ”



Non-visible and fluctuating impairments increase experiences of judgement and exclusion

In workshop discussions, participants described how disabled people's needs are often understood through a narrow lens of visible impairments such as mobility. As a result, less visible experiences, such as neurodivergence, chronic pain, sensory sensitivity and fluctuating conditions, can be overlooked in the design and delivery of services.

A disabled person said:

“ I took the first seat that I came upon because I really needed to sit down. And the sign is - ‘this seat is for the elderly and disabled’... I need a sign on my forehead to say I have seizures I need to sit down. ”

These experiences were linked to increased scrutiny and the difficulty of having to justify needs in public or activity settings, particularly for people whose impairments fluctuate or are not outwardly visible.

A disabled person said:

“ I wish decision makers would realise not all disabled people are in wheelchairs. ”

A disabled person said:

“ My personal perspective and experience is that most activities are designed by people and implemented by people who don't really understand disability or inclusivity. ”

Additionally, participants across the workshops described how confidence and comfort in their own body could also shape decisions about being active. For some, weight gain linked to reduced mobility, illness or periods of inactivity increased self-consciousness.

A disabled person said:

“ I'm not at a weight that I feel comfortable going out to the gym. ”

A disabled person said:

“ I do Pilates twice a week, but I tend to stay at the back of the class because I don't like people watching me. I don't like to be seen if I can't do everything. ”

Participation and inclusion: in summary

Here are the key findings, changes and improvements for disabled people's opportunities and experiences of being active, barriers to and inclusivity of sports and activities.

Key findings

- Whilst disabled people are still less likely to have the opportunity to be active (52% vs 74% of non-disabled people) and more likely to want to be more active (67% vs 54% of non-disabled people), there are positive changes with the gap between disabled and non-disabled people's experiences narrowing since previous years.
- Disabled people experience a lack of inclusive activities in practice, despite sport and activity organisations saying they are inclusive.
- Inclusion depends on staff confidence, training and willingness to adapt as well as accessible facilities and equipment.
- Flexibility and adaptability are foundational to inclusion, particularly for disabled people living with fluctuating health, non-visible conditions and sensory needs.

Key changes and improvements

Disabled people's suggestions for improvements include:

- **Make activity provision genuinely inclusive in practice**
What 'inclusive' means here; what adjustments are available; clear, specific adjustments and consistent delivery and not just 'inclusive' messaging.
- **Improve accessibility of environments and support**
Step-free venues, sensory-friendly options, trained staff/instructors.
- **Reduce practical barriers to participation**
Better information on what to expect, transport/parking clarity, equipment/cost support.
- **Tackle judgement and the lack of knowledge around less visible and fluctuating impairments and health conditions**
Staff training and clear messaging that needs may vary day to day.

To get more people active, disabled people would like the government to focus on increasing the knowledge and skills of the sport and activity workforce (32% vs 25% of non-disabled people).

2. Health, wellbeing and social connection

This section explores the health and wellbeing benefits of sport and activity for disabled people, as well as the value of social connection through sport and activity. Alongside the importance of advice and support to be active.

Sport and activity is important for managing both physical and mental health

Consistent since the survey began, the top reasons why disabled people take part in sport and activity are related to health:

- To improve or maintain their physical health/to get fit (60%).
- To improve or maintain their mental health (50%).
- To feel good about themselves (41%).

Disabled people who are most likely to say ‘to improve or maintain their physical health/to get fit’ are those with long term pain (66%). Disabled people who are most likely to say ‘to improve or maintain their mental health’ are those with a mental health condition (67%), a learning impairment (62%), a social or behavioural impairment (59%) those with five or more impairments (58%) and those with long-term pain (54%).

Workshop discussions reinforced the survey findings that activity is central to physical and mental health and wellbeing. Many described that being active helps them to manage stress, anxiety and low mood or depression, and as something that helped them feel more balanced and in control. One participant explained how the impact of not being active could build over time:

A disabled person said:

“ It’s a way I’ve managed my mental health all my life. ”

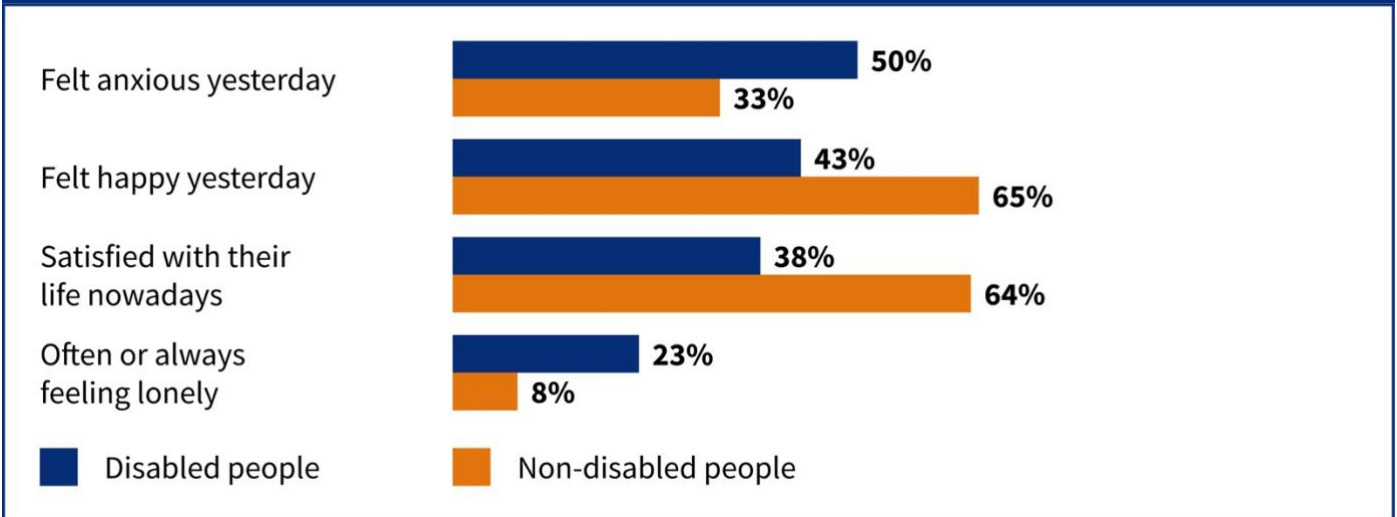
Worsening wellbeing and the emotional impact of not being able to be active can be significant and mutually reinforcing

Disabled people are consistently more likely to report more negative wellbeing levels compared to non-disabled people (Figure 3). Disabled people are less likely to be satisfied with their life nowadays² (38% vs 64%) and less likely to say they felt happy yesterday³ (43% vs 65%).

² Giving a rating of at least 7 out of 10 where 0 is not at all satisfied and 10 is completely satisfied.

³ Giving a rating of at least 7 out of 10 where 0 is not at all happy and 10 is completely happy.

Figure 3: Differences in wellbeing and loneliness between disabled and non-disabled people.



Disabled people are now more likely to say they felt anxious yesterday⁴ (50% vs 33% of non-disabled people) (Figure 3). This is a negative change since 2023, as more disabled people report feeling anxious compared to 2023, when both disabled and non-disabled people reported the same at 39%. Disabled people who are more likely to report feeling anxious are those with:

- A mental health condition (46%).
- A memory impairment (37%).
- Five or more impairments (37%).
- A social or behavioural impairment (35%).

Participants across the workshops described the emotional consequences of being unable to take part in sport and activity as often as they would like. Reduced participation was linked not only to frustration and disappointment, but also to worsening mental wellbeing, loss of confidence, and feelings of stagnation. Some spoke about activity being one of the few things they felt able to do on difficult days:

A disabled person said:

“ Sometimes going to the gym is the only thing I can do. ”

⁴ Giving a rating of a least 6 of out 10 where 0 is not at all anxious and 10 is completely anxious.

Consistent with previous years, disabled people are more likely than non-disabled people to say they often or always feel lonely (23% vs 8%) (Figure 3). There are differences in loneliness levels by impairments, number of impairment and protected characteristics of individuals more likely to experience loneliness.

- Disabled people with mental health conditions were more likely than those with other kinds of impairments (40%).
- Younger disabled people 29% of those aged 16-34 (with 38% of those aged 16-24), and 32% of those aged 35-44 compared to 15% of those aged 65+.
- LGBT+ disabled people were more likely than heterosexual disabled people (36% vs 21%).
- Disabled people with five or more impairments (34%).
- Disabled women (25% vs 19% of disabled men).

Findings show being active can reduce feelings of loneliness, as for those who said they sometimes, often or always feel lonely, two-thirds (68%) of disabled people agreed that being active could help them feel less lonely.

Where barriers prevented workshop participants from being more active, this was often linked to worsening anxiety, reduced life satisfaction and a sense of loneliness, reinforcing the association between lower activity levels and poorer wellbeing outcomes found in the survey data.

A disabled person said:

“ It (activity) helps a lot with everything... to keep up strength helps me a great deal to carry on enabling me to do certain things... I always have believed that it's good for mental health, just to get out and do and see people and speak to different people, so I think it helps with everything. ”

While home-based activity was often described as a practical alternative to out-of-home activity, it was not always the preferred option in practice. Participants spoke about using digital or home equipment as a compromise when other barriers prevented them from attending in-person sessions. Although this allowed them to remain active, it could also feel isolating and lacked the social connection that many valued when being active.

A disabled person said:

“ At the moment, all I can use is I've got a Peloton at home, so, but it's obviously a bit isolating. I do it on my own. I'd rather do something with other people. ”

These insights highlight how maintaining access to appropriate, inclusive physical activity can be particularly important for health and mental wellbeing, especially for those living with fluctuating conditions or ongoing pain. Access to inclusive sport and activity should be understood as preventative health support, not discretionary leisure.

Social connection through activity is as important as the activity itself

Research findings show that social connection is a central benefit of being active, alongside physical and mental health benefits. Workshop participants discussed how activity gave them structure, routine and a reason to leave the house, which could help protect against low mood and isolation. Even when activity levels were low, getting out, being somewhere purposeful and seeing other people was seen as beneficial to overall health and wellbeing.

A disabled person said:

“ It's important for you taking part in activity with other people. ”

Who disabled people take part in activity with and how they take part is important for participation, wellbeing and connection. Survey findings show disabled people's preference to take part in individual activity, alone or with a mix of disabled and non-disabled people, and with someone organising or leading the activity.

Both disabled and non-disabled people most commonly take part in individual exercise or activity, with non-disabled people being more likely (79% vs 72% of disabled people), as opposed to group exercise or activity. There are differences in individual or group activity by impairments and characteristics of individuals:

- Disabled women were more likely than disabled men to take part in individual exercise or activity (75% vs 68%).
- Disabled people with a learning impairment (36%), a memory impairment (37%) or a vision impairment (44%) were more likely to take part in group exercise or physical activity, compared to 26% of disabled people overall, as well as younger disabled people aged 16-34 (37%) or 35-44 (33%).

Discussions in the workshops help explain these patterns. Participants described how structured sessions, clear leadership and someone responsible for adapting the activity can help reduce pressure and uncertainty. This aligns with the survey data showing disabled people were more likely to say they prefer someone to organise or lead the activity (22% vs 18% of non-disabled people), as opposed to doing their own thing.

Whilst survey findings show both disabled and non-disabled people most often take part in activity alone (48% and 51% respectively), disabled people equally prefer to do activity alone (32%) or with a mixture of disabled and non-disabled people (32%). This was reinforced in workshop discussions, as several participants described how group-based activities felt most supportive when they were alongside others who shared similar experiences, needs or pace. Being with “people like them” helped them feel encouraged and less self-conscious, even when their level of participation differed from others in the group. This suggests that preferences around how and with whom activity takes place are closely linked to confidence, perceived safety and social connection, not simply habit or convenience.

A disabled person said:

“ I don't go swimming when the person I usually go with isn't available. ”

Participants also described that being active with others who understood their needs, or shared similar experiences, made activity feel safer and more motivating. Where environments were inclusive and supportive, participants said they felt more confident, less isolated and more likely to continue. Conversely, feeling overlooked or 'out of place' could discourage participation, particularly in groups or public settings.

A disabled person said:

“ So you definitely need that group of friends or family that are going (with you) to motivate you. ”

Trusted healthcare advice provides reassurance and permission to be active

Consistent with previous years, disabled people most commonly said they would listen to advice about being active from healthcare professionals.

- Physios, occupational therapists and other medical professionals (38%).
- Specialist doctors, consultants, or medical practitioners (38%).
- GPs or nurses (33%).

Workshop participants described healthcare professionals as a trusted source of advice about being active, particularly where there was uncertainty about what types or levels of activity were safe or appropriate for their individual condition. They spoke about wanting reassurance that being active would not worsen conditions, cause injury, or have negative impacts on their health. Advice from physiotherapists, occupational therapists, GPs or other healthcare professionals provided reassurance and a sense of 'permission' to be active, particularly for those living with long-term pain, fluctuating conditions or multiple impairments.

A disabled person said:

“ It's knowing whether it's safe for me, or if I could be doing more damage... I can't always get that advice. ”

Participants expressed a need for support that was not only one-off or reactive, but ongoing and tailored with someone who could help them build confidence, adapt activity over time, and navigate setbacks in a realistic way.

A disabled person said:

“ I wish there were personal advisers that work with people long-term, that would help them on their health, wellbeing and fitness journey... I wish there were people that their job was to get disabled people active and support them through their activity long-term and ongoing. ”

These discussions suggest that clearer, more personalised information, particularly when linked to trusted sources such as healthcare professionals or local providers would help to reduce anxiety and make trying new activities feel more manageable and realistic.

For more details about healthcare professionals and physical activity, our [research into the role of healthcare professionals supporting disabled people to be physically active](#), and related [guidance resources](#) shows successful features and enabling ways disabled people can be supported into activity.

Our [manifesto for change](#) also calls to equip health and care workers, with the NHS, to ensure that better processes are in place for health and care workers to support disabled people to use physical activity in ways which work best for them.

Support to be active can be enabling but also dependent upon availability

Findings show support plays a central role in enabling disabled people to take part in sport and activity. New to the survey this year, to take part in sport and activity, disabled people most commonly said they had support from:

- Family (49%).
- Friends (32%).
- Support workers/personal assistants/carers (12%).

Disabled people were more likely, than non-disabled people, to receive support from family (49% vs 43%) and support workers/personal assistants/carers (12% vs 6%), but less likely to receive support from friends (32% vs 41%).

There are differences in support by impairments and characteristics of individuals. Disabled people aged 35-44 (58%) and those with a memory impairment (57%) were more likely to say they had support from family. Disabled people with a vision impairment (47%) and younger disabled people aged 16-34 (48%) or 35-44 (42%) were more likely to say they had support from friends.

Disabled people who are more likely to say they had support from support workers/personal assistants/carers are those with a speech impairment (27%), vision impairment (23%) or learning impairment (20%), younger disabled people aged 16-34 (24%) or 35-44 (22%), and disabled men (17%).

The top things reported by disabled people to help them be more active are consistent with previous years. These are related to health and opportunities and support to be active:

- Support to improve physical health (34%).
- Support to improve mental health (28%).
- Greater awareness of activities that are suitable for them (25%).
- Support from family and friends (23%).

There are differences in support by impairments and characteristics of individuals. Disabled people who are more likely to say support to improve their physical health are those with four or more impairments (46%), physical impairments (40%) and those aged 65+ (39%). Disabled people with a mental health condition (53%) or learning impairment (41%) were more likely to say support to improve their mental health, as well as those with five or more impairments (40%) and younger disabled people aged 16-34 (37%) or 35-44 (44%).

Workshop discussions help explain why support features so strongly in the survey data. For those living with anxiety, fluctuating conditions or previous negative experiences, having a trusted person alongside them can increase confidence to try something new and make environments feel safer and more manageable. Where appropriate support was available, participants were more likely to try new activities and sustain participation over time.

A disabled person said:

“ I do like to get out and about and obviously you’ve got your family that are going to support you as well. ”

However, in these instances participation can be dependent on someone else’s availability. In this sense, support was both empowering and limiting.

A disabled person said:

“ A lot of the barriers are around having someone to take with you. ”

Where systems assume informal support is readily available, this felt as if responsibility was effectively shifted onto disabled people and their networks.

A disabled person said:

“ And service providers have this assumption that... we have a list of people around that we can just pick off like, oh, you'll come to this one with me and you'll come to this one with me... but in reality it doesn't work like that. ”

Health, wellbeing and social connection: in summary

Here are the key findings, changes and improvements for the health and wellbeing benefits of sport and activity for disabled people, as well as the value of social connection through sport and activity.

Key findings

- The top reasons why disabled people take part in sport and activity, and the top types of support to be more active, are consistently related to physical and mental health and wellbeing benefits.
- Disabled people consistently report poorer wellbeing than non-disabled people with increased anxiety (50% vs 33%), reduced life satisfaction (38% vs 64%) and a greater sense of loneliness (23% vs 8%). For some, not being able to take part in sport and activity contributed to worse wellbeing outcomes.
- Being active with others who understood their needs and shared similar experiences made activities more supportive for disabled people.
- Advice from physiotherapists and occupational therapists (38%), GPs and nurses (33%) or other healthcare professionals provided reassurance and a sense of “permission” to be active, particularly for those living with long-term pain, fluctuating conditions or multiple impairments.

Key changes and improvements

Disabled people’s suggestions for improvements include:

- **Support mental wellbeing alongside activity**
Trauma-informed, anxiety-aware delivery; predictable routines; quieter options.
- **Build social connection into provision**
Buddy/bring-a-friend options, welcoming hosts/volunteers, small-group introductions.
- **Increase access to trusted advice**
Links to healthcare/rehab guidance; referral pathways; “is this safe for me?” reassurance.
- **Make support reliable, not conditional**
Clear expectations so people aren’t dependent on last-minute availability of others.

Four in ten (41%) disabled people would like the government to focus on improving people’s health and wellbeing so they can be active.

3. Costs and access

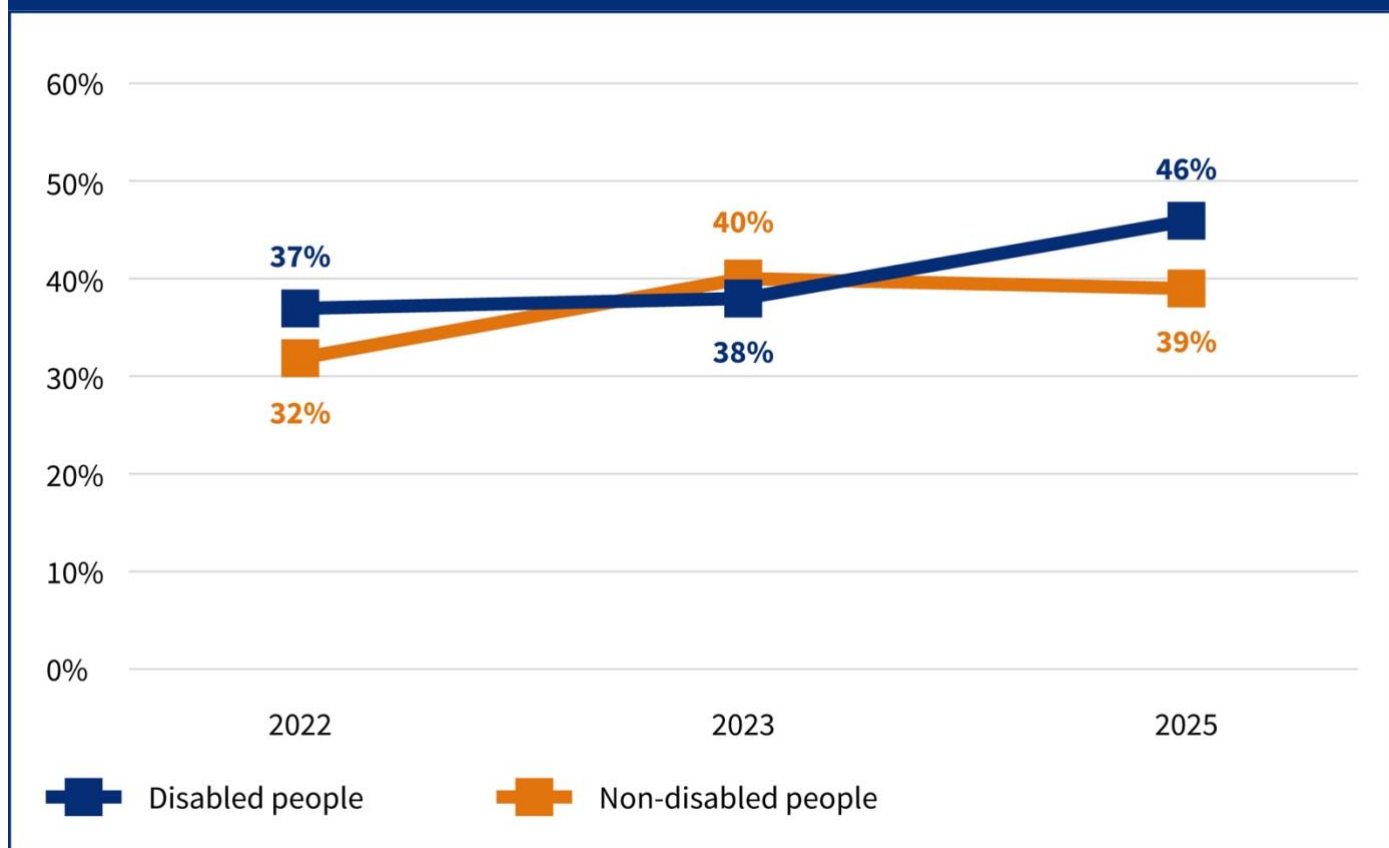
This section explores the negative impact of the cost of living on disabled people's access to sports and activities and wider cost implications, as well as the continuing impact of benefits on being active.

The cost of living is more negatively impacting disabled people's access to activity

The cost of living is continuing to have a negative impact on disabled people. Survey data shows just under half of disabled people agree the increased cost of living had reduced how active they are (46%), while just under a third disagree (31%). There is a mixed response from non-disabled people, with non-disabled people being more likely to disagree (44% vs 31% of disabled people), than agree (39% vs 46% of disabled people) that the increased cost of living has reduced how active they are.

For disabled people, this has negatively changed since 2023 when 38% of disabled people agreed that the increased cost of living had reduced how active they were, similar to non-disabled people at 40% (Figure 4). This year the data implies disabled people are now more negatively affected by the increased cost of living, as previously seen in 2022.

Figure 4: Proportion of disabled and non-disabled people who agree the costs of being active has reduced how active they are.



This year, disabled people most likely to be impacted by the increased cost of living, having reduced how active they were, are:

- Ethnically diverse disabled people (65%).
- LGBT+ disabled people (61%).
- Those with five or more impairments (59%).
- Younger disabled people age 16-54 (55%).
- Those in higher social grades (51%).

The cost of living has also negatively impacted how much disabled people socialise, with disabled people now being more likely, than non-disabled people, to say the increased cost of living had reduced how much they socialise (63% vs 51%). This is a negative change since 2023, when disabled and non-disabled people responded similarly.

Workshop participants consistently described the rising cost of living having a clear impact on their ability to be active. This aligns with the survey finding that disabled people are now more likely, than non-disabled people to say when money is tight the cost of being active is one of the first things they look to reduce (47% vs 37%). This is a negative change from 2023, when disabled and non-disabled people responded similarly.

Participants emphasised this was not simply about the cost of memberships or sessions, but about the cumulative expense of being active, including travel to accessible places and facilities, buying specialist equipment and clothing. These financial pressures often required difficult compromises, even where participants recognised the physical and mental health benefits of being active.

A disabled person said:

“ There's so many (disabled) people that can't drive... (transport) prices are going up, we're not getting paid more on benefits. We're getting the same amount, but the prices of bus fares have gone up, the prices of taxis have gone up, and the cost of where we're going to go as well...it's crazy. ”

Consequently, for some experiencing financial difficulties, essential expenses such as food, heating, rent, and transport can often be prioritised, with activity often being one of the first areas reduced or stopped altogether.

A disabled person said:

“ Putting food on the table is my main objective. ”

This reflects previous research findings, that sport and activity is increasingly framed as a 'luxury', with a consistent survey finding that disabled people are more likely, than non-disabled people to 'consider sport and activity to be a luxury rather than a necessity' (45% vs 32%).

Workshop discussions show that despite valuing the importance of activity and the recognised health benefits, for some, the need to justify spending on activity (both to themselves and to others) can create an additional emotional burden, reinforcing feelings of guilt or self-doubt about prioritising being active.

A disabled person said:

“ When you’re choosing between heating and going out to do something, it’s not really a choice. ”

A disabled person said:

“ Sometimes being able to do something at home is the only realistic option... it takes away the cost and the stress. ”

Beyond personal finances, some felt that accessibility costs were sometimes shifted onto individuals, with organisations expecting disabled people to arrange or fund additional support themselves. This reinforced the sense that inclusion can come at a personal financial cost.

A disabled person said:

“ It seems that the majority (of service providers) either stick two fingers up at those obligations completely or try and pass the buck... and dump the extra costs on to you as the disabled person. ”

Flexible, affordable and low-commitment options are essential for sustained participation

Six in ten disabled people (59%) agreed that the costs of activities can influence how they choose to be active, compared to 53% of non-disabled people. Disabled people are now more likely to agree, with this finding being a negative change from 2023 when disabled and non-disabled people responded similarly.

To reduce the costs of sport and activity, the top responses from disabled people are:

- Discounted memberships or concessions (28%).
- Low cost or subsidised physical activity sessions (26%).
- Ideas for free or low-cost ways to be active at home (25%).

Disabled people were more likely than non-disabled people to say that ideas for free or low-cost ways to be active at home would make the most impact for them (25% vs 20%).

Standard membership models were frequently cited in the workshops as unintentionally excluding people with fluctuating health conditions. Long-term contracts, upfront commitments and fees to freeze memberships were described as particularly difficult to manage where surgery, flare-ups or extended recovery periods were needed. In this context, flexibility (such as shorter contracts, penalty-free pause options, or pay-as-you-go models) was seen as central to making participation viable. For those with fluctuating conditions, paying in advance for memberships or sessions could feel like a financial gamble. If conditions worsened and access needs change, the cost was not only monetary but emotional, reinforcing guilt and stress.

A disabled person said:

“ I think the single thing that would make it more accessible for me is if the local sports centres had memberships aimed at disabled people that were more flexible. For example, a lot of them you have to sign up for a year in advance. And to freeze the membership, you have to pay a fee, that doesn't work with someone who may be having surgery or who needs longer to get over an illness. ”

Furthermore, workshop participants stressed that cost reductions need to be reliable and ongoing, rather than short-term offers, to support planning and confidence.

A disabled person said:

“ I have a freedom pass... that's positive... the free gym membership will encourage me to go to the gym. ”

Finally, workshop participants highlighted that accessing reduced-cost provision can come with its own barriers. Some described having to explain, evidence, or ‘prove’ themselves as disabled to access concessions or support, which could feel intrusive and emotionally demanding. Even where discounts existed, the process of justification was described as off-putting, particularly when staff responses felt sceptical or inconsistent. This reinforces that affordability is not only about what is offered, but how straightforward and stigma-free it is to access it in practice.



Fear of benefits being questioned or withdrawn continues to impact participation

Research shows the activity trap remains a persistent issue for disabled people, fearing the removal of benefits when being active. As found in previous years, half of disabled people (50%) are currently receiving benefits or financial assistance because of their health conditions, impairments or illnesses. Two-fifths of disabled people (43%) said that a fear that their benefits or financial assistance might be taken away prevents them from trying to be more active. This fear has increased since 2023 and 2022 (38% and 37%) and almost returned to 2021 at 46% (Figure 5).

Disabled people who are more likely to fear this are:

- Disabled people aged 35-44 (58%).
- Disabled people in higher social grades (52%).

Over six in ten disabled people (64%) said they rely on their benefits or financial assistance to be active. This reliance has increased compared to 2023 and 2022 (59% and 60%), but lower than in 2021 (68%) (Figure 5).

Disabled people who are more likely to rely on benefits to be active are:

- Disabled people age 35-44 (81%).
- Those with a genetic condition (75%).

In the workshops, benefits were described as important in enabling participation. Financial assistance often helped with additional costs associated with being active, including transport, specialist equipment, accessible facilities or paid support.

A disabled person said:

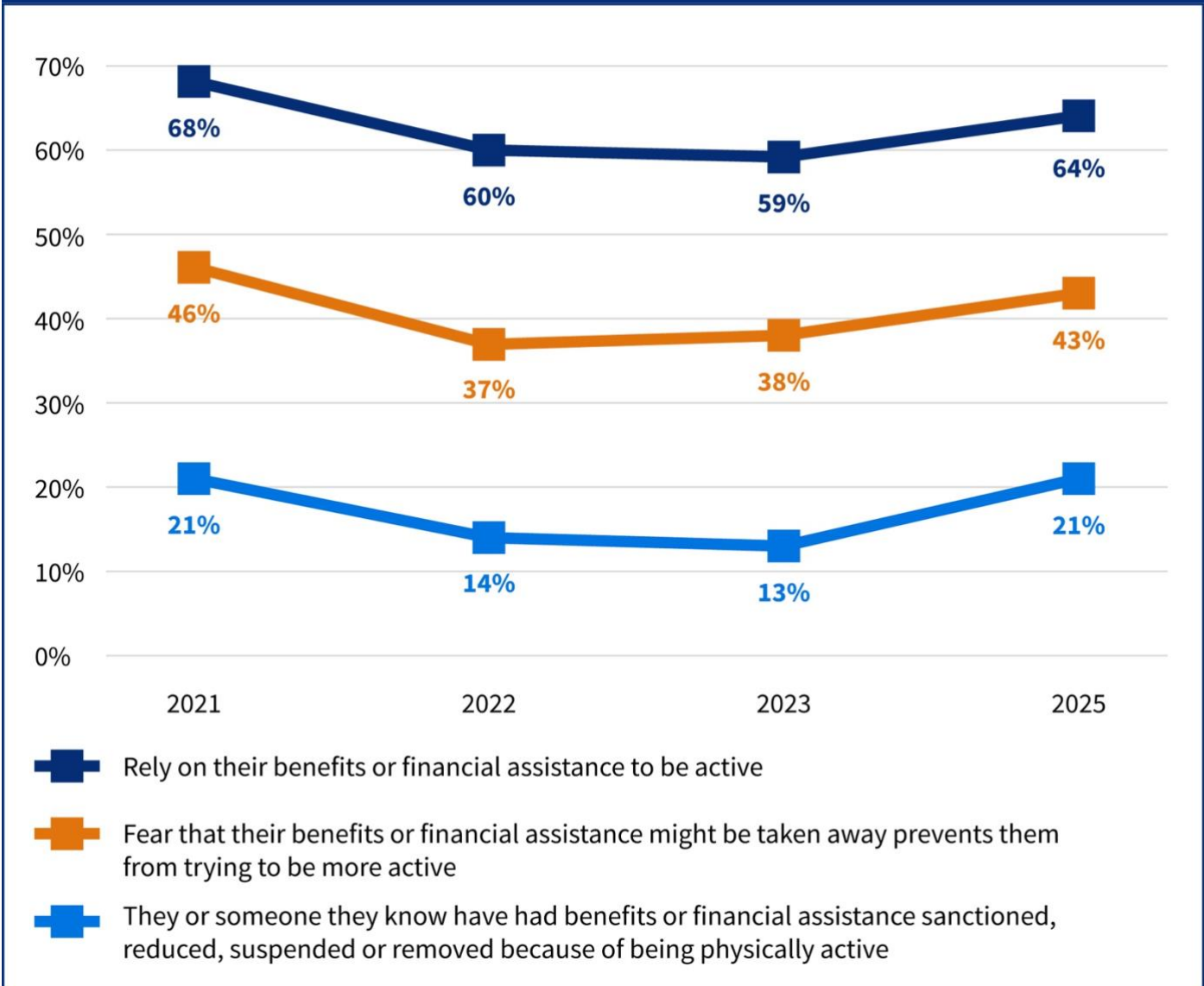
“ If I didn't have a car, which I have through having my benefits, then I wouldn't be able to access anything. And I'm one of the people that worry... am I going to lose my benefits? And then I won't be able to do this and that. ”

One in five disabled people (21%) said that either they or someone they know has had benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active. This experience is higher than in 2023 and 2022 (13% and 14%) and returning to 2021 (21%) (Figure 5).

Disabled people who are more likely to experience this are:

- Ethnically diverse disabled people (36%).
- Younger disabled people age 16-34 (33%).
- Disabled people in higher social grades (32%).
- Disabled men (26%).

Figure 5: How benefits and financial support affect disabled people’s ability to be active.



Workshop discussions also revealed the potential for persistent anxiety among disabled people more generally that visible participation in sport and activity could be misinterpreted, potentially leading to reassessment or loss of support. This uncertainty had the potential to create hesitation, even where people recognised the health benefits of being active.

A disabled person said:

“ You worry that if someone sees you being active, they’ll think you’re fine and take things away. ”

These insights highlight a complex dynamic: financial support can make activity possible yet fear of that same support being withdrawn can discourage participation, reinforcing caution around being visibly active.

A disabled person said:

“ If you become more active... then it might affect benefits. That must be terrifying if you're in that situation. ”

Our research into [The Activity Trap](#) examines this continuing concern being experienced by disabled people. Our [manifesto](#) also calls on the government to protect the benefits, by providing clearer understanding and wider safeguarding to reassure disabled people that being regularly active will not threaten their social security and other forms of government financial assistance.

Costs and access: in summary

Here are the key findings, changes and improvements for the negative impact of the cost of living on disabled people's access to sports and activities and wider cost implications, as well as the continuing impact of benefits on being active.

Key findings

- Financial insecurity and risk influence decisions about being active, including concerns about affordability of activities and access to benefits and financial assistance, as well as wider costs such as travel, equipment, clothing and support.
- Disabled people are being more negatively affected by the increased cost of living, as previously seen in 2022. Disabled people are now more likely to agree the cost of living has reduced how active they are (46% vs 39% of non-disabled people), whereas non-disabled people are more likely to disagree (44% vs 31% of disabled people).
- Six in ten disabled people say the costs of activities influences how they choose to be active (59% compared to 53% of non-disabled people).
- The Activity Trap remains a persistent issue for disabled people, and has increased, with 43% of disabled people now saying a fear that their benefits or financial assistance might be taken away prevents them from trying to be more active, and 21% now saying either they or someone they know has had benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active.

Key changes and improvements

Disabled people's suggestions for improvements include:

- **Reduce financial risk for fluctuating conditions**
Refunds/credits, flexible booking, no-cost freezes.
- **Address hidden extra costs**
Transport, specialist equipment, support needs, for instance through targeted support funds and provision.
- **Keep affordability simple and transparent**
Clear pricing, no complex eligibility processes, easy-to-understand options.
- **Provide clarity on benefits and activity**
Myth-busting info; reassurance; signposting to trusted advice to reduce fear.

To get more people active, half of disabled people (49%) would like the government to focus on making sure activities are affordable, and almost a third of disabled people (30%) would like improved financial security and funding support.



4. Representation, belonging and involvement

This section explores disabled people's perception and experience of being represented and involved in sport and activity, including the importance of belonging. It also examines disabled people's interest in working and volunteering in sport and activity, as well as the opportunities to influence activities and being involved and consulted.

Lack of representation can reinforce a feeling that sports and activities are 'not for someone like me' and 'I don't belong'

Survey findings show disabled people are consistently less likely to see themselves represented in sport and activity, compared to non-disabled people. Disabled people were less likely to agree with the following:

- 'Sport is for someone like me' (43% vs 67%).
- 'Physical activity and exercise are for someone like me' (57% vs 82%).
- 'I see people like me playing sport and being active' (45% vs 74%).

Disabled people who are least likely to see themselves represented in sports and activities are disabled women, older disabled people, white disabled people and disabled people with five or more impairments.

New to the survey this year, disabled people are less likely to feel they belong in sport and activity (35% vs 57% of non-disabled people). Disabled people who are least likely to feel they belong in sport and activity are disabled women (28%) and those with five or more impairments (24%).

These survey findings about representation and belonging were echoed in the workshop discussions. Participants described representation as more than simple visibility. Seeing people 'like them' taking part, across different ages, impairment types, body types and levels of ability, was seen as a sign that participation is realistic, welcomed and achievable. Where that was missing, some said it undermined confidence to attend, even when activities were technically open to everyone, and reinforced the sense that these spaces were not designed with them in mind.

A disabled person said:

“ Gyms just aren't set up for bodies like mine. ”

Belonging was described as feeling accepted without judgement or scrutiny, and without having to explain or justify needs. Some participants said that using mobility aids or visible support equipment could change how they were perceived by others, increasing self-consciousness in activity settings. Others highlighted that for fluctuating or less visible conditions, inclusion could feel inconsistent: support might exist in principle, but whether it was offered, and how easy it was to access, could depend on how 'disabled' someone appeared on a given day. This uncertainty was described as creating an additional barrier to participation.

A disabled person said:

“ There might be the days where you look less disabled. There might be support there, but the accessing it becomes tricky depending on how you (people with fluctuating conditions) are perceived that day. ”

Workshop participants also reflected on how disability is represented in the media. Although this theme arose less frequently than in previous years, it remained a point of discussion. Some felt that media portrayals often focus on elite athletes, particularly through events such as the Paralympics. While these achievements were widely respected, participants suggested that constant emphasis on exceptional performance can create unrealistic expectations, overlooking the everyday realities of living with impairment, pain or fluctuating health. In contrast, participants emphasised the importance of seeing people with lived experience participating at community level, in ordinary settings, as this offers more realistic role models and clearer pathways into activity, volunteering and coaching.

A disabled person said:

“ We have things like the Paralympics, which are great, but they are the absolute elite. There is a tendency for the media to say, oh, you know, look at these inspirational people, you just put your mind to it, and you can do anything, but that's not true. So having kind of people with a real lived experience in the community gives a lot of young people, well, anyone really, a more realistic goal and a kind of realistic route into coaching or doing more sports. ”

Building on this, workshop discussions highlighted that it is not only representation in the media that shapes confidence to participate, but also the culture of activity spaces themselves. Participants said they felt discouraged by environments that were highly competitive, performance-focused or implicitly judgemental – settings that echoed the wider emphasis on achievement and visible success. In contrast, they were more likely to engage where participation at any level was normalised, and effort was valued over performance.

A disabled person said:

“ For me, it would be having a non-competitive environment... that you're just participating to the best of your ability, wasn't frowned upon. ”

Peer-led and lived-experience delivery increases confidence and sense of safety

Disabled people are less likely to see themselves represented in volunteering and working in sport and activity, as survey data consistently shows they are less likely, than non-disabled people, to agree with the following:

- ‘I see people like me volunteering in sport and physical activity’ (33% vs 51%).
- ‘I see people like me working in sport and physical activity’ (32% vs 52%).

Disabled people who are least likely to agree are disabled women, older disabled people, white disabled people and disabled people with five or more impairments.

Participants across the workshops consistently highlighted the importance of activities being organised or delivered by disabled people or people with long-term health conditions. Peer-led environments, with volunteers available to offer help and create a supportive atmosphere, were described as ideal in helping people feel safer, better understood and supported, and more flexible, particularly for those with fluctuating needs or multiple impairments. Parkrun was frequently praised as an example of best practice with regards to the number of volunteers they have available to welcome and support runners of all abilities.

A disabled person said:

“ I do Park Run with lots of support from my friends and I feel very well supported there... they always have a chain of people at the back to ensure that you're not lost and that support you with it. ”

One participant described being part of a long-standing community led disability football group that hires its own facilities and is made up solely of members, creating a trusted and inclusive environment.

A disabled person said:

“ I'm part of a football group... they hire the pitch... that really helps... I've been part of their social groups it builds my confidence... I know the coaches... and I won't be discriminated against – everyone is friendly. ”

In these settings, participants described feeling less pressure to meet narrow expectations about performance or ability, and more able to take part at their own pace. This highlights the importance of inclusive delivery in practice, including flexible facilitation, peer support, and clear permission to participate in different ways, alongside positive attitudes.

A disabled person said:

“ For me, it's about attitude... having the right attitude to the adaptation. Attitude is really the most important thing. ”

Our research into the [workforce gap](#) further explores disabled people's experience of working and volunteering in the sport and activity workforce, examining barriers and enablers along the workforce journey.



Opportunities to influence activity provision are limited and can feel tokenistic

Consistent with previous years, disabled people are less likely, than non-disabled people to say they have the opportunity to become a coach or take on a role in delivering sport and activity (21% vs 27%). However, this is a positive increase this year of disabled people saying they have the opportunity to become a coach or take on a role in delivering activity, with only 9% agreeing in 2023, compared to 24% of non-disabled people.

Disabled people who are least likely to agree they have the opportunity are disabled women (15% vs 30% of disabled men), disabled people aged 45 and over (11% aged 45-54, 14% aged 55-64 and 5% aged 65+), and white disabled people (19% vs 40% ethnically diverse disabled people). Thereby implying disabled people who are most likely to have the opportunity to become a coach or take on a role in delivering activity are disabled men, younger disabled people and ethnically diverse disabled people.

Survey data shows the top three types of support for disabled people to work or volunteer in sport and activity are consistent with previous years:

- Having positive physical activity experiences themselves (22%).
- Greater awareness of opportunities that are suitable for them (22%).
- Financial support or incentives (20%).

Workshop discussions highlighted the importance of positive personal experiences of sport and activity, and peer-led delivery in building confidence to take on more of these roles.

A disabled person said:

“ This (more disabled people in sport and activity roles) would make a huge difference to have a more innate understanding of the issues, especially a lot of our health conditions are invisible... if these people have got lived experiences, they're more likely to understand. ”

A few workshop participants expressed interest in working and volunteering in sport and activity, but most felt these roles were not accessible to them. Barriers included lack of awareness of opportunities, concerns about accessibility, and doubts about whether organisations would be willing or able to accommodate their needs.

A disabled person said:

“ I'm not that aware of opportunities like that. ”

A disabled person said:

“ I would be keen to volunteer because I think I am good at motivating people to exercise... but at the same time, I'm just not considering it because I have such bad experiences as a participant (service user). ”

Early, personalised consultation can support inclusion and reduce anxiety

One in five disabled people (20%) have had the opportunity to influence or design types of sport and activity. This was most commonly by providing feedback after a class or activity. Although, this was more common for non-disabled people compared to disabled people (16% vs 8%). For those who have taken part in an organised sport or activity session, disabled and non-disabled people were equally likely to agree that it was clear how they could provide feedback on the activity session (69%).

A quarter of disabled people who have not had the opportunity to influence or design sport and activity are interested in doing so. With both disabled and non-disabled people being equally likely to be interested (25%).

Workshop participants would value more opportunities to be involved earlier in the design of activities, and new activity centres rather than only being asked to provide feedback retrospectively. Being asked directly about individual needs, preferences, and barriers was described as helping people feel respected and understood, like they belonged, and able to participate with confidence. Being consulted and involved was seen as important not only for improving provision, but for reinforcing a sense of ownership and belonging.

One participant described positive experiences of one-to-one inductions within gym and studio settings, where staff took time to understand their individual needs and discuss potential barriers. These conversations were described as helping participants feel included in mixed-ability classes without embarrassment or disadvantage.

A disabled person said:

“ They actually included me... in discussions... asked me what I required rather than trying to pretend that they knew it all. ”

Another participant shared an example of good practice from a yoga session delivered in a gym, where the instructor held a one-to-one conversation in advance to understand their needs and agree appropriate adaptations. Although the class included non-disabled people, this person felt they were “incorporated...in a way that didn’t embarrass me, didn’t humiliate me... because that conversation had taken place”.

At a wider systemic level, some workshop participants expressed concern that opportunities for disabled people’s voices to influence policy and provision remain limited. While individual consultation and feedback were valued, there was a sense that wider systemic change requires stronger engagement from decision-makers at a local level. Participants believed local authorities have an important role in shaping accessible, inclusive activity environments, and that greater prioritisation and accountability at this level could help address persistent gaps in provision.

A disabled person said:

“ There's only so many people in the UK who can actually listen, and I think there's not enough pushing local governments. ”

Representation, belonging and involvement: in summary

Here are the key findings, changes and improvements for disabled people’s perception and experience of being represented and involved in sport and activity, including the importance of belonging.

Key findings

- Representation and belonging shape confidence and access before participation begins.
- Disabled people are less likely to feel they belong in sport and activity (35% vs 57% of non-disabled people). Belonging was described as feeling accepted without judgement or scrutiny, and without having to explain or justify needs.
- Disabled people are less likely to see themselves represented in volunteering and working in sport and activity, yet they highlighted the importance of activities being peer-led; being organised or delivered by disabled people.
- Disabled people are less likely to have the opportunity to become a coach or take on a role in delivering sport and activity (21% vs 27% of non-disabled people), positively increasing from the previous year (9% vs 24%), yet lack of awareness of opportunities and accessibility barriers remain.

Key changes and improvements

Disabled people's suggestions for improvements include:

- **Show realistic representation**
Everyday disabled people, mixed abilities, different bodies/energy levels.
- **Increase peer-led / lived-experience roles and opportunities**
Leaders, volunteers, ambassadors, to build trust and confidence.
- **Create environments that signal 'you belong'**
Welcoming language, no judgement culture, visible norms around adaptations.
- **Involve disabled people early, not after decisions are made**
co-design from the start; feedback systems that show action taken.

To get more people active, 29% of disabled people would like the government to focus on engaging with the public more on how they want to be active.

5. Accessible spaces

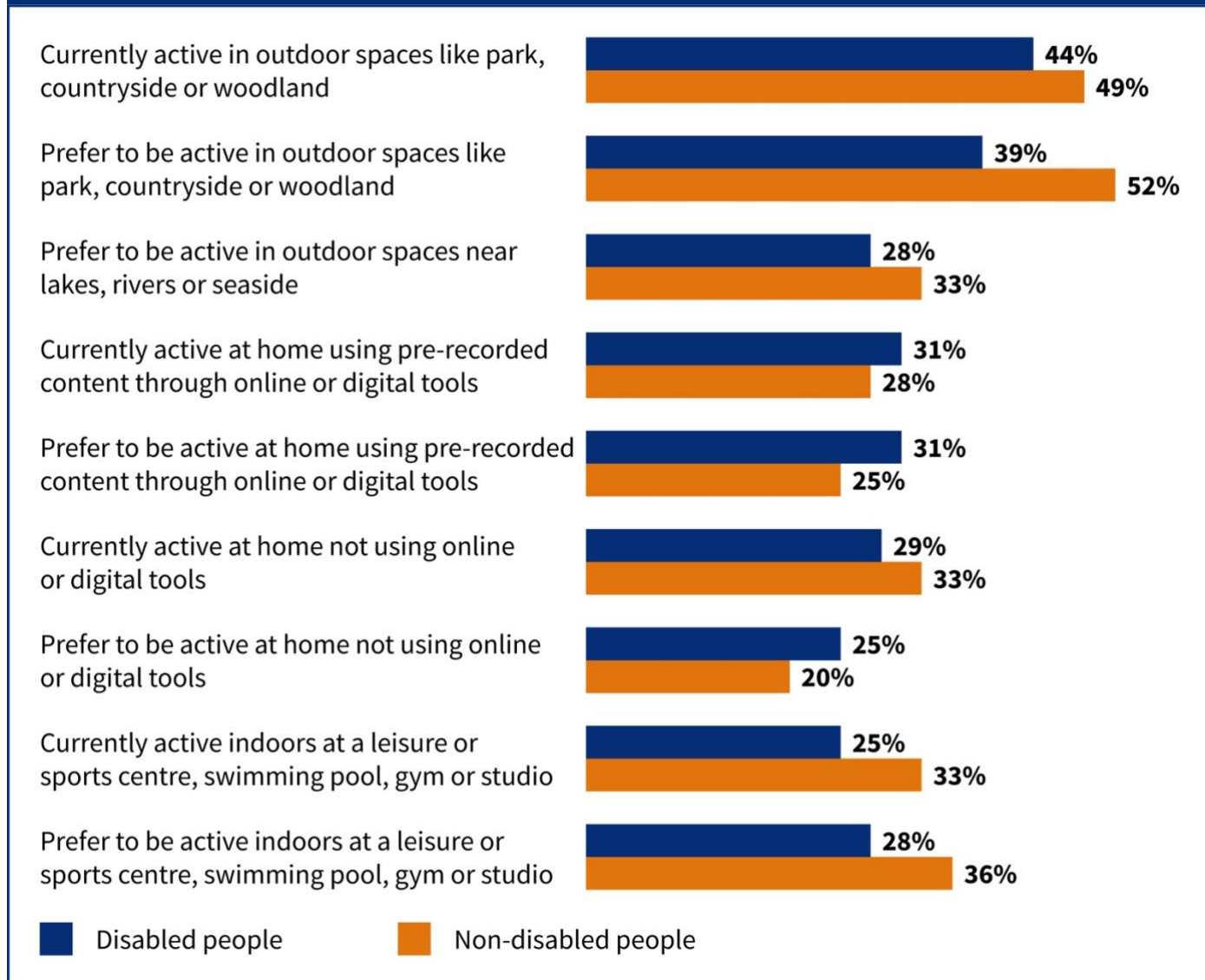
This section examines the spaces where disabled people take part in sport and activity, discussing the accessibility, inclusivity and challenges of activity spaces, facilities and travel, alongside the importance of choice and availability of accessible spaces.

Disabled people tend to choose activity spaces based on what feels manageable, familiar and safe

Whilst survey findings show disabled people's preference to be active outdoors, at home and indoors at a leisure or sports centre, workshop participants described choosing activity locations less on preference alone and more on what felt manageable, predictable and safe.

Both disabled and non-disabled people most commonly take part currently in sport, exercise or activity in outdoor spaces like parks, countryside, or woodland (Figure 6). However, non-disabled people were more likely at 49% compared to 44% of disabled people. Disabled people who are more likely to take part in activities in these spaces include; disabled people with a learning impairment (52%), long term pain (49%), or a mental health condition (49%).

Figure 6: Disabled and non-disabled people’s current and preferred spaces to take part in sport, exercise or other physical activity.



While outdoor spaces remain the most popular space overall, disabled people are less likely than non-disabled people to prefer to be active outdoors (Figure 6). Both disabled and non-disabled people would prefer to be active in outdoor spaces like parks, countryside, or woodland (39% vs 52%). Disabled people with long term pain are more likely to prefer to exercise outdoors (43%). Disabled people were also less likely to prefer to be active in outdoor spaces near lakes, rivers or the seaside (28% vs 33%).

Workshop discussions highlighted the value of outdoor spaces for fresh air and mental wellbeing, but access was not always straightforward. Concerns about terrain, facilities, transport and seasonal conditions meant that even spaces labelled as ‘accessible’ could feel daunting in practice.

A disabled person said:

“ The last thing I want to do is slip and injure myself and more so indoors at the moment (during winter) is much better. ”

Disabled people were more likely to currently be active at home not using online or digital tools (29% vs 23%) (Figure 6). Whereas both disabled and non-disabled people were similarly likely to currently be active at home: using pre-recorded content through online or digital tools, such as a phone, laptop or TV (31% vs 28%). Disabled people who are most likely to exercise at home include:

- Disabled people aged 65+ were more likely to exercise at home not using online or digital tools (35% compared to 29% of disabled people overall).
- Disabled people with a vision impairment (43%), a learning impairment (40%) and a social or behavioural impairment (38%) were a more likely to exercise at home using pre-recorded content through online or digital tools.
- Disabled people in higher social grades (44%) and younger disabled people aged 16-34 (46%) or 35-44 (44%) were also more likely to exercise at home using pre-recorded content through online or digital tools.

Disabled people were more likely to want to be active at home, either using both pre-recorded content, through online or digital tools (31% vs 25% of non-disabled people), and not using online or digital tools (25% vs 20% of non-disabled people) (Figure 6). Disabled people who are more likely to prefer to be active at home include:

- Disabled people with a memory impairment (41%), a learning impairment (40%) and a social or behavioural impairment (37%) were more likely to prefer exercising at home using pre-recorded content through online or digital tools.
- Younger disabled people aged 16-34 (41%) or 35-44 (43%) and disabled people in higher social grades (40%) were more likely to prefer exercising at home using pre-recorded content through online or digital tools.
- Disabled people aged 65+ and those in lower social grades were more likely to prefer exercising at home not using online or digital tools (both 29% compared to 25% of disabled people overall).

Workshop participants described home-based activity as offering greater control and predictability over noise, pace, fatigue and uncertainty, particularly for those with fluctuating conditions, anxiety or sensory sensitivity and during winter. In this context, the higher preference for home-based activity appears less about convenience and more about reducing pressure and uncertainty.

Disabled people were less likely to currently be active indoor at a leisure or sports centre, swimming pool, gym or studio (25% vs 33% of non-disabled people) (Figure 6). Disabled people who are most likely to exercise in this space include younger disabled people aged 16-34 (31%) and disabled women (28%). Disabled people were also less likely to prefer to be active indoor: at a leisure or sports centre, swimming pool, gym or studio (28% vs 36%).

These lower levels of participation in gyms and leisure centres were echoed in workshop discussions. Some participants described traditional gym environments as being rigid, performance-focused or overwhelming, particularly where staff were unwilling to make simple adjustments.

One neurodivergent participant explained how loud music in fitness spaces made participation difficult, especially where staff refused to reduce the volume. Others described rigid expectations around how exercises should be performed.

In contrast, a small number of participants described specialist or non-traditional venues, such as climbing centres, as feeling welcoming and more adaptable to access needs.

A disabled person said:

“ Climbing centres tend to be much more accessible than gyms... they will turn music down... they have the right attitude. ”

These accounts suggest that participation is shaped as much by culture, flexibility and staff responsiveness as by infrastructure. Highlighting that rather than choosing spaces purely on preference, disabled people can often prioritise what felt manageable, familiar and safe. [Our Access for All guide](#) supports with creating accessible and welcoming outdoor and indoor spaces and places for everyone.

Outdoor spaces are valued, but there are challenges with access and adjustments

Survey finding shows around a third (31%) of disabled people reported having difficulty physically accessing outdoor spaces like parks, countryside or woodland. This difficulty was higher than non-disabled people at 6%. Disabled people who are most likely to experience difficulties with accessing outdoor spaces are those with:

- Five or more impairments (49%).
- A physical impairment (38%).
- Those in lower social grades (38%).
- A learning impairment (37%).

Less than half of disabled people, 46%, said that it is easy for them to physically access outdoor spaces, compared to 81% of non-disabled people. Disabled people are more likely to experience difficulties accessing outdoor spaces, with the most common things reported to stop disabled people from being active in outdoor spaces being consistent with previous years:

- A lack of confidence to access outdoor spaces (25%).
- Lack of motivation to access outdoor spaces (22%).
- Lack of accessibility in winter months (21%).

Whilst non-disabled people are similarly likely to report the latter two reasons, they are less likely to report a lack of confidence (11%). Disabled people who are most likely to report a lack of confidence are those with:

- A mental health condition (36%).
- Five or more impairments (34%).
- A learning impairment (32%).
- Younger disabled people aged 16-34 (31%).
- Disabled women (28%).

Workshop discussions illustrated how these challenges occur in practice. Confidence, pain and fatigue were frequently mentioned, alongside uncertainty about routes and facilities. One wheelchair user described a physical barrier at a park entrance that prevented independent access, despite the space being described as accessible.

A blind participant described needing only occasional directional guidance to take part in organised outdoor swimming. However, providers treated this modest adjustment as complex or costly rather than straightforward.

A disabled person said:

“ All I need is basically someone to give a few left or right directions whilst I'm in the water... when asking them to provide the guide, a volunteer is no longer good enough... they don't want to spend the money or do any actual modifications... they don't understand the challenges. ”

In these examples, relatively small adjustments could have enabled participation, but responsibility was perceived to shift back onto the individual. This reinforces earlier findings that inclusion depends on consistent, practical delivery rather than intention alone.

Uncertainty about routes, surfaces, or facilities made outdoor activity feel daunting, even when spaces were technically accessible. There can be reduced confidence to participate in outdoor activity during winter. At least one workshop participant linked wet ground and slipping risk in winter to avoiding outdoor activity during the colder months.

A disabled person said:

“ I struggle at the moment (winter) with (being) outdoors because it's wet. ”

Another participant highlighted difficulty regulating body temperature, influencing their preference for indoor over outdoor activity in winter.

A disabled person said:

“ I have trouble regulating my body temperature... for me it tends to work better to do indoor activities. ”

Our [manifesto](#) seeks to increase accessible outdoor spaces, taking a leading role in promoting and legislating design standards that ensure accessibility in local and national spaces.



Limited and loss of accessible local provision can prevent participation

Participants described the value of provision that is nearby, predictable, and properly resourced, particularly where specialist equipment is provided. However, discussions highlighted that access to inclusive opportunities can vary significantly by area.

A disabled person said:

“ There's no leisure centres that are particularly close (to me). ”

Alongside this sense of a “postcode lottery,” participants also described how access could change over time as well as by place. In some areas, the closure or effective withdrawal of previously accessible local facilities removed a key route into activity altogether.

A disabled person said:

“ I find it really hard to find an activity I can actually do... I used to go swimming a few times a week with a lovely swimming pool, really accessible... of course it closed... without doing any research about how it would impact local people... that was my main source of exercise gone... I can't join most exercise classes because they aren't set up to accommodate a physical disability like mine. ”

Views were mixed on setting aside specific times for disabled people's access

Views were mixed on the idea of setting aside specific times for disabled people to access gyms and activities such as swimming. While some felt dedicated sessions could reduce anxiety and make participation feel safer or more manageable.

A disabled person said:

“ It would benefit me having time, times in the day or in the week just for disabled people to access the gym. I think that would be beneficial. ”

Swimming was repeatedly discussed in workshops as a valued activity, but access was often constrained. Participants described ‘accessible’ swimming being limited to restricted sessions, sometimes as little as one hour per week, which reduced flexibility, choice and made participation difficult to sustain. Where accessible sessions were scheduled at inconvenient times, disabled people with work, caring responsibilities or fluctuating health felt effectively excluded.

A disabled person said:

“ It (accessible swimming) was one hour on a Friday afternoon per week, and that was the only time that was accessible. ”

Others cautioned that this approach risks limiting access rather than expanding it, particularly for disabled people who work, have caring responsibilities, and want to exercise regularly and flexibly. This perspective emphasised that inclusion should be achieved by making ‘mainstream’ provision accessible and welcoming at all times, rather than confining disabled people to a small number of designated hours.

A disabled person said:

“ Disabled people have exactly the same rights, like non-disabled people, to exercise. We have a right to exercise under United Nations Convention for People with Disabilities. Let's not dedicate time. Disabled people should have access to facilities at all times. And I understand that in certain situations, when someone needs, let's say someone to work with them, that they cannot exercise by themselves in those situations, maybe. Of course, they have to arrange with another person, so this will be limitation arising out of this. But other than that, there should be no limitations. ”

Ultimately there was a strong consensus that disabled people should have the same freedom and choice as non-disabled people to decide when, where and how they participate in sports and activities.

Accessible provision needs to be available in practice

There was much frustration expressed in the workshops across themes relating to ‘welcoming’ language and inclusive messaging not being supported in reality. When positive attitudes are not backed up with accessible practical modifications, disabled people can be left having to repeatedly justify why anything needs to change at all. It was acknowledged that this is perhaps not always deliberate and can reflect limited understanding of disabled people’s needs. The impact remains that accessibility is weakened when it is not available in practice.

A disabled person said:

“ The word accessible may be accessible to them, but when you get there, it isn't. ”

Participants highlighted that accessibility is often framed too narrowly as requiring extensive support, when in practice relatively small adjustments can make a significant difference. In some cases, barriers were described as arising not from the activity itself, but from the way facilities and venues organise space, communicate expectations, and offer practical orientation or assistance. This reinforced the importance of staff awareness and flexible delivery, as well as the value of simple, anticipatory adjustments that enable people to participate.

A disabled person said:

“ If we take swimming as an example... technically or theoretically I don't need somebody because if they are able to put a lane (in the swimming pool and) able to give me a little bit of help around orientation, maybe just accessing the lockers... then I don't actually need a guide. But it kind of goes back to that health and safety point... they want you to come with someone. ”

A disabled person said:

“ It's about working with the coach, and coaches... sports providers need to learn to ask questions that help the disabled person to be their own advocate, and to empower them to get the support they need. ”

A small number of participants suggested that clear accreditation or recognised accessibility standards would make a meaningful difference, by giving disabled people greater confidence that venues, activity spaces and providers have the skills, training and understanding to support them appropriately.

Accreditation was seen by some as a way to reduce anxiety, shift responsibility away from disabled people, and create greater trust before arriving at an activity space or facility.

A disabled person said:

“ Having the skills just from a point of view of assertiveness and effective communication to be able to feel confident to navigate through those conversations rather than being afraid to even go to the venue because you're afraid – afraid of those conversations... accreditation would mean everything to me. ”

Travel time and transport reliability shape if activity feels achievable

Travel practicalities, of the form of travel, travel accessibility, travel support and timing impact disabled people's activity participation. Survey data shows almost six in ten disabled people travel to activities by themselves (57%) compared to eight in ten non-disabled people (79%). Around one in six disabled people travel with someone who supports them (17%), while around one in five travel both by themselves and with someone that supports them (22%). Disabled people who are more likely to travel with support are those with a learning impairment and a memory impairment (21%).

The most common forms of travel to activities for disabled people are:

- A car, van or motorbike that they drive themselves (43% compared to 55% of non-disabled people).
- On foot or walking by themselves (37% compared to 48% of non-disabled people).
- Disabled people were more likely to travel via public transport than non-disabled people (26% vs 21%).

Disabled people who are more likely to travel by car themselves include those with a physical impairment (47%) and less likely those with a learning impairment (34%). Older disabled people aged 65+ were more likely to travel in this way (49%), while younger disabled people aged 16-34 were less likely (32%).

Disabled people who are more likely to travel on foot by themselves include those with a mental health condition (39%) and less likely those with a physical impairment (29%). Disabled people who are more likely to travel by public transport include younger disabled people aged 16-34 (37%), those with a learning impairment (32%) and those with a mental health condition (30%).

New to the survey this year, disabled people were more likely to spend longer travelling to the sports and activities they take part in. Disabled people are twice as likely to travel for 1-2 hours (6% vs 3% of non-disabled people). Whereas disabled people are less likely than non-disabled people to travel up to 15 minutes (34% vs 42%). There are differences in travel time by type of impairment, age and gender.

- Disabled people who are more likely to travel 1-2 hours include those with a learning impairment (10%), a long-term health condition (10%), a visual impairment (16%), disabled men (9%) and younger disabled people aged 16-34 (9%).
- Disabled people who are more likely to travel 15 minutes include those with a physical impairment (38%), disabled women (38%) and older disabled people aged 45 and over (ranging from 44-47%).

Workshop discussions illustrated how long complex journeys can affect participation before activity even begins. Fatigue, anxiety, unreliable services and rural isolation were described as shaping whether activity felt achievable at all.

A disabled person said:

“ I live rurally as well, so that impacts me slightly. My options are even more limited. So at the moment I've got a gym that's 18 minutes away in the car that I'd have to be able to drive to get to, but it's actually upstairs even though it's a community council linked gym, it's up two nasty flights of stairs, not even like good stairs – bad stairs. ”

Participants described that even where travel costs were reduced, unreliable public transport could still make attending activities difficult.

A disabled person said:

“ Reduced bus services, queues, changes needed to get to destinations can cause anxiety. ”

A disabled person said:

“ I don't go to the gym or Leisure Centre because everything is so out of the way. The bus fare would cost me more per week than the whole thing (activity). They don't make things easy for you. I'm not going to ask my husband to take me everywhere, because he has his own things to do. ”

Despite these challenges, some participants described being willing to travel further where provision was genuinely accessible, supportive or specialist. In these cases, longer journeys were seen as worthwhile if the activity met their needs in a way that local options did not. However, this often meant additional planning and reliance on transport that was not always reliable and was not always sustainable on a regular basis.

Reducing travel challenges through reliable transport, localised provision and available accessible facilities would remove a significant structural barrier.

A disabled person said:

“ I wish they would run a sort of minibus or something similar for disabled people. ”

Online activity offers flexibility but can feel impersonal, generic and exclusionary

New to the survey this year, findings show disabled people were less likely than non-disabled people to say that they found accessing online sport and activity content easy (52% vs 66% of non-disabled people). Disabled people who are most likely to find it difficult were white disabled people (50%), those in lower social grades (41%) and older disabled people aged 65+ (36%).

The main reasons identified by disabled people finding it difficult to access online sport and activity content were; their health condition made it difficult (19%) and lack of computer and online skills (16%).

Workshop participants explained this as reflecting both digital barriers and design issues. Health conditions affecting concentration, fatigue or vision, combined with generic ‘one-size-fits-all’ content, meant that online provision often felt available but not genuinely accessible. Others highlighted practical barriers such as limited digital confidence, lack of skills, or needing support to navigate platforms and set up sessions.

A disabled person said:

“ Some of the activities, especially online, are far too generic and they try to suit everyone... I don't think they have in mind how to make adaptations. ”

These experiences reflect the survey findings that online access is not equally straightforward for everyone. This also helps explain why some disabled people may prefer home-based activity but still report difficulty accessing online content. Digital provision must be designed accessibly from the outset, with adaptation built in rather than retrospectively included.

Accessible spaces: in summary

Here are the key findings, changes and improvements for the accessibility, inclusivity and challenges of activity spaces for disabled people.

Key findings

- Findings show disabled people's preferences to be active outdoors (39% in green spaces and 28% in blue spaces), at home (31% online and 25% not online) and indoors at a leisure or sports centre (28%). Disabled people described choosing activity spaces and sessions less on preference alone and more on what felt manageable, predictable and safe.
- Choice is important; disabled people value both genuinely accessible 'mainstream' activities and disability specific provision, that are offered consistently rather than confined to occasional limited designated sessions.
- Disabled people were more likely to spend longer travelling to sport and activity spaces, with complex journeys affecting participation before activity even begins; including fatigue, anxiety, unreliable services and rural isolation.

Key changes and improvements

Disabled people's suggestions for improvements include:

- **Improve physical access in practice**
Step-free routes that actually work, doors/gates/barriers people can open independently.
- **Design for sensory accessibility**
Quiet times plus wider noise control; better sound insulation between rooms; calmer spaces.
- **Reduce travel challenges**
Better local options, clearer accessible transport information, reliable drop-off/parking.
- **Make online provision genuinely accessible**
Not generic: adaptable pacing, clearer instruction, low-tech options, equipment alternative, less cost options.

To get more people active, around a third of disabled people would like the government to focus on improving outdoor spaces like parks and neighbourhoods (34%), and sports facilities and community spaces (32%).

Conclusion and recommendations

Research findings show disabled people value sport and physical activity, recognise its physical health, mental wellbeing and social connection benefits, and want to be more active. However, participation is shaped less by personal motivation and more by the conditions surrounding activity. Environments that are affordable, adaptable, accessible and consistently welcoming and inclusive in practice are crucial to increasing participation and improving wellbeing. Inclusion and belonging in sports and activities can support with addressing worsening wellbeing, decrease loneliness and increase social connection.

As is clear from the findings there is not a single 'right' model of accessible inclusive provision. Disabled people want choice in how and where they are active. For some disabled people, the priority was being able to access 'mainstream' provision on an equal basis, without being limited to narrow timings or 'special' slots. Whereas for others disability-specific sessions or specialist spaces can feel safer, calmer, and more realistically set up for their needs.

Disabled people emphasised that being able to choose activities depends on confidence that activity adjustments will be practical, predictable, and based on their actual needs, not assumptions. They valued activity spaces where staff take time to understand what would help, agree adaptations in advance, and treat adjustments as a normal part of activity delivery, so disabled people can participate in activity settings without added stress or embarrassment. Inclusion needs to be created through how activities are organised and how conversations about needs are managed, not only through separate provision.

These insights highlight that improving disabled people's participation in sports and activities requires systemic change. Progress depends on embedding flexibility, accessibility, meaningful consultation and confident adaptation into everyday practice, rather than relying on individual resilience or motivation.



Recommendations

These four concluding recommendations are grounded in research data and insight and developed with lived experience involvement from co-researchers and disabled people.

To be inclusive and meet disabled people's needs, the sport and activity sector needs to:

1. Ensure inclusive practice

- Define and explain what 'inclusive' means in practice.
- Provide clear information about how activities are inclusive, with examples of what adjustments and adaptations are available to support people to be active.
- Have staff that are trained and confident in inclusive practice, taking a person-centred approach and making adaptations to meet disabled people's needs.
- Improve accessibility of activity spaces, facilities and equipment, addressing physical, sensory, structural and practical barriers to participation, with accessible design, adaptations and adjustments.

2. Be affordable and flexible

- Make activities affordable, including discounts, memberships and refunds.
- Have a flexible approach to costs, booking and accessing activities, to support access needs and fluctuating conditions.
- Enable financial access with clear simple processes without stigmatising eligibility.

3. Create a culture of belonging

- Create a welcoming and comfortable activity space, with a non-judgemental approach and 'normalise' adaptations and adjustments with inclusive practice.
- Show realistic representation of disabled people being active, as participants and in the sport and activity workforce.
- Ensure the sport and activity workforce is representative of disabled people, including peer-led and lived experience involvement, with paid and volunteer opportunities.
- Involve and consult disabled people about sports and activities they participate in, using collaboration and co-production, to ensure inclusive access.

4. Ensure disabled people have choice

- Engage with and understand your community to meet disabled people’s needs to ensure meaningful access to activities.
- Recognise that both accessible ‘mainstream’ and disability specific sport and activity provision are needed and valued for disabled people to access inclusive sports and activities.

Concluding message from our CEO

Adam Blaze, Chief Executive at Activity Alliance, said:

“ Disabled people belong in sport and activity — not as an exception, but as a fundamental part of our communities. The insight in this report makes clear that when organisations design with inclusion from the start, disabled people feel welcomed, valued and able to take part with confidence. Now is the time for organisations to turn commitment into action by removing barriers, involving lived experience, enabling meaningful choice, and creating environments where disabled people can participate, progress and lead. By championing belonging, we strengthen our sector and ensure everyone has the opportunity to enjoy the life changing benefits of being active. ”

Please contact our research team to discuss how to access, interpret and use the data:
Call 0808 175 6991 or email research@activityalliance.org.uk.

IFF Research can also be contacted about the project: email BeingActiveResearch@iffresearch.com.

Appendix

Definitions

Defining disability

Our survey identified respondents as disabled if they answered “yes” to both of the following questions:

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

Defining activity

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

This survey used the following groupings:

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

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

The UK’s [Chief medical officers physical activity guidelines](#) outlines the evidence and recommendations for all adults to be active, including disabled people and those with long-term conditions.

In this report we mostly use the phrase ‘sport and activity’ to refer to all sport, physical activity, exercise and movement. Occasionally variations of this phrasing are used when specific to research methods and data context.

Sample

Sample sources

Two survey sample sources were used. People who had completed Sport England’s Active Lives Adult Survey within the last two years and agreed to take part in further research, and people from an independent research panel through IFF Research.

Focus group workshop participants were recruited through Activity Alliance’s research Lived Experience Network, and Activity Alliance’s Include to Improve programme Lived Experience Network.

Survey sample

Table 1: Gender of respondents.		
	Disabled respondents	Non-disabled respondents
Male	42%	46%
Female	57%	53%

Table 2: Age of respondents		
	Disabled respondents	Non-disabled respondents
16-19	5%	7%
20-24	7%	10%
25-34	14%	15%
35-49	20%	21%
50-64	20%	24%
Working Age (16-64)	66%	77%
65+	30%	21%
Pension Age (65+)	30%	21%

Table 3: Ethnicity of respondents.

	Disabled respondents	Non-disabled respondents
White/White British	88%	77%
Asian/Asian British	4%	11%
Black/Black British	3%	5%
Mixed Ethnic Group	3%	4%
Other Ethnic Group	1%	1%

Table 4: Geographical region of respondents.

	Disabled respondents	Non-disabled respondents
North East	5%	4%
North West	12%	12%
Yorkshire and the Humber	7%	9%
East Midlands	7%	7%
West Midlands	9%	9%
East	8%	9%
London	13%	15%
South East	13%	15%
South West	9%	8%
Northern Ireland	3%	2%
Wales	6%	4%
Scotland	9%	7%

Table 5: Sexual orientation of respondents.

	Disabled respondents	Non-disabled respondents
Straight or Heterosexual	87%	92%
Gay or Lesbian	3%	2%
Bisexual	6%	4%

Table 6: Type of impairment of disabled respondents.

	Disabled respondents
Mobility	46%
Long-term pain	44%
Chronic health condition	35%
Mental health	35%
Breathing or stamina	31%
Dexterity	20%
Social or behavioural	16%
Learning or understanding or concentrating	14%
Memory	13%
Hearing	10%
Vision	9%
Speech or making yourself understood	6%

Table 7: Number of Impairments of disabled respondents.

	Disabled respondents
1	26%
2	26%
3+	47%

Focus group workshops sample

Table 8: Activity levels of participants.

Question: in a normal week, on how many days do you do a total of 30 minutes of physical activity that is enough to raise your breathing rate?

Number of Days Per Week of Activity	Out of 24 focus group participants
0	17%
1	8%
2	8%
3	21%
4	25%
5	13%
6	8%
7	0

Table 9: Gender of participants.

Gender	Out of 24 focus group participants
Male	50%
Female	50%

Table 10: Age of participants.

Age	Out of 24 focus group participants
16-19	0
20-24	0
25-34	21%
35-49	38%
50-64	42%
Working Age (16-64)	100%
65+	0
Pension Age (65+)	0

Table 11: Ethnicity of participants.

Ethnicity	Out of 24 focus group participants
White/White British	71%
Asian/Asian British	13%
Black/Black British	8%
Other Ethnic Group	4%
No response	4%

Table 12: Geographical region of participants.

Region	Out of 24 focus group participants
North West	8%
Yorkshire and Humber	4%
East Midlands	17%
East of England	17%
South East	25%
South West	4%
London	17%
West Midlands	4%
No response	4%

Further reading and useful resources

Activity Alliance research

- **[Play, move, belong: Active futures for young disabled people \(November 2025\)](#)**
A research report exploring young disabled and non-disabled people's perceptions of sport and physical activity.
- **[Annual Disability and Activity Survey Secondary Analysis Reports \(August 2025\)](#)**
In-depth insight into the issues that matter most to disabled people about sports and activities since 2019.
- **[The role of healthcare professionals in supporting disabled people into physical activity \(April 2025\)](#)**
A report based on in-depth focus groups with disabled people exploring the role healthcare professionals play in promoting physical activity.
- **[The workforce gap: Disabled people in the sport and physical activity workforce \(January 2025\)](#)**
Research report exploring the barriers and enablers to disabled people becoming part of the workforce.
- **[Social Value of disabled people's physical activity \(December 2024\)](#)**
Research study examining the impact of 'more disabled people accessing the health and wellbeing benefits of sport and activity'.
- **[The Activity Trap: Benefits or being fit? \(October 2018\)](#)**
A report by Activity Alliance and Dwarf Sports Association UK on disabled people's fear of losing their benefits if they are seen to be physically active.

Activity Alliance resources

- **[Activity Alliance Learning Hub](#)**
Online hub of accessible, CIMSPA accredited learning opportunities and training courses to support you and your organisation to provide more inclusive, welcoming experiences for disabled people.
- **[Access for All Guide: Creating accessible places and spaces](#)**
A comprehensive guide offering practical and cost-effective solutions to creating welcoming and accessible environments for everyone.
- **[Guidance for healthcare professionals and healthcare systems](#)**
Two resources providing tips and ideas for healthcare professionals and healthcare systems to ensure disabled people are better supported into physical activity.
- **[Fight for fairness: A manifesto for change \(2024\)](#)**
Released in 2024, our manifesto for the next government to ensure disabled people have equal access to sports and activities.
- **[Inclusive activity: Taking a person-centred approach](#)**
This resource explains the concept of intersectionality in relation to people and how it can influence their activity levels.

- **[Activity Alliance ten principles: Principles in action \(November 2014\)](#)**
This resource outlines our ten principles that sports providers can follow to help make opportunities more appealing to disabled people.
- **[Get Out Get Active volunteer management toolkit](#)**
This toolkit provides organisations with a step-by-step guide to building an inclusive volunteer programme.

External research and resources

- **[Disability Rights UK co-production narrative resource](#)**
Resource to support the sport and physical activity sector understand what co-production is and what it isn't.
- **[Disability Rights UK co-production webinar series](#)**
- **[Richmond Group of Charities Millions more moving report \(July 2024\)](#)**
A report on tackling inactivity by supporting people with long-term conditions to move more.
- **[Sense lived experience research \(2025\)](#)**
Research to better understand what life is like for disabled people with complex needs.
- **[Sport England accessible and inclusive sports facilities guidance](#)**
Guidance designed for planners, designers, building owners and operators to support the design and operation of safe, welcoming, accessible and inclusive sports and leisure facilities.
- **[We Are Undefeatable campaign resources](#)**
A selection of resources from We Are Undefeatable – a collective movement supporting people with a range of long-term health conditions.
- **[We Are Undefeatable: Bridging the Gap Report \(April 2024\)](#)**
A report from We Are Undefeatable on understanding how to better support people living with a long-term condition to become more active.



activity alliance

disability
inclusion
sport



IFF Research

true insights

for the love of good research



0808 175 6991



research@activityalliance.org.uk



activityalliance.org.uk



ActivityAlliance



activity-alliance



activity_alliance

This document is also available in different formats. Please contact us if you need more support. Report published in June 2026.

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

Photo credit: Activity Alliance.