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sport

Annual Disability
and Activity Survey

2025-26

Impairment Report

Differences for
people with different
impairment types

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Introduction

This report outlines key findings from people with different types of impairments who took part in Activity Alliance's sixth Annual Disability and Activity Survey. The full report is available on the [Activity Alliance website](#).

1,007 disabled people and people with long-term health conditions took part in an online survey between September and October 2025. This research complements Sport England's Active Lives Adult Survey, providing a deeper level of understanding of disabled people's perceptions and experience of sport and activity.

This report outlines key data for seven impairment types, compared to the overall sample of disabled people and to previous survey findings. For more information about the methodology and analysis, please refer to the appendix. Most people who took part in the survey had more than one impairment (74%). The challenges experienced by disabled people can be similar, regardless of their impairment or health condition. The sample size for each impairment group was:

- 462 people with a mobility impairment.
- 141 people with a learning impairment.
- 351 people with a long-term health condition.
- 351 people with a mental health condition.
- 104 deaf people.
- 92 people with a visual impairment.
- 161 people with a social or behavioural impairment.

For more information about definitions of disability and activity, and identifying impairment types, please refer to the appendix. Also available in the appendix is information on the survey sample and survey accessibility.

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

People with a mobility impairment

About this group

462 people with a mobility impairment took part in the survey (46% of the total sample of disabled people). 92% have additional impairments. The most common other types of impairments include:

- Dexterity (69%).
- Long term pain (67%).
- Breathing or stamina impairment (60%).

People with a mobility impairment are more likely to see themselves as disabled (72% vs 56% of disabled people overall).

They are more likely to have acquired their impairment through getting older / ageing (49% vs 40% of disabled people overall), or through illness, injury or an accident (49% vs 43% of disabled people overall).

11% were electric wheelchair/powerchair/scooter users, 12% were manual wheelchair users, 3% were limb amputee or had congenital limb loss, and 1% have Dwarfism or restricted growth.

This group was older than the overall sample of disabled people, with half (48%) being age 65 (vs 31% overall).

63% of people with a mobility impairment are female (vs 57% overall).



Research findings

Participation and inclusion

People with a mobility impairment show a strong desire to be more active, but many lack the opportunity. Over three-quarters (76%) want to do more activity (more than 67% of disabled people overall), while only 41% have the opportunity, lower than 52% of disabled people overall.

63% of people with a mobility impairment enjoyed the last time they took part in a sport or physical activity session (vs 67% of disabled people overall).

Similar to previous findings, people with mobility impairments were more likely to say their impairment, health condition, illness or pain stops them being active (86% vs 66%), with symptoms making it hard for them to be active (83% vs 78%). They were also more likely to say that getting older stops them being active (36% vs 28%).

Websites (37%) are the top way people with mobility impairments find out about sport and activity opportunities.

Overall disabled people are less likely to agree activities are inclusive compared to non-disabled people.

Compared to other disabled people, for people with mobility impairments:

- 86% agreed the activity was suitable for their level of ability (vs 83%).
- 86% agreed the activity session was inclusive and accessible to them (vs 85%).
- 77% agreed the activity leader met their needs (vs 75%).
- 75% agreed the activity leader included them in the session (vs 81%).

Health, wellbeing and support

Similar to other disabled people and to previous findings, the top reasons to be active are:

- To improve or maintain physical health (69%).
- To improve or maintain mental health (60%), increasing from 45% in previous findings.

To take part in sport or activity, people with a mobility impairment report having support from; family (45%), friends (26%), and support workers, personal assistants or carers (7%).

People with mobility impairments were more likely, than other disabled people, to say they would listen to advice about being active from physiotherapists and occupational therapists (49% vs 38%), and specialist doctors or consultants (43% vs 38%).

Similar to previous findings, the top types of support to be more active include:

- Support to improve physical health (42%).
- Greater awareness of opportunities that are suitable for them (29%).
- Support to improve mental health (23%)
- Support from family and friends (23%).

Overall disabled people consistently report more negative wellbeing compared to non-disabled people. People with mobility impairments report similar wellbeing to other disabled people, but are less likely to be satisfied with their life and to feel less anxious:

- 31% are satisfied with their life (less likely than 38%).
- 38% feel happy (vs 43%).
- 43% feel anxious (less likely than 50%).
- 21% often or always feel lonely (consistent with 23%).

Costs and benefits

41% of people with a mobility impairment said the rising cost of living has reduced how active they are, increasing from 34% in the previous findings. This is slightly lower than the 46% reported by disabled people overall this year.

55% agree the cost of activities influences how they choose to be active (vs 59%). 42% consider sport and activity to be a luxury rather than a necessity (consistent with 45% of other disabled people).

For people with a mobility impairment, ways to reduce the cost of taking part in sport and activity are:

- Discounted membership (30%).
- Low costs or subsidised activity sessions (29%).
- Ideas for low cost ways to be active at home (27%).

A third (35%) of people with a mobility impairment fear their benefits or financial assistance may be taken away, preventing them from trying to be more active (vs 43% of disabled people overall). 14% (64 people) have had, or know someone who has had, benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active (vs 21% of disabled people overall).

Representation and belonging

Overall disabled people are less likely to be represented and to feel they belong in sports in activities compared to non-disabled people, as well as being less likely to be part of the workforce and to influence activities.

People with a mobility impairment are least likely to feel they belong in sport and activity (22% vs 35% of disabled people overall).

Over a quarter (28%) of people with a mobility impairment say 'sport is for someone like me' and almost half (46%) say 'physical activity and exercise are for someone like me'.

30% of people with mobility impairments see people like them playing sport and being active, and 17% see people like them volunteering and 18% working in sports and activities.

Only 9% have the opportunity to become a coach or take on a role in delivering sport or physical activity, being least likely to have the opportunity compared to other disabled people (21%).

34% would like to be more involved in influencing activities. Only 11% have had the opportunity to influence or design sports and activities.

Accessible spaces and travel

Similar to previous findings, people with mobility impairments were most likely to take part in sports and activities in outdoor green spaces, such as parks, countryside or woodland (38% vs 44%), and are most likely to prefer to do so (40% vs 39%). However, people with mobility impairments are more likely to find it difficult to physically access outdoor spaces (43% vs 31% of other disabled people).

They are more likely to take their own transport to activity spaces (68% vs 61%). The top forms of travel to activity spaces are; a car, van or motorbike they drive themselves (45%), a car, van or motorbike with someone who supports them (28%), and on foot or walking by themselves (25%). They are more likely to travel shorter distances to activity spaces, being more likely to travel up to 15 minutes (40% vs 34%).

Summary

People with mobility impairments experience barriers limiting their opportunities to be active, despite wanting to do more. Health conditions, symptoms and accessibility challenges are common barriers. They are among the least likely to feel like they belong in sport and activity. They also place high levels of trust in healthcare professionals for advice about being active. They prefer to be active in outdoor green spaces, and are more likely to travel shorter distances to activity spaces. They also have the least opportunities to be part of the sport and activity workforce.

People with a learning impairment

About this group

141 people with a learning impairment took part in the survey (14% of the total sample of disabled people). Nearly all (97%) have additional impairments. The most common other types of impairments include:

- Speech impairment (52%).
- Memory impairment (49%).
- Social or behavioural impairment (40%).

Over half (54%) have a genetic condition since birth, childhood or adolescence (vs 31% of disabled people overall).

People with a learning impairment were more likely to be younger, with 46% aged 16–34 (vs 26% of disabled people overall).

17% of people with a learning impairment identify as LGBT+.

Research findings

Participation and inclusion

Overall, there has been increases in both opportunity and want to be active for disabled people, but they remain less likely to report having opportunities and more likely to want to be more active than non-disabled people. People with a learning impairment are more likely than disabled people overall to have opportunities to be active. Over half (58%) feel they have the opportunity to be active, vs 52% of disabled people overall. However, 61% still want to be more active, suggesting there is still demand for greater participation.

71% of people with a learning impairment enjoyed the last time they took part in a sport or physical activity session (vs 67% overall).

Similar to other disabled people, and to previous findings, the top reported reason stopping them from being active is their impairment or health condition, however they are less likely to report this than other disabled people (52% vs 66%). Other top barriers they are more likely to experience are:

- Lack of motivation (42% vs 32%)
- Lack of confidence to take part or make contact with a group or facility (41% vs 28%).
- Finances / lack of money (40% vs 20%).

Websites (39%) and social media (38%) are the top ways people with learning impairments find out about sport and activity opportunities.

Overall disabled people are less likely to agree activities are inclusive compared to non-disabled people. Compared to other disabled people, for people with learning impairments:

- 78% agreed the activity was suitable for their level of ability (vs 83%).
- 85% agreed the activity session was inclusive and accessible to them (consistent with 85%).
- 79% agreed the activity leader met their needs (vs 75%).
- 79% agreed the activity leader included them in the session (vs 81%).

Health, wellbeing and support

Similar to other disabled people and to previous findings, the top reasons for taking part in sport and activity are:

- To improve or maintain mental health (66% being more likely than 50% of other disabled people).
- To improve or maintain physical health (63%).



To take part in sport and activity, people with a learning impairment are more likely, than other disabled people, to have support from support workers, personal assistants or carers (20% vs 12%). The top forms of support are from family (52%) and friends (38%).

Similar to other disabled people, people with a learning impairment are most likely to listen to advice from healthcare professionals; physiotherapists and occupational therapists (36%), and specialist doctors or consultants (30%). They are also more likely to listen to advice from friends (25% vs 17%).

People with a learning impairment are more likely, than other disabled people, to say support to improve their mental health would help them be more active (43% vs 28%), as well as better facilities and environment (25% vs 18%), and seeing more disabled people working in physical activity roles (23% vs 13%). The other top types of support include; support to improve physical health (38%), greater awareness of opportunities suitable for them (26%) and support from family and friends (26%).

Overall disabled people consistently report more negative wellbeing compared to non-disabled people. People with a learning impairment report their wellbeing more negatively, than other disabled people, being less likely to feel happy (39% vs 43%) and more likely to feel anxious (60% vs 50%) and to be lonely (30% vs 23%). They report their life satisfaction as consistent with other disabled people at 38%.

Costs and benefits

People with a learning impairment are more likely, than other disabled people to say the increased cost of living has reduced how active they are (58% vs 46%). They are also more likely to say the cost of activities influences how they choose to be active (70% vs 59%). Half (52%) consider sport and activity to be a luxury rather than a necessity (vs 45%).

People with learning impairments are more likely, than other disabled people to say a social or healthcare budget to spend on physical activity (26% vs 19%), and ideas for free or low-cost ways to be active outside the home (28% vs 18%) would reduce the costs of activities. Other top ways to reduce the cost of taking part in sport and activity are:

- Low costs or subsidised activity sessions (28%).
- Ideas for low-cost ways to be active at home (27%).
- Discounted membership (26%).

Almost half (46%) of people with a learning impairment fear their benefits or financial assistance may be taken away, preventing them from trying to be more active (vs 43% of disabled people overall). A fifth (21%) have had, or know someone who has had, benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active (consistent with 21% of disabled people).

Representation and belonging

Overall disabled people are less likely to be represented and to feel they belong in sports in activities compared to non-disabled people, as well as being less likely to be part of the workforce and to influence activities.

Consistent with other disabled people, 35% of people with a learning impairment feel they belong in sport and activity.

Over half of people with a learning impairment agree 'sport is for someone like me' (52% vs 43% of disabled people overall) and 'physical activity and exercise are for someone like me' (55% vs 57%).

People with a learning impairment are more likely, than other disabled people, to see people like them playing sport and being active (50% vs 45%), and see people like them volunteering (42% vs 33%) and working (38% vs 32%) in sports and activities.

Almost a quarter (23%) have the opportunity to become a coach or take on a role in delivering sport or physical activity.

People with a learning impairment are more likely, than other disabled people, to want to be more involved in influencing activities (55% vs 44%), and more likely to have had the opportunity to influence or design sports and activities (28% vs 20%).

Accessible spaces and travel

People with a learning impairment are more likely to currently take part in sport and activity in outdoor green spaces, such as parks, countryside or woodland (52% vs 44% of other disabled people). They are slightly more likely to find it easy to physically access outdoor spaces (52% vs 46%).

They are more likely to currently be active at home using online pre-recorded content (40% vs 31%). They are equally likely to prefer to be active at home using online pre-recorded content (40%), and more likely to prefer to be active at home in online live sessions (24% vs 19%). Over half (55%) find it easy to access online sport and activity content.

They are more likely to travel by public transport (50% vs 33%) and to actively travel with someone who supports them (21% vs 10%) to activity spaces. The top forms of travel to activity spaces include; public transport by themselves (39% more likely than 26%), a car, van or motorbike they drive themselves (31%), and on foot or walking by themselves (31%). Their top travel time to activity spaces is 15-30 minutes (35%).

Summary

People with a learning impairment experience barriers to taking part in sports and activities; including lack of motivation, confidence and finances. Improving their mental health is a top reason, and form of support to be active. They are more likely to feel anxious and lonely. Support workers, personal assistants or carers are more likely to support them to take part in activities.

As well as being active in outdoor green spaces, they prefer to be active at home using both online pre-recorded and live sessions. Ideas for accessing these activities would also help to reduce the costs of activities.

Seeing more disabled people working in sport and activity is important to people with learning impairments, being more likely to see themselves participating, volunteering and working in sport and activity. They want to influence activities and have the opportunity to do so.



People with a long-term health condition

About this group

351 people with a long-term health condition took part in the survey (35% of the total sample of disabled people). 83% have additional impairments or health conditions. The most common other types of impairments include:

- Deafness (47%).
- Breathing and stamina impairment (46%).
- Memory impairment (42%)
- Dexterity (41%).

Half (50%) have acquired their condition through illness, injury or an accident (vs 43% of disabled people overall), and 45% through getting older/ageing (vs 40% of disabled people overall).

This group are more likely to be over the age of 45, with 15% aged 45-54, 16% aged 55-64 and 34% aged 65+.

Research findings

Participation and inclusion

People with a long-term health condition want to be more active (65%), but opportunities remain limited with only half (51%) saying they have the opportunity to be active.

66% of people with a long-term health condition enjoyed the last time they took part in a sport or physical activity session (consistent with 67% overall).

Similar to previous findings, people with a long-term health condition are more likely to say their health condition, impairment, illness or pain stops them from being active (79% vs 66% of other disabled people), with symptoms making it hard for them to be active (85% vs 78%). They are also more likely to say getting older stops them from being active (34% vs 28%).

Websites (34%) are the top way people with long-term health conditions find out about sport and activity opportunities.

Overall disabled people are less likely to agree activities are inclusive compared to non-disabled people. Compared to other disabled people, for people with long-term health conditions:

- 81% agreed the activity was suitable for their level of ability (vs 83%).
- 85% agreed the activity session was inclusive and accessible to them (consistent with 84%).
- 86% agreed the activity leader met their needs (vs 75%).
- 81% agreed the activity leader included them in the session (consistent with 81%).

Health, wellbeing and support

Similar to other disabled people and to previous findings, the top reasons for taking part in sport and activity are:

- To improve or maintain physical health (67%).
- To improve or maintain mental health (54%).

To take part in sport or activity people with a long-term health condition reporting having support from; family (50%), friends (30%), and support workers, personal assistants or carers (12%).

People with a long-term health condition are more likely, than disabled people overall, to listen to advice about being active from specialist doctors or consultants (42% vs 38%). They are similarly likely to listen to advice from other healthcare professionals; physiotherapist and occupational therapists (39%) and GPs or nurses (33%).

The top types of support to be more active include:

- Support to improve physical health (38%).
- Support to improve mental health (27%).
- Greater awareness of opportunities suitable for them (27%).
- Support from family and friends (25%).

Overall disabled people consistently report more negative wellbeing compared to non-disabled people. People with a long-term health condition report similar wellbeing to other disabled people.

- 41% are satisfied with their life (vs 38%).
- 45% feel happy (consistent with 43%).
- 44% feel anxious (less likely than 50%).
- 20% often or always feel lonely (vs 23%).

Costs and benefits

45% of people with a long-term health condition said the increased cost of living has reduced how active they are (consistent with 46% of disabled people overall). 55% say the cost of activities influences how they choose to be active (vs 59% of disabled people). 44% consider sport and activity to be a luxury rather than a necessity (consistent with 45% of disabled people).

For people with a long-term health condition, ways to reduce the cost of taking part in sport and activity are:

- Discounted membership (28%).
- Low cost or subsidised activity sessions (25%).
- Having more disposable income to spend on physical activity (24%).
- Ideas for free or low cost ways to be active at home (23%).

Consistent with disabled people overall, 43% of people with a long-term health condition fear their benefits or financial assistance may be taken away prevents them from trying to be more active, and 21% have had, or know someone have, benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active.

Representation and belonging

Overall disabled people are less likely to be represented and to feel they belong in sports in activities compared to non-disabled people, as well as being less likely to be part of the workforce and to influence activities.

Consistent with other disabled people, 34% of people with a long-term health condition feel they belong in sport and activity.

Over half of people with a long-term health condition (53%) say 'sport is for someone like me', compared to less than half (43%) of other disabled people, and 57% say 'physical activity and exercise are for someone like me'.

36% of people with a long-term health condition see people like them playing sport and being active, and 29% see people like them volunteering and 27% working in sports and activities.

A fifth (21%) have the opportunity to become a coach or take on a role in delivering sport or physical activity.

41% would like to be more involved in influencing activities, and 22% have had the opportunity to influence or design sports and activities.

Accessible spaces and travel

People with a long-term health condition are just as likely as disabled people overall to use (40% vs 44%), and prefer (38% vs 39%) outdoor green spaces, such as parks, countryside or woodlands, for sport and physical activity. However, a third (34%) find it difficult to physically access outdoor spaces.

The top forms of travel to activity spaces are; a car, van or motorbike they drive themselves (41%), on foot or walking by themselves (29%), and public transport by themselves (26%). Their top travel time to activity spaces is 15-30 minutes (34%).

Summary

People with a long-term health condition experience sport and activity similarly to other disabled people, having less positive experiences, perceptions and attitudes.

Consistent with other disabled people:

- Their activity participation is motivated by improving their physical and mental health.
- The increased cost of living impacts their activity participation.
- They are less represented in sport and activity.
- They participate in outdoor spaces.

Their health condition and symptoms impact access and create barriers to activities. They trust advice from healthcare professionals about being active.



People with a mental health condition

About this group

351 people with a mental health condition took part in the survey (35% of the total sample of disabled people). 83% have additional impairments or health conditions. The most common other types of impairments or conditions include:

- Social or behavioural impairment (63%).
- Learning impairment (57%).
- Memory impairment (50%).

This group had a predominantly working-age profile, with over three-quarters aged between 16 and 54. The largest proportion were aged 16–34 (34%), followed by 35–44 (23%) and 45–54 (19%).

63% of people with a mental health condition are female (vs 57% overall).

16% of people with a mental health condition identify as LGBT+.

Research findings

Participation and inclusion

People with a mental health condition want to be more active (72%), with just under half (48%) having opportunities to be active.

64% of people with a mental health condition enjoyed the last time they took part in a sport or physical activity session (vs 67% overall).

Similar to disabled people overall, people with a mental health condition say their health condition or impairment stops them from being active (62% vs 66%). Other top barriers they are more likely to experience are:

- Lack of motivation (41% vs 32%)
- Lack of confidence to take part or make contact with a group or facility (38% vs 24%).

Websites (40%) and social media (34%) are the top ways people with a mental health condition find out about sport and activity opportunities.

Overall disabled people are less likely to agree activities are inclusive compared to non-disabled people. Compared to other disabled people, for people with mental health conditions:

- 80% agreed the activity was suitable for their level of ability (compared to 83%).
- 81% agreed the activity session was inclusive and accessible to them (vs 85%).
- 78% agreed the activity leader met their needs (vs 75%).
- 78% agreed the activity leader included them in the session (vs 81%).

Health, wellbeing and support

People with mental health conditions are most likely to say to improve or maintain their mental health as the top reason to be active (70% vs 50%). The other top reason is to improve or maintain physical health (62%).

To take part in sport or activity people with mental health conditions report most commonly having support from family (48%), friends (36%), and support workers, personal assistants or carers (11%).

Similar to disabled people overall and to previous findings, people with mental health conditions listen to advice from healthcare professionals; GPs or nurses (34%), physiotherapists and occupational therapists (32%), and specialist doctors or consultants (32%).

People with a mental health condition are more likely, than disabled people overall, to say support to improve their mental health (53% vs 28%) and financial support (29% vs 19%) would help them be more active. The other top types of support are; support to improve physical health (37%), awareness of greater opportunities suitable for them (27%) and support from family and friends (26%).

Overall disabled people consistently report more negative wellbeing compared to non-disabled people. People with mental health conditions report the most negative wellbeing compared to other disabled people; being less likely to be satisfied with their life (26% vs 38%) and feel less happy (26% vs 43%), and are more likely to feel anxious (72% vs 50%) and often or always feel lonely (40% vs 23%).

Costs and benefits

People with a mental health condition are more likely than disabled people overall to say the increased cost of living has reduced how active they are (56% vs 46%). They are also more likely to say the cost of activities influences how they choose to be active (67% vs 59%). Half (51%) consider sport and activity to be a luxury rather than a necessity (vs 45%). For people with a mental health condition, ways to reduce the cost of taking part in sport and activity are:

- Discounted memberships (30%).
- Low cost or subsidised activity sessions (29%).
- Having more disposable income to spend on physical activity (26%).
- Ideas for free or low cost ways to be active at home (25%).

Almost half (46%) of people with a mental health condition fear their benefits or financial assistance may be taken away, which prevents them from trying to be more active (vs 43% of disabled people). A fifth (21%) have had, or know someone who has had, benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active (consistent with 21% of disabled people).

Representation and belonging

Overall disabled people are less likely to be represented and to feel they belong in sports in activities compared to non-disabled people, as well as being less likely to be part of the workforce and to influence activities.

Consistent with other disabled people, 34% of people with a mental health condition feel they belong in sport and activity.

Almost half (46%) of people with a mental health condition say 'sport is for someone like me' (being more likely than 43% of other disabled people), whereas over half (57%) say 'physical activity and exercise are for someone like me'.

People with a mental health condition see people like them playing sport and being active (47%), volunteering (33%) and working (32%) in sports and activities.

A fifth (21%) have the opportunity to become a coach or take on a role in delivering sport or physical activity.

Half (49%) would like to be more involved in influencing activities, and a fifth (20%) have had the opportunity to influence or design sports and activities.



Accessible spaces and travel

People with mental health conditions are slightly more likely to take part in sport and activity in outdoor green spaces, such as parks, countryside and woodlands (49% vs 44%), and outdoor spaces such as roads or streets (31% vs 27%). They are equally likely to prefer to be active in outdoor green spaces (43% vs 39%), and slightly more likely to prefer to be active at home in live online sessions (22% vs 19%).

They are slightly more likely to find it easy to physically access outdoor spaces (48% vs 46%), with a third (32%) finding it difficult. They are also slightly more likely to find it easy to access online sport and activity content (56% vs 52%).

They are more likely to actively travel to activity spaces (53% vs 48%). The top forms of travel to activity spaces include; a car, van or motorbike they drive themselves (39%), on foot or walking by themselves (39% being more likely than 32%), and public transport by themselves (30%). Their top travel time to activity spaces is up to 15 minutes (36%).

Summary

Support to improve their mental health would help people with a mental health condition to be more active. They report more negative mental wellbeing; reduced life satisfaction and happiness, and increased anxiety and loneliness. They experience lack of motivation and confidence as top barriers to taking part in sport and activity.

Suggestions for support with finances would also help them to be more active, with the increased impact of the cost of living on being active.

They are more likely to see themselves represented in participating in sport and activity and prefer to be active in outdoor green spaces and at home in online live sessions.

D/deaf people

About this group

D/deaf people refers to people with all types of hearing loss. 104 D/deaf people took part in the survey (10% of the total sample of disabled people). 94% have additional impairments. The most common other types of impairments include:

- Speech impairment (25%).
- Memory impairment (22%).
- Visual impairment (17%).
- Learning impairment (17%).

This group were more likely to not see themselves as disabled (39% vs 35% of disabled people overall).

64% have acquired their impairment through ageing (vs 40% of disabled people overall).

Half (53%) of people with a hearing impairment were age 65+.

Research findings

Participation and inclusion

Deaf people want to be more active (70%), but only just over half (54%) have opportunities to be active.

D/deaf people are the least likely to have enjoyed the last time they took part in a sport or physical activity session (61% vs 67% of disabled people overall).

Similar to other disabled people, D/deaf people say their impairment or health condition stops them from being active (70% vs 66%). They are also more likely to say getting older stops them from being active (49% vs 28%).

Websites (33%) are a top way D/deaf people find out about sport and activity opportunities. They are more likely to find opportunities through friends and family (34% vs 31%) and medical practices or professionals (32% vs 24%).

Overall disabled people are less likely to agree activities are inclusive compared to non-disabled people. Compared to other disabled people, for deaf people:

- 79% agreed the activity was suitable for their level of ability (vs 83%).
- 80% agreed the activity session was inclusive and accessible to them (vs 85%).
- 85% agreed the activity leader met their needs (vs 75%).
- 77% agreed the activity leader included them in the session (vs 81%).

Health, wellbeing and support

Similar to other disabled people and to previous findings, the top reasons for taking part in sport and activity are:

- To improve or maintain physical health (67%).
- To improve or maintain mental health (59%).

To take part in sport and activity D/deaf people report having support from family (51%), friends (33%) and support workers, personal assistants or carers (13%). They are also more likely to have support from trained volunteers (14% vs 7%).

D/deaf people are slightly more likely to trust advice from healthcare professionals; physiotherapists and occupational therapists (44% vs 38%), GPs or nurses (42% vs 33%), and specialist doctors or consultants (39% vs 38%).



Similar to previous findings, the top types of support to be more active are to improve physical health (36%), support from friends and family (31%), practical support from a trained person or coach (25%), and greater awareness of opportunities suitable for them (24%).

Overall disabled people consistently report more negative wellbeing compared to non-disabled people. D/deaf people report similar wellbeing to other disabled people:

- 40% are satisfied with their life (consistent with 38%).
- 47% feel happy (vs 43%).
- 45% feel anxious (less likely than 50%).
- 20% often or always feel lonely (vs 23%).

Costs and benefits

Two fifths (40%) of D/deaf people say the increased cost of living has reduced how active they are (vs 46% of disabled people overall). Just over half (53%) say the cost of activities influences how they choose to be active (vs 59% of disabled people). 42% consider sport and activity to be a luxury rather than a necessity (vs 45% of disabled people overall).

For deaf people, ways to reduce the cost of taking part in sport and activity are:

- Ideas for free or low cost ways to be active at home (32%).
- Discounted membership (27%).
- Low cost or subsidised activity sessions (22%).

Over a third (36%) of D/deaf people fear their benefits or financial assistance may be taken away, which prevents them from trying to be more active (vs 43% of disabled people). 17% have had, or know someone who has had, benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active (vs 21% of disabled people).

Representation and belonging

Overall disabled people are less likely to be represented and to feel they belong in sports in activities compared to non-disabled people, as well as being less likely to be part of the workforce and to influence activities.

Consistent with other disabled people, 32% of deaf people feel they belong in sport and activity.

Two fifths (41%) of deaf people say 'sport is for someone like me', whereas over half (54%) say 'physical activity and exercise are for someone like me'.

Around a third, 36% of D/deaf people see people like them playing sport and being active, and 33% see people like them volunteering and 29% working in sports and activities.

18% have the opportunity to become a coach or take on a role in delivering sport or physical activity. 38% would like to be more involved in influencing activities, and 26% have had the opportunity to influence or design sports and activities.

Accessible spaces and travel

Similar to other disabled people and to previous findings, D/deaf people take part in sport and activity in outdoor green spaces, such as parks, countryside or woodlands (45% vs 44%), and are more likely to be active in outdoor blues spaces, such as lakes, rivers and seaside (31% vs 22%). They are equally likely to prefer to be active in outdoor green spaces (41% vs 39%), and are more likely to prefer to be active in outdoor spaces, such as roads and streets (25% vs 17%). However, a third (33%) find it difficult to physically access outdoor spaces.

For D/deaf people, the top forms of travel to activity spaces are; a car, van or motorbike they drive themselves (42%), on foot or walking by themselves (31%), and public transport by themselves (30%). Their top travel time to activity spaces is up to 15 minutes (35%).

Summary

D/deaf people experience barriers and accessibility challenges to taking part in sport and activity, being least likely to enjoy participating and more likely to say getting older stops them from being active. They trust advice from healthcare professionals about being active, and look for sport and activity opportunities through medical professionals. As well as support from family and friends, support from a trained person, volunteer or coach, would help them be more active. They use and prefer outdoor spaces for activities; green spaces, blue spaces and spaces such as roads and streets.

People with a visual impairment

About this group

92 people with a visual impairment took part in the survey (9% of the total sample of disabled people). 87% have additional impairments. The most common other types of impairments include:

- Speech impairment (20%).
- Learning impairment (16%).
- Memory impairment (15%).
- Deafness (15%).

43% acquired their impairment through getting older/ageing (vs 40% of disabled people overall), and 42% have a genetic condition from birth, childhood or adolescence (vs 31% of disabled people overall).

Over half (54%) of people with a visual impairment were male (vs 42% overall).

43% of people with a visual impairment were age 16-34 and 18% age 35-44.

Research findings

Participation and inclusion

Overall, there has been increases in both opportunity and want to be active for disabled people, but they remain less likely to report having opportunities and more likely to want to be more active than non-disabled people. People with a visual impairment are more likely than disabled people overall to report having opportunities to be active (61% vs 52%), but two thirds (65%) still want to be more active, suggesting there is still demand for greater participation.

People with a visual impairment are the most likely to have enjoyed the last time they took part in a sport or physical activity session (73% vs 67% of disabled people overall).

Whilst people with a visual impairment report their impairment or health condition stopping them being active, they are less likely than disabled people overall (53% vs 66%). They are more likely to say finances/lack of money stops them from being active (33% vs 20%).

They are more likely to find out about sport and activity opportunities through friends and family (42% vs 31%), with websites being similar to disabled people overall (34%).

Overall, disabled people are less likely to agree that activities are inclusive compared to non-disabled people. Compared to other disabled people, for people with visual impairments:

- 70% agreed the activity was suitable for their level of ability (vs 83%).
- 81% agreed the activity session was inclusive and accessible to them (vs 85%).
- 74% agreed the activity leader met their needs (consistent with 75%).
- 72% agreed the activity leader included them in the session (vs 81%).

Health, wellbeing and support

Similar to other disabled people and to previous findings, the top reasons for taking part in sport and activity are:

- To improve or maintain physical health (69%).
- To improve or maintain mental health (60%).

To take part in sport or activity, people with a visual impairment are more likely, than other disabled people, to report having support from friends (47% vs 32%) and from support workers, personal assistants or carers (23% vs 12%). They are also similarly likely to have support from family (57%).

Similar to other disabled people, people with a visual impairment are most likely to listen to advice about being active from healthcare professionals, specialist doctors or consultants (36%), physiotherapists and occupational therapists (35%), and GPs or nurses (34%). They are also more likely to listen to advice from friends (27% vs 17%).

People with a visual impairment are more likely to say support from family and friends would help them be more active (37% vs 23% of other disabled people). The other top types of support include; support to improve physical health (40%), support to improve mental health (29%), and awareness of opportunities that are suitable for them (25%).

Overall disabled people consistently report more negative wellbeing compared to non-disabled people. People with a visual impairment report less negative life satisfaction compared to disabled people overall (46% vs 38%). Whilst also reporting being more anxious than other disabled people (56% vs 50%). They report other aspects of their wellbeing as similar to disabled people overall; 47% feel happy (vs 43%) and 27% often or always feel lonely (vs 23%).

Costs and benefits

People with a visual impairment are the most likely to say the increased cost of living has reduced how active they are (66% vs 46% of disabled people). Two thirds (65%) say the cost of activities influences how they choose to be active (vs 59%). Just over half (53%) consider sport and activity to be a luxury rather than a necessity (vs 45%).

People with a visual impairment are more likely, than other disabled people to say ideas for free or low-cost ways to be active outside of the home (29% vs 18%), and help with transport or assistance costs (25% vs 16%) are ways to reduce the cost of taking part in sport and activity. The other top ways are:

- Discounted membership (32%).
- Ideas for free or low cost ways to be active at home (29%).
- low cost or subsidised activity sessions (23%).

People with a visual impairment are most likely to fear their benefits or financial assistance may be taken away, preventing them from trying to be more active (62% vs 43% of disabled people overall). They are also most likely to have had, or know someone who has had, benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active (35% vs 21%).

Representation and belonging

Overall disabled people are less likely to be represented and to feel they belong in sports in activities compared to non-disabled people, as well as being less likely to be part of the workforce and to influence activities.

Almost half (47%) of people with a visual impairment feel they belong in sports and activities (more likely than 35% of other disabled people).

People with a visual impairment are more likely, than disabled people overall, to say 'sport is for someone like me' (55% vs 43%) and to say 'physical activity and exercise are for someone like me' (66% vs 57%).

Over half of people with visual impairments perceive people like them playing sport and being active (57% vs 45%) and see people like them volunteering (53% vs 33%) and working (52% vs 32%) in sports and activities.

Over a third (37%) of people with a visual impairment have the opportunity to become a coach or take on a role in delivering sport or physical activity (being more likely than 21% of disabled people).

They are also more likely to want to be more involved in influencing activities (62% vs 44%), and to have had the opportunity to influence or design sports and activities (41% vs 20%).

Accessible spaces and travel

Similar to other disabled people and to previous findings, people with a visual impairment take part in sport and activity in outdoor green spaces, such as parks, countryside or woodlands (44%), and are more likely to be active at home using online pre-recorded content (43% vs 31%) and outdoor at a leisure or sports centre, swimming pool, gym or studio (21% vs 9%). They are equally likely to prefer to be active in outdoor green spaces (40%), and are more likely to prefer to be active at home in live online sessions (28% vs 19%).

They are more likely to find it easy to physically access outdoor spaces (52% vs 46%), with a quarter (26%) finding it difficult. They are also more likely to find it easy to access online sport and activity content (62% vs 52%), with 14% finding it difficult.

They are more likely to actively travel (57% vs 48%) and to travel by public transport to activity spaces (46% vs 33%), and to travel by themselves and with someone who supports them (34% vs 22%). They are more likely to spend longer traveling to activity spaces, being more likely to travel 1 to 2 hours (16% vs 6%).

Summary

People with a visual impairment want to be more active, despite being more likely than disabled people overall, to have opportunities to be active. They are most likely to feel they belong in sports and activities, and to have enjoyed participating.

Support from family and friends would help them to be more active, with friends and support workers, personal assistants or carers being more likely to support them to be active.

They experience financial barriers to being active, and are most impacted by the increased costs of living and to fear removal of benefits due to being active. Help with transport and assistance costs, and ways to be active outside the home can help access to activities and reduce the costs of activities. They are currently active in outdoor green spaces and outdoors at a leisure or sports centre, and are similarly likely to prefer to be active in outdoor green spaces. They are currently active at home using online pre-recorded content, and prefer to be active at home through online live sessions. They are more likely to spend longer traveling to activity spaces.

They perceive themselves as represented in participating, volunteering and working in sport and activity. They are the most likely to have the opportunity to be part of the sport and activity workforce, and to want and have the opportunity to influence activities.

People with a social or behavioural impairment

About this group

161 people with a social or behavioural impairment took part in the survey (16% of the total sample of disabled people). 93% have additional impairments. The most common other types of impairments include:

- Speech impairment (53%).
- Learning impairment (46%).
- Memory impairment (35%).

63% have a genetic condition from birth, childhood or adolescence (vs 31% of disabled people overall).

Half (50%) of people with a social or behavioural impairment were aged 16-34.

Almost a quarter (23%) of people with a social or behavioural impairment identify as LGBT+.

Research findings

Participation and inclusion

People with a social or behavioural impairment want to be more active (70%), however only half have opportunities to be active (52%).

65% of people with a social or behavioural impairment enjoyed the last time they took part in a sport or physical activity session (vs 67% of disabled people overall).

Whilst people with a social or behavioural impairment report their impairment or health condition stopping them being active, they are less likely to do so compared to other disabled people (57% vs 66%). Similar to previous findings, they are more likely to experience the following barriers to being active:

- Lack of motivation (48% vs 32%).
- Lack of confidence to take part or make contact with a group or facility (42% vs 24%).
- Finances / lack of money (34% vs 20%).

Websites (45%) and social media (37%) are the top ways people with a social or behavioural impairment find out about sport and activity opportunities.

Overall disabled people are less likely to agree activities are inclusive compared to non-disabled people. Compared to other disabled people, for people with social or behavioural impairments:

- 81% agreed the activity was suitable for their level of ability (vs 83%).
- 84% agreed the activity session was inclusive and accessible to them (vs 82%).
- 82% agreed the activity leader met their needs (vs 75%).
- 79% agreed the activity leader included them in the session (vs 81%).

Health, wellbeing and support

Similar to other disabled people and to previous findings, the top reasons for taking part in sport and activity are:

- To improve or maintain physical health (64%).
- To improve or maintain mental health (60%).

To take part in sport or activity people with a social or behavioural impairment are more likely to report having support from support workers, personal assistants or carers (17% vs 12%). They are similarly likely to have support from family (55%) and friends (35%).

Whilst healthcare professionals are a main form of advice to be active, people with a social or behavioural impairment are less likely, than other disabled people, to say so, with specialist doctors or consultants (31% vs 38%), physiotherapists and occupational therapists (31% vs 38%) and GPs or nurses (27% vs 33%). They are more likely to listen to advice from other disabled people (29% vs 20%), friends (24% vs 17%), parents or guardians (13% vs 6%) and support workers, personal assistants or carers (12% vs 7%).

People with a social or behavioural impairment are more likely to say support to improve their mental health would help them be more active (47% vs 28% of other disabled people). Other top types of support to be more active include;

- Support to improve physical health (37%).
- Greater awareness of activities that are suitable for them (30%).
- Support from family and friends (26%).
- Practical support from a trained person or coach (26%).

Overall disabled people consistently report more negative wellbeing compared to non-disabled people. People with a social or behavioural impairment report more negative wellbeing compared to other disabled people; being less likely to be satisfied with their life (26% vs 38%) and to feel less happy (27% vs 43%), and are more likely to feel anxious (60% vs 50%) and to often or always feel lonely (34% vs 23%).

Costs and benefits

People with a social or behavioural impairment are more likely to say the increased cost of living has reduced how active they are (57% vs 46% of other disabled people). They are also more likely to say the cost of activities influences how they choose to be active (70% vs 59%). Half (50%) consider sport and activity to be a luxury rather than a necessity (vs 45%).

People with a social or behavioural impairment are more likely, than other disabled people to say having a social or healthcare budget to spend on physical activity (25% vs 19%), ideas for free or low cost ways to be active outside the home (25% vs 18%), and low cost equipment or clothing (19% vs 14%) as ways to reduce the cost of taking part in sport and activity. The other top ways are:

- Discounted membership (27%).
- Low cost or subsidised activity sessions (26%).
- Having more disposable income to spend on physical activity (25%).
- Ideas for free or low cost ways to be active at home (22%).

People with a social or behavioural impairment are more likely, than other disabled people, to fear their benefits or financial assistance may be taken away, preventing them from trying to be more active (51% vs 43%). They are also more likely to say they, or someone they know, have had benefits or financial assistance sanctioned, reduced, suspended or removed because of being physically active (27% vs 21%).

Representation and belonging

Overall disabled people are less likely to be represented and to feel they belong in sports in activities compared to non-disabled people, as well as being less likely to be part of the workforce and to influence activities.

Consistent with other disabled people, 33% of people with a social or behavioural impairment feel they belong in sport and activity.

Less than half (46%) of people with a social or behavioural impairment say 'sport is for someone like me' (vs 43% of other disabled people), whereas over half (58%) say 'physical activity and exercise are for someone like me'.

People with social or behavioural impairments are more likely, than other disabled people, to see people like them playing sport and being active (48% vs 45%), and working in sports and activities (37% vs 32%). Also, 37% see people like them volunteering in sports and activities.

A quarter (24%) of people with a social or behavioural impairment have the opportunity to become a coach or take on a role in delivering sport or physical activity.

Half (50%) would like to be more involved in influencing activities. They are more likely to have had the opportunity to influence or design sports and activities (28% vs 20%).

Accessible spaces and travel

Similar to other disabled people and to previous findings, people with a social or behavioural impairment take part in sport and activity in outdoor green spaces, such as parks, countryside or woodlands (47%), and are more likely to be active at home using online pre-recorded content (38% vs 31%). This aligns with their preference to be active in outdoor green spaces (42%) and being more likely to prefer to be active at home using online pre-recorded content (37% vs 31%).

Two fifths (42%) find it easy to physically access outdoor spaces, with over a third (37%) finding it difficult. Over half (54%) find it easy to access online sport and activity content, with 11% finding it difficult.

They are more likely to travel by public transport to activity spaces (47% vs 33%). The top forms of travel to activity spaces are; public transport by themselves (37% more likely than 26%), on foot or walking by themselves (37%), and a car, van or motorbike they drive themselves (27%). Their top travel time to activity spaces is 15-30 minutes (37%).

Summary

People with a social or behavioural impairment experience lack of motivation, confidence and finances as top barriers to taking part in sport and activity. Support to improve their mental health would help them to be more active. They are more likely to report more negative mental wellbeing.

As well as trusting advice from healthcare professionals, they value advice from other disabled people, friends, parents or guardians and supporters. Support workers, personal assistants or carers are more likely to support them to take part in activities.

The increased cost of living and fear of removal of benefits due to being active, impacts their ability to be active.

Their current activity space aligns with their preference to be active in outdoor green spaces and at home using online pre-recorded content.

Appendix

Definitions

Defining disability and impairment types

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?

Our survey identified respondents' impairment types using the following question and response options:

- Do these health conditions, impairments or illnesses affect you in any of the following areas?
 - Breathing or stamina.
 - Chronic health condition (for example, but not limited to, diabetes, coronary heart disease, stroke, epilepsy and hypertension).
 - Dexterity (for example lifting and carrying objects, using a keyboard).
 - Hearing (for example deafness or partial hearing).
 - Learning or understanding or concentrating.
 - Long term pain.
 - Memory.
 - Mental health.
 - Mobility (for example walking short distances or climbing stairs).
 - Social or behavioural (for example, but not limited to, associated with autism, attention deficit disorder or Asperger's syndrome).
 - Speech or making yourself understood.
 - Vision (for example blindness or partial sight).
 - Other (please specify).

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.

Survey sample

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.

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

Survey accessibility

Before launch, the survey was tested for usability with disabled people, from Activity Alliance’s research Lived Experience Network. 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 the standard survey or an easy read version. The survey was also available to be completed via phone with the assistance of a researcher.

Statistical significance

This report summarises key findings based on statistically significant differences between each impairment group and the overall sample of disabled people. Weighting has also been applied where needed.

Statistical significance refers to analysis that is set at a level of 95% confidence, meaning there is a 5% chance that the difference we are seeing is down to random fluctuation.

Research limitations

Whilst the survey sample is representative of the UK population and includes a range of impairment types, we do not recruit participants solely based on impairment type due to ethical considerations. We avoid screening individuals in or out of research based on disclosed health or impairment information unless there is a clear rationale for doing so. The survey does not include data on level, extent or impact of impairment. The majority of the sample of disabled people have more than one impairment, meaning the impact of other impairments cannot be fully accounted for when examining data by specific impairment groups. The sample includes disabled people who are not active, and those with a range of activity levels and engagement in sport and activity, so this may not fully reflect the experiences of disabled people who are engaged with our work and with partner organisations. Therefore, some findings may be similar or differ from wider evidence and practical experience within the sport and activity sector.



Further reading and useful resources

Activity Alliance research

[Annual Disability and Activity Survey 2025-26 \(June 2026\)](#). Full research report exploring disabled people's experiences and perceptions of sport and 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.

Other research and resources

Organisations that provide activities, guidance and resources for support include:

[Disability Rights UK co-production narrative resource](#). Supports the sport and physical activity sector to 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.

[WheelPower](#) provides online activities, multisport events, funding, free equipment for wheelchair users, and online coach training.

[LimbPower](#), [Dwarf Sports Association](#) UK, and [CP Sport](#) provide guidance on including people with physical impairments in sports.

[Mencap](#) and [Special Olympics GB](#) offer advice on including people with learning disabilities in sports. Special Olympics GB exists to offer people with intellectual disabilities (ID) or learning disabilities a chance to take part in sport within their communities all year round.

[Scope](#) provides practical information and emotional support.

The [Foundation for People with Learning Disabilities \(FPLD\)](#) promotes rights and offers mental health resources.

[Mind](#) provide further information, advice, and resources on including people with mental health conditions in sport and physical activity.

[Disability Sports Coach](#) offer local disability sports clubs, inclusive sport coaching, and training courses for sports providers.

[UK Deaf Sport](#) provide information and advice on including D/deaf people in sport and physical activity.

[British Blind Sport](#) provide [resources](#) and an [activity finder](#) and [e-learning](#), to assist those who are delivering sporting sessions with advice and guidance on how to include people with sight loss.



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

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

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