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Acknowledgements

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Sport England would like to thank all of those people who took part in this survey without whom this research project would not have been possible.
Foreword

This report documents the headline findings from the survey of disabled adults’ participation in sport in England. As with the earlier Sport England survey of disabled young people’s participation in sport, it breaks new ground providing the first ever nationally representative statistics on the levels of participation, attitudes and barriers to involvement in sport experienced by adults with a disability. The survey, and the extensive feasibility and development work that underpinned it, is representative of the significant priority and commitment Sport England places on increasing the opportunities available for people with a disability to take part and enjoy the experience of participation in sport.

The evidence provided by this research will be used by Sport England to adapt and develop policies and programmes aimed at increasing access to sporting opportunities for disabled adults. This will be carried out in partnership with the English Federation of Disability Sport (EFDS), and other agencies, at both a national and local level. The research will also provide initial benchmarks against which progress in this area can be measured.

I anticipate that the findings from this research will stimulate debate about the best ways in which Sport England and its partners can build upon the good work already being undertaken to meet the sporting aspirations of people with a disability. All of those involved in sport must join in this debate and then go on to demonstrate their commitment to providing people with a disability with a range of opportunities to derive lifelong benefits from sport and physical activity.

Sport England’s and its partners’ interventions in this field will be evaluated in terms of their real impact on the sports participation levels of people with a disability. The current relatively low levels of participation present us all with a challenge. Over the next five years we intend to rise to that challenge so that, when we come to repeat this research, tangible progress will be seen to have been made.

David Moffett
Chief Executive
Sport England
Introduction

This report highlights the main findings from a national survey of sports participation among adults with a disability in England carried out in 2000-2001. The Social Survey Division of the Office for National Statistics carried out the survey, introduced to respondents as the Survey of Leisure, Sport and Health, for National Statistics (ONS) on behalf of Sport England. A full report of the findings is also available from Sport England.

The survey sample was a sub-sample identified from the 2000-2001 Labour Force Survey (LFS) and the General Household Survey (GHS) during the same year. The sub-sample consisted of adults aged 16-59 years living in private households in England who reported having a Limiting Long-Standing Illness (LLSI). A Limiting Long-Standing Illness (LLSI) is defined as a health problem or disability which is expected to last for a period of time (specified as a year in the LFS questionnaire), which affects the kind or amount of paid work that might be done or limits day to day activities in any way. For shorthand purposes in this report adults reporting a LLSI are referred to as 'disabled adults'.

The survey identified and followed-up all cases from all four LFS and GHS quarters during 2000-2001, so that the sports data, which is seasonal, are collected over a whole year.

Measuring disability

Defining disability in a way that is meaningful, appropriate and useful in a public policy and service development context is very challenging. Based on the outcome of extensive feasibility work carried out by the Centre for Leisure Research at the University of Edinburgh and a further follow up review carried out by ONS it was agreed that a classification method called the Health Utilities Index (HUI) developed and tested at McMaster University in Canada was the most suitable method.

The HUI is a family of generic health status and health-related quality of life measures. It involves asking the respondent a set of questions around their ability to carry out everyday tasks (i.e. functionality). At the core of the HUI classification system there are measures of a number of ‘attributes’ including: sensation (vision, hearing and speech), mobility, ambulation, dexterity, emotion, cognition, self-care and pain. The outcome of applying HUI is the classification of disability and its severity. Further technical details and references are available in the main report of findings.

Aims of survey

The main aim of the survey was to identify current levels of sports participation among adults (16 - 59 years) with a disability and their views on the barriers and constraints that may prevent them from taking part in sport.

Findings from the study will be used to establish baseline participation rates across a range of sports and for people with different types of disability to enable targets to be set and progress measured. In addition the increased understanding of the problems faced, constraints and motivations of people with a disability in relation to sport will help develop more appropriate initiatives that seek to increase rates of participation and overcome inequity.
Survey methodology

Fieldwork for the survey took place between August 2000 and July 2001. A response rate of 71% was achieved, resulting in interviews with 6,564 adults from the 9,266 approached. This is a large sample size and enables a wide range of statistical analysis for different sub-groups within the sample. A detailed description of the survey procedures and response rates is included in the technical appendices at the end of this report.

Characteristics of the sample

A combination of the GHS and LFS questions were asked in order to establish whether the respondent still had a limiting long-standing illness as reported in the earlier surveys. Eighty-two per cent of respondents reported still having a LLSI.

Of those who reported having a LLSI at the follow-up interview 94% had at least one disability according to the HUI scale. Just under half (48%) had three or more disabilities. Slightly more women than men had a disability (95% compared with 93%).

Applying criteria defined in the HUI, 71% of responding adults had a disability related to pain, 58% had a disability related to vision, 46% had a cognitive disability and 37% had an emotion disability.
Headline Findings

Overall Participation (in the 4 weeks before interview)

- Including walking, 51% of disabled adults had participated in at least one activity, including walking.

- Including walking, the participation rate for disabled adults was 24% lower than the participation rate for non-disabled adults (51% compared with 75%).

- Excluding walking, the participation rates were 38% for disabled adults compared to 59% for non-disabled adults.

- ‘Walking’ (two miles or more) was the most popular activity for disabled (26%) and non-disabled adults (50%).

- Excluding walking, swimming was the most popular sport with disabled (13%) and non-disabled adults (19%).

- Excluding walking and swimming, the next most popular activities among disabled participants were cue sports (snooker, pool and billiards) (8%); and cycling (7%).

- Nine out of the ‘top ten’ most popular sports were activities that can be played as an individual. The only team sport in the top ten was football.

- The content of the ‘top ten’ sports played by disabled and non-disabled adults is almost identical, although the order in which the sports appear on the two ‘top tens’ varies (see table below).

<table>
<thead>
<tr>
<th>With LLSI</th>
<th>No LLSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>Walking</td>
</tr>
<tr>
<td>Swimming</td>
<td>Any swimming</td>
</tr>
<tr>
<td>Cue sports</td>
<td>Keep fit/yoga</td>
</tr>
<tr>
<td>Cycling</td>
<td>Cue sports</td>
</tr>
<tr>
<td>Aerobics, keep fit or yoga</td>
<td>Cycling</td>
</tr>
<tr>
<td>Gym, gymnastics</td>
<td>Weight training</td>
</tr>
<tr>
<td>Darts*</td>
<td>Any soccer</td>
</tr>
<tr>
<td>Golf, putting or pitch &amp; putt</td>
<td>Running (jogging etc.)</td>
</tr>
<tr>
<td>Football</td>
<td>Golf, putting or pitch and putt</td>
</tr>
<tr>
<td>Tenpin bowling or skittles</td>
<td>Tenpin bowling or skittles</td>
</tr>
</tbody>
</table>

* In the 1996 GHS respondents were only asked about darts in relation to the last 12 months and not the last four weeks.

- Including walking, people with a vision disability were most likely to have participated in at least one sport (48%). This was followed by both people with a pain-related or cognition disability (47%).

- Including walking, people with an ambulation disability were least likely to have participated in at least one activity (23%).
Excluding walking, the most likely to have participated in at least one activity were people with a speech disability (37%); followed by cognition (35%); and pain and vision (both 34%).

Excluding walking, adults with an ambulation disability were those least likely to have participated in at least one activity (19%).

Across all disability types walking was the activity with by far the highest participation rate (between 35% and 60%). People with an ambulation disability were the most likely to have participated in ‘walking’ (60% of adults with an ambulation disability).

Excluding walking, swimming was the most popular sport across all disability types (between 35% and 60%), with cue sports (snooker, pool, billiards) the second most popular (between 4% and 12%).

Including walking, across all disability types a very low percentage of respondents participated in more than 3 sports (between one and 4%). People with a vision, cognition, or pain disability were the most likely to have participated in more than 3 sports (all 4%).

Including walking, 66% of adults with one disability had participated in at least one sport, whereas only 11% of adults with 6 or more disabilities had participated in any sport. The number of different sports played also decreases as the number of disabilities increases.

Including walking, disabled men were more likely to have participated in at least one sport than disabled women (56% men, 47% women).

Excluding walking, disabled men were still more likely to have participated in at least one sport (44% men, 33% women).

Excluding walking, the most popular sports among disabled men were cue sports (14%) and among disabled women swimming (15%).

Disabled men were more likely to play a variety of sports than disabled women. Six per cent of men and 3% of women had played 4 or more different sports in the previous 4 weeks.

Sports participation among disabled adults decreased with age. Including walking, 74% of those in the youngest age group, 16-19 year olds, had participated in at least one sporting activity in the four weeks before interview compared with 46% of disabled adults aged 45-59 years.

Participation rates decreased across age groups by a greater proportion when walking is excluded (from 65% for the 16-19 year age group to 31% of 45-59 years).

Participation in sport decreased across the age groups for both disabled and non-disabled adults. Excluding walking, the proportion of decline from the youngest to oldest age groups was similar for both groups (33% for disabled adults and 34% for non-disabled adults). Including walking, the participation rate decreases the differences to 11% and 23%.
Sixty-one per cent of disabled professionals had participated in at least one sport compared with 33% of disabled, unskilled manual workers and 34% of disabled, skilled manual workers.

For all the socio-economic groups disabled adults had lower participation rates than non-disabled adults. Including walking, the greatest difference in participation rates was to be found among skilled manual workers (49% of disabled adults and 76% non-disabled adults - a difference of 27%). Excluding walking, the greatest difference was also to be found among skilled manual workers (34% compared to 60% - a difference of 26%).

Disabled adults who described themselves as ‘White’ were more likely to have participated in sport than those in any other ethnic group. Excluding walking, nearly 40% of the White, disabled population had participated in at least one sport compared with 32% of ‘Black’ disabled adults. The participation rate was lowest for disabled adults who described themselves as Indian (23%), or Pakistani and Bangladeshi (22%).

Excluding walking, in both the disabled and non-disabled populations the two groups most likely to have participated in sport were adults who described themselves as ‘White’ (39% disabled and 59% non-disabled) or ‘Black’ (32% disabled and 47% non-disabled).

Sixteen per cent of disabled adults had been a ‘member of any type of club’ so that they could participate in a sporting activity compared with 19% of non-disabled adults.

Less than 1% of disabled adults were members of a specialist sports club for people with a disability.

Of the disabled adults who had participated in sport in the past four weeks: 12% had participated competitively in that activity in the 12 months before interview; and 16% had received tuition in the past 4 weeks.

Two thirds of disabled adults had watched some sport on television. Disabled women were less likely to have watched sport on television than men (81% of men compared with 54% of women).

Just over 8 out of 10 (81%) of disabled adults said that they enjoyed most or some sports or physical activities whilst at school.

Of those disabled adults who had a health problem when they were of school age (5 - 16 years): 56% felt that their health problem had limited their participation in sport or physical activity whilst at school; 19% were never or only sometimes given the opportunity to take part in sport during school lessons; 12% were encouraged to take part in certain sports because of their health; and 21% were discouraged from taking part in certain sports because of their health.

Sixty-six per cent of disabled adults stated that they did enjoy most or some sports before their health problem started to limit their day-to-day activities.
Unmet demand

- Sixty-five per cent of disabled adults who participated in sport in the 12 months before interview would like to play more of their sport(s).

- Among those disabled adults who participated in sport, swimming was the sport that most would like to do more often (35%). This was followed by walking (19%) and cycling (11%).

- Thirty-one per cent of disabled adults who participated in sport in the 12 months before interview would like to participate in additional sports.

- Swimming was the sport that the highest number of disabled adults would like to take up as an additional sport (18%). This was followed by aerobics, keep fit or yoga (14%) and cycling (11%).

- Twenty per cent of those who had not participated in any sport in the 12 months before interview would like to do so.

- Of those disabled adults not participating in any sport who would like to take up a sport: 40% would like to take up swimming; 18% would like to take up walking; 11% would like to take up aerobics, keep fit and yoga; and 11% would like to take up playing football.

Barriers to participation

- The most common reasons for not playing currently played sports more frequently were: health limitations (25%); lack of time (24%); or lack of money (10%).

- The most common reasons for not playing additional sports were: health limitations (46%); lack of time (12%); or lack of money (9%).

- The most common reasons for not playing any sport were: health limitations (60%); lack of money (7%); or lack of time (6%).

- When asked for the main reason that had prevented their participation in sport, the top three cited were: health limitations (74%); lack of time (5%); and lack of money (5%). A lack of local facilities to play sport was only cited by 3% of respondents.

- Just over one in ten (14%) disabled adults felt that they had had a negative experience in sport due to their health problem or disability. By far the highest proportion of these respondents (39%) had a disability relating to their musculoskeletal system; followed by respiratory system (18%); and nervous system (11%).

Facilities, equipment, or help required to participate in sport

- Just under three-quarters (72%) of disabled adults who had participated in any sport in the 4 weeks before interview said that they needed help or adapted facilities to take part in sport. Having ‘someone to keep me company’ was the type of help most frequently mentioned (18%). This was followed by
Just over a third (34%) of disabled adults who currently participated in sport stated that they did not need any help or facilities to participate in any of their sports more frequently. The most sought after help was: 'another type of help' which was not covered by the list of preset options (15%); 'someone to advise me what I can try given my health' (14%); and 'someone to keep me company' (13%).

Almost half of disabled adults (49%) stated that they did not require any help to participate in any of the additional sports they would like to play. The most popular help needed was: 'someone to advise me what I can try given my health' (15%); 'someone to lead me or supervise me to ensure my safety' (9%); and 'someone to keep me company' (9%).

Of those disabled adults who had not participated in any sport in the past 12 months, 35% stated that they did not require any help or facilities to participate. The most sought after help was: 'someone to advise me what I can try given my health' (14%); 'someone to lead me or supervise me to ensure my safety' (9%); and 'someone to keep me company' (8%).

Of those disabled adults who had not played sport and were limited by their health, 94% stated that they did not require any type of specially adapted equipment to participate. Only 4% felt that they would require specially adapted personal equipment or aids.

The proportions were similar for disabled adults who would like to take part in additional sports or participate more frequently in the sports they currently play. For both these groups 94% stated that they did not require any specially adapted equipment. Four per cent of those who would like to take part in additional sports and 3% of those who would like to participate more frequently in their current sports felt that they would require specially adapted personal equipment or aids to do so.
Conclusions

There is substantial evidence that regular participation in sport and recreational activity can bring a wide range of health and other social benefits to individuals and society as a whole. Previous surveys carried out by Sport England show, however, that opportunities to participate in sport are not equally available to all groups in society. To use a well-worn sporting analogy sport does not offer a 'level playing field' of access. Nowhere is this clearer than for people with a disability.

Sports participation rates for disabled adults are significantly lower than for non-disabled adults. This is true for people with a wide range of different disabilities.

It is clear from the findings from this survey that past interventions aimed at increasing participation in sport by people with a disability have failed to make significant in-roads into reducing inequity in participation rates across England as a whole.

The survey shows that participation rates for all of the disability types that we classified are significantly lower than for the non-disabled population. The conclusion, therefore, must be that there is much more that needs to be done before anything like parity is achieved.

Survey responses indicate that, although still important, rather than concentrating on increasing the supply of suitable facilities or providing adapted equipment, which have been the traditional responses to this issue, more needs to be done to provide people with a disability with credible information on the sports and physical activities that they might be able to do given the nature of their disability without unduly limiting their horizons.

In addition there needs to be a greater focus on providing competent support, whether that be trained volunteers, sport centre staff, or carers, to enable people with a disability to have the confidence to take part in sport or to try new sports.

The evidence suggests that people with a disability are more likely to be excluded from sport when their disability is combined with low incomes and wider social disadvantage. As a consequence more needs to be done to provide direct interventionist measures that target these groups more effectively. The use of 'leisure credits' is one potential idea that may be evaluated in order to assess the direct sporting benefits it may bring to the lives of disabled people.

The evidence from our earlier survey of the sporting opportunities available for young people with a disability also points strongly for the need to put in place better provision and support in both school and community settings to improve their early experience of sport. There is no doubt that the low rates of participation we see amongst disabled adults are influenced significantly by the limited experience many disabled people have during their school years.
Figures

Figure 1: Four-week sports participation rates (inc. and exc. walking) by type of disability

![Bar chart showing participation rates by type of disability](image1)

Figure 2: ‘Top ten’ sporting activities – rank order for participation in the 4 weeks before interview (All with LLSI)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skittles or Tenpin Bowling</td>
<td></td>
</tr>
<tr>
<td>Football</td>
<td></td>
</tr>
<tr>
<td>Golf, Putting or Pitch &amp; Putt</td>
<td></td>
</tr>
<tr>
<td>Darts</td>
<td></td>
</tr>
<tr>
<td>Gym, Gymnastics</td>
<td></td>
</tr>
<tr>
<td>Aerobics, Keep fit or Yoga</td>
<td></td>
</tr>
<tr>
<td>Cycling</td>
<td></td>
</tr>
<tr>
<td>Snooker, Pool, Billiards</td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
</tr>
</tbody>
</table>
Figure 3: Four-week and 12 month participation rates (including & excluding walking) among those with a LLSI, by gender

Figure 4: Four-week sports participation rates among those with a LLSI, by age (including & excluding walking)
Figure 5: Four-week participation rate (inc. walking) for adults with and without a LLSI, by socio-economic group

Figure 6: Four-week participation rate (exc. walking) for adults with and without a LLSI, by socio-economic group
Figure 7: Four-week sports participation rates (inc. walking) by ethnic group (with and without an LLSI).

Figure 8: Four week sports participation rates (exc. walking) by ethnic group (with and without an LLSI).
Figure 9: Disabled adults who have watched sport on TV during the past 4 weeks

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>Less often</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Several days a week</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Almost every day</td>
<td>10%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Does not watch / no television: 1%
Can not say: 1%

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