UK guidelines recommend that everyone, able-bodied or otherwise, should undertake 150 min of moderate exercise every week. Indeed, people with disabilities, who tend to have more sedentary lifestyles, might be well advised to exceed this level. Nonetheless, a survey shows that only 18% of the 11 million or so disabled people in the UK manage a single 30 min session of exercise every week (compared with 39% of the general population). This situation can scarcely be put down to lack of interest—a survey by the English Federation of Disability Sports (EFDS) last year found that 70% of people with disabilities would prefer to be more active. But they are often thwarted by problems of access.

First, there is getting to the facility itself. Disabled people are less likely to own cars; instead they often rely on the street or public transport, so without adequate infrastructure, they can easily find themselves isolated. However, once they have made it to their destination, entering a site should not pose a problem. Enshrined in the 2010 Equality Act is the requirement that all service providers make “reasonable adjustments” to ensure that disabled people can access their facilities. Indeed, public sector centres are under especially strong legal requirements not to discriminate against the disabled population. But in practice, accommodations made can be unsatisfactory. It is also not easy to bring inadequate centres to account. Individuals have to raise a court case themselves, and bear the concomitant stress and expense.

“It is certainly commonplace for disabled people to encounter problems in either getting to leisure centres or using them once they arrive—even very cheap things to improve accessibility are often not done”, affirms Disability Rights UK’s Philip Connolly. Reception staff can sometimes be unwelcoming, or invoke health and safety regulations as a reason for excluding disabled users. Disabled changing rooms might not be large enough to manoeuvre a wheelchair. The machines in the gym are in some cases not appropriately adapted. Rules might forbid wheelchairs at the poolside. Perhaps the user needs a hoist to enter the pool, but the member of staff trained in operating the equipment is not working. At least until they are familiar with a facility, an individual with a visual impairment needs a member of staff to act as a guide.

“...only 18% of the 11 million or so disabled people in the UK manage a single 30 min session of exercise every week...”

“By law, there is a certain level that all facilities have to meet, but it becomes a box-ticking exercise, and it doesn’t necessarily mean they will meet everyone’s needs”, says EFDS’ Emma Spring. “Providers have to make sure that disabled people feel comfortable, can take part, and feel welcome”. Indeed, psychological barriers are an important reason why disabled participation in sport and exercise is so low. People with disabilities might discount their ability to engage in activities, or view simple day-to-day living as sufficient exercise. To raise awareness of what is available is also crucial. Disabled football fans, for example, might not know that opportunities exist to become involved in wheelchair football, or mentoring and coaching.

There is also the issue of expense. Many people with disabilities are recipients of welfare or are on low incomes. The UK Disability Living Allowance often does not cover all the costs of a disability; there might not be much money left over to pay for regular exercise. However, this need not be an insurmountable problem. One possibility would be for leisure centres to offer cut-price access at times when they would otherwise be underused. Alternatively, a network of disabled people interested in exercising together could negotiate a group price.

Connolly advocates supporting disabled users of particular facilities to act as a kind of outreach movement, encouraging other disabled people to join, perhaps in return for a discount for the introducing member. “It would increase sociability and reduce cost, and disabled people feel happier joining a facility if they already know someone”, he told The Lancet Diabetes & Endocrinology. This in turn could attract more disabled people, and encourage other facilities to take note of this important market. The Inclusive Fitness Initiative, run by EFDS, has already accredited some 400 gyms in the UK that are committed to ensuring that disabled people are fully accommodated.

“We have to try to retain community facilities within 15 min of where people live, and support this with public transport”, adds Connolly. “Studies show that after 14 min there is a massive change from people being able to do the journey on foot, or by wheelchair, to requiring a motorised form of transport.” It is about minimising obesogenic environments—towns and cities whose layouts are not amenable to exercise. And as with so much involving disability rights, this is an area in which improvements would be felt by everyone.

Talha Khan Burki