

**WE ARE
UNDEFEATABLE**

INCREASING PHYSICAL ACTIVITY

AMONG PEOPLE WITH LONG TERM HEALTH CONDITIONS

**Why it matters, and what
we know about the audience.**



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DOCUMENT PURPOSE: TO SHARE LIVED EXPERIENCE INSIGHT ON THE NEEDS OF PEOPLE WITH HEALTH CONDITIONS REGARDING PHYSICAL ACTIVITY

This document summarises insights gathered on behalf of the We Are Undefeatable campaign since 2019 via a number of quantitative and qualitative research studies, as well as foundational data points from sources such as Sport England's Active Lives and the Chief Medical Officer's Guidelines. It aims to disseminate important lived experience insight to national and local organisations involved in supporting people living with long term health conditions (LTHCs) to become more physically active.

Our hope is that this information can be a launchpad for collaboration and new interventions in a range of contexts, so that more people with LTHCs are supported to become active.

If you have feedback on how this document could be improved, please contact weareundefeatable@ageuk.org.uk

**STARTING WITH
AUDIENCE INSIGHT
CAN ACT AS A
LAUNCHPAD FOR
COLLABORATION**



ABOUT WE ARE UNDEFEATABLE

Launched in 2019, We Are Undefeatable is a movement supporting people with long term health conditions (LTHCs) to be physically active in ways that work for them. We Are Undefeatable resources are constantly developing and include ideas on ways to move, tips for getting started and workouts. Lived experience stories have fuelled We Are Undefeatable resources from the beginning.

We Are Undefeatable is supported by Sport England with National Lottery funding and led by The Richmond Group of Charities.

Vision: be the go-to resource to support people living with LTHCs to start and stay active, by galvanising and connecting people to enjoy the benefits of ongoing activity.



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Understanding the problem we're trying to solve



Key insights about the target audience



Key insights about people who support the target audience



A photograph of two Black women standing outdoors in a lush green setting. The woman on the left is wearing a bright blue jacket over a blue top and has her hand on the shoulder of the woman on the right. The woman on the right is wearing a black hoodie. Both are smiling and looking at each other. The background is filled with green foliage.

**UNDERSTANDING
THE PROBLEM WE'RE
TRYING TO SOLVE**

**WE ARE
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THE PROBLEM: IN NUMBERS

43%

of adults over 16 in England live with at least one long term condition (LTHC)¹

27%

% live with multiple long-term conditions²

These numbers are rising...

People with LTHCs are **twice as likely** as those without a LTHC to be inactive



Under **30 mins**

of physical activity per week³

41% are inactive vs 21% of people without LTHCs³

Physical inactivity is associated with

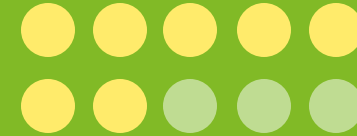


with **1 in 6 deaths** in the UK⁴

The estimated cost the UK is

£7.4bn

annually (including **£0.9 billion** to the NHS alone)⁴



£7 in every £10 spent on health and social care is spent on people with LTHCs⁵

The cost of inactivity to the care system has been estimated at **£7.2bn** a year⁵



The Health Foundation estimates that

2.6m

people of working age living with a health condition are out of work⁶



Sources: ¹NHS Health Survey for England. ²National Institute for Health and Care Excellence. ³Sport England Active Lives 2022-2023. ⁴OHID [Physical activity: applying All Our Health - GOV.UK](#) ⁵NICE estimate. ⁶The Health Foundation 2023 [What we know about the UK's working-age health challenge - The Health Foundation](#)

THE GOAL: TO CLOSE THE GAP IN PHYSICAL ACTIVITY LEVELS

Regular physical activity is proven to reduce the negative impact living with a LTHC can have on the individual.

As little as **30 minutes** of movement a week can help manage **20+ chronic conditions**, reducing the development of these conditions by up to **40%**¹

Any activity is good and even small increases can have a positive benefit. A study highlighted that among disabled people there are substantial wellbeing benefits of 'doing only light activity'²

Every year, leading an **active lifestyle prevents over 900,000 cases of diabetes** and over **90,000 cases of dementia**, saving over **£7bn** to the UK economy³

Investment in movement generates a wellbeing value of **£5,100 a year** for people with LTHCs.

This is more than double the value for people without LTHCs⁴

Improved physical & mental health leads to **£10.46bn** in savings: **£8.64bn** for common disease prevention, **£5.70bn** for direct healthcare costs, and **£1.23bn** for reduced use of medical services⁴

Previous Sport England reports indicate that increased physical activity could lead to **30 million fewer GP appointments**

CHIEF MEDICAL OFFICERS' GUIDELINES:

What levels of physical activity are recommended for adults?

The Chief Medical Officer (CMO) guidelines for England, Scotland, Wales and Northern Ireland draw on evidence which highlights the health benefits people can achieve from being physically active on a regular basis.

The CMO guidelines currently recommend that adults aged between 19 and 64 years of age should aim to do the following in order to achieve health benefits:

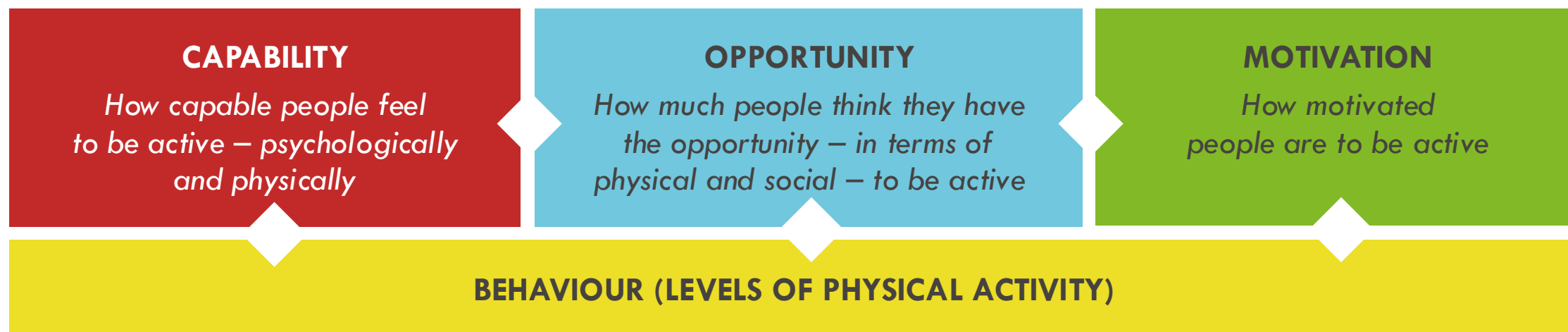
1. For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.
2. Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle-strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.
3. Each week, adults should accumulate at least **150 minutes (2 ½ hours)** of moderate intensity activity (such as brisk walking or cycling); or **75 minutes** of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.
4. Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity.

Sources: ¹UK Chief Medical Officer's Physical Activity Guidelines 2019. ²Activity Alliance Social Value Report 2024. ³Sport England. ⁴A Sport England Social Value Report 2024.

THE COM-B MODEL CAN HELP US UNDERSTAND THE BARRIERS AND ENABLERS SURROUNDING PHYSICAL ACTIVITY

The 'COM-B' model¹ is a theory of behaviour change that can be used to understand the drivers and context which influence how likely someone is to do something such as become more active. It comprises three interacting components as depicted in the figure.

We Are Undefeatable has used COM-B to classify the barriers and enablers to becoming more physically active – you will find references to the three components within this document.



For behaviour to occur, there must be sufficient levels of each component. In cases where a behaviour does not occur, in this case: inactivity or low activity, the model has been utilised to 'diagnose' the missing elements or barriers.

Sources: ¹Michie et al (2011).

PARTNERS MUST WORK TOGETHER TO CREATE OPTIMAL CONDITIONS AND SUPPORT FOR PEOPLE WITH LTHCs TO BE ACTIVE

We know that the most successful approaches to changing health-related behaviours intervene not just with individuals, but at a community and systems level.

This may mean partners working together at place to offer a coherent and well communicated support offer – including local authorities, the NHS, Integrated Care Boards / health authorities, primary care professionals, charity and community organisations and physical activity providers.

This is a key reason We Are Undeatable wants to empower organisations with our assets and insight through documents such as this; often, it is in a local context where the most effective collaboration can unfold and make a difference to communities.

Source: ¹McLeroy et al., 1988.

Types of influences on physical activity behaviour, a socio-ecological model¹:

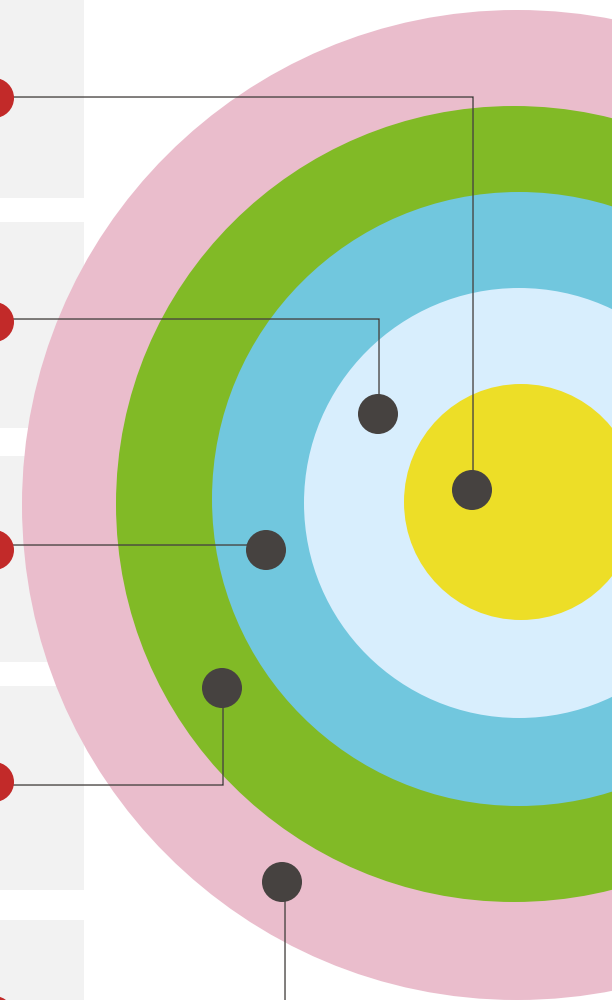
Individual: knowledge, attitudes, past behaviours, and the characteristics such as age and gender.

Interpersonal: support from family and friends, and inclusion in social networks.

Community: wider community and local environment influences such as access to facilities.

Organisational: interactions with institutions such as healthcare organisations.

Policy and environmental: the influences of local or national policy and the macro-environment.



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TARGET AUDIENCE

KEY INSIGHTS



TARGET AUDIENCE: KEY INSIGHTS

Most people with LTHCs want to get more active, but they are less likely than others to feel they have the capability and/or opportunity to do so.

1

Pain, low energy and physical limitations are the primary barriers to activity across a range of conditions.

2

There are five key principles for supporting people with LTHCs to be active: tailored, accessible, healthcare input, social and affordable.

3

Key influences on activity are healthcare professionals along with family and friends, but these people can underestimate the barriers imposed by pain and low energy.

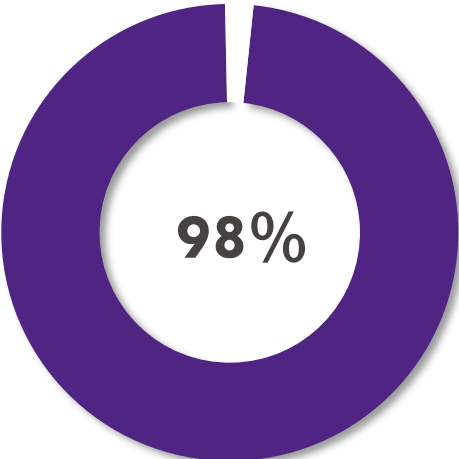
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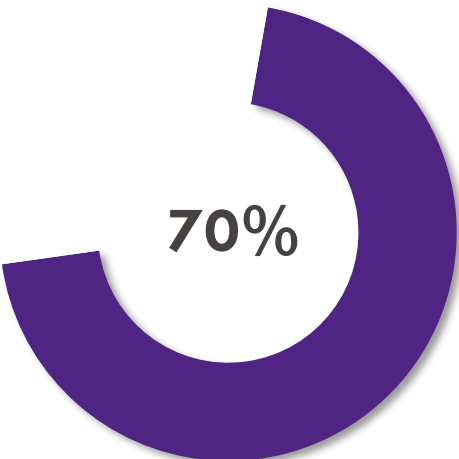
MOST PEOPLE WITH LTHCs WANT TO GET MORE PHYSICALLY ACTIVE

People with LTHCs are generally open to becoming more active and broadly understand the benefits of physical activity for health. The motivations expressed for being physically active fall into three main categories: physical health (such as strength, fitness and better sleep); symptom management (such as to avoid muscle stiffness); and mental health and wellbeing. These categories are relatively consistent across different conditions and demographics.

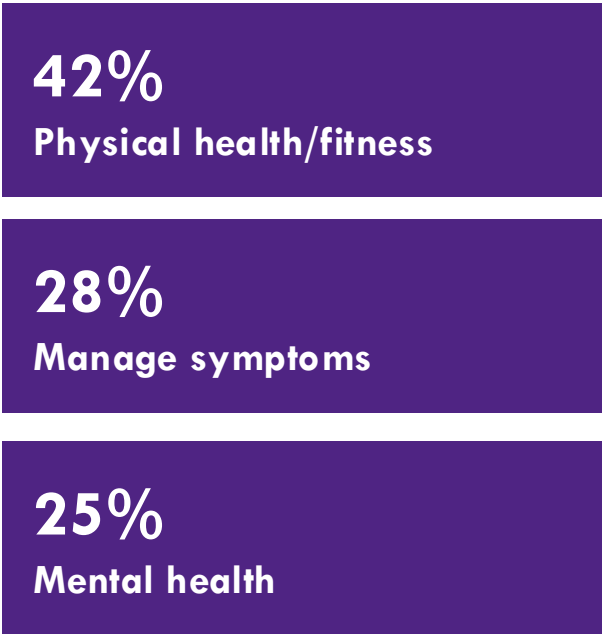
% of people with LTHCs who agree physical activity is important for preventing and managing LTHCs¹



% of people with LTHCs who want to be more physically active than they are²



Top motivators for being active among people with LTHCs¹



“Weight loss, increase strength and stamina.”

“I exercise regularly to prevent flare ups with my fibromyalgia and osteoarthritis.”

“I also exercise to control my endorphins which help with my mood and mental health.”

Sources: ¹1,009 people living with LTHCs, We Are Undeatable’s ‘Big Talk’ public consultation, 2023.

²2,000 people living with LTHCs, We Are Undeatable campaign tracking, Summer 2024.

BUT PEOPLE WITH LTHCs ARE LESS LIKELY THAN OTHERS TO FEEL THEY HAVE THE CAPABILITY, OPPORTUNITY AND MOTIVATION TO BE ACTIVE

Knowing the benefits of physical activity does not mean it is straightforward for people with LTHCs to be active.

Compared to people with no LTHC or disability, they are significantly less likely to feel capable of physical activity. Across the three components of COM-B, capability represents the widest 'gap' but there are also considerable gaps in terms of opportunity and motivation.

COM-B component; % agree

People with a LTHC or disability

No LTHC or disability

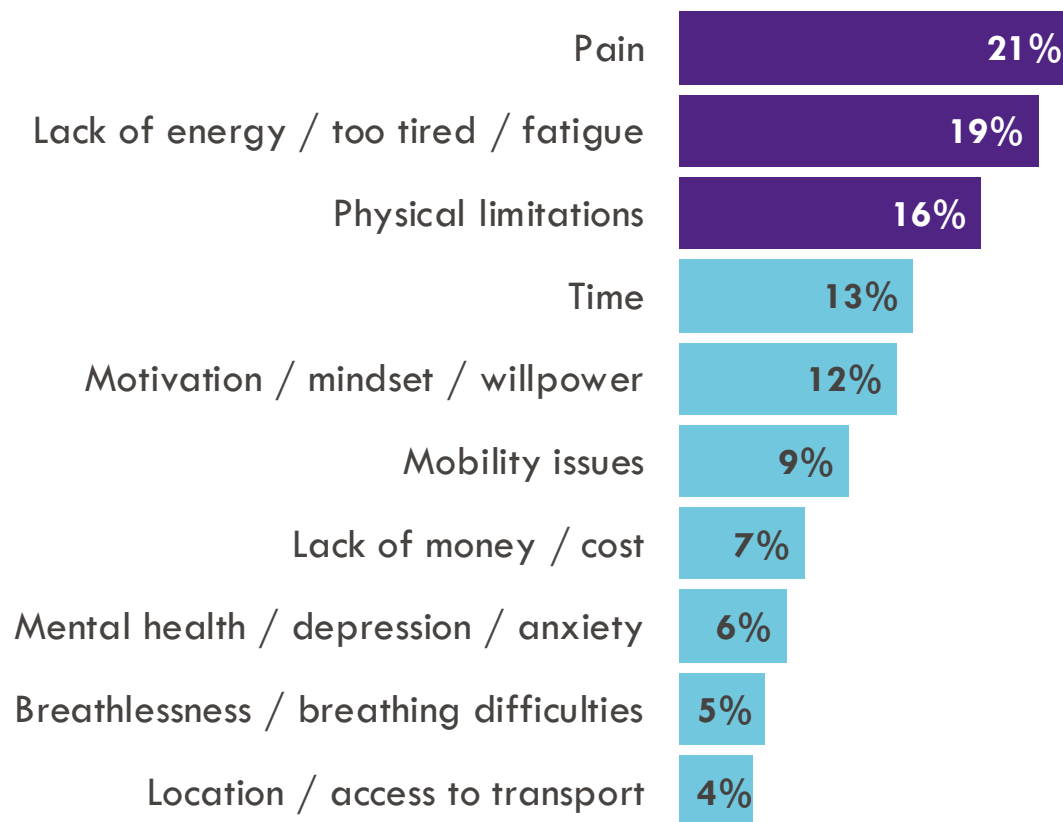


Source: Active Lives 2022–2023.

PAIN, LOW ENERGY AND PHYSICAL LIMITATIONS ARE THE PRIMARY BARRIERS TO ACTIVITY

The top three barriers to activity are all physical ones. Starkly, the most cited barrier is pain, followed by a lack of energy or feeling too tired. The theme of physical limitation is dominant across a wide range of LTHCs as shown on the next page. For some, ongoing management of pain and the unpredictable nature of their symptoms can compound the effect and make it harder to build physical activity into their routine.

Top 10 barriers to physical activity cited by people with LTHCs



“I GET TIRED VERY QUICKLY. MY BONES CAN GET VERY INFLAMED AND PAINFUL”

Person living with arthritis



Source: 1,009 people living with LTHCs, We Are Undeatable’s ‘Big Talk’ public consultation, 2023.

PHYSICAL CAPABILITY BARRIERS ARE COMMON ACROSS A WIDE RANGE OF LTHCs

Shown here are the top cited barriers of people living with a range of different health conditions. The theme of physical capability is dominant across all conditions, whether it is linked to pain, mobility constraints or more generally a lack of energy.

Top 3 barriers to physical activity: by LTHC

	Arthritis (n=417)	Back pain (n=273)	A limiting mobility condition (n=180)	Breast cancer (n=58)	Cancer (exc. breast) (n=62)	Heart conditions (n=174)	Stroke (n=71)
1	Pain	Pain	Pain	Lack of energy / too tired	Physical limitations	Pain	Lack of energy / too tired
2	Lack of energy / too tired	Lack of energy / too tired	Lack of energy / too tired	Physical limitations	Lack of energy / too tired	Physical limitations	Mobility
3	Mobility issues	Physical limitations	Mobility issues	Pain	Pain	Lack of energy / too tired	Physical limitations
	Asthma (n=170)	Lung conditions / COPD* (n=69)	Type 1 Diabetes (n=42)	Type 2 Diabetes (n=142)	Long term depression (n=171)	Long term anxiety disorder (n=185)	Severe mental health condition** (n=89)
1	Pain	Breathing difficulty	Physical limitations	Physical limitations	Depression / anxiety	Pain	Depression / anxiety
2	Lack of energy / too tired	Physical limitations	Time	Pain	Pain	Depression / anxiety	Motivation / mindset
3	Physical limitations	COPD	Pain	Lack of energy / too tired	Lack of energy / too tired	Motivation / mindset	Lack of energy / too tired

Source: We Are Undeatable’s ‘Big Talk’ public consultation, 2023. *COPD: Chronic Obstructive Pulmonary Disease.

**Examples of severe mental health conditions include schizophrenia and bipolar disorder.

FIVE PRINCIPLES FOR SUPPORTING PEOPLE WITH LTHCs TO BE ACTIVE

We asked a large sample of people with LTHCs to suggest how they could be supported to be more physically active¹. While the suggestions varied, five common themes emerged as guiding principles for the development of future interventions.

Guiding principles to encourage physical activity among people with LTHCs:

Tailored	Accessible	Healthcare input	Social	Affordable
Activities that meet individual needs and preferences	Frictionless online or offline ways to be active	Professional encouragement, advice and pathways	Fostering peer support and group experiences	Reducing cost barriers to activity
<p>For example:</p> <ul style="list-style-type: none"> • More specific exercises, treatments and info • One-on-one sessions/ in person support 	<p>For example:</p> <ul style="list-style-type: none"> • Accessible activities, facilities or resources • Online support classes • Local facilities 	<p>For example:</p> <ul style="list-style-type: none"> • GP support / healthcare advice • Physical therapy 	<p>For example:</p> <ul style="list-style-type: none"> • More group activities • Active support groups • Peer support / meet with others with LTHCs • Community groups 	<p>For example:</p> <ul style="list-style-type: none"> • Affordable gym memberships and classes • Free access to leisure facilities

Note: those involved in the delivery of sport, physical activity and health and care services can find additional guidance via the Easier to be Active project.²

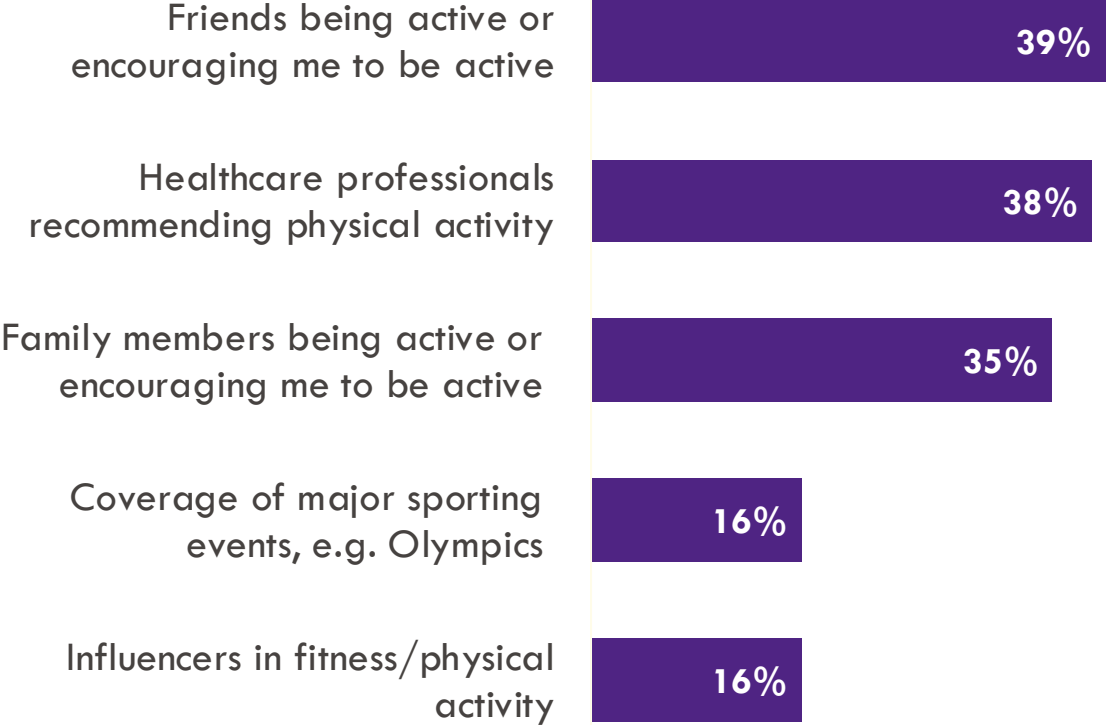
Source: ¹1,009 people living with LTHCs, We Are Undeatable’s ‘Big Talk’ public consultation, 2023. ²Easier to be Active: [Easier to be Active | Sheffield Hallam University](#)

KEY INFLUENCES ON ACTIVITY INCLUDE FRIENDS, HEALTHCARE PROFESSIONALS AND FAMILY MEMBERS

Those closest such as friends and family members can play a key role in motivating people with LTHCs to be physically active, highlighting the importance of close interpersonal support. Those with medical authority are also important influencers, with the NHS often seen as a 'go-to' for advice.

Less personalised sources such as sports coverage and social media are generally perceived to be less impactful.

% people with LTHCs who say each source inspires them to be physically active



Source: 1,009 people living with LTHCs, 569 friends/families/carers, 324 healthcare professionals, 117 sport & PA professionals, We Are Undeatable's 'Big Talk' public consultation, 2023.



BUT OTHER PEOPLE CAN UNDERESTIMATE THE PAIN AND LOW ENERGY FACED BY PEOPLE WITH LTHCs

Those in a position to support people with LTHCs to be active don't always appreciate their physical constraints: factors such as pain are often assumed to be secondary to others such as mindset and cost.

What people with LTHCs say are their top barriers to physical activity:

1st

Pain (21%)

2nd

Lack of energy (19%)

VS

What others think are the top barriers for them:

Family / friends / carers

Motivation / mindset (23%)

Pain (19%)

Health & social care professionals

Motivation / mindset (36%)

Cost (29%)

Sport & physical activity professionals

Cost (21%)

Location / access (16%)

Source: 1,009 people living with LTHCs, 569 friends/families/carers, 324 healthcare professionals, 117 sport & PA professionals, We Are Undeatable's 'Big Talk' public consultation, 2023.

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**KEY INSIGHTS ABOUT
THOSE WHO SUPPORT
THE TARGET AUDIENCE**

SUMMARY OF KEY INSIGHTS

The NHS and healthcare professionals are the starting point for advice and can be highly influential for this audience.

1

Healthcare professionals would like better practical resources to encourage physical activity, and knowledge of local activities and support to recommend.

2

Friends and family want to support those they care for to be active but often lack the confidence to do so.

3

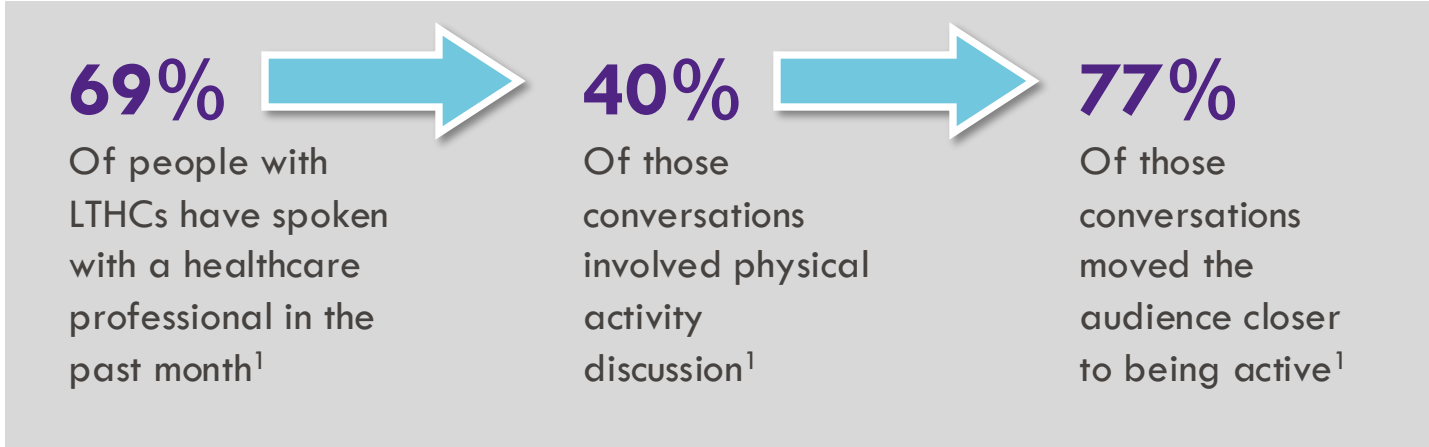
Health charities can play a unique role given their expertise in condition management and focus on holistic wellbeing.

4

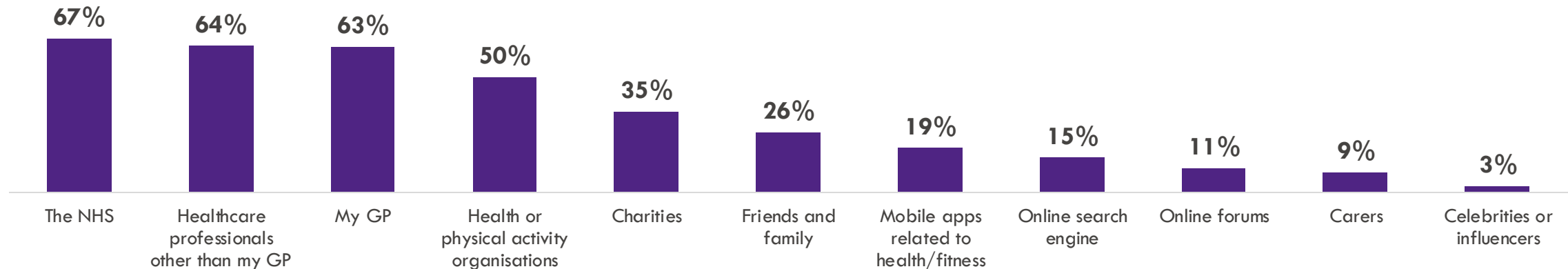


NHS AND HEALTHCARE PROFESSIONALS ARE THE STARTING POINT FOR ADVICE AND CAN BE HIGHLY INFLUENTIAL FOR THIS AUDIENCE

The NHS and healthcare professionals are a key source of information and advice when it comes to being more physically active. Engaging healthcare professionals is an opportunity: most people with LTHCs have spoken with a healthcare professional within the last month, and when conversations about physical activity occur in this context, they are highly influential.



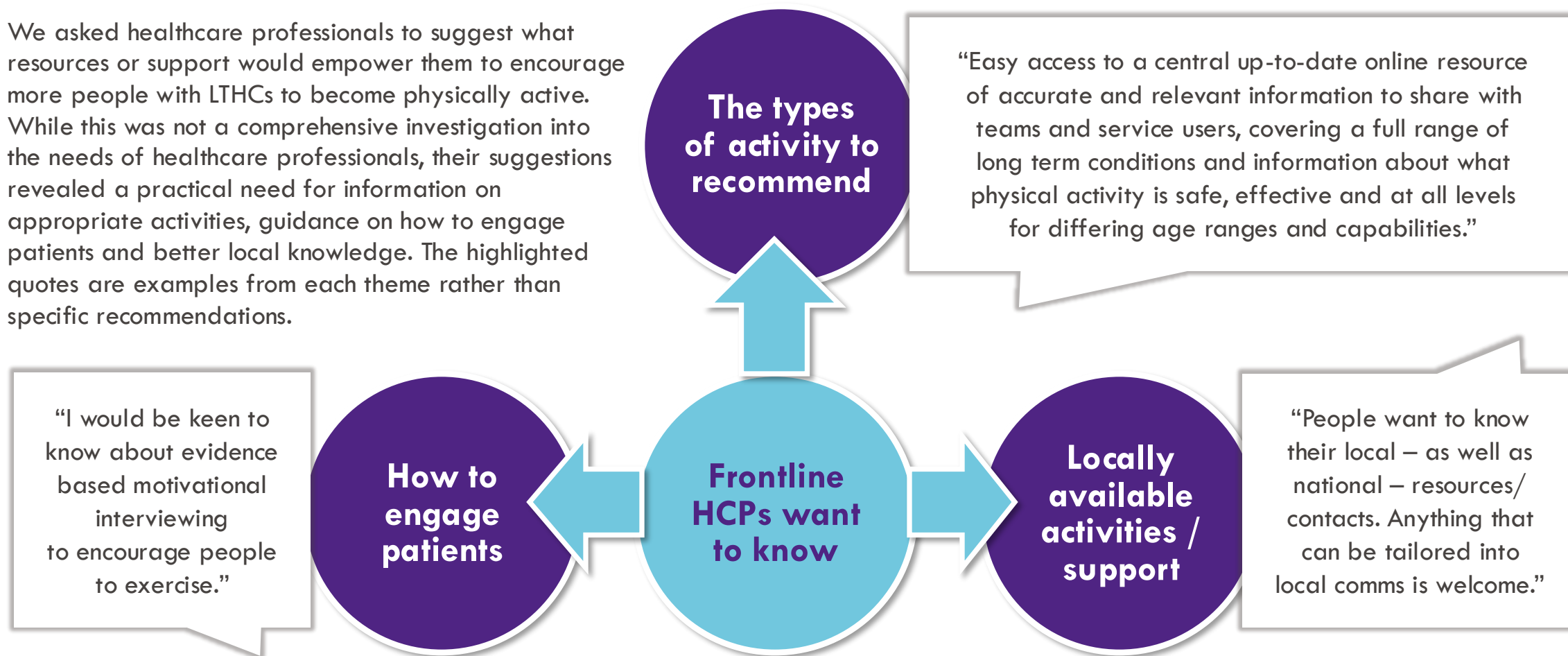
% people with LTHCs who say they trust each source for advice and guidance on being active²



Sources: ¹8,052 people living with LTHCs, We Are Undeatable campaign tracking, 2022-2023. ²1,009 people living with LTHCs, We Are Undeatable's 'Big Talk' public consultation, 2023.

HEALTHCARE PROFESSIONALS WOULD LIKE BETTER PRACTICAL RESOURCES AND KNOWLEDGE OF WHICH LOCAL ACTIVITIES TO RECOMMEND

We asked healthcare professionals to suggest what resources or support would empower them to encourage more people with LTHCs to become physically active. While this was not a comprehensive investigation into the needs of healthcare professionals, their suggestions revealed a practical need for information on appropriate activities, guidance on how to engage patients and better local knowledge. The highlighted quotes are examples from each theme rather than specific recommendations.

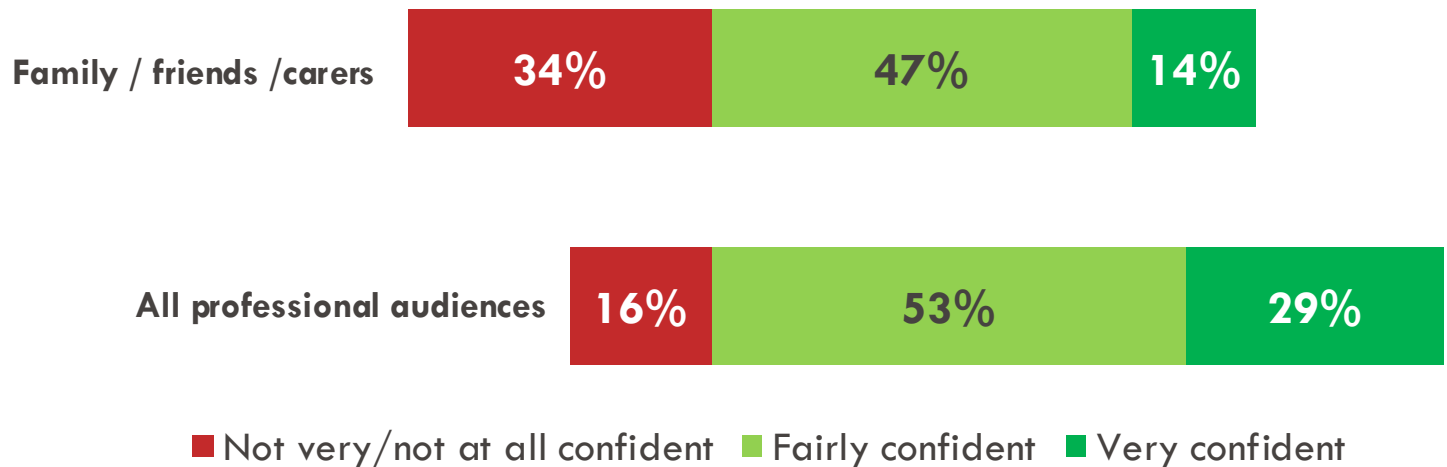


AMONGST FAMILY MEMBERS, FRIENDS AND CARERS, SOME LACK CONFIDENCE SUPPORTING PEOPLE WITH LTHCs TO BE ACTIVE

When it comes to supporting people with LTHCs to be physically active, there is a particular issue of confidence among family members, friends and other carers. Only 14% say they are ‘very’ confident and over a third are not confident – far higher than among professional audiences. Comments suggesting a deeply rooted fear of ‘making things worse’.

This highlights an opportunity to equip family and friend carers with reassurance as well as practical, tailored advice, so they can more confidently support those they care for to become more physically active. We Are Undefeatable offers a supportive resource for carers – access the ‘Undefeatable Together’ guide, co-developed with Carers UK, on the campaign hub.

Confidence supporting people with LTHCs to be physically active



“I CARE FOR AN ELDERLY PARENT – JUST TRYING TO GET HER TO HAVE A WALK TO THE END OF THE ROAD IS EXHAUSTING AND PAINFUL, [I NEED TO KNOW] I’M NOT MAKING THINGS WORSE.”

Family / friend / carer of person with a LTHC

Source: 553 family/friends/carers and 556 professional audience participants in We Are Undefeatable’s ‘Big Talk’ public consultation, 2023.

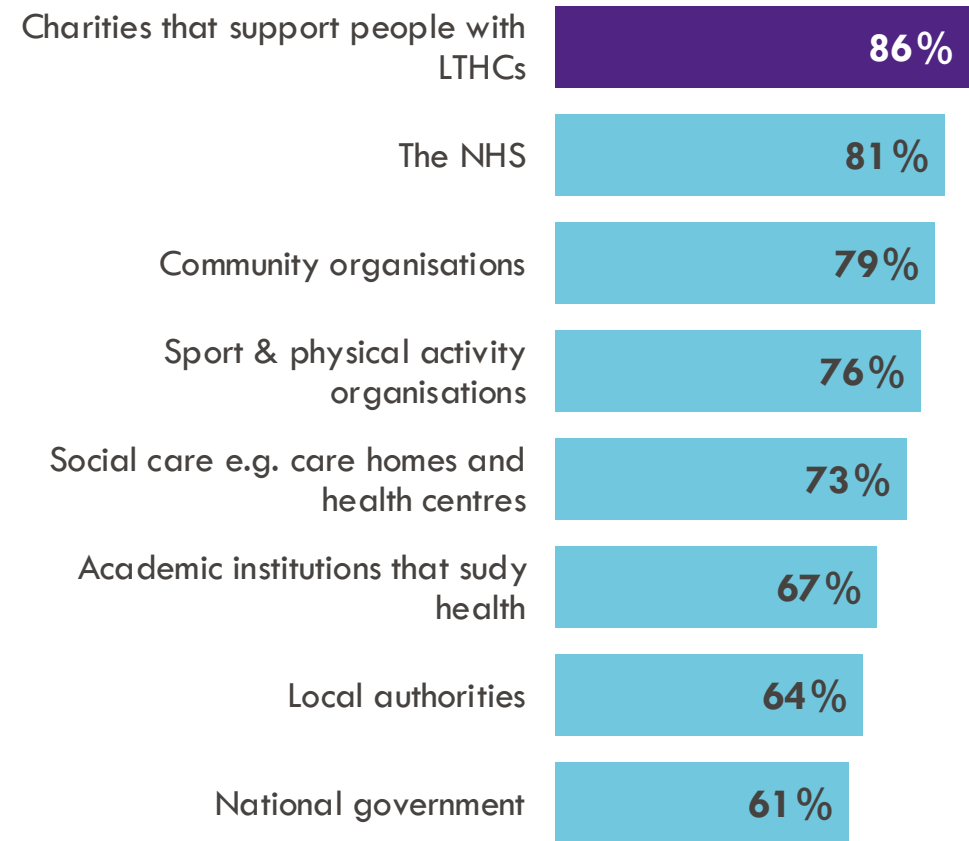
HEALTH CHARITIES CAN PLAY A UNIQUE ROLE GIVEN THEIR EXPERTISE IN CONDITION MANAGEMENT AND FOCUS ON HOLISTIC WELLBEING

Given the well documented pressures faced by the healthcare system, more people perceive health charities to prioritise the physical activity agenda, compared to the NHS. Some feel these charities play a role other organisations cannot play, due to their expertise relating to the management of specific LTHCs, holistic approach to wellbeing, and local reach.

“THEY [HEALTH CHARITIES] HAVE THE SPECIALIST KNOWLEDGE OF HOW THESE CONDITIONS AFFECT PEOPLE.”
 Family / friend / carer of person with a LTHC

“THEY [HEALTH CHARITIES] HAVE A REACH THAT LOCAL AUTHORITIES AND ‘THE SYSTEM’ DO NOT AND HAVE A KUDOS AND RELIABILITY THAT INSTILLS TRUST.”
 Local government professional

Proportion who think supporting people with LTHCs to be active is a high or medium priority for:



Source: 2,241 participants in We Are Undefeatable’s ‘Big Talk’ public consultation, 2023.

For a deeper dive into our insights
access data from our public consultation [dashboard here](#)

Visit WeAreUndefeatable.co.uk for more information
or contact WeAreUndefeatable@ageuk.org.uk



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