SPORT ENGLAND

The social value of sport and physical activity in England summary report – year two update

This summary is based on work by State of Life, Sheffield Hallam University, and Manchester Metropolitan University for Sport England

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Sheffield Hallam University
Knowledge Applied

STATE OF LIFE

Manchester Metropolitan University

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Introduction

We're delighted to share this updated summary report on the social value of sport and physical activity in England, based on new research that refreshes and extends the national model Sport England published in October 2024.

Produced by a consortium of partners, brought together by social value experts State of Life, in partnership with leading sports economists from the Sport Industry Research Centre (SIRC) at Sheffield Hallam University, and the Institute of Sport at Manchester Metropolitan University, our model of social value enables us to confidently and unequivocally state the social benefits that sport and physical activity contribute to our nation – by making people happier and healthier and helping to reduce the burden on our health and social care systems. Building on our previous studies in this area, it applies the latest guidance for measuring and valuing social impact and puts the value of these benefits in clear terms for our stakeholders to use when making the case for sport and physical activity.

Below the headline figures, the model also paints the most nuanced picture yet of how the benefits of sport and physical activity are generated and distributed across individuals, communities, and society, all of which is underpinned by the best and most up-to-date evidence. It also enables us to estimate the social cost of the inequalities we see in participation.

This report presents the findings from year two of this study. In total it estimates that the total social value generated by community sport and physical activity in England was £122.9 billion in 2023/24.

It shows that £106.9 billion of this annual social value comes from the improved wellbeing that sport and physical activity generates for individuals through their participation and volunteering. This includes £14.1 billion in wellbeing value for children and young people, a figure that now incorporates the wellbeing value of participation amongst children aged 7-11.

This year two report also details how sport and physical activity adds a further £15.9 billion of annual social value through the cost savings that improved health outcomes in adults generate for the state and society – from the prevention of 1.3 million cases of depression and over 700,000 cases of type 2 diabetes, to savings of over £500 million due to reduced GP visits and over £800 million due to reduced mental health service usage, all a result of improved health from being active. Our analysis of health has also been extended to include £5.8 billion in productivity cost savings due to reduced disease in the working-age population, further demonstrating the key role sport and physical activity plays in creating a healthier and more productive society.

It's clear the overall social value contribution that sport and physical activity makes to the nation each year is vast. However, we continue to see important differences in the value of being active amongst different groups and a challenging landscape in terms of how evenly those benefits are distributed across the population. Indeed, the social cost of inequalities in participation is now estimated at a stark £19.6 bllion, an updated figure which now includes a social cost of inequalities valuation for children and young people (aged 11-16). This a huge amount of unrealised social value for society that demonstrates the potential that can be unlocked if we are able to better confront the deep inequalities in participation that are still experienced by too many people in our society.

The extended analysis into sub-groups of children and young people has also surfaced a worrying 'wellbeing gap', whereby children from more disadvantaged groups in society receive a smaller wellbeing uplift from participating in sport and physical activity than their peers. Given what we know about how important positive experiences are to shaping young people's relationship with being active, we believe even greater effort needs to be put into ensuring young people of all backgrounds have access to, and can choose, the types of high quality, enjoyable opportunities that meet their needs and which help build a positive relationship with sport and physical activity. Responding to this call to action will be key if we are to reduce both inequalities in participation and outcomes.

We believe this update provides vital new insight into the value of a more active population and the importance of creating more opportunities for those who need them most, a principle that sits right at the core of our strategy, Uniting the Movement. It also directly supports the government's ambitions around sport and physical activity by helping to build the evidence and data that cement the connection between having an active population and improved outcomes. We now have more of the tools we need to tell this story.

We ask partners and organisations to continue using this updated model of social value to understand fully the impact that being active can have on the lives of individuals and communities and the delivery of public services. We believe it provides a valuable tool for showcasing the true power of sport and physical activity and helping ensure that, through our collective efforts, we are unrelenting in our support for those people and communities that, despite often having most to gain, are least likely to receive its benefits.

Nick Pontefract
Chief Strategy Officer

November 2025

Glossary

Wellbeing value / primary value

The direct benefit and value to individuals of improved wellbeing.

Wider health value / secondary value

The wider value to society, including the state.

Active

For adults: 150+ minutes of moderate-intensity equivalent physical activity on average per week.

For children and young people: an average of 60+ minutes of moderate-intensity physical activity a day.

Fairly active

For adults: 30-149 minutes of moderate-intensity equivalent physical activity on average per week.

For children and young people: An average of 30-59 minutes of moderate-intensity physical activity a day.

Inactive (adults):

Fewer than 30 minutes of moderate-intensity equivalent physical activity per week.

Less active (children and young people):

Less than an average of 30 minutes of moderate-intensity physical activity a day.

Inequalities Metric

A tool developed by Sport England to create a more holistic measure of inequalities in physical activity levels. It groups the population based on the number of characteristics of inequality a person has.

Characteristics of inequality

The number of geodemographic characteristics a person has that are most strongly associated with being less active.

Social cost of inequality

The additional social value that would be generated if the physical activity levels (plus the quality of experience and size of wellbeing benefit generated for children and young people) of those most likely to experience inequalities rose to the same level as those with no characteristics of inequality.

WELLBY

Wellbeing-adjusted life year for adults. A WELLBY equates to a one-point change in life satisfaction on a 0-10 scale, per person per year.

C-WELLBY

Child Wellbeing-Adjusted Life Year. An estimated one-point change in life satisfaction for children under 10, per person per year, mapped from happiness scores using a coefficient of 0.546 (i.e. one happiness point on a 0-10 scale = 0.546 C-WELLBYs).

Summary

This report presents findings from year two of Sport England's latest study to produce an updated model for the annual social value of community and physical activity. It updates and builds on the research conducted in year one of the project (published in October 2024).

£122.9 billion

Total annual social value of sport and physical activity in England (2023/24)

£106.9 billion

Individual wellbeing value

- **£84.2 billion** — Adult participation (ages 16+)
- **£14.1 billion** — Children and young people participation (ages 7-16)
- **£8.6 billion** — Adult volunteering (ages 16+)

£15.9 billion

Wider health value

- **£6.7 billion** — Direct healthcare savings from the prevention of 14 diseases and chronic health conditions
- **£1.4 billion** — Direct healthcare savings from reduced GP visits and mental health service usage
- **-£0.15 billion** — Direct cost to healthcare of sport injuries
- **£7.9 billion** — Indirect savings relating to social care, informal care, and productivity losses avoided

£19.6 billion

The annual social cost of inequality in physical activity levels[1]

4.38

The combined economic and social return on investment (ROI) ratio for sport and physical activity[2]

1 This estimate uses wellbeing and wider health values for adults (16+) but only includes wellbeing values for children and young people (aged 11-16) due to limited evidence for wider health values in younger audiences.
2 This calculation is based on the total economic and social value generated by sport and physical activity divided by the total investment it receives.

Background

In 2024, a consortium of partners brought together by social value experts State of Life, in partnership with leading sports economists from the Sport Industry Research Centre (SIRC) at Sheffield Hallam University and the Institute of Sport at Manchester Metropolitan University, produced a new national model of social value for Sport England as part of a multi-year contract.

The first iteration of this new model of social value examined the health and wellbeing benefits generated by engagement in community sport and physical activity and explored how the benefits of participation for adults vary between different demographic groups. It also estimated the social cost of inequality in participation (adults only) to understand the additional social value that could be generated by sport and physical activity if the wider population achieved the same physical activity levels as those least likely to experience inequalities.

The findings in this report are based on an updated and extended analysis of the social value of community sport and physical activity, which has been completed in year two of the project. The development and updates to the new model within this study continue to build on previous studies by Sheffield Hallam University for Sport England, published in 2014 and 2020.

Acknowledgements

Sport England would like to thank our research partners at State of Life (Rose Fawcett, Allan Little, Lizzie Trotter, Will Watt, and Eddie Hillier), Sheffield Hallam University (Professor Girish Ramchandani and Shia Ping Kung), and Manchester Metropolitan University (Professor Larissa Davies) for their expertise, hard work, and commitment to this project, and their valuable input to this summary report.

The development and updates to this model of social value have also been guided by a steering group of multi-disciplinary experts to help ensure we are able to provide the best possible assessment of the social value of sport and physical activity. This includes helping to prioritise research objectives, ensuring the model applies rigorous methods and techniques and is based on the best and most recently available evidence, as well as contributing subject matter expertise, strategic direction, advice, and knowledge to the project team. We'd like to thank the steering group for their intellectual input to the work.

Ceris Anderson – Street Games

Jamie Blackshaw – Office for Health Improvement and Disparities

Ricky Boardman – Sport and Recreation Alliance

Joe Breedon - Department for Culture, Media, and Sport

Professor Paul Downward – Loughborough University

Dr Christian Krekel – London School of Economics

Dr Tessa Peasgood – The University of Sheffield

David Redmond – Active Lancashire

Catherine Remfry – Department for Transport

Matthew Scott-Clark – Department for Culture, Media, and Sport

Chris Smith – Active Travel England

Emeritus Professor Peter Taylor – Sheffield Hallam University

Amanda Vernalls – Youth Sport Trust

Luke Ward – Department for Transport

What is ‘social value’?

The UK government defines social or public value as “all significant costs and benefits that affect the welfare and wellbeing of the population” (HM Treasury ‘Green Book’, 2020).

The work in year one quantified two types of social benefit, defining them in terms of ‘primary value’ and ‘secondary value’ due to the way benefits accrued to individuals and wider society respectively.

Given the developments to the model in year two and for ease of interpretation, we have relabelled each type of social benefit in this report to the following:

Wellbeing value (primary value)
The direct benefit and value to individuals of improved wellbeing.

Wider health value (secondary value)
The wider value to society – including the state – of changes in health outcomes.

Activity levels are categorised using Sport England’s Active Lives Survey definitions for adults and children and young people (see Glossary).

Scope of research: year two

As with year one of the research, wellbeing and health values have been prioritised in the year two analysis as they remain the outcomes with the highest quality evidence and because they capture some of the most significant benefits that sport and physical activity generates for individuals and society.

However, year two of the research has delivered further analysis and reporting that builds our understanding of how the social value of sport and physical activity is generated and distributed between different people, places, activities, and stakeholders. The options for expanding the model in year two were developed and discussed with the project steering group, with decisions made based on research priorities and feasibility.

The latest iteration of the model builds on the previous findings in the following ways:

- Updated figures across the model that reflect changes in price year and levels of participation and volunteering in sport and physical activity.
- Extended wellbeing analysis among children and young people:
  - Additional total and average wellbeing values for the 7-11 age group – by applying the newly developed C-WELLBY measure.
  - Wellbeing values for children aged 11-16 by key demographic breakdowns.
- Extended social cost of inequality calculations to include children aged 11-16 (wellbeing value only).
- Updated health values based on the most recent evidence for risk reduction, prevalence/incidence, healthcare costs, and wider costs.
- Extended health values that include estimated productivity gains due to reduced morbidity in the working-age population (16-64 years).
- Updated local breakdowns of the overall national social value by region, Active Partnership, and local authority areas.

The scope of the year 2 work included some exploratory analysis of the potential wellbeing value associated with adults taking part in different types of sports and activities and that of volunteering among children aged 9-16 years. These preliminary bits of analysis highlighted that both areas require greater interrogation and refinement than was feasible here. We're keen to build on this work and investigate these components more comprehensively in future social value research and analysis.

The estimates in this year two report represent the amount of social value generated by sport and physical activity on an annual basis. These figures are based on participation, volunteering, and population data for the year 2023/24. All figures are in 2024 prices.

The change in price year and extended scope of the research mean these figures are not directly comparable to those presented in year one of the project.

Other key resources

An updated return on investment (ROI) figure for community sport and physical activity in England has also been produced, using findings from this social value research to inform the calculation. This overall ROI figure is referenced at a headline level in this report, but further detail is available in a separate, accompanying **technical report**.

While the focus of this study is social value, the Department for Culture, Media and Sport (DCMS) published separate research in 2024 that measured the **economic value of sport to the UK economy**. This includes data for each home nation and therefore remains complementary to this social value analysis for England[3]. This economic value research also provides key inputs and outputs for the ROI calculation referenced in this report.

Building on the work to measure the value of physical activity and its underpinning methodology, Sport England have commissioned and published a further study that provides an estimate for the tax revenue that community sport and physical activity in England generates for central government. The findings from this study are available in a separate, **accompanying report**.

3 Following Treasury guidance, impacts on Gross Domestic Product (GDP) or Gross Value Added (GVA) are typically excluded in social valuation. Macroeconomic impacts can, however, form part of the wider strategic case for investment, and so assessing these alongside social values is complementary.

Wellbeing (primary) value

For adults and secondary school-age children, wellbeing value is based on the standardised survey question: "Overall, how satisfied are you with your life nowadays?". People answer on a 0-10 scale. A one-point difference in life satisfaction over 12 months is defined as a wellbeing year (or a WELLBY). A wellbeing year is valued at £15,900 in 2024 prices, as per Treasury guidelines.

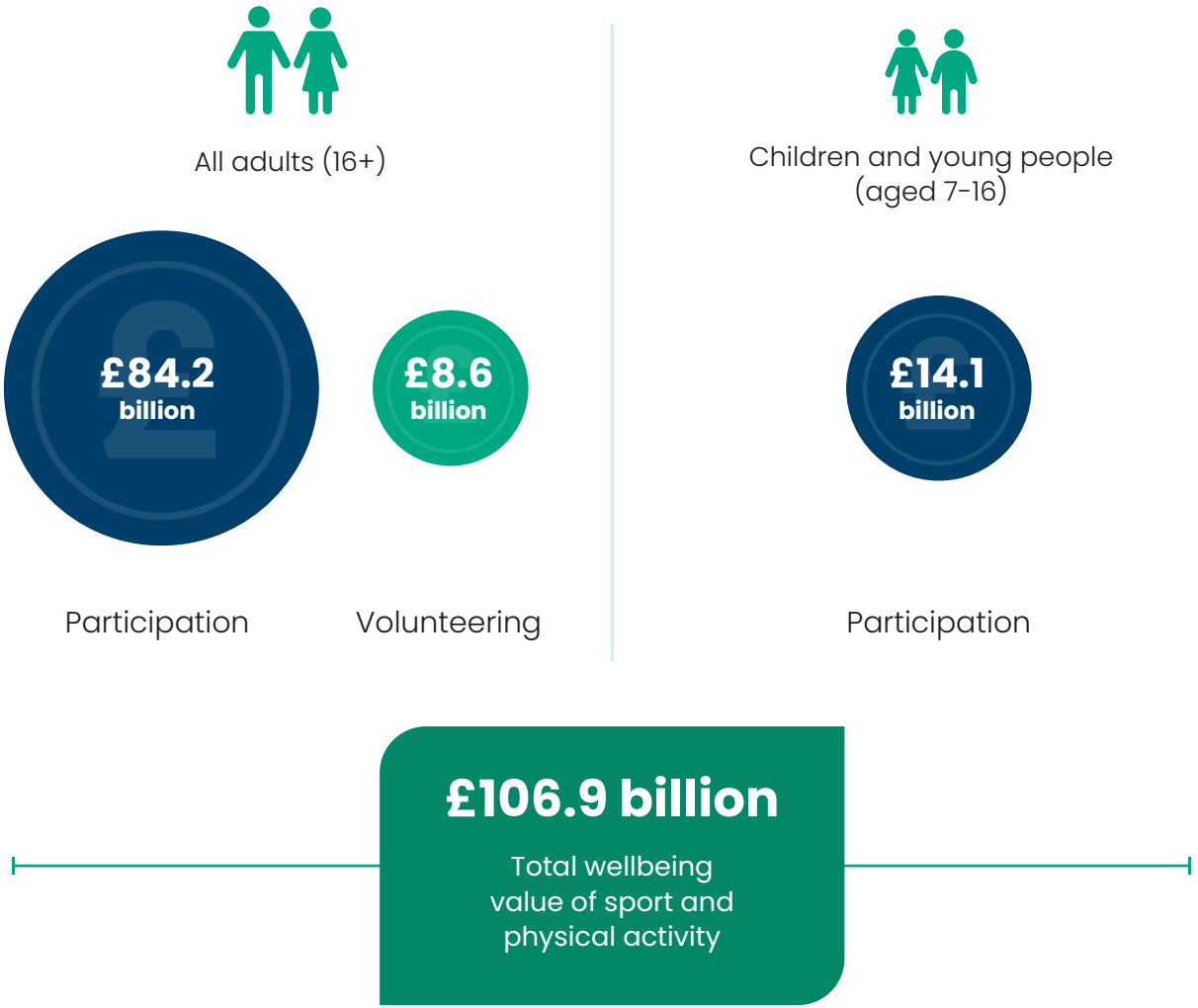
For primary school-age children, wellbeing value is estimated from the standardised survey question: "Overall, how happy did you feel yesterday?". People answer on a 0-10 scale. Using a validated mapping coefficient of 0.546 (Parkes, 2025), happiness scores are converted to estimated life satisfaction equivalents. A one-point change in estimated life satisfaction over 12 months is defined as a child wellbeing year (or a C-WELLBY). A C-WELLBY is assigned the same monetary equivalent rate as a WELLBY for adults, on equity grounds (see Little and Parkes, 2023).

By using Sport England's Active Lives Survey data, State of Life have estimated differences in life satisfaction associated with threshold physical activity levels (see Glossary) and volunteering to support sport and physical activity. The survey contains detailed anonymised information of each respondent's characteristics, which allows the use of statistical controls to more confidently assess the impact of physical activity and volunteering on a person's life satisfaction, with all other things being equal. To support full transparency and accountability, all data, methods, and findings are detailed in the updated primary wellbeing value report.

Total wellbeing value

For 2023/24, the total annual primary wellbeing value of sport and physical activity in England is estimated at **£106.9 billion**. This includes £84.2 billion from adult participation and £14.1 billion from participation among children and young people (aged 7-16). A further £8.6 billion is generated from adult volunteering to support sport and physical activity.

The scale of the wellbeing value generated across the population testifies to the profound impact of sport and physical activity on our overall quality of life. While the analysis cannot unpack all the different ways engaging in sport and physical activity improves a person's holistic sense of wellbeing, it likely does this in a range of multi-faceted ways. This is an area where further research and analysis is needed to explore causal pathways and the relationship between wellbeing and other outcomes (e.g. individual and social development).



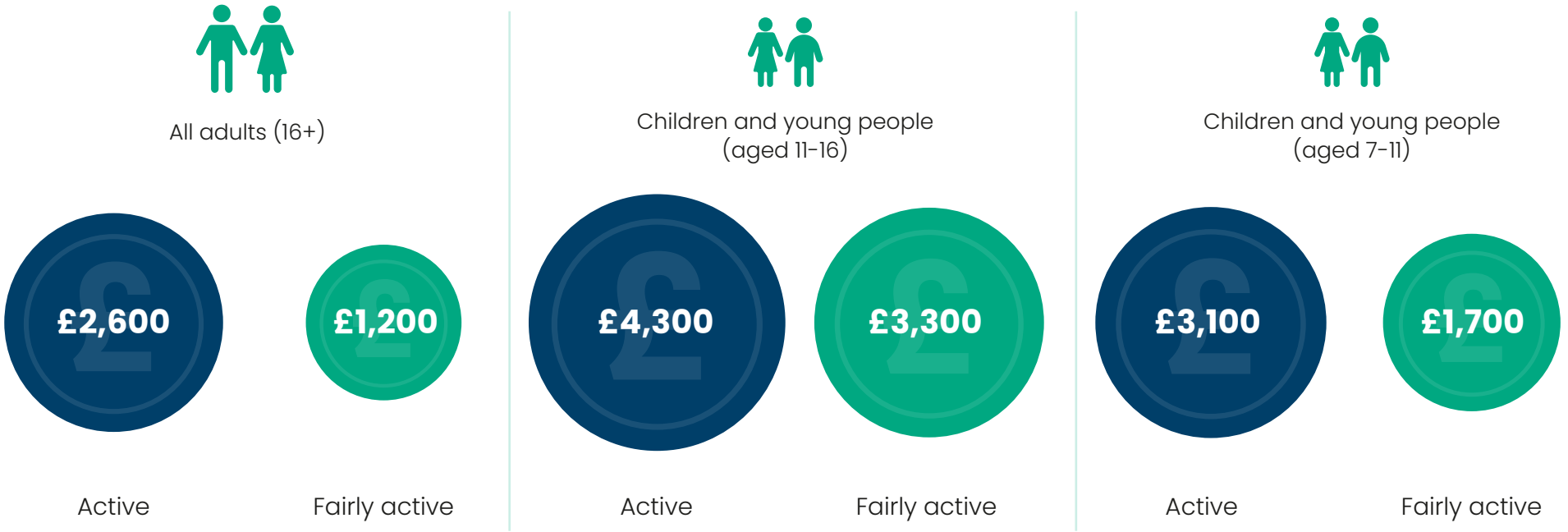
Average wellbeing values for participation

For an adult, being 'active' is worth **£2,600** a year in wellbeing value, while being 'fairly active' is worth **£1,200**. These values are the monetary equivalent of the wellbeing shift associated with a person being 'active' or 'fairly active', compared to being 'inactive' (which has a wellbeing value of £0).

The average value of participation for children and young people aged 11-16 is greater than for adults, with being 'active' worth **£4,300** a year, and being 'fairly active' worth **£3,300**.

The analysis of children and young people has also been extended in year two of the research to cover ages 7-11, and this shows that being 'active' is worth **£3,100** a year for this age group, and being 'fairly active' is worth **£1,700** a year.[4]

Average wellbeing values (per person, per year)



4 These are based on the C-WELLBY methodology, meaning they are not directly comparable to other values due to differences in analytical approach.

Differences by adult subgroup

As with the findings from year one of the research, the average per adult wellbeing values mask some important differences by subgroups. The updated year two analysis illustrates this variation by identifying those groups with significantly higher average values for 'active'[5]:

- Adults of mixed ethnicity or heritage: **£5,900**.
- Disabled adults or those with a long-term health condition (LTHC): **£5,300**.
- Women: **£3,200**.

However, it remains important to recognise that people are a mix of multiple, intersecting characteristics as this influences both how physically active a person is likely to be, as well as size of the benefits they receive from that activity. By applying Sport England's Inequalities Metric, the analysis finds higher wellbeing values - £3,800 - for being 'active' among adults who have two or more characteristics of inequality, compared to those with one or zero characteristics[6].

Adult subgroups with higher wellbeing values for being 'active' (per adult, per year)

Adult: Average wellbeing values for 'active' by number of inequality characteristics (per adult, per year)

5 Only those groups where we observe a statistically significant difference compared to a reference subgroup are presented here. For the significant findings among adults, the reference subgroups are: Ethnicity – White British, Disability status – Non-disabled, and Gender – Male.

6 Sport England's Inequalities Metric provides a holistic measure of inequalities in physical activity levels. By grouping the population based on the number of characteristics of inequality a person has (either 0, 1, or 2+), it can account for the impact of intersectionality.

These differences in average wellbeing values continue to highlight the potential for more targeted strategies and support for those groups who stand to gain the most from the benefits being physically active brings, but who may also be facing some of the greatest inequalities and barriers to participation.

The findings also indicate that many groups of adults experiencing inequalities in physical activity (namely Black and Asian adults, those in lower socio-economic groups, people aged 65+, and those living in high areas of deprivation) don't have a higher wellbeing value than average for being 'active'. However, the persistent inequalities in participation experienced by these groups mean they are less likely to receive the wellbeing benefits it provides, which in turn means the direct benefits to individuals of being active are not shared fairly across the population. Interventions to tackle inequalities would help redress this imbalance and drive up the overall wellbeing value of physical activity across the population.

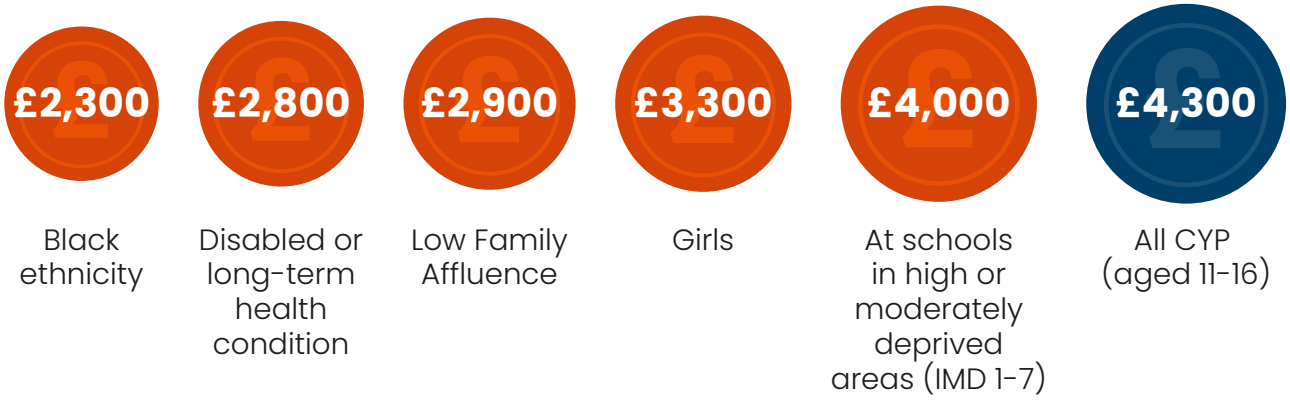
Children and young people (aged 11-16): key differences by subgroup

The analysis of wellbeing values among children and young people (CYP) aged 11-16 has been extended in year two of the project to explore possible differences between demographic subgroups.

A key finding is that the association between physical activity and wellbeing is positive across all subgroups that were examined.

However, it also shows there tends to be a weaker association between physical activity and wellbeing among children experiencing some of the greatest inequalities in participation and wider social outcomes.

CYP (aged 11-16): Selected subgroups with lower wellbeing values for being 'active' (per person, per year)[7]



CYP (aged 11-16): Average wellbeing values for 'active' by number of inequality characteristics (per person, per year)[8]

7 Only those groups where we observe a statistically significant difference compared to a reference subgroup are presented here. For the significant findings among CYP (aged 11-16), the reference subgroups are: Ethnicity – White British, Disability status – Non-disabled, Family Affluence Scale – High Family Affluence, Gender – Boy, and Local Area Deprivation 8-10 (based on Indices of Multiple Deprivation).

8 It should be noted that the breakdown by number of inequality characteristics are early, indicative findings. This component of the wellbeing analysis for CYP (aged 11-16) is less extensive as it is based on a more limited number of waves of Active Lives Children Survey data. This is due to certain years of the survey not containing all the inequality characteristic fields that are now required for this analysis. Consequently, the wellbeing values for subgroups by characteristics of inequality do not correspond neatly to the overall average CYP wellbeing values, due to differences in the size and coverage of the datasets used.

Interpreting the wellbeing values by subgroup

The wellbeing analysis of different adult and children and young people subgroups surfaces some interesting, yet contrasting, patterns in the findings. However, due to the limitations around what this analysis can explain in isolation, they are findings that would benefit from further research and interrogation to understand the wellbeing dynamics at play for different adult and child subgroups when it comes to being active[9].

However, there are certain factors and pieces of insight that can help put these findings into greater context and support more informed discussions about what they mean for stakeholders and their work.

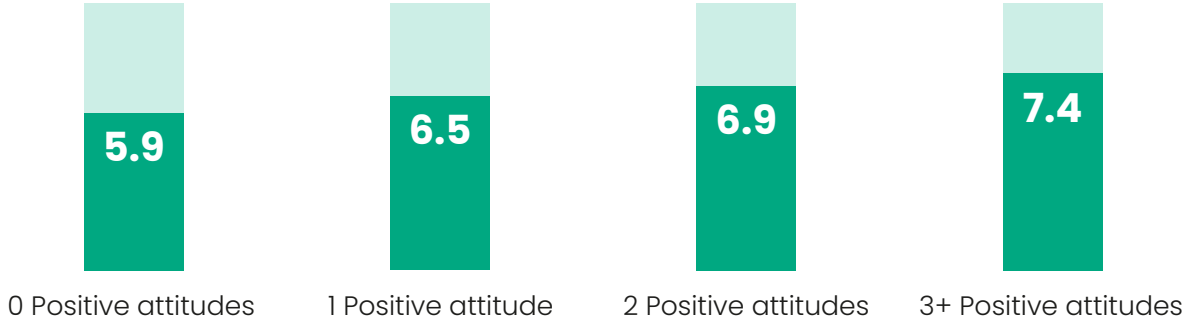
For both adults and children and young people, motivations, opportunities, experiences, and attitudes to being active are unobserved factors in the analysis, which could partly explain differences in the strength of the association between wellbeing and participation among different subgroups.

Existing research into children and young people in particular has highlighted the potential relevance of these types of factors when it comes to wellbeing and physical activity. For example, Sport England's own analysis of the Active Lives Children and Young People Survey data indicates a clear association between positive attitudes towards sport and physical activity and greater life satisfaction.

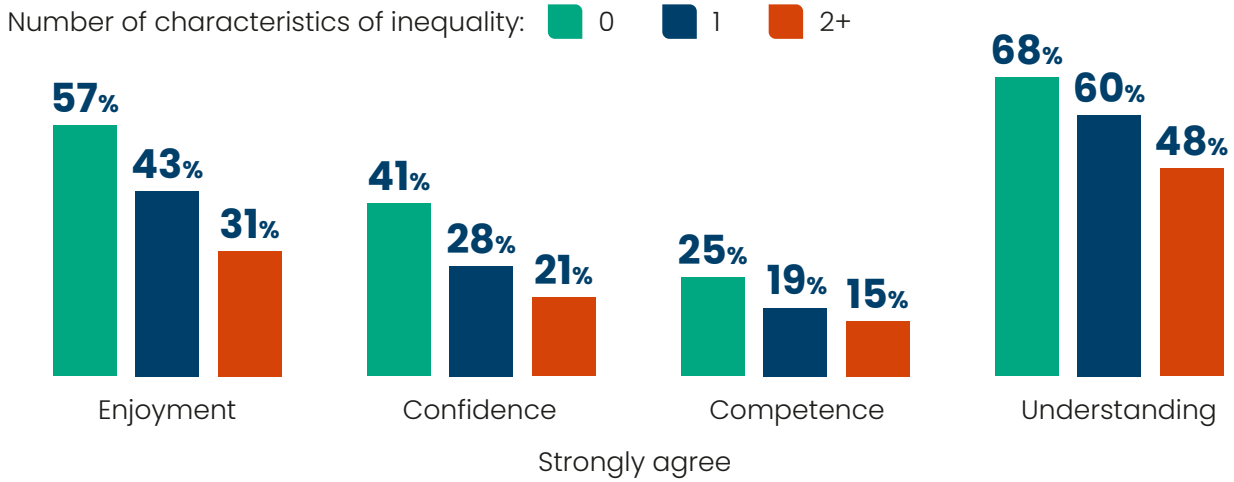
9 More detail on the approach to the wellbeing analysis for subgroups, dsicussion of its findings and limitations, and recommendations for future research can be found in the primary value technical report.

Children and young people (aged 11-16): Association between positive attitudes and life satisfaction

Overall, how satisfied are you with your life nowadays?
(0 = not at all satisfied, and 10 = completely satisfied)



Children and young people (aged 11-16): Association between characteristics of inequality and positive attitudes



Source: Active Lives Children and Young People Survey, Academic Year 2023-24

10 A positive attitude towards sport and physical activity is defined as strongly agreeing with the corresponding attitude statement for: enjoyment, confidence, competence and knowledge, and understanding. More information on the statements asked to measure each attitude can be found in our latest Active Lives Children and Young People Survey Report.

Separate research by the Youth Sport Trust (YST) has also found that pre-existing motivation and enjoyment accounted for at least half of the wellbeing benefit of PE in secondary school pupils.

However, positive attitudes towards taking part in sport and physical activity[10] vary significantly between demographic groups. Active Lives Children and Young People Survey data shows the prevalence of positive attitudes is lower among children with more characteristics of inequality.

Wider research also shows:

- Well-documented barriers to participation that disproportionately affect girls, such as reduced access to facilities, safety concerns, and anxiety linked to puberty[11].
- A 'gender enjoyment gap', with girls often reporting lower enjoyment of sport and physical activity.

However, research also indicates that when opportunity and choice are 'equalised' – such as through school-based activity – the association between physical activity and wellbeing appears stronger among more disadvantaged groups.

For example:

- YST research found that the wellbeing benefits of PE in school were greater for those eligible for free school meals than for their peers.[12]
- Evaluation of **Active Row** (a programme that specifically targets schools with a high percentage of pupil premium students) found that wellbeing benefits from participation were significantly higher among those eligible for free school meals, disabled pupils, and those from ethnic minority backgrounds[13].

Further research and analysis should explore these mechanisms in more depth, but we believe it highlights the need for more work to ensure all children and young people, regardless of their background, have access to high-quality opportunities that help build a positive relationship with sport and physical activity. Addressing disparities in experience – not just participation – will be key to maximising the wellbeing benefits for all.

11 UK Parliament (2024) **Health barriers for girls and women in sport**
12 State of Life, Youth Sport Trust (2024) **The social value of free physical activity in schools: pioneering new study and discussion paper**
13 **Active Row Social Value Study 2023**

Wellbeing value of volunteering to support sport and physical activity

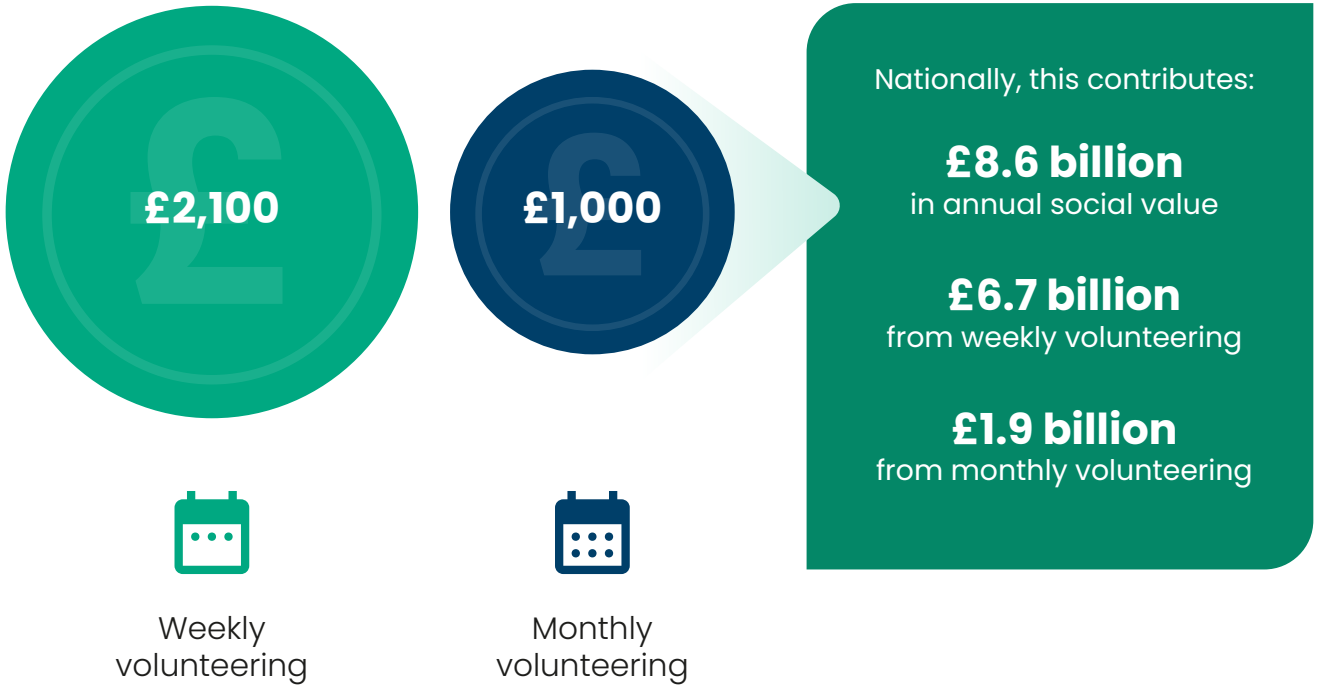
Volunteering not only enables participation opportunities for others but significantly boosts the wellbing of volunteers themselves, when undertaken at the following frequencies for adults:

- Weekly volunteering: **£2,100** per adult.
- Monthly volunteering: **£1,000** per adult.

We estimate this generates **8.6 billion** of annual primary wellbeing value in total from adult volunteering.

The total and average wellbeing values generated by volunteering are in addition to any wellbeing value that may come from a person being physically active. This is because the analysis controls for the effect of physical activity levels on wellbeing[14].

Average wellbeing values for adult volunteering (per person, per year)



14 It should be noted that Sport England's previous social value models (published in 2014 and 2020) did not control for participation and volunteering in its analysis of wellbeing benefits. However, it adopted a different approach that avoided double-counting by using a single wellbeing value if people participated and/or volunteered. This may account for some of the difference in magnitude of values between these studies.

Wider health (secondary) value

While the wellbeing values reflect aspects of the health-related benefits that accrue directly to the individual through improved wellbeing, secondary values focus on the wider value of sport and physical activity participation to society, including the state.

Year two of the secondary value analysis has continued to focus on health, as the research team prioritised the valuation of social outcomes with the highest quality evidence and updating the existing health model with the most recent data and evidence.

While there remains a lack of quality evidence to justify the inclusion of other social outcomes at this time, year two of the work has been extended to estimate the social value derived from increased productivity in the working-age population (16-64 years) due to reduced morbidity. **Thus, the coverage of the secondary health value model in year two has been extended**. It should be noted that there are some productivity benefits of an active population that flow to employers, and others that flow to individuals themselves.

Sheffield Hallam University and Manchester Metropolitan University updated the model quantifying the health values associated with participation in sport and physical activity, further refining previous models created for Sport England.[15] Full details of the data, methods, and results are provided in the secondary value technical report, but are summarised briefly in this section.

15 This analysis uses the same activity levels that are applied for the individual wellbeing values.

The secondary value model covers 17 health outcomes:

- Reduced risk of coronary heart disease, stroke, type 2 diabetes, seven types of cancer, dementia, depression, hip fractures, and back pain.
- Reduced GP visits and mental health service use.
- Sports injuries.

As with year one of the research, most health outcomes were valued using a prevalence-based approach, where the number of cases of disease avoided through current levels of participation in sport and physical activity were estimated using data on the relative risk of disease, the population prevalence or incidence of disease, and activity levels. The number of cases prevented were then multiplied by the associated direct (healthcare) and indirect (social care, informal care, and productivity) costs per case.

Health outcomes were only valued for the adult population (aged 16+) among those who were 'active' or 'fairly active' as defined by the Active Lives Adult Survey.[16]

The headline estimates presented in the following section provide a snapshot of the health value of sport and physical activity in England updated for 2023/24.[17]

Total wider health value

Across the adult population in England, we estimate:

The annual wider health value of participation is **£15.9 billion**[18], of which:

- **£14.2 billion** is associated with the 'active' population, and
- **£1.7 billion** with the 'fairly active' population.[19]

This annual health value also breaks down into direct healthcare and indirect cost savings:

The overall direct healthcare savings (net) are estimated at **£8.0 billion**.

- Disease prevention (14 outcomes) = £6.75 billion.
- Reduced health service usage = £1.39 billion.
- Sports injuries = -£0.15 billion.

The overall indirect savings are estimated at **£7.9 billion**.

- Social care = £0.94 billion.
- Informal care = £1.20 billion.
- Productivity = £5.81 billion.

16 This is due to limited evidence for the wider health value created by participation among younger populations.
17 The presentation of health value as a 'snapshot' conflates the dynamic process of continued investment and participation of sport and physical activity, which results in the generation of longer-term benefits. It makes the simplifying assumption that investment of resources (time and money) today produces health benefits in the future, and investments in previous years result in the benefits experienced today.
18 The change in price year, use of more recent data and evidence, and extended coverage of the model to include productivity values mean the total wider health value is not directly comparable to that presented in year one of the project.
19 Based on 2023/24 participation data from Active Lives Adult Survey and using 2024 prices. As with wellbeing values, total benefits are benchmarked against a counterfactual where the whole population is 'inactive'.

We also estimate that:

- Over **3.3 million** cases of non-communicable diseases or chronic health conditions were prevented among 'active' and 'fairly active' adults in 2024.
- The largest estimated reductions were for: **depression** (1.3 million cases), **back pain** (0.9 million cases), and **type 2 diabetes** (0.7 million cases).
- The overall direct healthcare and indirect savings due to disease prevention across **14 health outcomes** is estimated at **£14.7 billion**.
- There are a further **£1.2 billion** in direct healthcare savings (net) due to reduced GP visits, reduced mental health service usage, and sports injuries.

Cases of disease prevented and net cost savings due to physically active adults in England (2024)

Health outcome	Cases prevented	Value
Coronary heart disease	151,000	£1.03 billion
Stroke	109,000	£0.94 billion
Type 2 diabetes	726,000	£1.92 billion
Cancer (7 types)[20]	15,000	£0.34 billion
Dementia (65+ years)	65,000	£0.86 billion
Depression	1,311,000	£8.43 billion
Hip fractures (65+ years)	28,000	£0.56 billion
Back pain	930,000	£0.61 billion
Sub-total (prevention of 14 diseases)		**£14.70 billion**
Reduced GP visits		£0.57 billion
Reduced mental health service usage		£0.82 billion
Sports injuries[21]		-£0.15 billion
TOTALS	**3.34 million**	**£15.93 billion**

20 The seven types of cancer include: breast cancer, colon cancer, bladder cancer, endometrium cancer, oesophagus cancer, gastric cancer, and renal cancer.
21 Sports injuries incur healthcare costs. Therefore, the value for sports injuries is subtracted from overall costs avoided to reach the overall 'net' cost savings figure.

Health values per person

Average health values for 2024 were:

- **£478** per 'active' adult.
- **£330** per 'fairly active' adult.

There is not much variation in the overall health values when broken down by age and gender. However, the detailed secondary health value report provides more detail on the nature of cost savings for different age groups.

For example, among working-age people, some of the indirect cost savings from physical activity are higher due to the inclusion of productivity benefits only for those people aged 16-64, whereas for older people, direct healthcare savings tend to be higher due to the inclusion of two outcomes – dementia and hip fractures - that only apply to adults aged 65+.

Value per adult participant, per year – including productivity (2024 prices)

	All adults (aged 16+)	All adults 16-64	All adults 65+
'Active' adult	£478	£480	£467
'Fairly active' adult	£330	£326	£343

Value per adult participant, per year – excluding productivity (2024 prices)

	All adults (aged 16+)	All adults 16-64	All adults 65+
'Active' adult	£301	£260	£467
'Fairly active' adult	£223	£181	£343

The social cost of inequality

This latest iteration of the social value model has also enabled the production of an updated estimate for the social cost of inequality in physical activity levels.

As well as updating this figure for adults using the latest evidence and Inequalities Metric data, the analysis in year two has been expanded to include the addition of a social cost of inequality figure for children and young people (aged 11-16)[22].

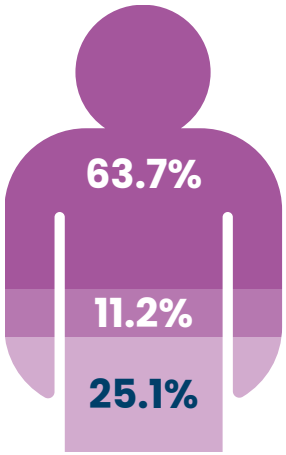
This analysis considers a scenario where physical activity levels across the entire adult and child populations – which include those most likely to experience inequalities in participation – increase to match the physical activity levels of those adults and children in society least likely to experience inequalities.

This calculation applies Sport England's Inequalities Metric: breaking the adult and child populations of England down into different groups based on the number of characteristics of inequality each person has (either 0, 1, or 2+).

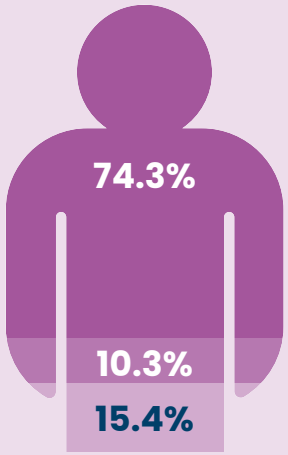
We estimate the annual social cost of inequalities we see in physical activity levels at **£19.6 billion**:

- **£15.8 billion** from primary wellbeing value in adults.
- **£1.4 billion** from primary wellbeing value in children and young people (aged 11-16).
- **£2.4 billion** from secondary health value in adults.

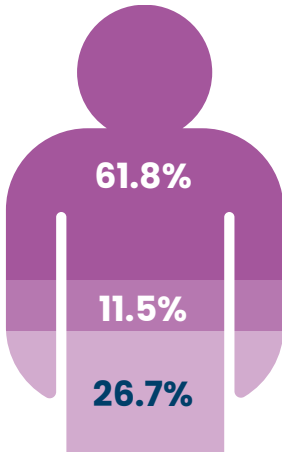
22 The social cost of inequality figure for children and young people:
- relates to wellbeing value only, due to limited evidence for the secondary health values created by participation among these age groups.
- was only possible for children and young people in the 11-16 age bracket due to the availability of inputs required to make the calculation.
- assumes that gaps in participation levels, quality of experience, and the wellbeing benefit derived from taking part are all closed.



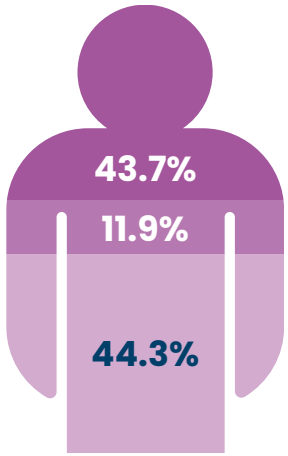
All adults (aged 16+)



0 characteristics of inequality



1 characteristic of inequality



2+ characteristics of inequality

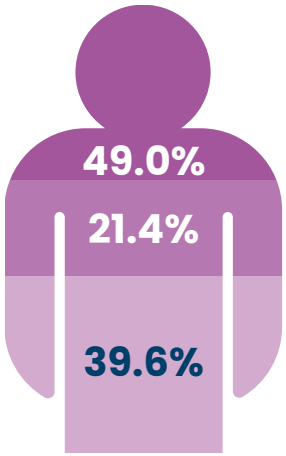
Active

Fairly active

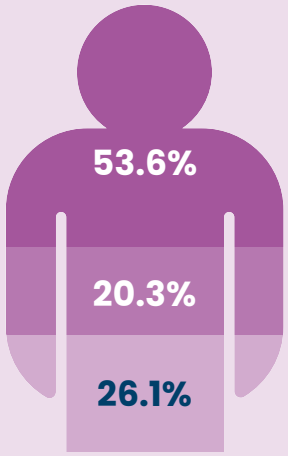
Inactive

We estimate there would be around **£18.2 billion** more annual social value generated if participation in sport and physical activity among adults with 1 or 2+ characteristics of inequality rose to the same levels as those with no characteristics, i.e. all three groups in the population were physically active at the rates highlighted here.

This would equate to roughly five million more 'active' adults in England and would mean that the benefits of sport and physical activity would be more evenly distributed across the adult population.



All CYP (aged 11-16)



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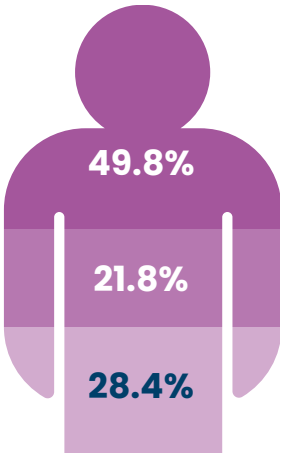
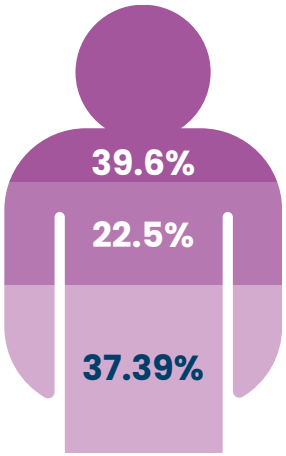


1 characteristic of inequality



2+ characteristics of inequality

- Active
- Fairly active
- Less active

We estimate there would be around **£1.4 billion** more annual social value generated if participation levels, quality of experience, and the wellbeing derived from taking part among children and young people (aged 11-16) with 1 or 2+ characteristics of inequality rose to the same levels as those with no characteristics, i.e. all three groups in the population were physically active at the rates highlighted here and received the same wellbeing uplifts from taking part.

The return on investment of community sport and physical activity

The combined economic and social value figure for community sport and physical activity is estimated at £165.4bn.

This consists of £122.9bn of social value in the form of wellbeing and wider health benefits, a further £6.3bn for the replacement value of volunteers for organisations who benefit from their labour, plus £36.2bn in sport-related economic activity (known as gross value added – GVA).

The investment calculation of £37.8bn includes:

1. **£28bn** of consumer spending (on goods and equipment, members' fees, and clothing and footwear used for participation, for example).
2. **£2bn** from local and national government.
3. **£1.4bn** from educational institutions and charities.
4. **£6.3bn** relating to the replacement cost of volunteer time (based on the number of regular volunteers that support sport and physical activity, the average number of hours that they contribute annually, and the average hourly wage). The replacement cost/value of volunteering is treated as both an 'input' and an 'outcome' in the ROI calculation.

By dividing the value figure by the investment, the research creates an overall return on investment ratio for economic and social outcomes in 2023/24 of **4.38** – up from 4.20 in 2022/23 and 3.91 in 2017/18. This is reflected by the breadth of wellbeing outcomes and the inclusion of health-related productivity savings included in the 2023/24 research[23].

23 More detail on how the ROI figure was calculated and the different 'inputs' and 'outcomes' can be found in the technical note published alongside this report.

Conclusion

The values provided by this updated research help lay stronger foundations for investment cases across the sector by making a clear and powerful statement of how much social value sport and physical activity generates annually and the different types of benefits it provides for individuals and society.

The updated analysis and extension of the model in year two of this research should provide decision-makers with the tools and confidence to make informed and effective policy choices to boost participation in sport and physical activity, improve our national health and wellbeing, and support the delivery of public services. Furthermore, it highlights the importance of addressing inequalities in both participation and quality of experience if we are to redress the imbalances in how the benefits of taking part in sport and physical activity are spread across the population. Such efforts to tackle inequalities will also be central to driving up the overall social value generated by sport and physical activity.

This work provides a national, overarching picture of the social value of sport and physical activity, so may not completely meet the needs of every partner and stakeholder. However, it establishes an important basis for the sector to present credible and coherent arguments about its social value contributions and apply a consistent approach to how they are calculated. The update to the work in year two also improves our understanding of how wellbeing benefits from participation are generated and distributed among our children and young people. However, this report also clearly acknowledges some of the limitations to the scope and findings of this analysis, and, as a result, where there are important gaps in understanding that should be a priority for further research. This is where ongoing and collective efforts to generate high-quality evidence and insight into the social benefits of sport and physical activity can play an important role in building on the findings presented here.

Year two of the research has prioritised extending and updating wellbeing and health values due to the strength and quality of evidence and because they encapsulate some of the most well-understood social benefits sport and physical activity delivers for individuals and society. Not only is this the clearest picture of social value we've been able to produce yet, but it also lays the important groundwork for the future development of the model so that a wider, and deeper, coverage of social benefits can be incorporated as the evidence-base improves and grows. This will help to ensure investment and policy choices can be informed by social value considerations.

This update has also helped ensure our findings, and the supporting guidance and resources we develop, are as up-to-date and useful for the sector as possible. It also re-affirms the strength of the strategic case for widespread investment in sport and physical activity as a cost-effective way to improve health and wellbeing: we estimate a total annual value of sport and physical activity in England of £122.9 billion for 2023/24. This represents improved quality of life for tens of millions of people and millions of prevented disease cases, underscoring the integral role of sport and physical activity in any effective public health and wellbeing strategy.

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