CONSUMER ENGAGEMENT

Shaping a new era of strength training

Consumer Insights on Strength Training in Health, Fitness and Leisure

Special thanks to our partners for supporting this work

LesMILLS

Active Insight

"Our industry holds a unique responsibility and opportunity: by deeply understanding consumers and engaging them in meaningful ways, we can create inclusive experiences that not only encourage participation but also actively support mental health. When physical activity is shaped around the needs of individuals, it becomes more than exercise—it becomes a pathway to improved wellbeing and a tool to reach and positively impact more lives. Consumer engagement and insight are central to this process, allowing us to see through the lens of those we serve and design experiences that truly resonate and make a difference."

Julie Allen, Business Development Director

ageUK

"Age UK, strongly welcomes this focus on strength. As we get older, maintaining and improving our muscle strength is fundamental to staying mobile, independent and well, yet it is too often overlooked. Strength training is about enabling people to keep doing the things that matter to them, from getting out and about to remaining active in their communities. With the right support, people can build strength at any age, and even reverse declines that are often assumed to be inevitable. Highlighting the importance of strength training is therefore essential if we are to help more older people age well, prevent or reduce the numbers of people living with frailty, and feel confident engaging in activities that support their long-term health."

Dr Lis Boulton, Health & Care Policy Manager, Age UK

Moving Communities

Foreword

Everyone knows it's important to build strength at all stages of life – now more than ever – with the sedentary challenges of modern living. But this report reveals relatively few of us know how to achieve this, highlighting the need for a landmark '5-a-day' style public health campaign to build strength awareness and inspire action.

Improving our collective strength could transform the health of the nation – enhancing the lives of millions of individuals, while bringing enormous benefits to society as a whole.

Such a feat will require bold thinking and unprecedented collaboration between central and local government, public health bodies and the physical activity sector to drive this agenda forward and make strength training accessible for all.

Les Mills has been helping people become stronger since 1968, and we've learned that the best workout is the one you actually do. Making training motivating, inclusive, and most of all fun is the key to inspiring people to embrace healthy habits and reap the rewards of an active lifestyle.

It's a magical transformation that we witness every day in gyms and leisure centres across the country, driven by dedicated fitness professionals determined to make a difference.

Strength training is for everyone – and we're proud to be driving this mission forward with ukactive to help build stronger, more resilient and empowered communities

Martin Franklin, CEO – Europe, Les Mills

Foreword

Strength training is not a trend. I believe it has the power to change lives.

For me, training for strength began as a way to feel capable in my own body, but it quickly became something far bigger. I have seen, both personally and professionally, how building strength can improve confidence, mental health, energy levels, life resilience and long-term wellbeing. Most importantly for me, it's not just about 'looking' better, but feeling your best.

From an operational and commercial perspective, I believe strength training is one of the most powerful growth drivers our industry has. It supports retention, broadens participation, increases visit frequency and creates deeper, more meaningful relationships between consumers and fitness brands. When people understand strength, they stay longer, train smarter and invest in their health for the long-term.

Yet for many, strength still feels intimidating, unclear or inaccessible. That is why this report matters and why qualified coaches have the opportunity to help people break through those barriers to entry.

ukactive's Strength Report provides the clarity, education and evidence needed to reshape how consumers view strength training, not as something reserved for a few, but as something essential for everyone, no matter when you decide to start.

This is our opportunity to change the narrative, raise standards, and help a nation grow stronger, physically, mentally and economically.

Laura Hoggins, @laurabiceps, PT, Author & Head of Gyms at Optimum Nutrition

Preface

Health and fitness is one of the fastest evolving areas of public life today, with societal shifts and consumer demand driving new trends in how people choose to be physically active. As a result, the way we view strength is changing. Traditional gym spaces are being transformed, with a far wider range of people now using weights and undertaking strength training.

The rise of GLP-1 weight-loss drugs will drive further change, given the side effects on muscle mass which featured in our previous report. Strength has become a core part not just of our physical health but our mental wellbeing too – helping to reduce stress, improve mood and boost confidence. Despite this, the benefits and experience of strength training remain unfamiliar to many – and we want to change that.

This report examines our nation's relationship with strength today. By looking at how people understand and engage in strength exercise, we hope to improve the opportunities for the physical activity sector, the Government and our health partners to reach more people and help make Britain stronger. The results will depend on the ability of the Government and its agencies to capitalise on the infrastructure and expertise provided by ukactive's members to help drive improvements in public health and reduce inequalities.

Our sector has a central role to play in reaching more people from all ages, backgrounds and abilities with the support to build their strength. The UK Health & Fitness Market Report 2025 showed a record 11.5 million members of health and fitness clubs, with more than 600 million visits to facilities. Data show increasing engagement among children and young people using gyms, swimming pools and leisure centres, but also older adults and those from disadvantaged backgrounds. This is important for so many reasons.

The NHS continues to creak under the pressure of patients suffering musculoskeletal (MSK) conditions, from neck, back and joint pain to more severe conditions and disabilities. Strength building exercise is essential in reducing and managing these conditions as well as reducing the risks of frailty and falls, which cost the NHS £2.3bn every year. The impact not just on population health but on the workforce and the economy is clear. In this way, our physical strength correlates not just with the nation's overall health but also its growth.

The findings in this report reveal an opportunity of huge potential. The medical profession and the fitness profession are well-versed in the benefits of strength building exercises. Our members and health partners are excited by the opportunity to reach more people, and we hope this report will help our members continue to improve and grow their services. What we need now is a clear strategy, including through the implementation of the NHS 10 Year Plan, that integrates our sectors and, crucially, drives greater public awareness of the importance of strength and of the welcoming, supportive facilities and options provided by our sector.

We hope you share our vision of a stronger Britain.

Huw Edwards, CEO, ukactive

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1. Introduction & Background

In the summer of 2022, ukactive set out an ambition to guide the future of our sector through a dedicated, consumer-led programme of work. Guided by data and insight, this programme is designed to truly understand people's needs, perceptions and remove the barriers that hold them back from being active. At the heart of this vision is our goal for 2030: to see five million more people regularly using gyms, pools, and leisure centres by 2030. Achieving this would mean supporting over 20% of the UK population to live healthier, more active lives – a powerful step forward from the 15% we reached before the pandemic.

Realising Vision 2030 will take collective action. By working together – operators, partners, and communities – we can grow our impact, unlock new opportunities, and ensure that physical activity is a cornerstone of a healthier, happier nation.

So where are we now?

The UK Health and Fitness Market Report 2025, which reports quarterly data on recorded customers visits to health and fitness facilities run by public, private and independent operators across the UK, and is based on the sector's most authoritative source of market intelligence, shows the positive growth across the sector. Some of these key numbers are below:

11,486,680

Number of gym or leisure facility members

2023: 10,821,402 +6.1%

16.9%

Total penetration rate

2023: 16.0% | +0.9%

616m

Visits (throughput)

2023: 569m. | +8.2%

5,607

Number of clubs

2023: 5,555. | +0.9%

UK Health and Fitness Market Report 2025

Where does the consumer data fit into this?

Consumer data sits at the heart of the Vision 2030 ambition. By understanding people's behaviours, motivations, and needs, we can provide the sector with the insight needed to drive meaningful growth and impact. Three years on, the Consumer Engagement programme continues to offer this deeper understanding, helping us identify where the greatest opportunities lie and where support is most needed. This work began with our initial report, which laid the foundations for this journey and continues to guide our focus today. We also released in September our first focus-led report – Mental Health in Motion: Consumer Perspective on Mental Health in Fitness & Leisure. Focusing on the role physical activity plays in people's mental health allows us to unlock one of the biggest challenges faces our nation.

What do we mean by consumer data and the Consumer Engagement work?

Consumer Engagement at ukactive refers to our regular, evidence-based interaction with both potential and existing fitness and leisure individuals. This approach allows us to observe behaviours, experiences, and perceptions, generating the insights required to proactively improve engagement and accessibility.

Since then, Consumer Engagement has informed ukactive's broader strategic priorities, including equality, diversity, and inclusion; digital transformation; growth through health; campaigns and political advocacy; and operational standards. The insights gained have helped us to test ideas, refine approaches, and ensure sector development remains responsive to the needs of the communities we serve.

Why are we focusing on strength?

Strength plays a vital role to our overall health and is linked with improved function, reduced morbidity, and reduced risk of premature mortality[1–3].

Whilst strength increases in early adult life, it starts to decline at roughly 1% per year with age[-4–8]. This makes early development of strength capacity[9], and lifelong engagement in resistance training important factors for slowing this typical age-related decline[10,11] and reduce risk of frailty – defined by Age UK as a person's mental and physical resilience.

As such, strength training remains a key part of the Chief Medical Officers' (CMO) physical activity guidelines[12]. These guidelines state adults and older adults should undertake minimum of 150 minutes of moderate intensity (or 75 minutes vigorous intensity, or a combination) physical activity every week. These guidelines also indicate that adults (19-64 years) should undertake specific muscle strengthening activities at least twice a week, and older adults (over 65 years) should include muscle strength, balance and flexibility exercises twice a week.

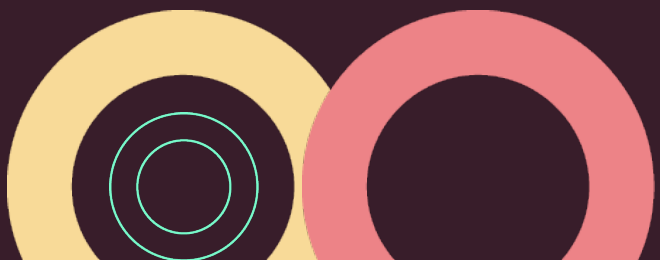
Regular strength training is also recommended as a key part of a healthy lifestyle for those taking weight loss medication to minimise the muscle mass lost seen as a side effect[13].

However, despite its importance, strength has previously been described as the 'forgotten guideline'[14] and current discussion and surveillance of activity levels still focus primarily of the aerobic physical activity elements of the guideline.

Hence this report draws upon ukactive's Consumer Engagement polling data to explore consumers perceptions and behaviours related to strength training. We hope this will begin to provide additional insight into how consumers interact with our sectors facilities to support their strength training needs, in addition to their confidence levels.

As highlighted above, 11.6 million adults currently hold a Health and Fitness club membership to facilities that offer resistance training equipment. Additional to the facilities, there are many providers of strength or strength related activities, interventions or opportunities from structured programmes to support through daily activities.

This sector offers a wealth of knowledge, skill and expertise to support individuals to engage in strength training. This report hopes to both shine a light on this and provide tangible case studies, guidance and or sign posting to resources for our sector to help them on that journey.



2. Methodology

ukactive's conducts regular consumer polling four times a year with market research specialists Savanta which surveys a UK nationally representative (based on ages 16–75+, region, gender, and social grade) minimum sample of 2,000 adults per wave. More information on the overall methodology can be seen in the 'On The Road To Vision 2030' report.

This report presents analysis by the ukactive Research Institute using data collected from two time points – July and September 2025 (waves 11 and 12). The questions utilised ask respondents how they see the role of strength training within their physical activity participation, including their knowledge and frequency of participation, confidence to engage in strength training, and perceptions of how the sector supports this.

This is complemented by segmentations using demographic data, where the sample sizes are large enough to be robust. Sample sizes vary based on the question analysed, with samples of up to 4,217 across the two data collection time points .

Alongside data on strength, we explore several questions on the use of and role of GLP-1 medication alongside exercise.

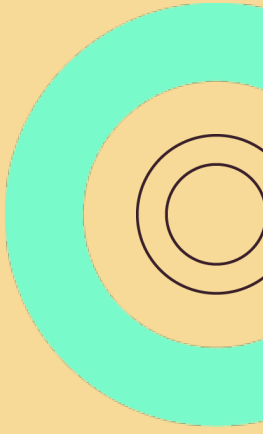
Supporting insights have been provided by Active Insights, captured through its Consumer Insight Panel in November 2025. This has allowed us to explore some of the themes that emerged from the original polling data set in more detail.

Definitions and groupings:

- We have provided demographic breakdowns where sample sizes are large enough to be considered robust. Due to this namely gender and age (generational groups) have been explored. These demographic groups have also been highlighted because of the disparities that exist between genders and across age groups in strength training participation. Other demographic groupings with low sample sizes are not reported hence percentages in graphs may not add up to 100%.

- The demographic grouping of 'generational group' is a recent addition to the survey analysis. These have been created by grouping survey respondents together based on their age at the time of completing the survey to fit into one of five groups: Generation Z (1997–2009, currently 16–28 years), Millennials (1981–1996, currently 29–44 years), Generation X (1965–1980, currently 45–60 years), Baby Boomers (1946–1964, currently 61–79 years) and Silent Generation (1928–1945, currently 80–97 years).

3. Findings



3a. Strength training in the population:

Exploring awareness and strength-training frequency across demographics based on consumer insights

Awareness of strength building activities

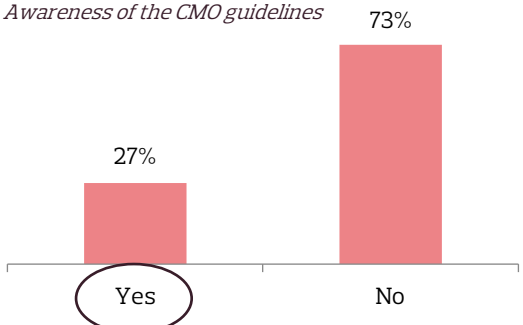
According to the UK Chief Medical Officers' (CMOs) physical activity guidelines[15] adults aged 19-64 should engage in at least 2 days per week of strength bearing activities, which develop or maintain strength in the major muscle groups. Such activities include strength or resistance training, weightlifting, or activities of daily living like heavy gardening or carrying heavy shopping.

This is considered even more important for those ages 65+, as muscle mass, and hence strength, decreases with ageing, and are often paired with increased risk of falls, injury or lack of mobility and physical independence[16]. Typically, activities suggested for older adults (65+) center around maintaining muscle strength, balance and flexibility.

Of the 4,217 adults surveyed, the majority were not aware of the Government's recommendations on weekly strength building activities. **Nearly three quarters reported 'no' that they were not aware of the Chief Medical Officers' (CMO) guidelines (73%)** (Fig. 1.A.). Of those who were aware, they were then asked what they believed the recommended number of days per week strength building activities should be undertaken. Just under two fifths (38%) correctly stated two days, with a further 35% stating three (Fig.1.B.).

Current gym members are the ones most aware of the CMO guidelines, with half (49%) responding yes, compared to 19% who **used** to be members and only 10% who have **never** been members. Lack of awareness was greatest in those who had never been members, with 90% responding no they were not aware of the CMO guidelines.

Fig 1A. Awareness of the CMO guidelines



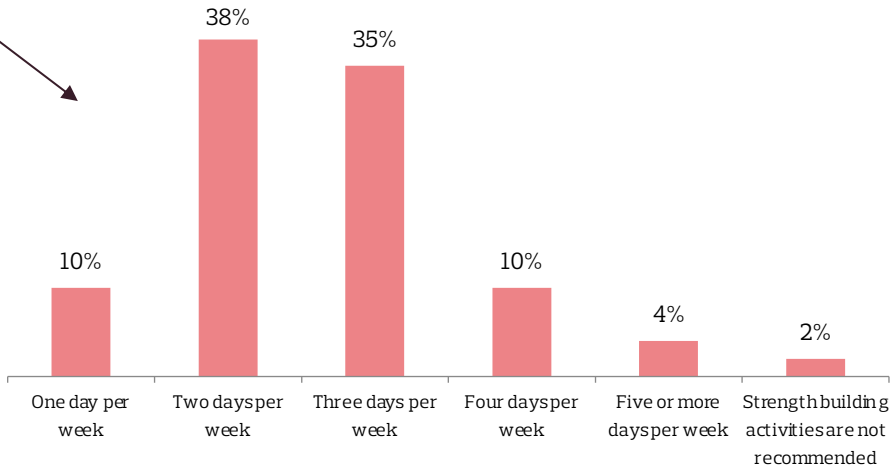


Fig 1B. Awareness of the amount of days per week strength building activity should be undertaken

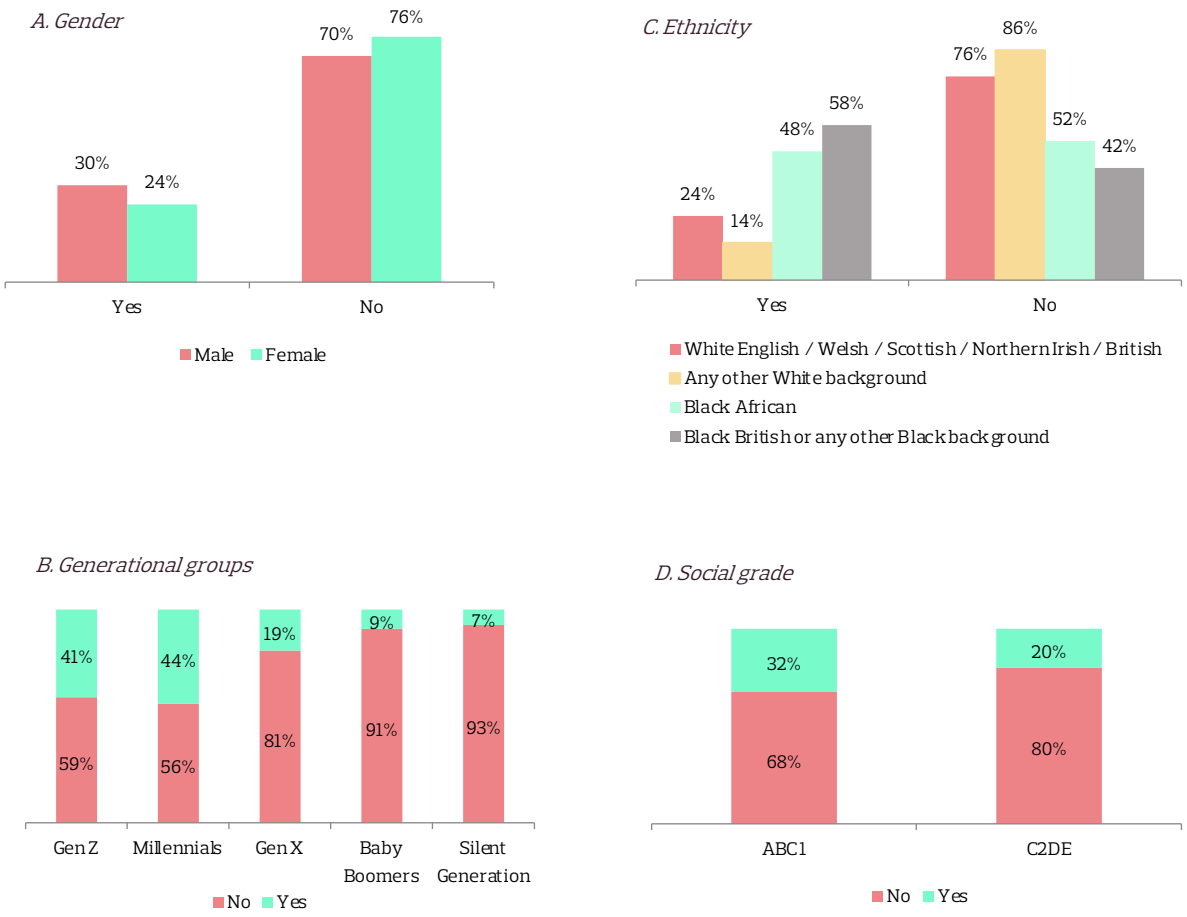
Awareness varies across demographic groups. Females are more likely than males to be unaware of the strength guidelines (76% versus 70%, Fig.2.A.), although overall both genders report higher levels of unawareness than awareness. In line with this males (41%) were also more likely to be aware that strength building activities should take place two days a week compared to females (35%).

Awareness also falls sharply as age increases (Fig.2.B.). Whilst awareness remains overall low, two fifths of Gen Z (41%) and Millennials (44%) are familiar with CMO strength activity guidelines, compared to less than 10% of Baby Boomers (9%) and the Silent Generation (7%). Millennials (43%) followed by Gen Z (38%), were also the most likely to know that strength training should be undertaken on at least two days a week compared to Gen X (32%) and Baby Boomers (31%).

Awareness varies by ethnicity, namely with Black (58%) and Black African (48%) ethnicity groups showing much higher rates of recognition than White British (24%) respondents (Fig.2.C.). Other ethnic groups are not reported due to sample sizes being too low.

Finally, adults from lower social grades (Fig.2.D.; C2DE representing skilled manual and semi-skilled/unskilled manual/unemployed occupations) were more likely to be unaware of the guidelines (20%) compared to those from higher social grades (ABC1; 32%). Likewise, those from higher grades were more likely to be aware that strength training was required on 2 days per week than those from lower social grades (41% versus 30% respectively).

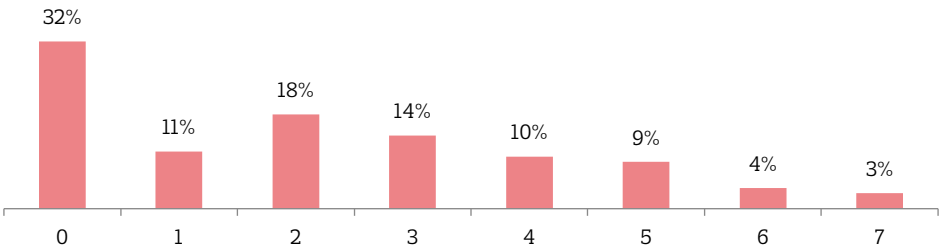
Fig. 2: Awareness of CMO strength activity guidelines by demographic groupings



Engagement with strength building activities

Levels of engagement with strength training vary across individuals and demographic groups. For the overall population, frequency of participation in strength-building exercise shows 58% are meeting or exceeding the CMO guidelines of 2 or more days per week, compared to 43% who are not (Fig.3.). Specifically, a third of consumers across the two waves say they do not take part in strength building exercise at all (0 days a week), whilst 40% report taking part in 3-7 days per week.

Fig. 3: Frequency (number of days) per week of strength building exercise



When looking at this by individuals who are current gym members, the picture changes. A greater proportion strength train 2 days a week (24%) or 3-7 days (60%), with only 5% saying they do not take part in strength training (0 days) . This aligns with motivation insights from current gym users, which indicate that improving or maintaining physical strength and fitness is the main motivation for taking out gym or leisure centre memberships. Over four fifths (83%) consider it important, with 52% of these rating it as very important. Conversely, individuals who have never been gym members are more likely not to engage in strength building activities (0 days, 56%). This demonstrates the valuable role that our sector plays in providing spaces for individuals to build and maintain physical strength. It also indicates that individuals who do not currently engage with our sector are less likely to strength train. Research from Les Mills (2023) shows an interesting correlation where those who train both in our facilities and online, are 40% more likely to have been a gym member for 3+ years compared to gym-only exercisers. They also manage to do 67% more workouts than gym-only exercisers (5.5 per week on average Vs 3.3). This could indicate the value of digital platforms providing a gateway for strength training in physical spaces.

A similar pattern is also seen when broken down by physical activity levels. Overall, individuals who are active (150 minutes+) are more likely to strength train than those who are moderately active (31-149 minutes) or are inactive (30 minutes or less). Up to 71% of individuals who report doing no moderate physical activity also report doing no strength training, compared to 20% who are classified as active. This further highlights that existing physical activity engagement acts as a basis for engaging in strength training.

Barriers to strength training

To explore the reasons why some individuals do not engage in strength training, supplementary data was provided, captured through Active Insight Consumer Poll in November 2025, on what barriers prevent individuals from participating in strength training. 523 individuals were polled, and results showed that the top barriers preventing them from strength training were physical limitations or injuries (24%) and lack of motivation (23%). Given the above, these barriers might be more prevalent for individuals who are not current gym members, than those who are.

Other personal barriers were also sited (like lack of time), which operators are less able to control, however there were several barriers that can be more easily altered. Notably, roughly one sixth reported that a lack of confidence (16%) and being unsure of how to perform exercises safely or correctly (14%) were barriers to participating in strength training. A further 10% said having no access to professional guidance or coaching acted as a barrier.

Our sector provides a wealth of knowledge and expertise on the subject area of strength training – but the above implies that this could be better known and utilised by those who do not currently use our sectors services. Operators, by promoting this expertise, and ensuring it remains to be delivered alongside the high-quality standards in place around safety, can bolster the confidence levels of individuals and support them to begin their strength-training participation in gyms and leisure facilities. This highlights why certain initiatives, such as ukactive's The Active Standard, are important factors that help boost customer confidence in using our sectors facilities for an array of physical activity needs.

> *Word of mouth from our instructors is crucial. Our members look up to them. In an environment where there's so much fitness content out there, the question is – is it safe? Will it get the outcomes people want? When you have someone with science-backed knowledge who can guide members to the outcomes they want in a safe environment, that's a real value add. There's a lot of contradiction in fitness right now, so being clear, concise, and specific with information is crucial.*

Luke Heapes, Member Experience Manager, Les Mills Case Study.

Read the full article here.

Motivations to strength train

In the same way, we also wanted to understand when individuals did strength train, why they did it and what they enjoyed about it. Captured through Active Insights Consumer Poll in November 2025, individuals were asked what motivated them to participate in strength training. 511 individuals were polled, with nearly up to a third (28%) saying that they engaged in strength training to support healthy aging. A further fifth were motivated to improve their bone density and joint health (22%) and to increase their energy levels (19%). All of these factors centre around strength training for long-term health management. Alongside the promotion of our sectors expertise in this area, a wider education piece on the role the sector plays in supporting healthy ageing, and the types of programmes and services already available in facilities, could help increase participation levels in strength training for those who are not current gym members.

To understand how strength training engagement differs across key demographic groups, further segmentation of the consumer engagement data was undertaken.

Gender

Gender slightly influences strength training habits, with most males (31%) and females (32%) doing this exercise two to three times weekly (Fig.5.). Frequency remained similar across genders, although females were slightly more likely than males (33% versus 30%) to do strength training 0 days per week. In terms of length of time spent undertaking strength training, for those who do, males were also more likely than females to engage in longer sessions. Nevertheless, for both genders, roughly half spend under 30 minutes per session (males, 45%; females 52%).

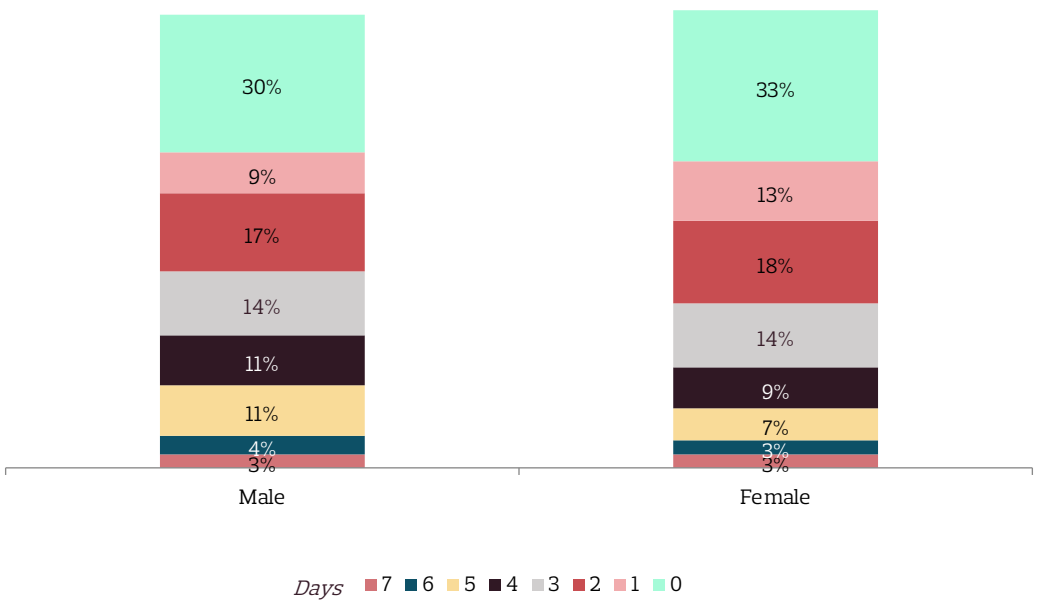


Fig 5. Frequency (number of days) per week of strength building exercises by gender

Age and generational group

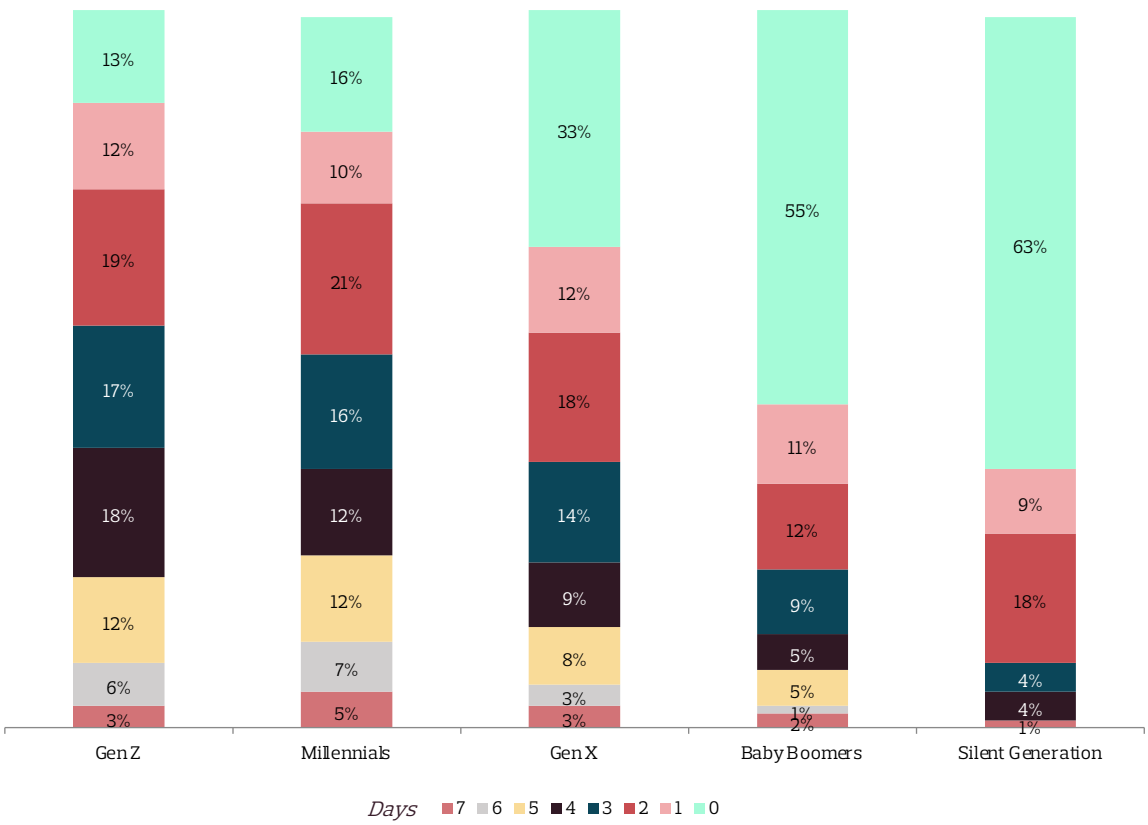
Clear generational differences in weekly strength building exercise habits were found, with younger individuals more likely to engage in strength training than older individuals (Fig.6.). Gen Z and Millennials are more likely to engage in strength training 2 days a week (minimum CMO recommended amount) than Baby Boomers. Roughly half of Gen Z (54%) and Millennials (49%) took part in strength training between 2–4 days a week compared to a quarter of Baby Boomers (26%) and the Silent Generation (26%).

Younger generational groups are also more likely to spend longer strength training, when they do, compared to older groups. For example, 48% of Gen Z and Millennials complete between 30–89 minutes of strength training, compared to 20% of the Silent Generation and 21% of Baby Boomers, who are both most likely to complete less than half an hour (74%). This aligns with research released by EGYM in November 2025, showing an increase in Gen Z and Millennials use of strength equipment and training compared to Gen X and Baby Boomers.

Over half of these two older generational groups did no strength training (on 0 days) a week (Fig.5.; Baby Boomers, 55%; Silent Generation, 63%). This appears to be, once again, associated to membership status whereby those generations who are current members are also more likely to strength train. Both Baby Boomers (53%) and Silent Generation (60%) are more likely to never have been members than Gen Z (16%) and Millennials (17%).

In the context of the need for older adults to be engaging in strength building for the purposes of reducing muscle mass loss, and improving mobility, balance and flexibility, this statistic indicates much more can be done to improve participation rates for those aged 65+.

Fig 6. Frequency (number of days) per week of strength building exercises by generational group (age)



Key Learnings: Awareness and Engagement

Section takeaways:

Overall awareness of strength training is low across the surveyed population. However, females, older age groups and those from lower social grades are more likely to be unaware compared to males, younger generations and those from higher social grades. Awareness is improved for those who are current gym members compared to those who had never been gym members.

Younger age groups, current gym members and those classified as active are also more likely to report engaging in strength building exercise, and for longer, than older age groups and those who have never been members of a gym. Differences between males and females were minimal.

Awareness of and engagement with Strength building exercise

Awareness of strength building exercise guidelines and how frequently it should be undertaken varies across different demographic groups. Overall, awareness is low, but most notably, individuals who have never been gym members, are classified as inactive, are female, are from older generational groups, and those in lower social grades are more unaware than their counterparts. This might be expected, given that these demographic groups comprise some of those who experience the greatest health inequalities.

Engagement levels also align with this pattern, being lower for groups like females, non-gym members and those who are Baby Boomers and of the Silent Generation, compared to males, current gym members, and Gen Z and Millennials.

Interestingly, current gym members are not only more likely to engage in strength training, they also report the top motivation for being a gym member is to improve or maintain physical strength and fitness. This shows that our sector, and engagement in it as a member does appear to make a difference to the desire and actual engagement in strength training.

Individuals who were current members of a gym or leisure facility reported the highest awareness and knowledge levels of strength training frequency. This was followed by those who used to be members whilst individuals who had never been members comparatively reported the lowest levels of awareness. This would indicate our sector has an important role to play in the education and knowledge building around strength training – a factor that should be maximised by health care professionals looking to support those who are the frailest and living with frailty.

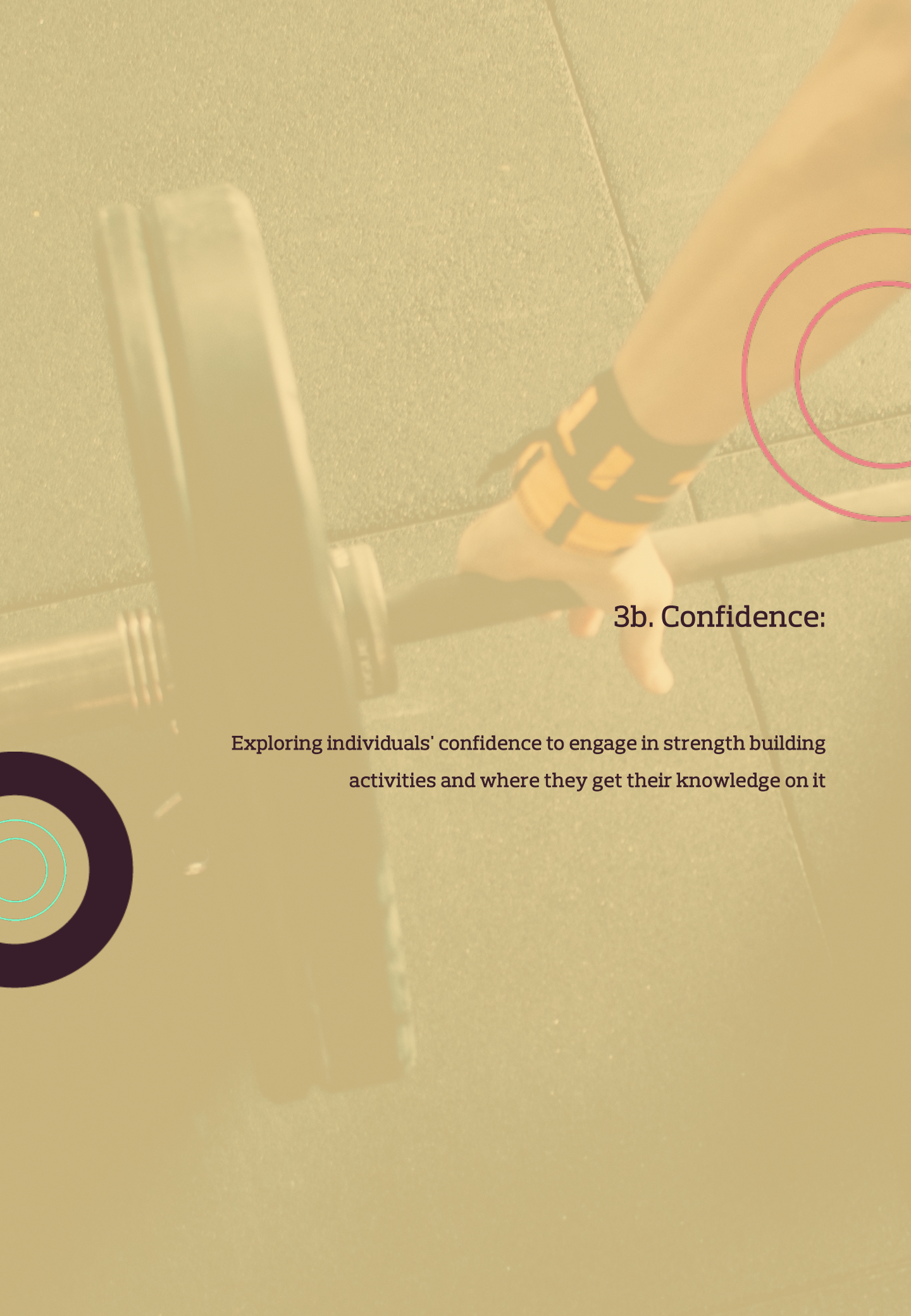
This is particularly relevant considering those who benefit from strength training to prevent frailty were the ones most likely to do no strength training and not be gym members - older adults.

Also to be considered within this population of older adults, is how to support the sub-population of older female adults going through menopause. Perimenopausal and menopausal women are at a higher risk of developing osteoporosis and other musculoskeletal disorders due to the decrease in muscle mass, strength, and bone mineral density triggered by changes in hormone levels[17]. Strength training has been shown to reduce the impact of these symptoms, although different training volumes are suggested for those going through pre and post menopause[17].

This begs a broader question of how can we ensure that the adults who need it most increase both their awareness and engagement with strength training? This undoubtably is a role for both Government and the wider public health sector, with gyms and leisure facilities able to play a role through the promotion and education of these guidelines, alongside the role the sector can and currently does play in providing guidance and expertise on strength training participation for different groups of people.

This highlights the importance of communicating about strength training, including the CMO guidelines, in a way that effectively engages the target audiences. The UK CMO physical activity guidelines communications framework provides resources on how to do this, through a physical activity messaging framework and checklist (Appendix 6), which can be referred to in the first instance for support. Other organisations, like Greater Manchester Moving, have built upon said guidance to create specific guidelines for strength training messaging, which also offer a good starting point.

> *Supporting a club's new and existing members to implement and maintain healthy routines comes down to developing factors such as strong preparation and instigation habits to help boost their long-term adherence. Research shows that exercisers who include these types of behaviours in the early stages of their routine attend up to 200% more often than those who don't – proof that small habits drive big results for both individuals and operators.*
>
> *Many members believe they don't have time to attend their club more often, but a great onboarding experience is an honest conversation around what time is available, supported by targeted workouts and exercises that ensure they set off at the right pace.*
>
> *Workouts that require newcomers to exercise through to exhaustion can be a turn off, so encourage them to start light. This will ensure they stay intrinsically motivated, meaning they're exercising for its inherent satisfaction, rather than an external reward.*
>
> Bryce Hasting, Les Mills Head of Research



3b. Confidence:

Exploring individuals' confidence to engage in strength building activities and where they get their knowledge on it

Confidence to approach strength building activities

Confidence of knowing how to approach strength building activities follows a similar pattern to awareness and engagement levels – they remain low (Fig.7).

Close to a third (31%) of respondents rated themselves as 'not at all confident' in knowing how to approach strength building activities. Comparatively, 15% felt very or completely confident. However, confidence levels were greatest in individuals who were currently members, with 30% reportingly being very or completely confident compared to 5% who had never been members. Individuals who had never been members were also most likely to report being not at all confidence (56%). It appears having been a member of a gym does improve this confidence, as individuals who were not members, but had been previously had greater confidence levels than those who had never been (8% versus 5%). Nevertheless, even for current members, two thirds (63%) report being only slightly or moderately confident compared to 30% who report being very or completely confident, showing overall that confidence could be improved.

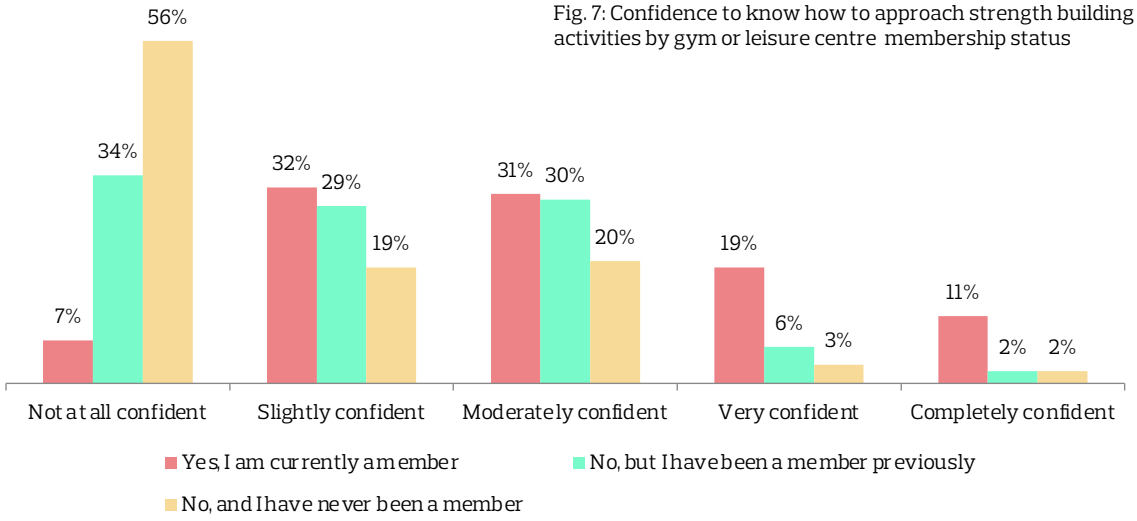


Fig. 7: Confidence to know how to approach strength building activities by gym or leisure centre membership status

Gender

There are also clear differences in confidence levels between gender and age groups.

Females were more likely than males to report feeling not at all confident (37% versus 24%) and are less likely to report feeling very or completely confident (11% versus 20%). Whilst this implies that females have lower confidence levels in how to approach strength building activities than males, the largest proportion for both genders still report only having slight to moderate confidence. Over half (52%) of females and males (57%) report being slightly to moderately confident, which in indicates that for both genders' confidence levels could be improved.

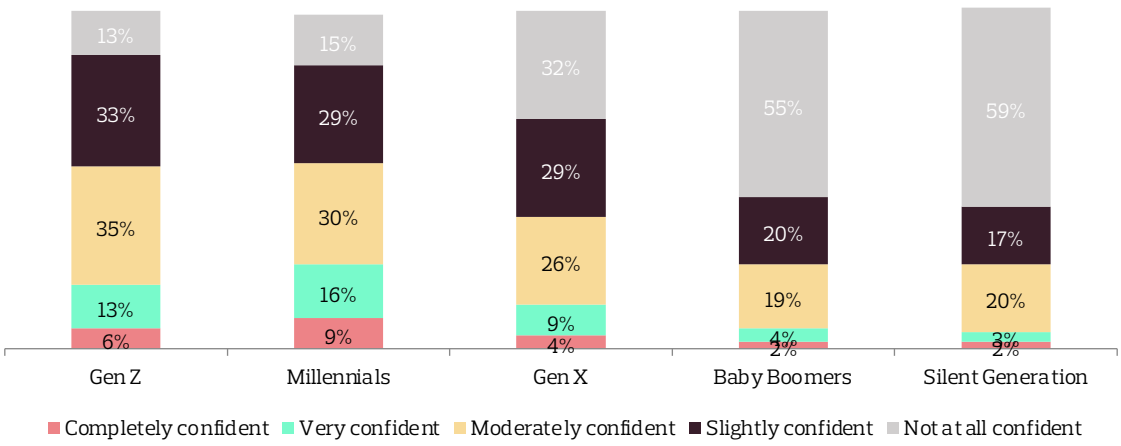
Nonetheless, the disparity in confidence between females and males is a factor the sector is already aware of and working towards reducing. Practical guidance and support can be found in ukactive's ongoing work with Sport Englands 'This Girl Can' where a resource hub has been set-up to provide useful toolkits for facilities to use.

Generational groups

In line with awareness and engagement levels, confidence levels of older generations remains much lower than those of younger generations (Fig.8.). The Baby Boomers (55%) and the Silent Generation (59%) were most likely to report being not at all confident, compared to less than one fifth of Millennials (15%) and Gen Z (13%). Gen X sit in the middle, with a third (32%) saying they did not at all feel confident. Conversely, roughly one fifth of these younger generational groups reported feeling completely or very confident, with Millennials reporting the highest confidence levels at a quarter (25%), followed by Gen Z at 19% and Gen Z at 15%.

Not to be overlooked however, is that roughly two fifths of Baby Boomers (39%) and the Silent Generation (37%) do report feeling slightly to moderately confident. This indicates that there is an opportunity to build on these levels through continued information sharing and support. In collaboration with organisations such as Age UK, fitness providers could proactively engage these older generations by integrating fall-prevention programmes into their core offer. Evidence-based interventions such as FaME or Otago could act as accessible entry points, with participants encouraged to transition into more generic strength and fitness classes once the initial six-month programmes are completed.

Fig. 8: Confidence to know how to approach strength building activities by generational group



Health conditions

Our consumer data shows that confidence to approach strength building activities is lowest among people with chronic health conditions. Dependent on the health condition, between 29-46% say they are 'not at all confident'. Very few across any condition group feel highly confident, while those without a health condition are much more likely to express confidence.

Out of those with health conditions, those with musculoskeletal conditions (44%), diabetes and kidney conditions (46%) and obesity (46%) are the ones who are most likely to report feeling not at all confident. This makes sense in the context that these conditions can influence pain, mobility and energy levels, which are more directly related to ability to engage in strength building activities effectively. Individuals reporting digestive disease (16%) and skin diseases (14%) reported the greatest confidence levels (very or completely confident), perhaps because these diseases are less directly associated with physical activity and movement.

Obtaining information on strength building activities

Individuals report getting information to start strength training activities from a variety of different sources.

A gym or leisure facility is the source that over a third (34%) of individuals obtain their information from for starting strength training (Fig.9.A.). A further 23% obtain information through personal trainers and gym or leisure operator websites. While this demonstrated the important role our sectors facilities and staff play in providing knowledge and expertise in this area, it is not the only prominent source. Obtaining information from a gym of leisure centre was followed closely by online (not social media) at 29% and social media (e.g. Instagram, YouTube) at 25%, indicating that online sources of information continue to be considered a reliable and accessible information source.

This data interestingly demonstrates the dual role that in person facilities and online presence play in supporting individuals who want to start strength training.

Fig. 9. Information sources for starting strength training

Positively, individuals who are current members of a gym, or used to be, are more likely than those who have never been members of a gym, to seek information on strength training from their gym or leisure facility (Fig. 9.B). Half of (51%) the individuals who sort information from a gym and leisure facility for strength training were current members, compared to 30% who used to be members, and 17% who had never been. The same trend was found for personal trainers. Of those who used no sources (none of the above) the majority were also individuals who had never been members (Fig.9.B.).

Interestingly, current members were also the most likely to use online sources of information, compared to those who had never been members. This perhaps reflects the desire by members to improve their knowledge on strength training, compared to those who do not attend facilities, and perhaps are less concerned or less aware of the importance of understanding correct methods and importance of weight training. This aligns with the earlier insights that individuals who have never been members are also most likely to not be aware of strength training recommendations and their importance.

Gender

Gender differences in where information is sort are minimal (Fig.10.A.). Once again, gym and leisure facilities were the top rated, with a third of males (34%) and females (33%) selecting this option. This was closely followed by online (not social media) and social media (Instagram, YouTube) which for both male and female genders was rated between 24% and 29%.

Health conditions

Online platforms (excluding social media) and gym and leisure facility environments are the go-to sources for strength training information among people with various health conditions. Use of online platforms (not social media) was particularly used by those with obesity (38%), digestive disorders (36%) and sense organ diseases (33%). Information obtained through a gym or leisure facility environment was most often sort by those with sense organ diseases (38%), skin disease (37%) and mental health conditions (36%).

Generational groups

Millennials (44%), then Gen Z (35%) and Gen Z (32%), were most likely to use gyms and leisure facilities as a source of information for starting strength training (Fig.10.B.). All generational groups rated this the highest expect Gen Z, who put online (not social media) as the top (34%).

For the two older generations the second most used source of information was a GP or health setting (Baby Boomers 23% and Silent Generation 21% respectively). This perhaps highlights the importance of having information from a face to face or qualified professional for older adults. These two groups were also the least likely to use any sources of information, with 19% (Baby Boomers) and 16% (Silent Generation) saying they use 'none of the above' sources.

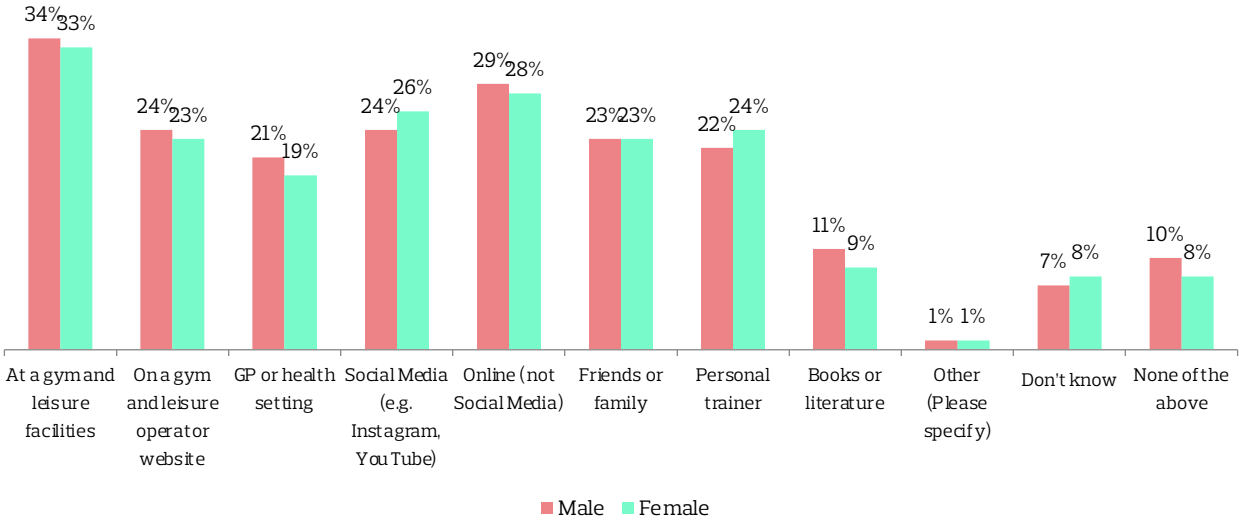
Comparatively, the biggest generational differences was in use of social media (Instagram, YouTube). Notably, 39% of Gen Z and Millennials report using this as an information source, compared to 21% of Gen Z, and only 8% of Baby Boomers and 6% of the Silent Generation. Use of online sources decreases with age, highlighting stark differences in how younger and older adults obtain their knowledge.

For younger generations, both in person expertise and online content play a role in information sourcing. For middling generations, like Gen Z, online sources that are not social media, play a slightly bigger role than in person, showing that digital platforms are equally as important for engaging this age group. This age group is targeted specifically through Age UKs '[Act Now, Age Better]' physical activity campaign, which offers evidence backed guidance online, and a valuable source to pin-point Gen Z members towards for further support.

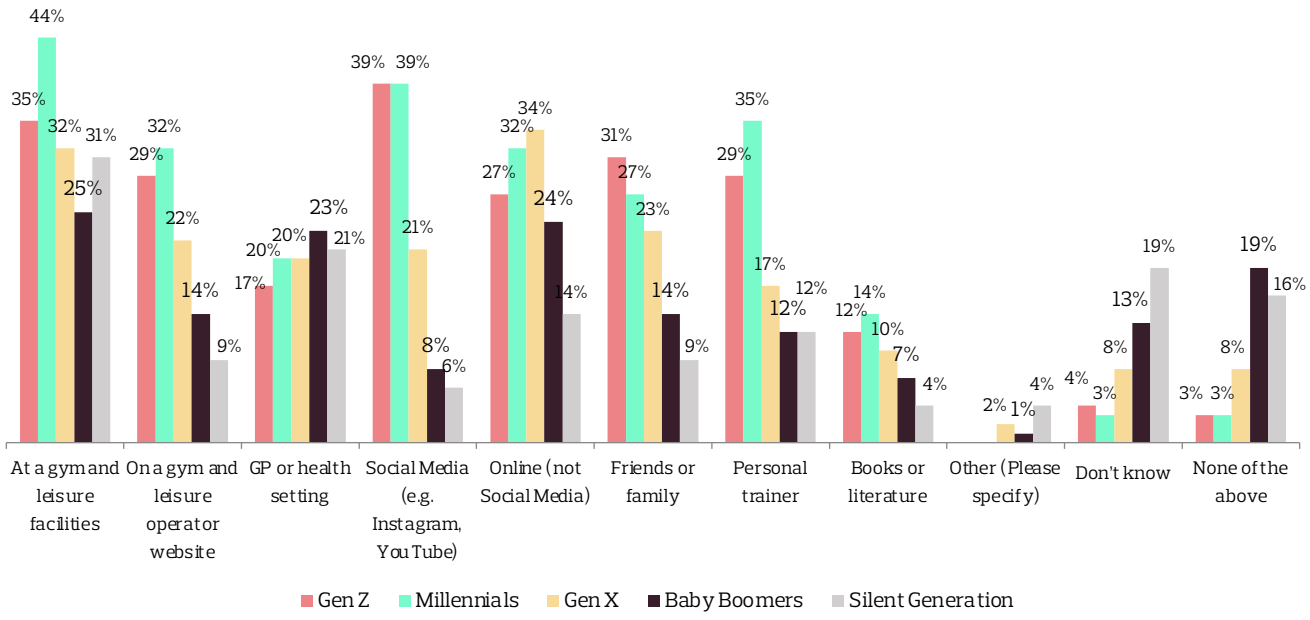
Also important to consider, older generations were most likely to not know where to seek information. For example, 13% of Baby Boomers and 19% of Silent Generation responded 'don't know' compared to 4% of Gen Z. This aligns with earlier insights indicating that older generations are less aware of strength training recommendations and engage with it less.

Fig. 10: Information sources for starting strength training by demographics

A. Gender



B. Generational group



GLP-1 and strength

GLP-1 weight loss medications, like Ozempic, Wegovy, and Mounjaro, have become increasingly popular as options for weight loss management. Although the evidence base on its effects is still growing, a recent academic literature review conducted by Les Mills and ukactive has indicated muscle loss is a significant reported side effect of taking these medications. This comes with the risk of increasing frailty and risk of falls, particularly in older adults or individuals who suffer from musculoskeletal issues. However, there is a lack of research on the specific role strength training – such as its frequency and duration – can play to help mitigate this.

Given the importance of this to our sector, a key location for undertaking strength training, this section will explore some preliminary findings on the relationship between GLP-1 and strength training from ukactive's consumer polling.

Individuals were asked (in polling waves 11 and 12) if they currently take weight loss medication, like Ozempic, Wegovy, and Mounjaro. Most individuals said they were not (89%). Of those who were taking a GLP-1 medication, 19% were currently members of a gym compared to 7% who were not currently members. However, when looking into awareness and frequency of strength training specifically, the trends change. Individuals taking the medication were less aware of the CMO strength guidelines than those who were not taking GLP-1 medication (26% versus 72%). This suggests that education around the role of taking GLP-1 medication and the importance of strength training is needed.

However, those taking GLP-1 medication were more likely to engage with strength 6-7 days a week (58%) than 0-1 days a week (8%), with 7% selecting the minimum of 2 days per week. This implies that even if not aware, the majority of these individuals on GLP-1 medications are meeting the CMO recommended frequency of strength building activities per week. These individuals on GLP-1 medications were also more likely to report being very or completely confident (40%) than not confident (5%) to undertake strength building activities. Further supplementary data collected via Active Insights Consumer Poll in November 2025 also indicate that roughly a third of individuals currently using GLP-1 (31%) would be interested in incorporating strength training into their lifestyle. Another 10% said they would like support from a health and fitness professional to know what type of physical activity to incorporate into their lifestyle whilst on this medication.

If this is the case, it is vital that our sector's workforce also have the confidence and knowledge to be able to support these individuals, should they choose the strength train in gym and leisure facilities. The inconclusive nature of the insights above highlights the current lack of information available to our sector on how to manage and support individuals on GLP-1 weight loss medications who are using gym and leisure facilities.

There is a clear call to action, in line with the recommendations highlighted in the recent *GLP-1 medications and muscle mass preservation* report from Les Mills and ukactive - the health and fitness sector workforce need to be upskilled through specific training, continued consumer perceptions, and up to date evidence of the effectiveness, side effects and role of exercise alongside taking weight loss medication. The ukactive webinar (December 2025, access here) held on this report begin to provide a snapshot of how to do this – with best practice examples from operators and health and sector professionals.

ukactive will also continue to work to build the evidence base on consumer perceptions of use of GLP-1 medications and strength training through their consumer polling. Further, ukactive will work to build a digital health strategy which will look improve overall data capture on health-related outcomes, such as use of medications. This is part of an ongoing commitment to improve alignment between leisure and health data.

Key Learnings: Confidence and information sourcing

Section takeaways:

- Overall confidence to undertake strength building activities is low. Confidence is highest for individuals who are currently gym members and lowest for those who have never been gym members.
- A similar proportion of females and males report being only slightly confident to engage in strength building activities, indicating that both genders' confidence levels could be improved.
- Confidence levels of older generations remains lower than those of younger generations. An estimated two fifths of Baby Boomers and the Silent Generation report feeling slightly to moderately confident, highlighting an opportunity to build on these levels through information sharing and support.

Confidence to engage with strength training

Whilst confidence to engage with strength building activities is low, exposure to leisure centres and gyms appears to increase this confidence. Individuals who are gym members or have been in the past report greater confidence compared to those who never have been. In a similar vein to the awareness levels reported in the last section, this highlights the significant role the sector plays in being a go to place for engaging in strength training.

As with awareness and engagement, confidence also varies based on demographic group. Older adults and those with health conditions, such as MSK conditions and obesity feel the least confident. This implies that a targeted approach may be warranted to support these groups of people, especially as they are two groups that may benefit the most from integrating strength training into their lifestyle. This could be done through the offering of bespoke programmes (e.g. those centred on supporting MSK or healthy ageing), referral pathways and marketing. Various pieces of research, such as Life in Our Years highlight key steps and recommendations on what operators can do to make their spaces feel inclusive for older adults.

Information about strength training

The data clearly shows that our sector is a go to source of information about how to engage with strength training. This was the case regardless of demographic, but its popularity runs alongside the role of social media and online information sources.

Specifically, individuals who are currently members of a gym are most likely to obtain information on strength training from that location, showing that exposure to leisure facilities and gyms positively influences perceptions of our sectors knowledge and expertise.

However, the role that social media and other online sources play cannot be ignored, especially for younger generations and those with certain health conditions. This can be seen as an opportunity for our sector to promote its expertise by offering digital solutions to sit alongside in-person ones. This could ensure that our sector remains the go to source for information, both physically and digitally.

‘6 surprising reasons to love lifting’

LesMILLS

Getting stronger and feeling empowered is just the beginning; strength training offers benefits across the board. Curious how it can transform your life?

Strength training has surged in popularity in recent years. No longer the domain of bodybuilders and athletes, everyday exercises are embracing lifting weights as a fundamental part of their training. In recent years, it has been declared the most popular fitness genre, Gen Z movers says it's their favourite way to work out, and now 80% of Gen z gym-goers are focused on getting strong.

Strength training is good for your mind – and your mood

A 2025 study indicates that lifting weights can be great for your brain health. It's shown to help improve memory and protect from age-related decline by reducing atrophy in the areas of the brain associated with Alzheimer's.

And it can also lift your mood. It doesn't matter whether you lift heavy or go light; studies show you'll enjoy mental health benefits regardless. This suggests it's not so much about the muscular adaptations, but the feeling of accomplishment and confidence that goes hand-in-hand with resistance training. There's also evidence that lifting weights can diminish the effects of anxiety, and we know strength training leads to better posture, which is linked to a better mood.

Strength training goes hand-in-hand with a healthy heart

Aerobic exercise is typically credited as being most beneficial for heart health, but scientists believe strength training could be superior. A **recent study** compared the cardiovascular risk factors (such as high blood pressure) and exercise habits of 4,000 adults, breaking the exercise into two types: static activities (strength training) and dynamic activities (running). Both types of exercise were associated with lower rates of cardiovascular disease risk, but the static activity appeared to be most beneficial.

According to a group of US researchers, even a small amount of resistance training could lower the risk of heart attack or stroke. These researchers analysed the exercise habits and medical histories of thousands of men and women across 11 years. They considered how often people engaged in resistance training and the amount of time they dedicated to lifting, assessing it against medical data – specifically incidences of heart attacks, strokes, and deaths. Interestingly, they found the risk of heart attack or stroke was roughly 50 percent lower for those who lifted weights compared to those who didn't. Those who enjoyed the greatest declines in risk lifted weights twice a week for an hour or so in total. And it seems these savvy strength trainers benefit from the reduced risk even if they don't engage in frequent aerobic exercise.

Strength training drives long-term fat-burning benefits

Strength training packs more punch than expected when it comes to calorie burn. For a long time, strength training has been mistakenly perceived as being relatively ineffective when it comes to calorie burn. But fascinating research from the Les Mills Lab, published in the Journal of Science and Medicine in Sport, throws that thinking on its head.

The study highlights how, even though strength training typically burns fewer calories than aerobic training, the long-term response is far greater than a calorie-matched cardio workout. Therefore, strength training is a more potent exercise stimulus and has a more profound effect on long-term fat burn.

Strength training creates healthy bones

Good bone density reduces the risk of fractures and osteoporosis and is fundamental to overall good health. But the strength of our bones naturally declines as we age, and from the age of 40, bone mineral density declines at an accelerated rate. Studies show that low-weight, high-repetition resistance training can help mitigate the issue. After working with groups of exercisers over 27 weeks, researchers found those who did regular strength workouts (2-3 times a week) increased bone mineral density in their arms, legs, pelvis and spine. They also saw impressive gains in squat strength, which can be directly correlated to increases in bone mineral density.

Strength training can give you a longer and healthier life

Want to live longer? Start lifting. After spending a decade examining data from almost 100,000 adults, academics at the United States National Cancer Institute have concluded that strength training could be the most life-changing form of exercise. They found that people who did some aerobic exercise benefited from a slight drop in mortality risk, but when people combined aerobic and strength training, the benefits were exponential, leading to a 40 percent drop in mortality risk. Research has also shown that those who develop moderate muscle strength are 32 percent less likely to develop diabetes.

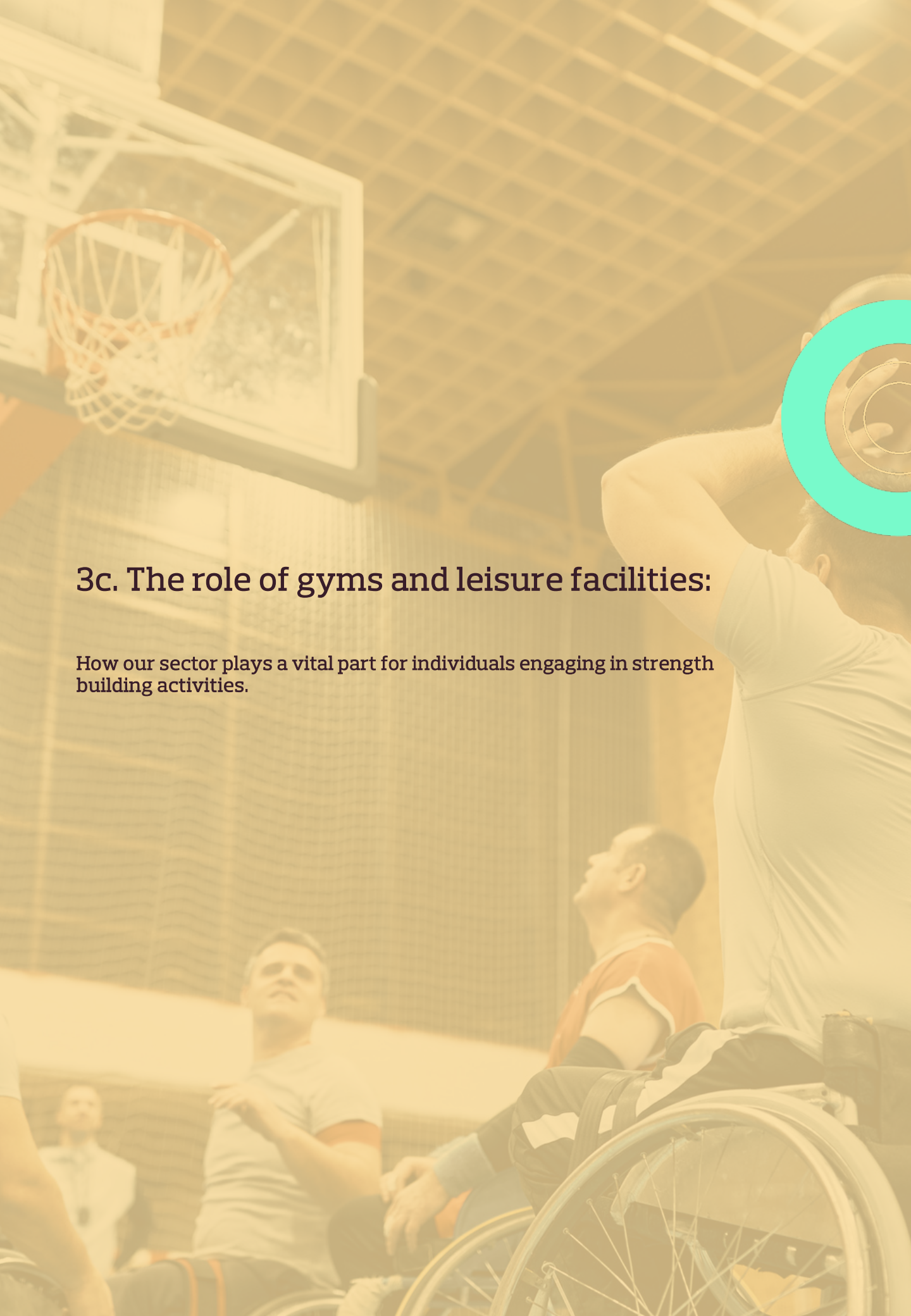
Strength training helps you find your healthy weight

Think cardio is the secret to weight loss? Think again. If you want to lose weight and keep it off, strength training is key**. Researchers** identified that loss of lean muscle tissue during weight loss bumps up the risk of weight regain in the long term.

These findings are particularly important with the rapid rise of GLP-1 medications. While GLP-1's are an effective way for overweight people to improve their health, most who lose weight with GLP-1's also lose a significant amount of muscle – one study suggests the muscle loss is on par with 10 years of aging. Those who enjoy the best results from GLP-1 medications do so because they also lift weights.

How does lifting weights change your muscles? As soon as you start lifting weights, it fires up motor neurons, and your muscle fibres are activated. Firstly, slow-twitch muscle fibres build endurance and then the fast-twitch muscle fibres drive power. As you lift, the stress your muscles are put under causes microscopic tears in the muscle fibres. In response, protein synthesis begins and your body releases growth factors and stem cells to help repair the muscle fibres. By consistently repeating this process (supported by good protein intake and adequate recovery) your muscle fibres grow stronger.

Read the full article *here*



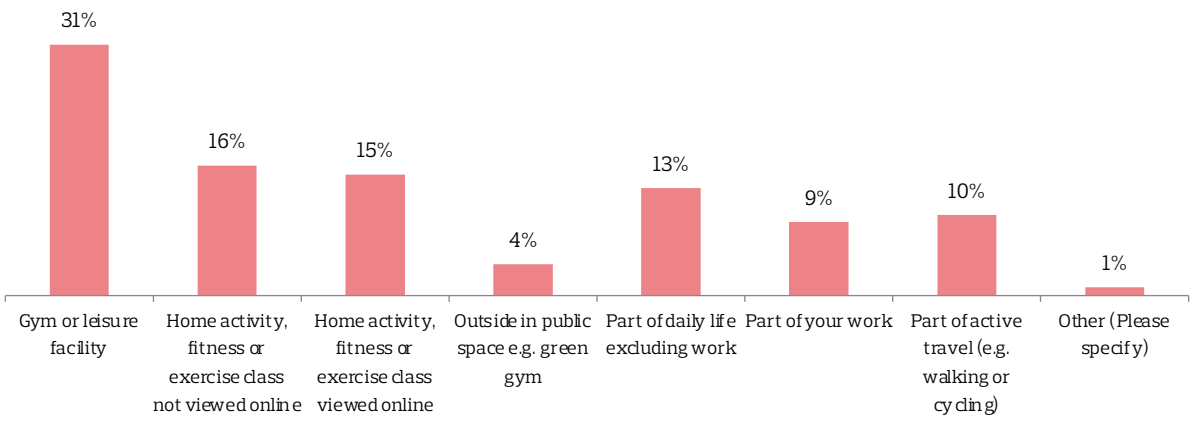
3c. The role of gyms and leisure facilities:

How our sector plays a vital part for individuals engaging in strength building activities.

Location and form of strength building activities

For those who strength train, strength building activities are most commonly undertaken at gyms or leisure facilities (31%; Fig.11.). Following this, individuals take part through home activity, either through doing a home fitness of exercise class, not online (16%) or using online classes and content (15%). The least common places to undertake strength building was outside in public green spaces (4%). Research from Mindbody (2022) indicates that 35% of Americans began to regularly attend in-person classes that they first discovered online, highlighting that the journey to activity in a leisure facility can be supported by online activity engagement. This indicates the dual role that both in person and at home activity plays in supporting individuals to strength train.

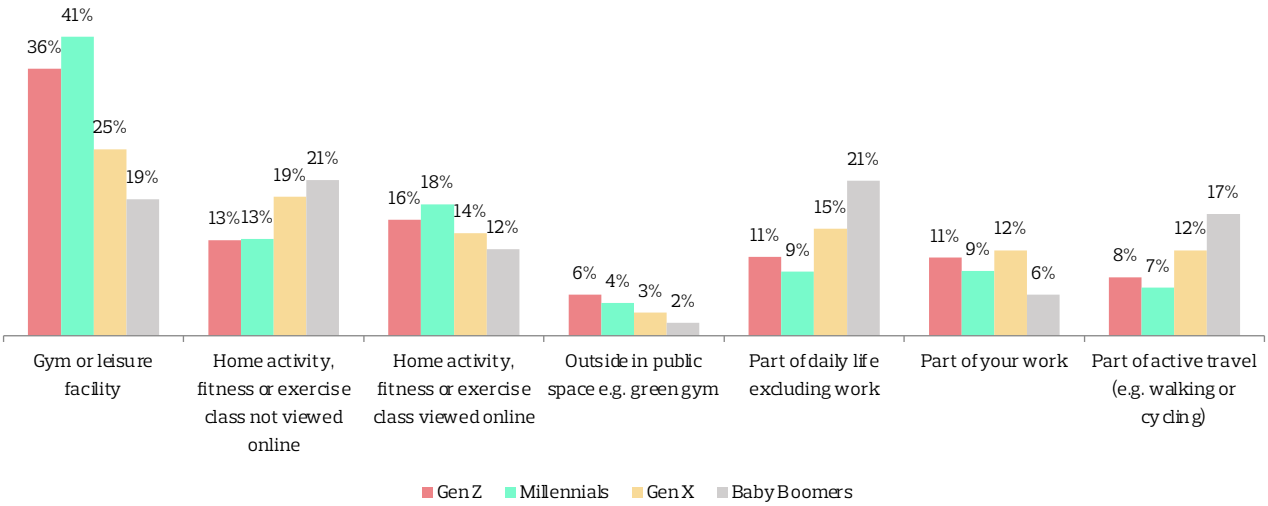
Fig. 11. Locations for undertaking strength training



Location of where strength building activities occur does appear to vary by demographics. For males and females, these differences are minimal, with both these genders most likely to undertake their strength building activities in a gym of leisure facility (34% and 29% respectively) followed by at home (13-17%).

For generational groupings, this difference is starker (Fig.12.). Gyms and leisure facilities are the preferred location, by far, for younger generations, with a third of Gen Z (36%) and two fifths of Millennials (41%) choosing to undertake strength building here. This is compared to only 19% of Baby Boomers. While gyms still play a role, for older generations taking part in strength building activities as part of daily life (excluding work) and home activity, fitness or exercise class (not viewed online) were the prominent locations (both 21%).

Fig. 12. Locations for undertaking strength training by generational group (Silent Generation excluded due to small sample size)

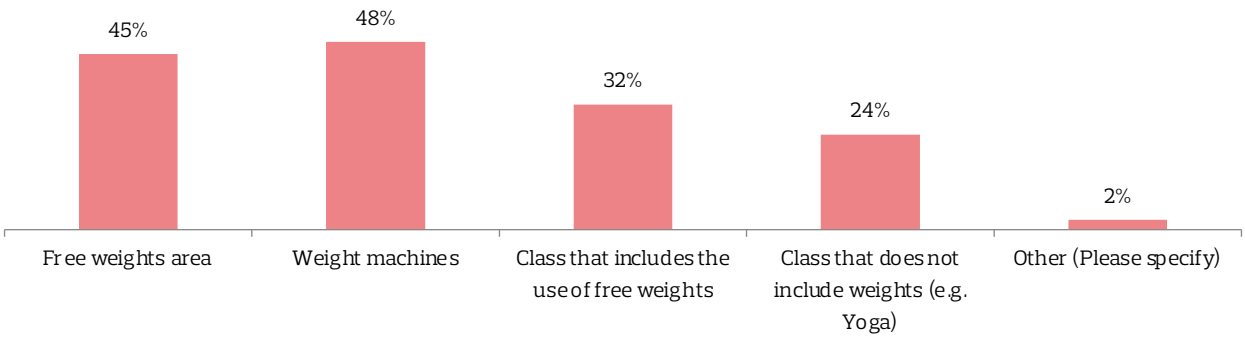


Those who strength train favour the use of weight machines (48%) and free weights (45%) (Fig.13.). Slightly less popular were classes that include the use of free weights (32%).

Males are more likely than females to use weight machines (55% versus 40% respectively) and free weights area (50% and 39% respectively). This aligns with previous research that indicates that females do experience barriers to using certain parts of the gym floor, such as the free weights areas [18,19]. While females are still most likely to select these options out of all, they prefer classes that don't include weights, and involve other elements of strength such as flexibility, (e.g. yoga, 32%) more than males (18%).

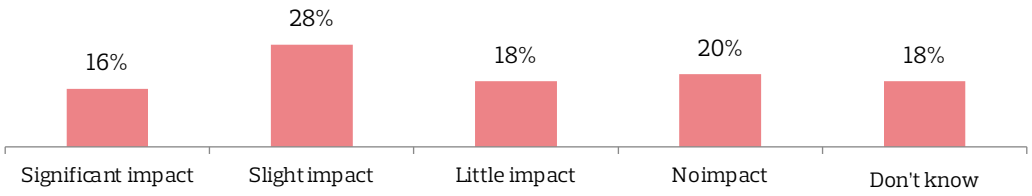
For middle to older generational groups (e.g. Gen X, Baby Boomers) free weights was the preferred way of undertaking strength building activities (45%, 35% respectively). However, younger generations prefer to use weight machines, with close to half of Gen Z (47%) and Millennials (45%) using these.

Fig. 13. Preferences for strength building activities



All individuals – whether they strength trained or not - were asked the about the impact the positioning and layout of this equipment had on likelihood to use. Here preference was spilt, with 38% saying where the equipment was positioned on the gym floor has little to no impact, whilst 28% said it had a slight impact (Fig.14). Roughly one eight (16%) claimed this had a significant impact).

Fig. 14. Impact of strength equipment in gym floor layout on likelihood to use the equipment.



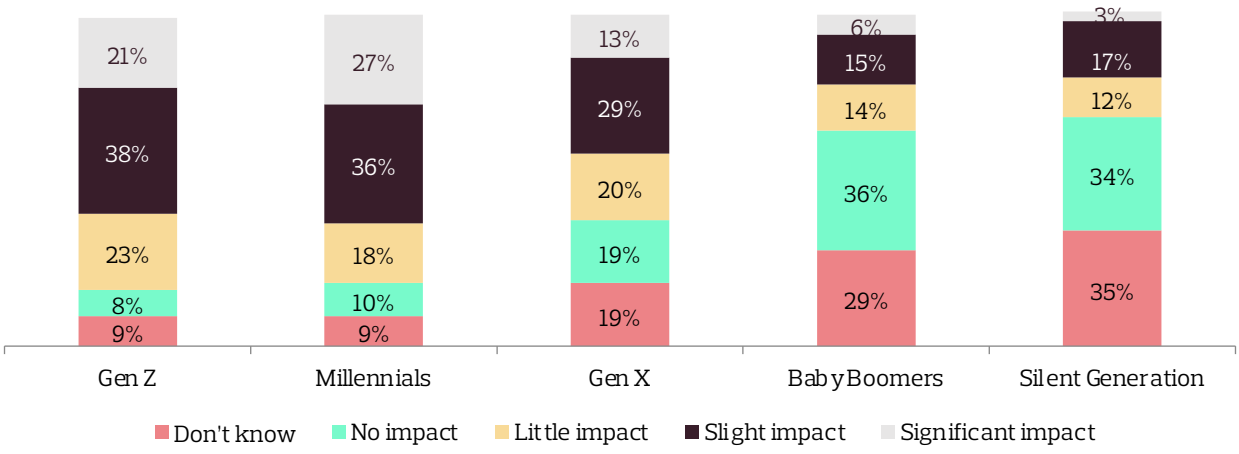
Interestingly, however, our polling showed that males were more likely than females to report that positioning of strength equipment – like free weights and machines – had a slight or significant impact on their likelihood to use it. Close to half of males (46%) reported this compared to slightly less 43% of females. Other answer options were also relatively similar between the genders, with slightly more males (21%) than females (18%) rating 'no impact'. Not to be overlooked, however, was that a noticeably larger proportion of females (22%) said don't know, compared to males (13%). This might indicate multiple things, such as that it is not something females consider as much.

Generational attitudes reveal that positioning of strength equipment has a bigger influence on Gen Z and Millennials' usage, whilst older groups report being less affected by layout changes (Fig. 15.). Over a fifth (21%) of Gen Z and slightly more (27%) of Millennials report that the positioning of strength equipment has a significant impact on their likelihood of using it.

In comparison, a third of 34% of the Silent Generation and 36% of Baby Boomers report equipment layout has no impact of their usage of it, mostly driven by those aged 65 and over.

This shows a clear preference divide based on age, potentially aligning to the different desire of these age groups for using the gym, and the different ways they engage with it. New insights from Les Mills (2026) highlight that participation of younger generations are more impacted by the 'vibe' of a facility – they are more likely to work out if the venue has a good energy / vibe compared to older generations (63% versus 50%) and are also more likely to try new workouts and find new ways to get fit (54% versus 32%). They also place more importance on strength training with others than older generations. These preferences may explain the importance of equipment positioning, which, dependent on where it is placed (e.g. in an accessible space versus a harder to reach / smaller space) can influence how someone feels using it or if it is visually noticeable for use.

Fig. 15. Impact of strength equipment in gym floor layout on likelihood to use the equipment by generational group



Key Learnings: Location and type of strength training

Section takeaways:

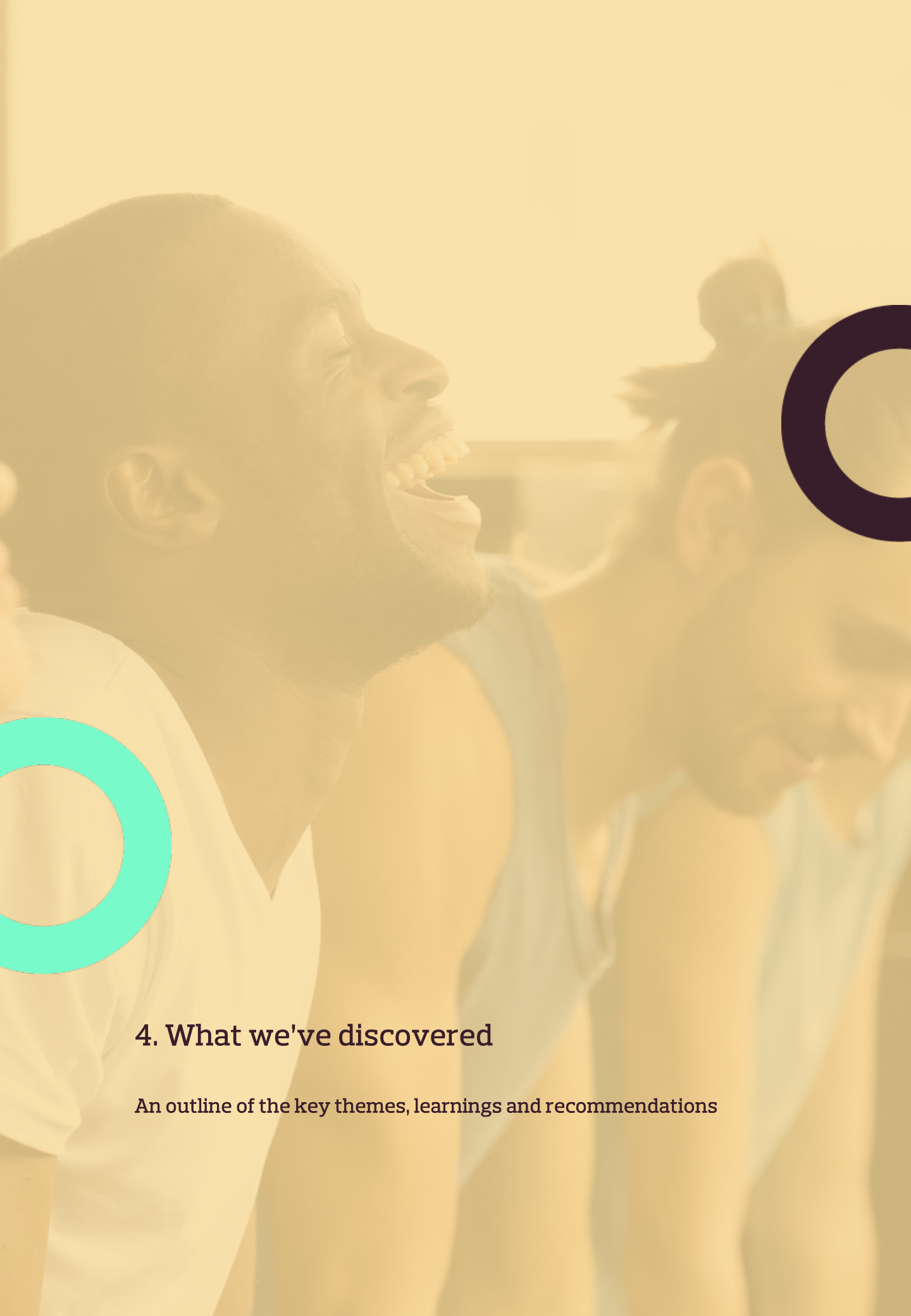
- Of those who strength train, the most popular location for undertaking this form of exercise is a gym or leisure centre. These individuals favour using weight machines and free weights over classes to undertake strength building activities.
- The impact of where strength training equipment is positioned in a gym space was balanced - 38% said where the equipment was positioned has little to no impact and 44% said it had a slight to significant impact.
- Males are more likely than females to use weight machines and free weights area. While females are still most likely to select these options, they preferred non-weight classes, like yoga, more than males.
- Younger generations (Gen Z and Millennials) prefer the use of weight machines to undertake strength building activities, whilst middle to older generations (Gen X and Baby Boomers) prefer using free weights.
- Generational attitudes reveal that positioning of strength equipment has a bigger influence on Gen Z and Millennials' usage, whilst older groups report being less affected by layout changes.

Impact of location and type of strength training

For individuals who strength train, the gym or leisure facility environment is the preferred location for undertaking this type of physical activity. This again highlights the important role that our sectors spaces has in providing access to and opportunity to engage in strength building activities. It shows that our sector plays a vital role in helping individuals achieve the CMO guidelines and further highlights that this can be used as momentum to enhance the existing support to members to encourage more engagement with strength training. This existing support should be considered both within a facility and beyond it, given that home was reported as the second most popular location for strength training. Again, the role digital can play alongside in person interaction and support could be considered here.

Using weight machines and free weights remain the most popular form of undertaking strength building activities – an important factor to note because it tells us that to support individuals to safely engage in strength training, they need to be both confident and upskilled in how to properly use fixed and free weight equipment. This makes integration of strength training equipment upskilling and usage in inductions, and having upskilled staff available to support if needed, two vital factors.

Location of where this equipment lies matters for some age groups, such as Gen Z and Millennials, more than is does for others, like Baby Boomers. This highlights that while one may not be affected, the other may be put off from strength training if the equipment is in an area that makes them feel less confident or comfortable. Hence gym layout should be properly considered when designing new, or re-vamping existing facilities. The best way to do this will vary but could start with surveying and gaining feedback from all aged users and customers.



4. What we've discovered

An outline of the key themes, learnings and recommendations

What we've discovered

This report presents an initial exploration of customer perceptions of, engagement with and use of strength building activities within our sectors facilities. Drawing on two waves of data from ukactive's Consumer Engagement polling, the insights have been distilled into key takeaways and paired with practice guidance, resources and recommendations to support continued development and growth in this area.

Collaboration has been central to shaping these findings. In particular, ukactive has worked alongside Les Mills and Active Insight to align research with evidence-based practice, while real-life examples illustrate how sector partners are already embedding effective approaches into their programmes and facilities.

Strength training awareness and engagement

- Awareness and engagement with strength training is lower for females, non-gym members, and older generations compared to males, non-gym members and younger generations. Individuals who were current members of a gym or leisure facility reported the highest awareness and knowledge levels of strength training frequency compared to those who have never been members.
- Engagement with gyms and leisure facilities play a role in providing knowledge and expertise on strength training. This could further be enhanced by operators through the promotion of this expertise, any tailored services or interventions (e.g. referral schemes, programmes) and education of the CMO guidelines to existing and prospective members.

Strength training information sourcing and confidence

- Exposure to leisure centres and gyms increases confidence to strength train. Older adults and those with health conditions, like MSK conditions and obesity, feel the least confident. A targeted approach, involving education and guidance (e.g. PT), may be warranted to support these groups of people and members who are interested in beginning this form of exercise.
- There is limited knowledge of the role of GLP-1 and strength training, with initial trends showing an interest from those on the medication to engage in this form of exercise.
- There is a dual role that in-person facilities and online presence play in supporting individuals who want to start strength training. Facilities could use their online presence as an extended platform to educate and upskill existing and new members to strength train.

The Role our sector plays

- Individuals who strength train prefer to do so in a gym or leisure facility, followed by at home. Existing support for strength training should be considered for both within a facility and beyond (e.g. digital), to maximise on engagement from members and improve participation.
- Using weight machines and free weights are the most popular forms of strength training. This makes integration of strength training equipment upskilling and usage in inductions, and having upskilled staff available to support if needed, two vital factors.
- Location of where this equipment lies matters for some age groups, and may affect participation, confidence or comfort levels. Hence gym layout should be properly considered when designing new, or re-vamping existing facilities.

Recommendations

These recommendations have been developed from the insights presented in this report and aim to provide clear actionable recommendations to support greater access, awareness, and understanding of the benefits of strength training to the UK population.

The first two recommendations are focused on Government national campaigns:

Recommendation 1:

The Government should ensure that the physical activity campaign it committed to within the NHS 10 Year Plan, includes a focus on strength training. This should include elements such as education on the Chief Medical Officers' (CMO) recommended frequency of strength training, the benefits, and sign-posting where to look for reliable expertise, programmes and classes to begin strength training. This should be targeted towards key demographic groups, making use of the existing communication framework, to help improve awareness and participation for these individuals.

Recommendation 2:

Any campaigns that encourage people to be physically active for their overall health should be developed in collaboration with the health and fitness sector, which can help provide bespoke content and tailored messaging that support strength training and access to services and programmes.

As well as working with the Government on impactful campaigns, the Health and Fitness Sector should continue to support people from across the UK to strength train as part of their regular physical activity. It is recommended that:

Recommendation 3:

Health and fitness operators, equipment suppliers and facility designers should continue to work together to ensure the environment, offering and positioning of strength training equipment is relevant to existing and prospective target audiences, collectively supporting all population groups.

Recommendation 4:

The additional embedding of specific strength training support, such as education, tutorials and guidance, for gym users, new and existing, can help build confidence to undertake these activities. This expertise should continue to be delivered alongside high-quality professional standards which are an integral part of The Active Standard syllabus and certification.

Partnerships are key element to ensure that people from across the UK are supported to be physically active and to have access, confidence and understanding of strength training. Therefore:

Recommendation 5:

National partnerships between the health and fitness sector and third sector expert organisations such as Age UK, Women in Sport should be established or scaled to help support membership offers, guidance and advice to targeted cohorts, including the wraparound support for people taking GLP-1 weight loss medication. and integration with falls prevention pathways for older people.

In addition to partnership working, connection and collaboration between healthcare and the health and fitness sector is vital to ensure the UK population is receiving the relevant physical activity support it needs for the prevention and treatment of disease.

Recommendation 6:

The ongoing education for GPs and primary care professionals on the preventative and therapeutic role of physical activity, including strength training, remains essential in supporting effective, community-based health interventions.

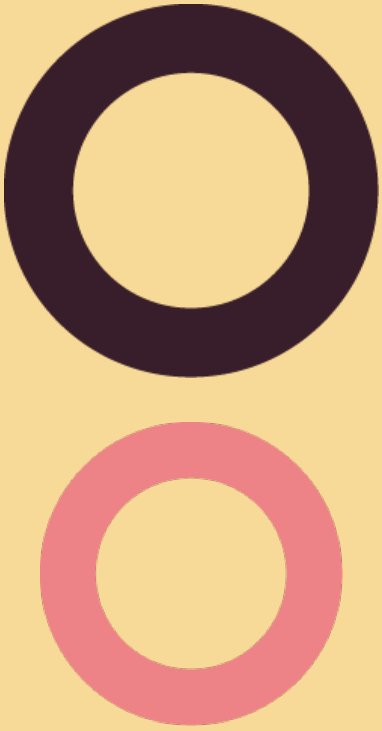
Recommendation 7:

There is an opportunity for the NHS and the health and fitness sector to strengthen the exercise workforce by promoting the role of clinical exercise physiologists alongside the existing expertise within the sector's workforce. Fitness and leisure facilities already provide access to skilled, trusted practitioners who are well placed to support behaviour change and deliver safe, progressive strength-based activity in community settings. By recognising and connecting these complementary roles, the health system can enhance workforce capability and capacity without unnecessarily clinicalising pathways, ensuring physical activity remains accessible, person-centred and embedded within everyday community environments.

What is next?

This report marks the next focus area of a deeper journey into understanding consumer perspectives. By shining a spotlight on strength training, it addresses a critical and increasingly relevant dimension of health—particularly as our ageing, working population faces growing health challenges. The insights within this report demonstrate the meaningful impact our sector has in supporting not only physical strength, but long-term health and wellbeing more broadly.

Strength training sits at the heart of active participation within leisure facilities and gyms. By championing its role, we strengthen our collective ability to inspire movement, build healthier communities, and accelerate progress toward Vision 2030—ensuring sustained growth, resilience, and relevance for our sector well into the future.



We will continue to develop further focused reports to provide deeper exploration into our consumer data and highlight and build further evidence and actionable recommendations based on key topics identified by the consumer.

For further information on our consumer engagement work, or to discuss the findings in more detail, please contact georgiepoole@ukactive.org.uk.

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