

WELCOME

Now with a third full year of data, this Active Lives report provides an updated comprehensive overview of adult (age 16+) sport and physical activity in England in the 12 months from November 2017 to November 2018.

The positive news is that in the 12 months to November 2018, the number of adults who were regularly active has increased by almost 500,000, whilst the number of inactive adults has fallen by 185,000. These results have primarily been driven by an increase in the number of women who are regularly active. As a result, the gender gap between men and women has narrowed by over 90,000, from 352,000 to 258,000.

Activity levels are also up for disabled people and those with a long term health condition.

There is, however, much still to be done, with persistent inequalities for those from the lowest income families, black and South Asian backgrounds and disabled adults or those with long term health conditions – particularly those with three or more impairments.

This report brings together:

- · How people are choosing to get active
- The picture of volunteering in sport and physical activity
- The link between engaging in sport and physical activity and the social outcomes identified in the government's *Sporting Future* strategy.

Once again, this report provides the headlines, with links to more in-depth data tables. You can also carry out your own analysis of the data via <u>activelives.sportengland.org</u>.

Finally, the next Active Lives Adult Survey will be published on 17 October 2019, while on 5 December, we will be publishing the second Active Lives Children and Young People report (academic year 2018/19).

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KEY INFORMATION

This report presents data from the Active Lives Adult Survey for the period mid-November 2017 to mid-November 2018. Data is presented for adults aged 16+ in England.

RELEASE DATES

This release: 11 April 2019 Next release: 17 October 2019

FIND OUT MORE

For further information on the data presented in this report, please visit the <u>Active Lives area</u> of our website.

THIS CHAPTER PRESENTS INFORMATION ON THREE LEVELS OF ACTIVITY:

- INACTIVE (LESS THAN 30 MINUTES A WEEK)
- FAIRLY ACTIVE (30-149 MINUTES A WEEK)
- ACTIVE (AT LEAST 150 MINUTES A WEEK)

DEFINITION



WHAT DO WE MEAN BY PHYSICAL ACTIVITY?

THE GRAPHIC BELOW SHOWS THE ACTIVITIES WE INCLUDE - AND WHEN THEY COUNT (FOR ADULTS AGED 16+):



AT LEAST MODERATE INTENSITY *

BOUTS OF 10 MINS OR MORE THAT ADD UP TO ONE OF THE THREE LEVELS OF ACTIVITY

* VIGOROUS INTENSITY COUNTS AS DOUBLE

Note: We count most sport and physical activity, but exclude gardening. However, Public Health England does include gardening in its local level physical activity data. You can view the PHE data here.





HEADLINES

Our data shows that in November 2017/18, just over 6 in 10 adults (28.2m) achieved 150+ minutes of activity a week, a 12-month increase of 498,000, or 0.8%



INACTIVE	FAIRLY ACTIVE	ACTIVE	
LESS THAN 30 MINUTES A WEEK	30-149 minutes a week	150+ MINUTES A WEEK	
25.1%	12.3%	62.6%	
25.1% OF PEOPLE (11.3M) DID LESS THAN 30 MINUTES A WEEK	12.3% (5.5M) WERE FAIRLY ACTIVE BUT DIDN'T REACH 150 MINUTES A WEEK	62.6% (28.2M) DID 150 MINUTES OR MORE A WEEK	

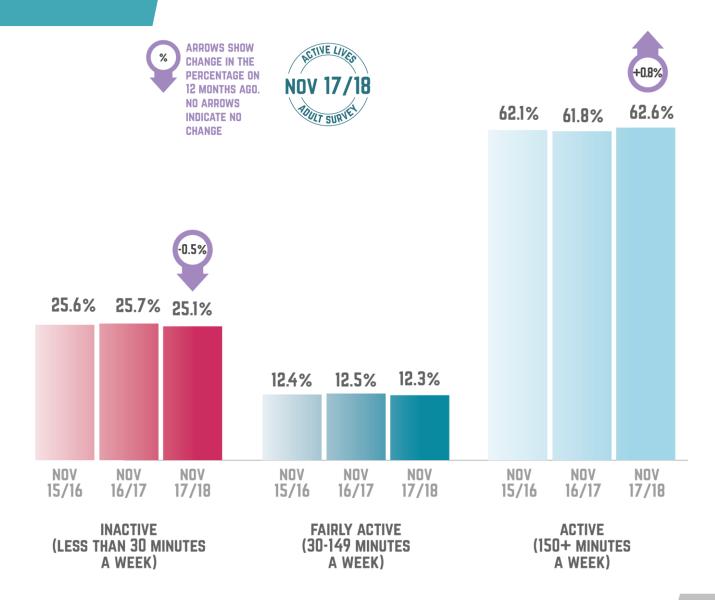


SUMMARY OF CHANGE

The proportion of people reporting that they were active has increased by 0.8% over the past 12 months (an increase of 498,100 active adults in England). Since November 15/16, there are 607,400 more active adults.

Similarly, inactivity has decreased by 0.5% (185,000) over the past 12 months.

These improved results have been driven by women and older adults (aged 55+).

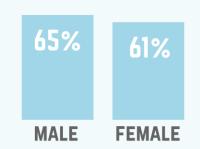


SUMMARY OF DEMOGRAPHIC DIFFERENCES

Our data shows there are significant inequalities:

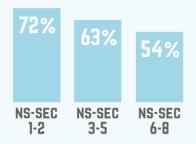
1 GENDER

Men (65% or 14.2m) are more likely to be active than women (61% or 13.9m), with a gap of 258,000 between them (down 93,700 on 12 months ago).



2 SOCIO-ECONOMIC GROUPS

Those in routine/semi-routine jobs and those who are long term unemployed or have never worked (NS-SEC 6-8), are the most likely to be inactive (33%) and the least likely to be active (54%).



* See our <u>definitions</u> page for the full definition of disability and long term health conditions.

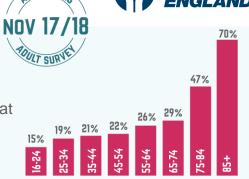
ACTIVE



SPORT ENGLAND

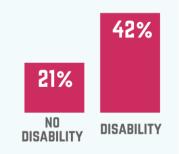
3 AGE

Inactivity levels generally increase with age, but the sharpest increase comes at ages 75-84 (to 47%) and age 85+ (to 70%).



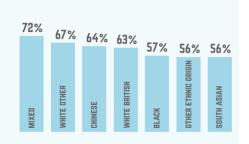
4 DISABILITY AND LONG TERM HEALTH CONDITION

Inactivity is more common for disabled people or those with a long term health condition* (42%) than those without (21%). Furthermore, it increases sharply as the number of impairments an individual has increases – 51% of those with three or more impairments are inactive.



5 ETHNICITY

Activity levels are highest for mixed (72%) and white other (67%) adults, and lowest for South Asian (56%), other (56%) and black (57%) adults.





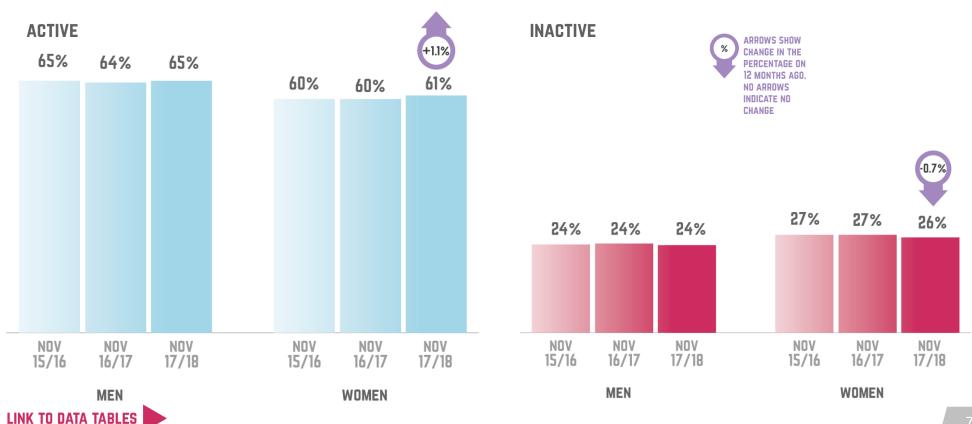


GENDER

There has been an increase (1.1%) in the proportion of women who are active, with an additional 286,000 women taking part for 150 minutes or more a week compared to 12 months ago. Conversely, there has been a decrease of 146,100 (0.7%) women who are inactive.



As a result, the gender gap for those who are active has narrowed by just over 90,000, and currently stands at 258,000.





SOCIO-ECONOMIC GROUPS

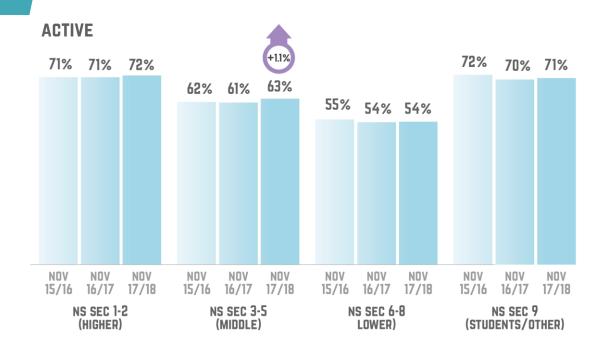
Our data shows there are significant disparities between different socio-economic groups:

- People who are in routine/semi-routine jobs and those who are long term unemployed or have never worked (NS-SEC 6-8) are the most likely to be inactive (33%) and the least likely to be active (54%). This has not changed in the past 12 months.
- People who are in managerial, administrative and professional occupations (NS-SEC 1-2) are the least likely to be inactive (16%) and this has fallen over the past 12 months. They are the most likely to be active (72%).

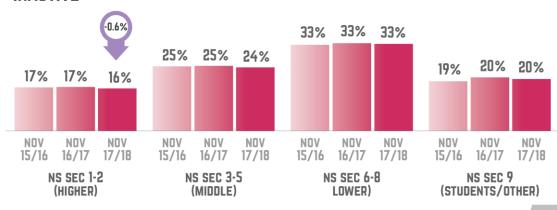




Note: Full details of what the NS-SEC categories mean can be found on the definitions page.



INACTIVE





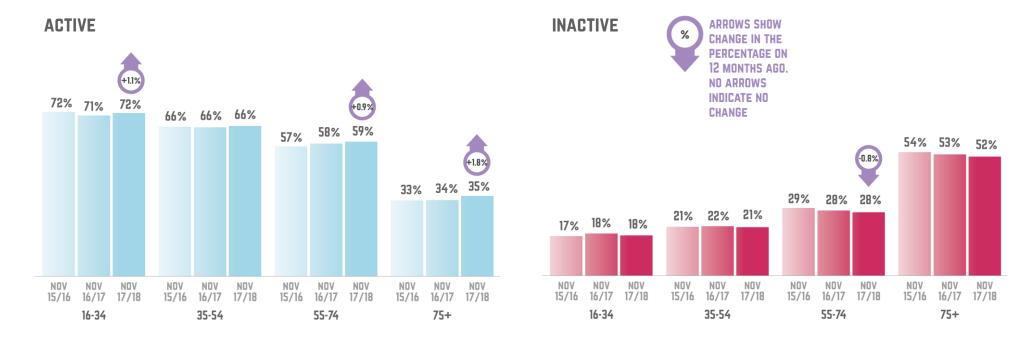


AGE

Activity levels have recovered following drops seen between November 2015/16 and November 2016/17 amongst the 16-34 age group, with an increase compared to 12 months ago.



Activity levels continue to increase amongst the 55-74 and 75+ age groups, with further increases compared to 12 months ago. Similarly, the proportion who are inactive has decreased for those aged 55-74 compared to 12 months ago. While we can't report a further decrease for those aged 75+, the proportion who are inactive remains down compared to our first data point in November 2015/16.







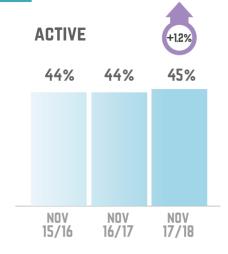
IMPAIRMENTS

DISABILITY AND LONG TERM **HEALTH CONDITIONS**

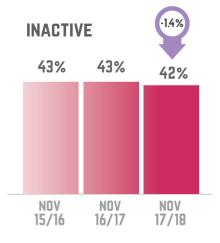
There has been an increase in the proportion of disabled adults or those with a long term health condition who are active (+1.2%) and a decrease in those who are inactive (-1.4%) compared to 12 months ago. This was driven by adults with two impairments, with no change seen for those with three or more impairments.

Inactivity is more common for those with a disability or long term health condition (42%) than those without (21%). Furthermore, it increases sharply as the number of impairments an individual has increases - 51% of those with three or more impairments are inactive.

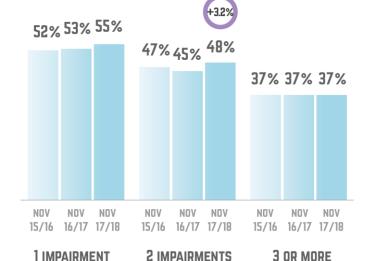
This is important because over half of all disabled people or those with a long term health condition (52%) have three or more impairments, while 21% have two impairments and 26% have just one impairment (of 14 impairment types): source, Life Opportunities Survey June 09/12.

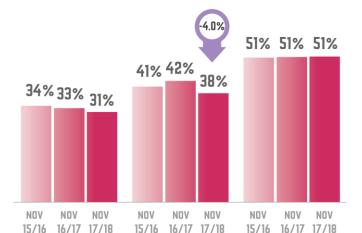






DISABILITY AND LONG TERM **HEALTH CONDITION**





2 IMPAIRMENTS

1 IMPAIRMENT

LINK TO DATA TABLES

3 OR MORE

IMPAIRMENTS



ARROWS SHOW CHANGE IN THE

ETHNICITY

We've seen only small fluctuations in the proportions who are active and inactive amongst the different ethnic groups.

Mixed and white other adults continue to have the highest activity levels, while South Asian, black and those with other ethnic origins are the least likely to be active.

After white British, the largest ethnic groups within the English adult population are South Asian (6%) and white other (5%). The Chinese and other ethnic group populations are much smaller (less than 1%), therefore caution should be applied when looking at change for these groups.

19% 18% 19%

NOV NOV

16/17 17/18

MIXED

NOV

NOV

WHITE OTHER

16/17 17/18

NOV

15/16

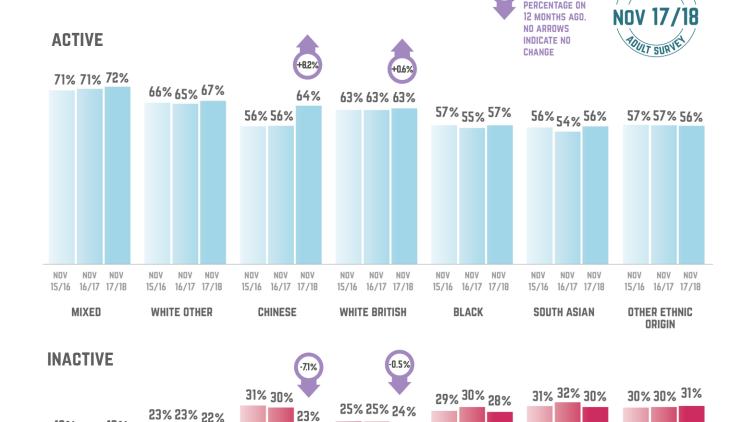
NOV

NOV

CHINESE

16/17 17/18

15/16



NOV NOV

WHITE BRITISH

16/17 17/18

15/16

NOV NOV

15/16 16/17 17/18

BLACK

NOV NOV

15/16 16/17 17/18

SOUTH ASIAN



NOV NOV

15/16 16/17 17/18

OTHER ETHNIC

ORIGIN

TYPES OF ACTIVITY

THIS CHAPTER PRESENTS
DATA BROKEN DOWN BY
ACTIVITY GROUP AND LOOKS
AT THOSE WHO HAVE
PARTICIPATED AT LEAST
TWICE IN THE LAST 28 DAYS.

PARTICIPATION - OUR DEFINITION

LOOKING AT PARTICIPATION AT LEAST TWICE IN THE LAST 28 DAYS PROVIDES:

- AN ENTRY LEVEL VIEW OF PARTICIPATION OVERALL
- A USEFUL MEASURE OF ENGAGEMENT IN DIFFERENT SPORTS
 AND PHYSICAL ACTIVITIES
- AN UNDERSTANDING OF THE CONTRIBUTION OF ACTIVITIES TO ACHIEVING 150+ MINUTES A WEEK



TYPES OF ACTIVITY

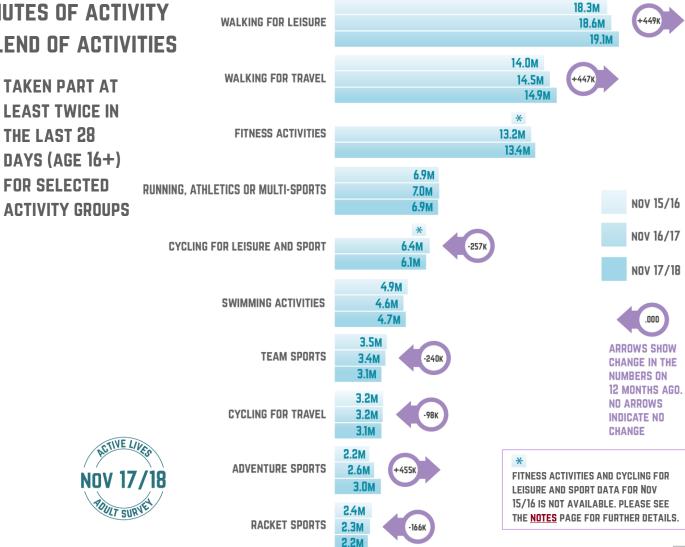


ADULTS ACHIEVING 150+ MINUTES OF ACTIVITY A WEEK DO SO THROUGH A BLEND OF ACTIVITIES

Analysis of the number of people engaging in activities at least twice in the last 28 days helps us understand the contribution of different activities to overall levels of activity.

The overall growth in numbers has been driven by increases in walking and adventure sports (a category which includes hill and mountain walking, climbing and orienteering).

Fitness activities remain a big contributor, while swimming has stabilised. There are, however, fewer people cycling.



AT LEAST TWICE IN THE LAST 12 MONTHS

A volunteer makes all the difference. And volunteering benefits both the volunteer and the person receiving the support. Whether it's serving refreshments, coaching a player or assisting people with disabilities to take part, the sport and activity sector needs people to give their time.

DEFINITION



WE COUNT A PERSON AS HAVING VOLUNTEERED IF:



THEY HAVE TAKEN PART IN A VOLUNTEERING ROLE TO SUPPORT SPORT/PHYSICAL ACTIVITY

(A full list of roles can be found in our definitions at the end of this report on page 23).





A PERSON HAS VOLUNTEERED AT LEAST TWICE IN THE LAST 12 MONTHS

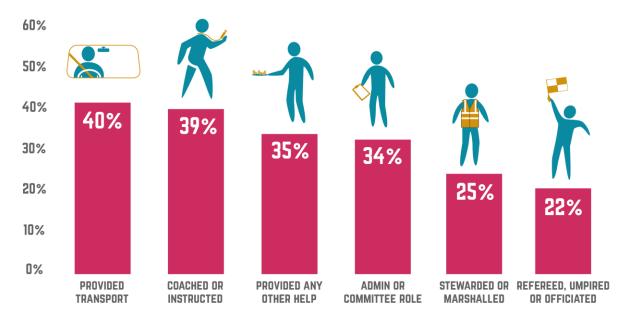




HEADLINES

Our data shows that 14% of adults (6.2m) are giving their time to support sport and physical activity. Many undertake more than one role, with providing transport and coaching being the most common.

ROLES UNDERTAKEN AMONG ADULTS (AGED 16+) WHO VOLUNTEERED AT LEAST TWICE IN THE LAST YEAR (NOV 17/18)





AT LEAST TWICE IN THE LAST YEAR TO SUPPORT SPORT AND PHYSICAL ACTIVITY



SUMMARY OF CHANGE

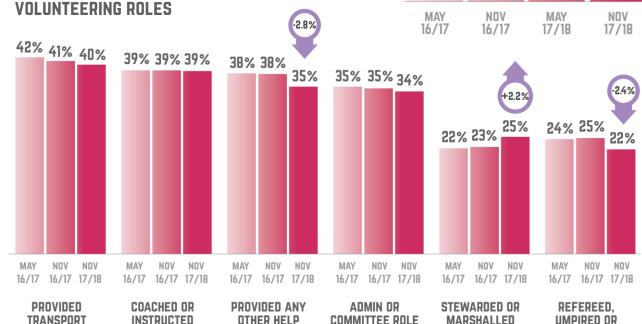
Volunteering levels remain unchanged in the past six months. This follows the drops seen six months ago, which means there is a decrease over the past 12 months (down 0.9%, 364,400 fewer adults).

The overall decrease in volunteering came from those refereeing, umpiring or officiating and providing any other help. In contrast, there was an increase in those stewarding or marshalling.









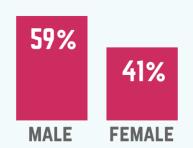
OFFICIATED

SUMMARY OF DEMOGRAPHIC PROFILE

Our data shows there are significant inequalities:

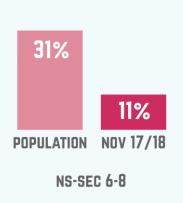
GENDER

Men are more likely to volunteer to support sport than women, comprising 59% of all volunteers.



SOCIO-ECONOMIC GROUPS

People from lower socioeconomic backgrounds (NS-SEC 6-8) are under-represented in volunteering, comprising just 11% of all sport volunteers but 31% of the adult population.



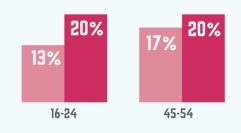
* See our definitions page for the full definition of disability and long term health conditions.

POPULATION

NOV 17/18

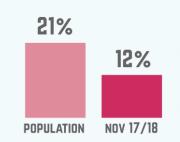
AGE

Volunteering is more popular among two key age groups: those aged 16-24 and those in the 45-54 bracket. Combined. these groups account for 40% of all volunteers (but only 30% of the population).



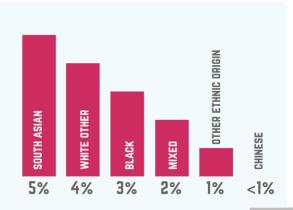
DISABILITY AND LONG TERM HEALTH CONDITION

> Disabled people or those with a long term health condition* account for 12% of volunteers, despite accounting for 21% of the population as a whole.



ETHNICITY

The volunteer profile across ethnic groups is generally reflective of the wider population. However, there are inequalities within sub-groups. For instance, females from South Asian backgrounds are underrepresented.



LINK TO DATA TABLES

SPORTING FUTURE OUTCOMES

UNDERSTANDING THE OUTCOMES



Sport and physical activity – and volunteering to support it – has the power to improve lives.

In addition to capturing the behaviour of adults when it comes to sport and physical activity, Active Lives also captures data designed to better understand impact against four of the five social outcomes identified within the government's sport and physical activity strategy – *Sporting Future*.

Chapter one of this report covered the first of those outcomes – physical wellbeing. This chapter will focus on mental wellbeing, individual development and social & community development.

For further details on the outcomes, see our evidence review.



PHYSICAL WELLBEING



MENTAL WELLBEING



INDIVIDUAL DEVELOPMENT



SOCIAL & COMMUNITY DEVELOPMENT



ECONOMIC DEVELOPMENT

Sport and physical activity can...

- Help improve and maintain fitness, strength and balance
- Help prevent and manage medical conditions.
- Contribute to happiness and improved self-esteem
- Reduce stress, anxiety and depression.
- Help develop soft/social skills and increase persistence and perseverance
- Impact positively on employment opportunities.
- Bring people together
- Build trust and reduce isolation.
- Promote economic growth
- Create jobs.

Measured by...

Proportion of adults who:

 Undertake 150+ minutes a week of sport and physical activity. Agreement to:

- How happy did you feel yesterday?
- How satisfied are you with your life nowadays?
- To what extent do you feel that the things you do in your life are worthwhile?
- How anxious did you feel yesterday?

Agreement to:

- I can achieve most of the goals
 I set myself
- If I find something difficult, I keep trying until I can do it.

Agreement to:

- Most people in our local area can be trusted.
- The economic value of sport, as reported in:
- DCMS's
 Sport Satellite
 Accounts.



WELLBEING, INDIVIDUAL AND COMMUNITY DEVELOPMENT

SOME ACTIVITY IS GOOD, MORE IS BETTER

MENTAL WELLBEING

When looking at activity levels amongst adults, we can see that those who are active have a better life satisfaction score than those who are fairly active, who in turn have a better score relative to those who are inactive. This shows a positive link between being more active and mental wellbeing, and holds across all four wellbeing measures.

INDIVIDUAL DEVELOPMENT

Similarly, we see that those who are active are more likely to report they can achieve the goals they set themselves and keep trying when they find things difficult than those who are fairly active, who in turn have better scores than those who are inactive.

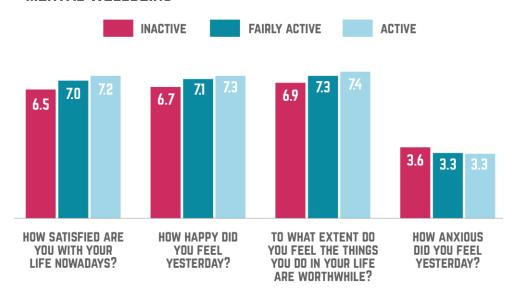
SOCIAL AND COMMUNITY DEVELOPMENT

We see that those who are active report higher levels of social trust than those who are fairly active, who in turn have better scores than those who are inactive.





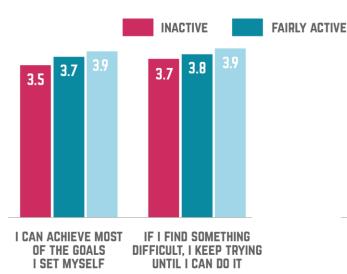
MENTAL WELLBEING

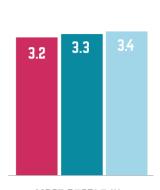


INDIVIDUAL DEVELOPMENT

SOCIAL AND COMMUNITY DEVELOPMENT

ACTIVE





WELLBEING, INDIVIDUAL AND COMMUNITY DEVELOPMENT

VOLUNTEERING IS POSITIVELY LINKED WITH MENTAL WELLBEING

Across all four measures of mental wellbeing, those who volunteered at least twice in the last 12 months reported better outcomes than those who did not, with the exception of anxiety, where no difference is seen.

VOLUNTEERING IS POSITIVELY LINKED WITH INDIVIDUAL AND COMMUNITY DEVELOPMENT

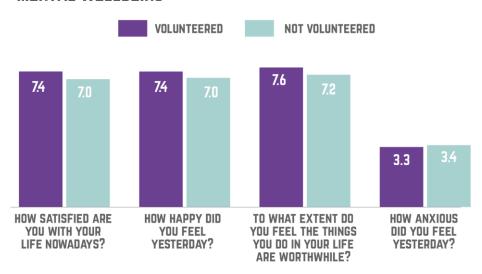
People who volunteered reported higher levels (compared to those who did not volunteer) of:

- Feeling able to meet the goals they set themselves
- · Continuing to try when they find things difficult
- Feeling that people in their local area can be trusted.





MENTAL WELLBEING



INDIVIDUAL DEVELOPMENT

SOCIAL AND COMMUNITY DEVELOPMENT

NOT VOLUNTEERED





TRUSTED

WELLBEING, INDIVIDUAL AND COMMUNITY DEVELOPMENT



PEOPLE WHO TAKE PART AND VOLUNTEER HAVE EVEN HIGHER SCORES ACROSS ALL OUTCOME MEASURES

MENTAL WELLBEING

The combination of both being active and volunteering is associated with higher scores across the mental wellbeing measures.

INDIVIDUAL DEVELOPMENT

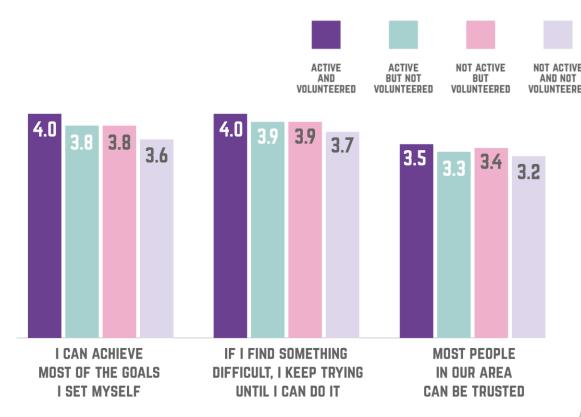
Those who were active and volunteered reported they were more likely to meet the goals they set themselves and to keep trying when they find things difficult, compared to those who did one and not the other.

SOCIAL AND COMMUNITY DEVELOPMENT

Those who were active and volunteered reported they were more likely to trust people in their local area, compared to those who did one and not the other.



AVERAGE LEVELS OF AGREEMENT TO INDIVIDUAL DEVELOPMENT AND SOCIAL TRUST QUESTIONS (OUT OF 5) BY WHETHER THEY ARE ACTIVE AND/OR HAVE VOLUNTEERED



LOCAL LEVEL DATA

Data for local areas, including, nine regions, 44 Active Partnerships, and 353 local authorities are available for the following measures:

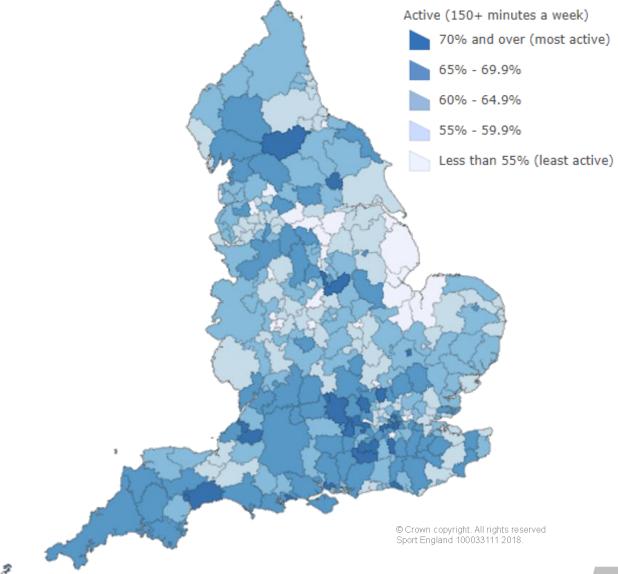
- LEVELS OF ACTIVITY
- VOLUNTEERING AT LEAST TWICE IN THE LAST 12 MONTHS

LINK TO DATA TABLES



ACTIVITY ACROSS ENGLAND







DEFINITIONS

MODERATE ACTIVITY is defined as activity where you raise your heart rate.

vigorous activity is where you're out of breath or are sweating (you may not be able to say more than a few words without pausing for breath).

NS-SEC groups are defined as: Higher (NS-SEC 1-2): Managerial, administrative and professional occupations (e.g. chief executive, doctor, actor, journalist).

Middle (NS-SEC 3-5):

Intermediate, lower supervisory and technical occupations; self employed and small employers (e.g. auxiliary nurse, secretary, plumber, gardener, train driver).

Lower (NS-SEC 6-8):

Semi-routine and routine occupations; long term unemployed or never worked (e.g. postman, shop assistant, bus driver).

Students and other (NS-SEC 9).



CONDITIONS is defined as an individual reporting they have a physical or mental health condition or illness that has lasted or is expected to last 12 months or more, and that this has a substantial effect on their ability to do normal daily activities.

IMPAIRMENT TYPES cover matters that limit day to day life, including chronic health conditions (e.g. diabetes and cancer), physical disability (e.g. mobility and dexterity), mental health (e.g. depression and anxiety) and sensory impairments (e.g. hearing and vision).

VOLUNTEERING ROLES are all in relation to supporting sport or physical activity and/or a sports organisation or event. They are defined as:

- Provided transport to help people other than family members take part
- Coached or instructed an individual or team(s) other than solely for family members
- Refereed, umpired, or officiated at a match, competition or event
- Administrative or committee role e.g. chairman, treasurer, social secretary, first aider, welfare officer
- Stewarded or marshalled
- Provided any other help e.g. helping with refreshments, sports kit or equipment.







NOTES

THE ACTIVE LIVES ADULT SURVEY IS A PUSH-TO-WEB SURVEY

Carried out by Ipsos MORI, it involves postal mailouts inviting participants to complete the survey online. The survey can be completed on mobile or desktop devices. A paper questionnaire is also sent out to maximise response rates. More information on the survey can be found here.

LINK TO MORE INFORMATION ON MEASURES AND DEMOGRAPHICS



SAMPLE AND WEIGHTING

THE ACHIEVED SAMPLE was 179,747 (16+).

DATA HAVE BEEN WEIGHTED to Office for National Statistics (ONS) population measures for geography and key demographics.

CONFIDENCE INTERVALS can be found in the linked tables. These indicate that if repeated samples were taken and confidence intervals computed for each sample, 95% of the intervals would contain the true value. Only significant differences are reported within the commentary. Where results are reported as being the same for two groups, any differences fall within the margin of error.

SIGNIFICANCE TESTS can be found in the linked tables. The tests indicate that if repeated samples were taken, 95% of the time we would get similar findings, i.e. we can be confident that the differences seen in our sampled respondents are reflective of the population. When sample sizes are smaller, confidence intervals are larger, meaning differences between estimates need to be greater to be considered statistically significant.

POPULATION TOTALS are estimated values and have been calculated using ONS mid-2015, mid-2016 and mid-2017 estimates. Confidence intervals also apply to these. More detail can be found here.



NOTES

DATA CONSIDERATIONS

HOW WE MEASURE CHANGE

Active Lives figures are based on the response of 179,747 adults, which we then scale up to provide an England-wide picture. That means there will naturally be small fluctuations when we compare the figures we have now with 12 months ago.

In accordance with Government Statistical Service good practice guidance, we highlight changes within the report where we are confident that there are genuine differences. If the data is showing only small differences which are within the margin of error, they are noted as "no change".

SUPPRESSED DATA

During the first six months of surveying, a number of respondents were double counting a gym session and the individual activities that they did within the gym. We resolved this problem by rewording the question from May 2016. Due to exercise bike being counted within cycling for leisure and sport, this means we cannot report November 15/16 data for either fitness activities or cycling for leisure and sport.

SPORT SPECTATING

Whilst not covered in this report, data tables showing the number of people attending live sports events form part of this release.

LINK TO MORE INFORMATION ON MEASURES AND DEMOGRAPHICS



LINK TO DATA TABLES