



Ipsos MORI
Social Research Institute



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Active Lives Survey 2018/2019

Year 4 Technical Note

May 18 – May 19

Ipsos MORI

The Active Lives Survey was conducted by Ipsos MORI on behalf of Sport England which commissioned the survey with additional funding from Public Health England, the Department for Transport and Arts Council England.

Fieldwork and Survey Design

The data presented here were collected between May 2018 and May 2019 in England. The data were collected using an CAWI online questionnaire (62.1%) and a paper self-completion questionnaire (37.9%). The questionnaire can be completed by members of the public aged 16 or over and is available through both online and paper versions. Valid responses which could be used for analysis were received from 177,876 people in total.

The Active Lives Survey is a 'push-to-web' survey involving four postal mail-outs designed to encourage participants to complete the survey online. The survey is 'device-agnostic' and can be completed on mobile or desktop devices. The first two mail-outs are letters with information about how to access the survey online and a passcode for accessing the survey. At the third mailing a paper self-completion questionnaire is sent out to maximise response. A final letter reminder is sent as the fourth mailing which includes a reminder of how to access the online questionnaire (it does not include a paper questionnaire).

The sample is selected from the Postcode Address File using random probability sampling and one letter is sent to each address inviting up to two adults from the household to take part.

The sampling was designed to achieve pre-determined numbers of returns from adults within each local authority across the year of the survey¹. For the majority of the local authorities (302 of 317) the target number of completed questionnaires was 500 returns. For the two smallest Local Authorities (City of London and Isles of Scilly) the target was reduced to 250. Oxford, Cambridge, and Norwich had a target of 750 interview. Ten local authorities had a target of 1,000 interviews: Rochdale, Bradford, Stockport, Tameside, Bolton, Trafford, Oldham, Wigan, Salford, and Bury. For the eight largest Local Authorities

¹ Local Authority boundaries/ definitions were amended in April 2019. This change came after sample had been drawn for Year 4. As such, fieldwork targets for were set for authorities existent at the start of fieldwork.

(Birmingham, City of Bristol, Leeds, Liverpool, Manchester, Newcastle upon Tyne, Nottingham and Sheffield) the target was increased to 2000, while the target for Doncaster was set at 3,500.

Weighting

Weighting is required to reduce the bias in survey estimates. Weights are produced to make the weighted achieved sample match the population as closely as possible.

For the Active Lives Survey the weights correct for the disproportionate selection of addresses across local authorities and for the selection of adults within households. They also adjust the achieved sample by month to control for seasonality. In addition, by weighting to population estimates and national estimates from the Annual Population Survey 2016, the weights should also reduce bias in the survey estimates. The control totals are produced from a mix of: 2016 mid-year population estimates (region with Local Authority), 2016-17 Labour Force Survey, 2017-18 Labour Force Survey and the 2018-19 Labour Force Survey.

There were five stages to the weighting strategy:

1. calculation of an individual (within household) selection weight;
2. initial calibration to local authority and age/sex population estimates and month counts assuming a proportionate sample;
3. a second stage of calibration to the same measures as well as national estimates from the Annual Population Survey;
4. trimming of the second stage of calibration; and
5. a final adjustment to regional counts.

Multiple weights have been produced to allow correct weighting of the variables for different types of analysis. Most analysis has used the weight which covers the whole sample or the weight for online cases only.

Confidence Intervals

Confidence intervals for the measures presented in the report can be found in the linked report tables. Confidence intervals indicate that if repeated samples were taken and confidence intervals computed for each sample, 95% of the intervals would contain the true value. Confidence intervals vary for each measure and each demographic breakdown.

Confidence intervals have been calculated using the complex survey package in SPSS, which takes account of design effects. They are presented for rates (%) in the report tables. Confidence intervals would also apply to the population estimates presented in the report and report tables.

Significance Testing

The report and accompanying tables show data for up to three years. Alongside the most recent survey data for May 2018-2019, data is compared with that collected one year previously – May 2017-2018 – and the baseline data for each measure. Questions on Volunteering and Outcomes were added to the questionnaire after the start of year 1 fieldwork, so for these tables, the baseline period is May 2016-2017. For all other tables, the baseline period is November 2015-2016.

This has allowed for analysis of the change in participation and activity levels over time. To compare data across time, significance testing has been applied to the report tables. This indicates whether changes observed across survey years are likely to be 'true' changes in the population, rather than just observed by chance.

Standard errors were generated using the complex samples module in SPSS: these were then applied to t-tests to assess statistical significance.

Only differences which are statistically significant are reported on as differences in the commentary. Where results are reported as being the same for two groups, this means there is no statistically significant difference.

Population estimates

These are estimates of the number of people in a particular group (for example, the number of people in the inactive group, or the number of males who have attended a live sports event at least twice in the last year).

These estimates have been calculated by applying the rate (%) to the mid-year population estimates from the ONS². The confidence intervals for the population estimates can be calculated by dividing the population estimate by the rate (%) and multiplying by the lower and upper confidence interval rates in the report tables.

Definitions used in the report

Article 1. Activity data in the report

The data were collected by asking which activities from a list people had done in the last 12 months, on how many days they had done each activity in the last 28 days, how long they usually spent doing the activity per day and whether it raised their breathing rate or made them out of breath or sweaty.

Moderate activity: This is defined as activity where you raise your heart rate and feel a little out of breath.

Vigorous activity: This is where you are breathing hard and fast and your heart rate has increased significantly (you will not be able to say more than a few words without pausing for breath).

People could also mention activities which were not listed on the questionnaire and these were coded to the relevant activity. These data then fed into the measures presented in the analysis (specifically for overall levels of activity and taking part twice a month by activity). The data have been cleaned such that duplicated fitness activities within a single questionnaire have been removed, missing durations have been imputed using the median duration for that activity and extreme durations have been capped at

² Data for November 2015-16 data uses ONS estimates from 2015. data for May 2016-17 uses 2016 estimates; data for May 2017-18 uses 2017 estimates; and, data for May 2018-19 uses 2018 estimates.

the 95th percentile for that activity. The questionnaire was set up such that people selected the activities they did. Any activity which was not selected was assumed not to have been done.

1. Levels of Activity *KPI1: Increase in the percentage of people physically active.*

KPI2: Decrease in the percentage of people physically inactive.

The Chief Medical Officer defines an *active* person as someone who, over the course of a week, achieves a total of at least 150 moderate intensity equivalent (MIE) minutes of physical activity. Breaking that down further:

- Moderate intensity equivalent (MIE) minutes means each 'moderate' minute counts as one minute. Any vigorous activity counts for double, so each vigorous minute counts as two moderate minutes.
- The 150 MIE minutes can be achieved in one go or in chunks of at least 10 minutes across different days through a combination of physical activities.

People are defined as:

- 'Active' if they achieve at least 150 minutes of moderate intensity equivalent minutes per week,
- 'Fairly active' if they achieve 30-149 minutes,
- 'Inactive' if they achieve fewer than 30 minutes.

KPI's 1 and 2 in sporting future guidelines refer to all sports, fitness, cycling, walking, dance and gardening activity. Gardening does not however fall under Sport England's remit and so, unless referenced otherwise, this is excluded from the data presented.

2. Taking part in Sport and Physical Activity

KPI3: Increase in percentage of the population taking part in sport and physical activity at least twice in the last month.

This is measured as the equivalent of 30 minutes or more activity at least twice in the last 28 days. Each session must last at least 10 minutes and be of at least moderate intensity.

An individual can reach the minimum threshold by a combination of two 30-minutes sessions across the last 28 days or by six 10-minute sessions, for example. This is measured for all activities including sports, fitness, dance, cycling and walking (including for travel).

In the analysis, specific activities have been grouped together into composites to look at groups of sports or disciplines. When creating composites across activities, anyone who did not tick any of the relevant activities which feed into the composite were treated as not having done that composite activity.

Therefore, there are no missing values for these composites. In some cases, intensity was assumed and not asked (assumed always to be light, moderate or vigorous). Activities done by those aged 65 and over were assumed to be at least moderate in all cases and therefore counted in the taking part measure.

Results are also presented for smaller groups of specific activities. ***The table below shows the specific activities which are included under each of the composite activity groupings used in the report.***

Where relevant, the wording or description given in the questionnaire is also included for reference.

Composite	Activities included
Walking for leisure	Walking for leisure (including dog walking and rambling and Nordic walking). Only walks of at least 10 minutes continuous walking are counted and walking around shops is excluded.
Walking for travel	Only walks of at least 10 minutes continuous walking are counted and walking around shops is excluded.
Cycling for leisure and sport	Cycling for leisure, Mountain biking, BMX, Road cycling or racing, Track cycling, Cyclo-cross and all other cycling, Exercise bike, Cycle class (e.g. spinning, RPM).
Cycling for travel	Cycling for travel (including commuting).
Creative or Artistic Dance	Creative or Artistic Dance. For example, ballet, ballroom, belly dancing, contemporary, contact improvisation, Flamenco, folk, hip-hop, historical/period, Irish, jazz, jive, Latin American, line or square dancing, salsa, street dance, South Asian, tango or tap.
Fitness activities	Combining several activities in a gym. Fitness machines such as Cross training machine (e.g. Cross trainer, SkiErg), Exercise bike, Rowing machine, Step machine, Treadmill, Other exercise machine. Fitness class such as Pilates, Yoga, Boxing class (e.g. Boxercise, body combat), Cardio class (e.g. aerobics, step aerobics, body attack), Core strength class (e.g. legs bums and tums, body balance), Cycle class (e.g. spinning, RPM), Dance-based class (e.g. Zumba, fitsteps, raverise or body jam), Water-based class (e.g. aquaerobics, aquafit), Weights-based class (e.g. body pump, kettlebell), Other fitness or exercise class. Weights session such as Resistance weights machines, Free weights (includes kettlebells and dumb-bells), Weightlifting or powerlifting (using a barbell). Interval sessions, such as Circuit training, Cross training, Bootcamp (e.g. drill sergeant, military fitness), Cross fit, High intensity (e.g. HIT, insanity).

Composite	Activities included
	Generic fitness session , covering things such as Body weight exercises (e.g. pull ups, press ups, sit ups), Skipping, Aerial fitness.
Sporting Activities	Team Sports: Football, Cricket, Rugby union, Rugby league, Touch rugby, Wheelchair rugby, Netball, Basketball, Wheelchair basketball, Field hockey, Volleyball, Rounders, Dodgeball, Baseball or softball, Lacrosse, Goalball, Handball, Gaelic sports, Other team sport. Racket Sports: Tennis, Badminton, Squash or Racketball, Table Tennis. Adventure sports: Hill or mountain walking or hiking, Rock climbing or bouldering, Climbing or bouldering wall, Caving or pot holing, Abseiling, Gliding, paragliding or hang gliding, Orienteering, Parkour or free running, High ropes. Water sports: Rowing, Sailing, Windsurfing, Canoeing or kayaking, Rafting, Water skiing or wakeboarding, Surfing, board surfing, body boarding, kite surfing, paddle boarding, Scuba diving or snorkelling, Life-saving, Other water sports such as dragon boat racing. Leisure games and activities: Angling or fishing, Archery, Fencing, Ice skating, Frisbee or ultimate Frisbee, Rounders, Garden trampolining, Ten-pin bowling, Croquet, Cue based sports (e.g. billiards, snooker and pool), Darts, Skittles, Other leisure activity or game. Combat sports, Martial Arts or Target Sports: Archery, Boxing, Fencing, Judo, Taekwondo, Martial arts, Shooting, Wrestling, Tai Chi Winter sports: Skiing, Snowboarding, Sledding, luge, tobogganing, Ice hockey, Curling, Ice skating, Other winter sports. Swimming, diving or water polo: Swimming indoors and outdoors, Diving, Water polo. Running, athletics or multi-sports: Track and field athletics, Running or jogging, Fell or trail running, Triathlon (includes aquathlon and duathlon), Modern Pentathlon, Obstacle course (e.g. Tough mudder, Spartan, Rat Race). Golf. Horse riding. Bowls or Boules. Gymnastics, trampolining or cheerleading. Roller or skating sports: Roller-skating, inline skating, rollerblading, Roller hockey, Skateboarding, Ice skating. Motorsports: Karting or go-karting, Motorcycle racing, Motorcar racing.

The report presents certain activities from within the sporting activities group. This table shows what they include.

Sporting Activity: Composite	Activities
Badminton	Badminton
Basketball	Basketball (does not include Wheelchair basketball)
Bowls	Bowls including carpet bowls, crown green bowls, flat green bowls, short mat bowls
Boxing	Boxing and boxing fitness
Hill and mountain walking	Mountaineering or scrambling and hill or mountain walking
Climbing and bouldering	Rock climbing or bouldering, Climbing or bouldering wall
Cricket	Long and short form cricket and nets and practice and other cricket
Equestrian	Hacking or pony trekking, Schooling, Show jumping, Dressage, Eventing, Other horse riding
Football	11 a-side, small sided, futsal, walking football and other football
Golf	Full course golf, Short course golf, par 3, pitch and putt, putting, Driving range, Adventure or crazy golf
Gymnastics	Gymnastics and trampolining (excluding garden trampolining)
Netball	Netball
Rowing	Water based rowing and rowing machine
Rugby union	15 a-side, Rugby Sevens, touch and tag rugby
Running	Running or jogging and treadmill
Snowsport	Skiing and snowboarding
Squash	Squash and racketball
Swimming activities	Indoor swimming, outdoor pool swimming and open water swimming, diving, water polo and water-based classes
Table tennis	Table Tennis
Tennis	Tennis
Track and field athletics	Track and field athletics

3. Volunteering to support sport and physical activity

KPI 9a – The percentage of adults volunteering in sport at least twice in the last year.

This is measured as having volunteered two or more times in the last year, excluding those who did so by raising funds only. The data were collected by asking people which unpaid activities from a list they had given their time to do in the last 12 months. A further question was then asked to identify whether they had performed these activities on more than one occasion.

4. Outcomes

The Active Lives Adult Survey 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 Open in a new window.

For the mental wellbeing measures of life satisfaction, happiness, feeling your life is worthwhile and anxiety, we ask respondents to rate themselves on a scale of 0-10, with responses averaged to provide a mean score. The questions asked were:

- Life satisfaction: How satisfied are you with life nowadays?
- Happiness: How happy did you feel yesterday?
- Feeling your life is worthwhile: To what extent are the things you do in your life worthwhile?
- Anxiety: I can achieve most of the goals I set myself.

For the individual development and social and community development measures, we ask respondents to rate their agreement to a statement on a five-point scale from strongly agree (5) to strongly disagree (1). Responses are averaged to provide a mean score. The questions asked were:

- Individual development: (using the self-efficacy question) I can achieve most of the goals I set myself
- Individual development: If I find something difficult, I keep trying until I can do it
- Social and community development: Most people in your local area can be trusted.

5. Sports spectating

KPI9: Number of people who have attended a live sporting event more than once in the past year.

This is measured as having watched two or more live sports events, whether professional or amateur, over the previous 12 months.

The question was asked as part of a list of different activities. They were asked:

- Have you done this activity (attended a live sports event) in the past 12 months?
- If you have done this activity in the past 12 months how many times have you done it? Additional information provided was: Include all matches and competitions, including professional sport as well as watching family and friends compete.
- Answers of 'twice' or 'three or more' were included in this measure.

Article II. Key demographic variables

1. Age, gender and ethnicity

The report contains breakdowns by **age, gender and ethnicity**. Gender includes the category 'in another way'. At the start of the third year of the survey (November 2017), changes were made to the questionnaire to reflect ONS best practice guidelines. This resulted in a higher number of people providing this answer. It is not possible to compare data for this group over time owing to small numbers in previous years.

2. Number of long-term limiting impairments

The questionnaire asked whether people had any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more. Those who said yes were asked whether these physical or mental health conditions or illnesses have a substantial effect on their ability to do normal daily activities. All those who reported any conditions or impairments were asked whether the disability or illness affected them in any of 13 ways (including other). These were long term pain, chronic health condition, mobility, dexterity, mental health, visual, breathing, memory, hearing, learning, speech, behavioural, other (more detailed descriptions were provided on the questionnaire). Those who answered yes to the impairment having a substantial effect were considered to have a limiting impairment. The number of limiting impairments was derived from the question which asked about types of impairment. It should be noted that this is the number of impairments from a set list reported by people who said that any of their conditions or illnesses have a substantial effect.

Those in the no limiting impairments category are those who reported no conditions or illnesses and those who reported that any conditions they have do not have a substantial effect on their ability to do normal daily activities.

3. Social Status

The measure used is a National Statistics Socio-economic Classification (NS-SEC) measure derived using the self-coded method³. This collects information about employment status (self-employed or employed), the size of organisation and supervisory roles. People are then asked to place themselves in one of eight occupational groups. From this a five class NS-SEC measure can be derived. Testing of this

³ Section 14 in the ONS Socio-economic classification guidance.

<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/soc2010-volume-3-ns-sec--rebased-on-soc2010--user-manual/index.html>

method by ONS showed a 75% agreement with the interviewer coded method. More details about this method can be obtained from ONS, since the standard self-coded method was used.

Note on Terminology

In the report tables, the term “respondents” is used as the heading for the unweighted base for each column. The term respondents have been used because the term participant which is usually used to refer to people who take part in a survey is confusing in the context of a survey about sports participation where participation has a different meaning.

The term rate (%) means the weighted percentage of respondents who gave that answer.

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About Ipsos MORI's Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methods and communications expertise, helps ensure that our research makes a difference for decision makers and communities.