



**Active Lives Adult Survey**

Mid-March to mid-May 2020

**Coronavirus (Covid-19)  
Report**

Published October 2020

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## Key information

This report should be read in conjunction with the [annual May 2019-20 report](#)

The lockdown period at the start of the coronavirus (Covid-19) pandemic restricted people to a handful of permitted activities. While these expanded over time, the data in this report only covers responses from the initial full lockdown (Phase 1).

### Phase 1 Mid-March to mid-May: Full lockdown

Activity choice restricted – mainly walking, cycling, running and informal activities.

### Phase 2 Mid-May to mid-September: Easing restrictions

Activity choice extended to include outdoor activities such as golf and water sports. From the end of July, gyms, pools and leisure centres reopened while team sports started to resume.

### Phase 3 Mid-September to October: New restrictions

Restrictions to indoor team sports reintroduced along with the rule of six.

# Welcome



Covering the period from mid-March to mid-May, this report provides the picture of sport and physical activity during the early stages of the coronavirus (Covid-19) pandemic, when we all faced significant disruption to our lives and routines.

In this report, we reveal that, despite large numbers of adults switching into alternative activities, the overall number of regularly active adults did fall due to the disruption caused by the pandemic when there were fewer opportunities to be active.

During the mid-March to mid-May period, the number of active adults fell by 7.1%, or just over 3 million, whilst inactivity levels rose by 7.4% or 3.4 million adults.

The report also looks in detail at the impact upon a range of demographic groups, individual sports and activities as well as the impact upon mental wellbeing and loneliness, and should be read in conjunction with the 12-month Active Lives (Adult) Survey Report also published today,

Finally, the third Active Lives (Children and Young People) Survey Report covering Academic Year 2019-20 will be published on 3 December. This will report on the impact of coronavirus on children's activity levels across the summer term. This is followed by the next Active Lives (Adult) Report on 29 April 2021.

**Lisa O'Keefe** Insight Director

This chapter presents information on three levels of activity:

- **Active** (at least 150 minutes a week)
- **Fairly active** (an average of 30-149 minutes a week)
- **Inactive** (less than 30 minutes a week).

## What do we mean by physical activity?




At least moderate intensity \*

Bouts of **10 minutes** 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](#).

# The impact on activity levels

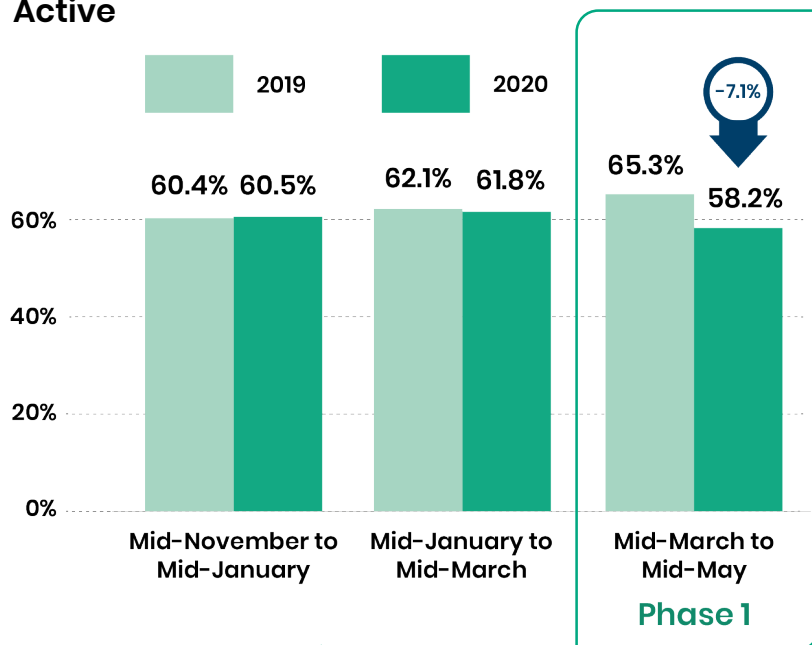
 Arrows show change in the percentage on 12 months ago. No arrows indicate no change



**Activity levels had been increasing until coronavirus restrictions were introduced in March. This led to unprecedented drops in activity during the first few weeks of full lockdown between mid-March and mid-May.**

The proportion of the population classed as **active** dropped by 7.1%. This represents just over **3 million** fewer active adults.

## Active

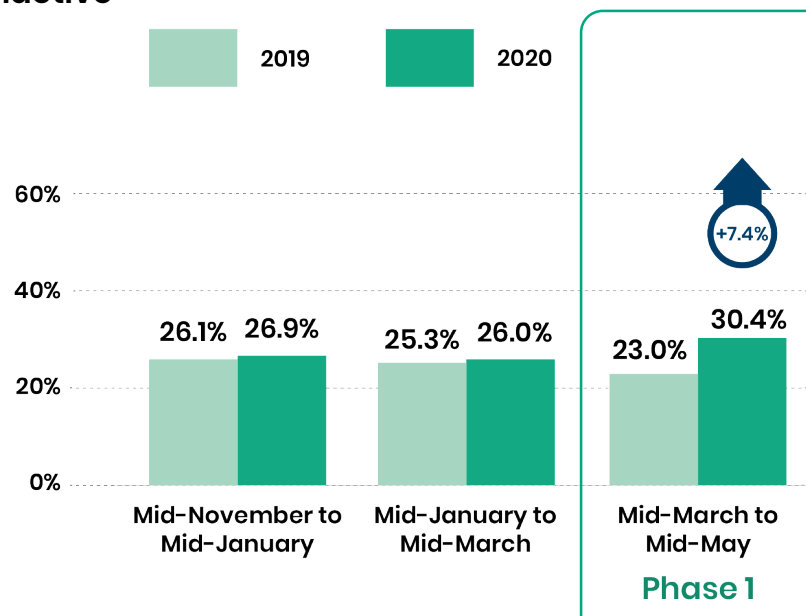


[Link to data tables](#) 

**Note:** Survey respondents are asked to recall activity over a 28 day reference period and as such some pre-lockdown activity will have been captured in this report.

The proportion of the population classed as **inactive** increased by 7.4%. This represents just over **3.4 million** more inactive adults.

## Inactive



# The impact on activity levels

## Activities available



Arrows show change over the last 12 months. No arrows indicate no change

### Activity choice was severely restricted during the initial phase of lockdown.

People were encouraged to leave their house once a day to exercise, either alone or with members of their household. As such, walking, running and cycling became the activities people turned to.

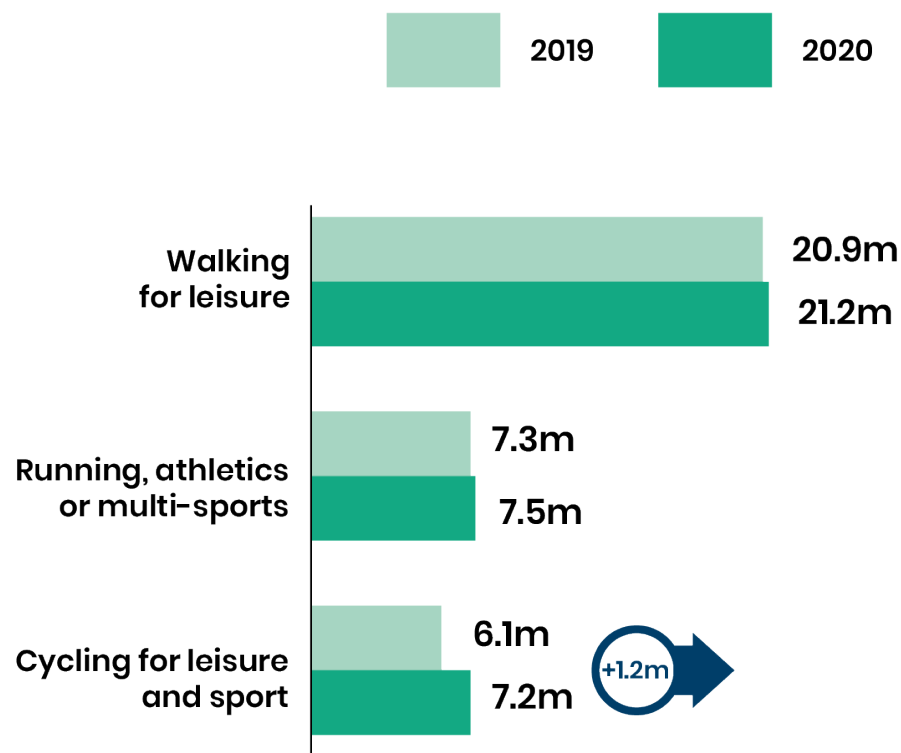
Walking for leisure was the primary activity during this period, with more than 21 million adults going for a walk.

Cycling for leisure and sport increased by 1.2m (+2.5%) - breaking from the flat trend we've observed over the past two years. Prominent participation campaigns and bike shops remaining open are likely to have contributed to this, alongside good weather and less traffic on the roads.

Outdoor running and jogging increased by 731k (+1.5%), but this was countered by a decrease in indoor running/treadmill (-1.2m, -2.7%). As a result, running overall saw activity levels hold - in line with a longer-term flat trend.

People were also encouraged to find alternative activities that could be accessed at home. As such, dance (including informal at home dancing, +168k/+0.4%) and garden trampolining (captured within gymnastics trampolining and cheerleading, +145k/+0.3%), both saw an increase.

### Mid-March to mid-May



[Link to data tables](#)

# The impact on activity levels

## Activities on hold



Arrows show change over the last 12 months. No arrows indicate no change

### Unsurprisingly, we've seen large drops in activities that were severely restricted during the early phase of the pandemic.

While people tried to be innovative and find ways to stay active during lockdown – such as kicking a ball about in the garden or playing badminton in the park – the drops in activity levels clearly show how difficult it was.

Less than half the usual number of participants played **team sports** (-1.9m, -4.2%) while **swimming** also recorded a significant drop as fewer than half the usual number reported taking part at least twice in the last 28 days (-2.8m, -6.2%).

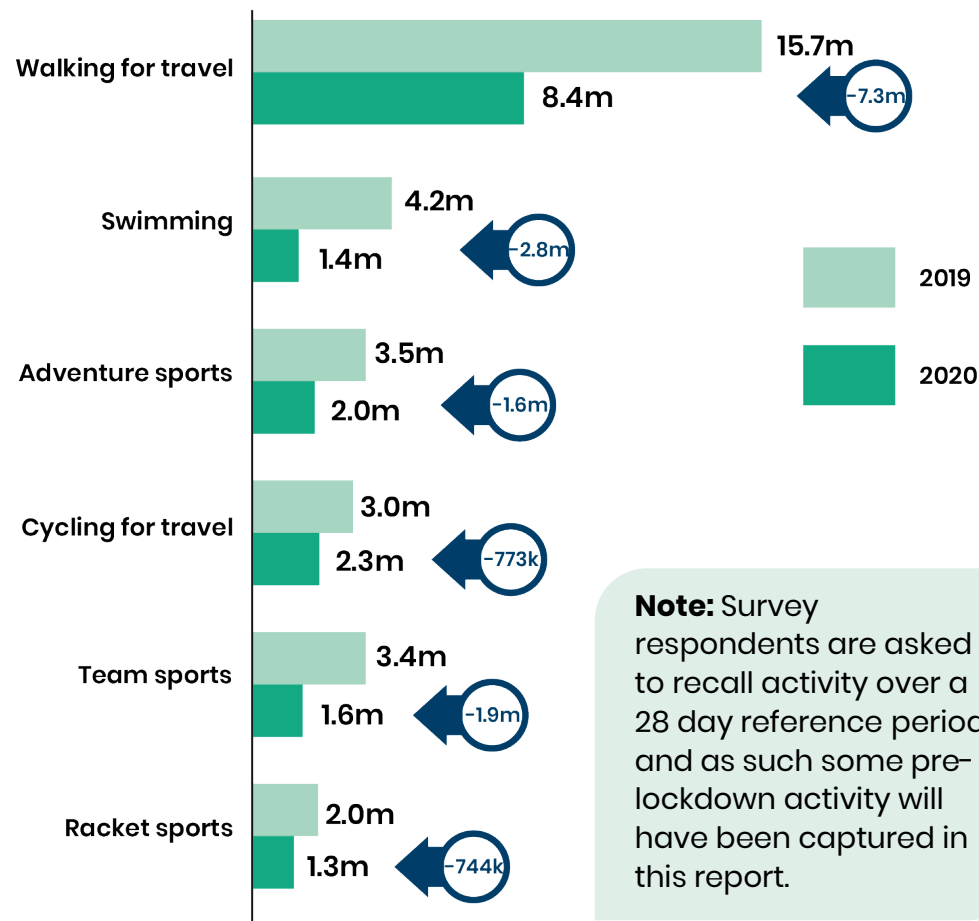
With people asked to 'stay close to home', hill and mountain walking fell, shown in the notable drop for **adventure sports**, in which this is a key activity.

With most business premises and offices closed, **walking for travel** saw the largest drop over the period, down 7.3m (-16.3%).

[Link to data tables](#)



### Mid-March to mid-May



**Note:** Survey respondents are asked to recall activity over a 28 day reference period and as such some pre-lockdown activity will have been captured in this report.



# The impact on activity levels

## Fitness



Arrows show change over the last 12 months. No arrows indicate no change

**Even during full lockdown, more than 13 million adults took part in fitness activities. This made it the second most common activity undertaken behind walking for leisure.**

With gyms and leisure centres closed, people were encouraged to find alternative activities that could be accessed at home. The sector was quick to respond, and people were able to switch to digital and self-led **fitness classes** and **interval sessions**. As a result, numbers held up more than would have been expected.

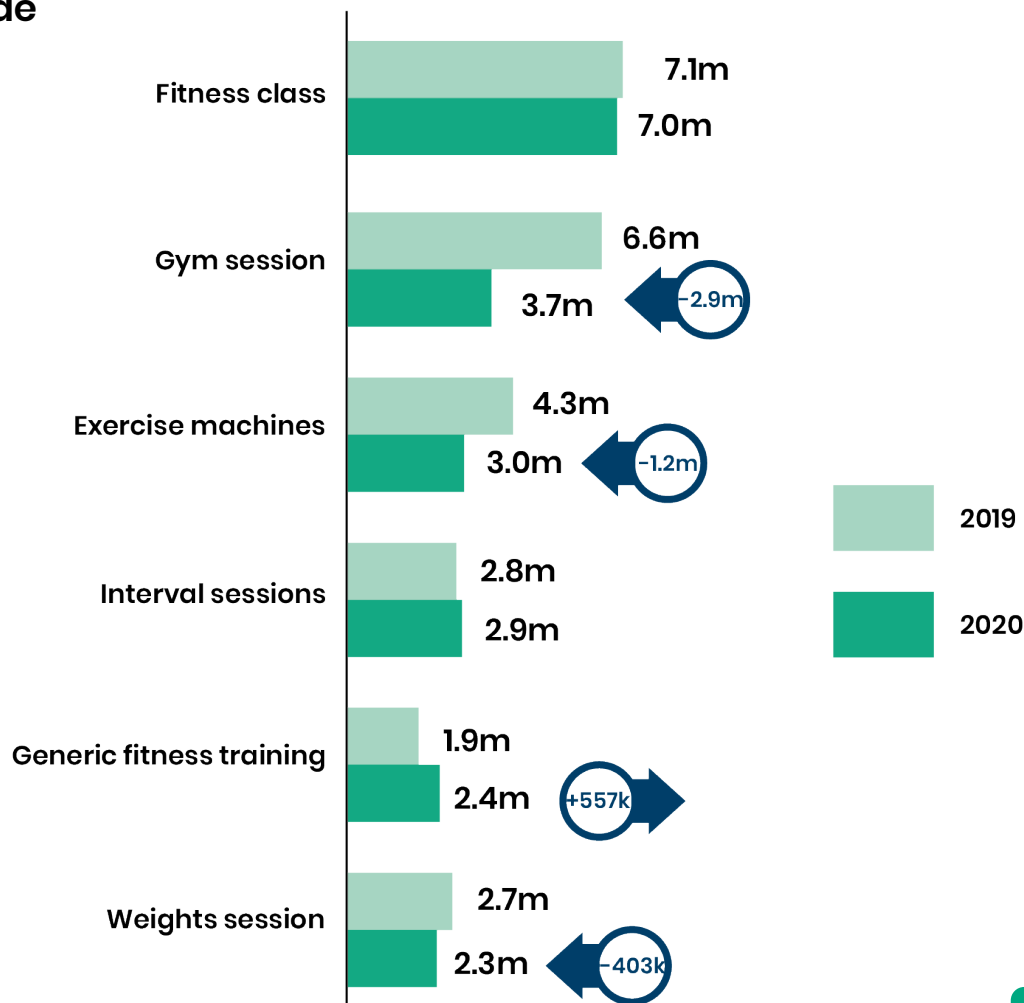
Other ways of exercising at home are reflected in the increase in **generic fitness training**, which includes activities such as press ups, pull ups and other body weight exercises.

However, some activities were harder to do, with **gym sessions**, **exercise machines** and **weight sessions** all down.

The net impact was a drop of 1.3m (-3.0%) taking part across the range of fitness activities at least twice in the last 28 days.


[Link to data tables](#)

Mid-March to mid-May





# The impact on attitudes

 Arrows show change in the percentage on 12 months ago. No arrows indicate no change



## Perceived opportunity fell, but perceived capability and motivation remained unchanged.

Capability, opportunity and motivation combine to drive behaviour. The absence of just one of these can lead to someone becoming inactive. This awareness provides us with a key diagnosis tool in analysing and understanding changes in activity levels.

### Capability

Perceived ability to take part in sport and physical did not change during the period between mid-March to mid-May.

### Motivation

None of our measures of motivation changed during the period between mid-March to mid-May.

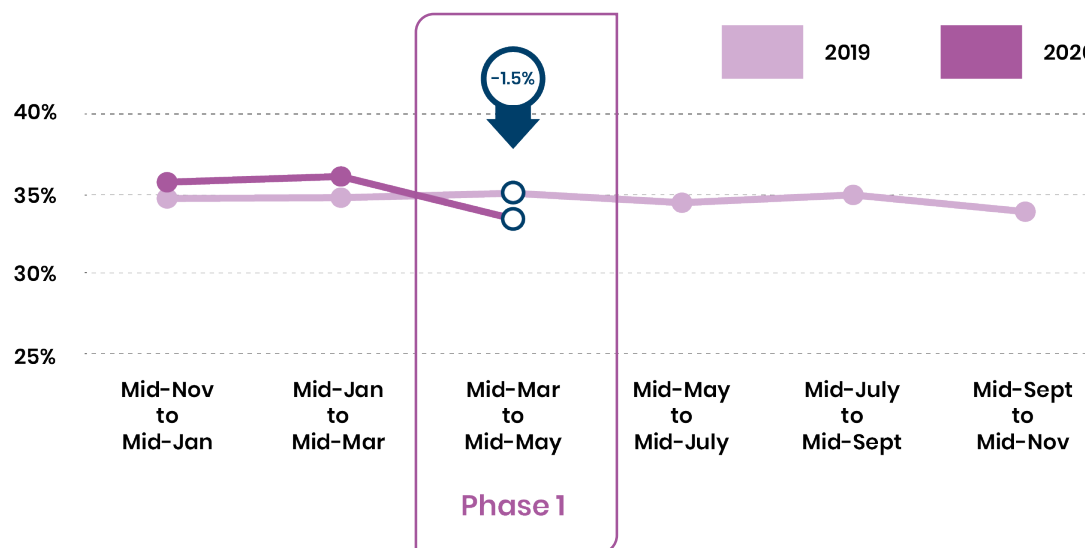
**Note:** We're reporting on the proportion who strongly agree to each of the attitude statements. Full details of the questions asked can be found on the [definitions](#) page

### Opportunity

At the start of lockdown, we saw a 1.5% drop (to 33.4%) in those strongly agreeing that they feel they have the opportunity to be active compared to the same period 12 months ago.


This drop can be linked to the fall in activity levels. As we saw on page seven, activities severely restricted during this period decreased, so it's unsurprising that fewer people felt they had the opportunity to be active. It is, however, encouraging to not see a greater drop in opportunity given the restrictions that were in place.

### I feel that I have the opportunity to be physically active (proportion who strongly agree)



[Link to data tables](#)



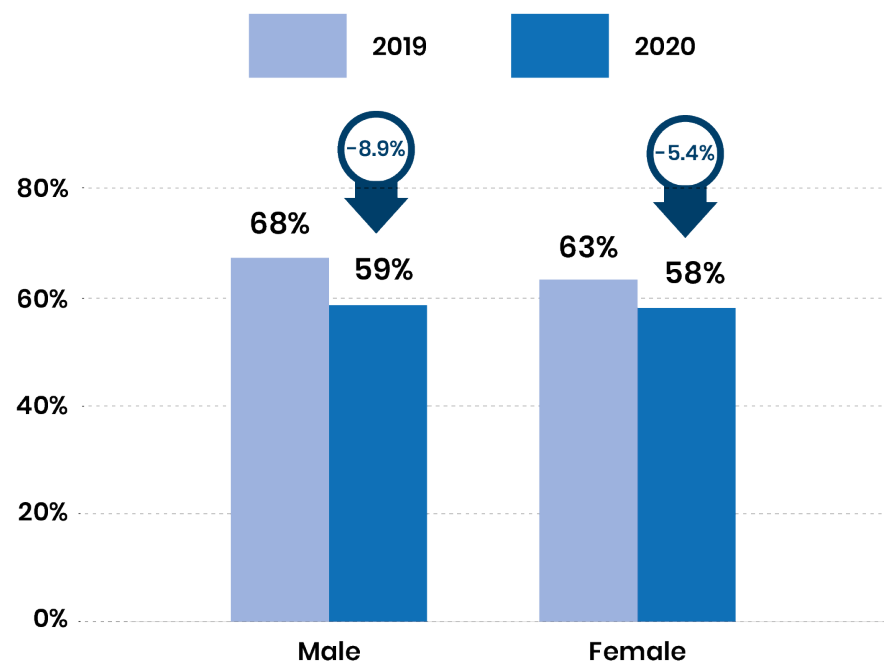
 Arrows show change in the percentage on 12 months ago. No arrows indicate no change

### Both men and women were adversely impacted by the initial phase of the pandemic.

However, the negative impact on activity was lower for women across the mid-March to mid-May period:

- Women saw a smaller drop in activity levels (-1.2m/-5.4%) than men (-1.8m/-8.9% active) compared to 12 months earlier.
- Indications are that women found it easier to adapt to online and at-home alternatives and, as such, saw a smaller drop in fitness activity.
- Women are also more likely to walk, where levels remain unchanged.
- Conversely, men are more likely to take part in team and racket sports than women, both of which were severely restricted during this period and saw large drops.
- Linked to this, perceived opportunity decreased for men (-2.5%) whilst it remained unchanged for women.

Active in mid-March to mid-May



[Link to data tables](#)



### Age 16–34

With a drop of 10.1% or 1.4m people, the 16–34 age group has been hit hard by the pandemic. The proportion who were active dropped to below two-thirds during this period.

This reflects the fact that younger adults make up a greater share of the activities that were severely restricted or less relevant during lockdown, such as team sports and active travel. It also indicates that many found it harder to adapt or replace activities.

This highlights how important keeping indoor sports available is to ensuring this age group remains active.


### Age 35–54

Activity levels amongst the 35–54 age group have shown more resilience than other age groups.

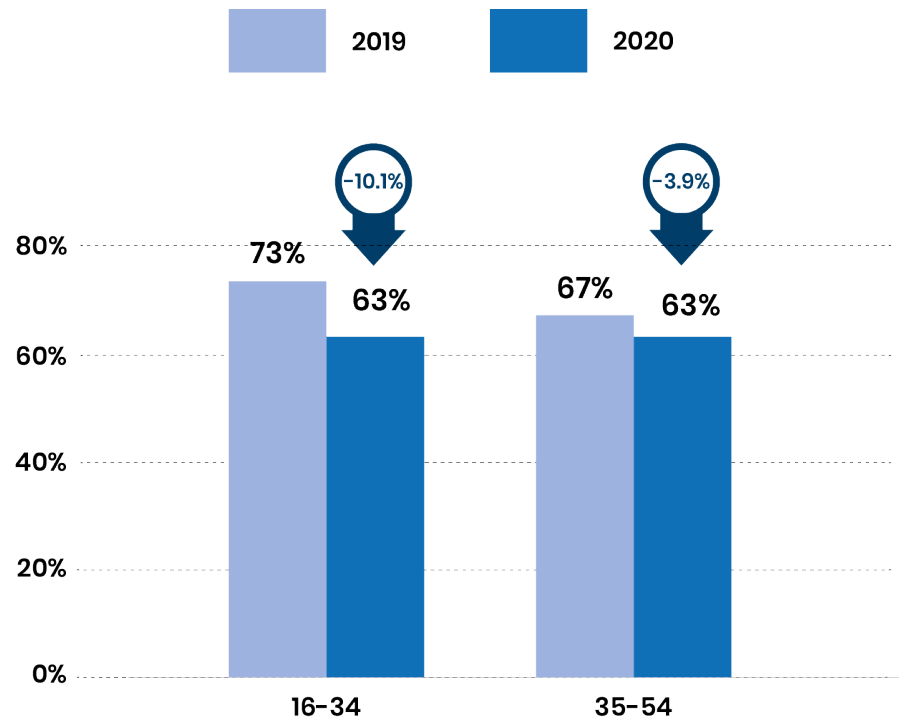
Perceived opportunity didn't change for this age group over this period. There was an increase in digital activity aimed at children during this period and, as this age group are most likely to have families, it's possible they benefited from these activities too.

[Link to data tables](#)



 Arrows show change in the percentage on 12 months ago. No arrows indicate no change

### Active in mid-March to mid-May



**The 55-74 and 75+ age groups were seeing strong growth in activity levels until the pandemic hit, and both groups saw a sizable drop across the mid-March to mid-May period as a result of it.**

Not surprisingly, given those aged 70+ were advised to shield during the early phase of lockdown, the drop for the 75+ age group (of over a quarter of a million, -6.6%) was proportionately greater than all other age groups.

As a result, just a third of all adults in this age group were active during this period. Alongside this, the proportion now classified as inactive has risen above 50%.

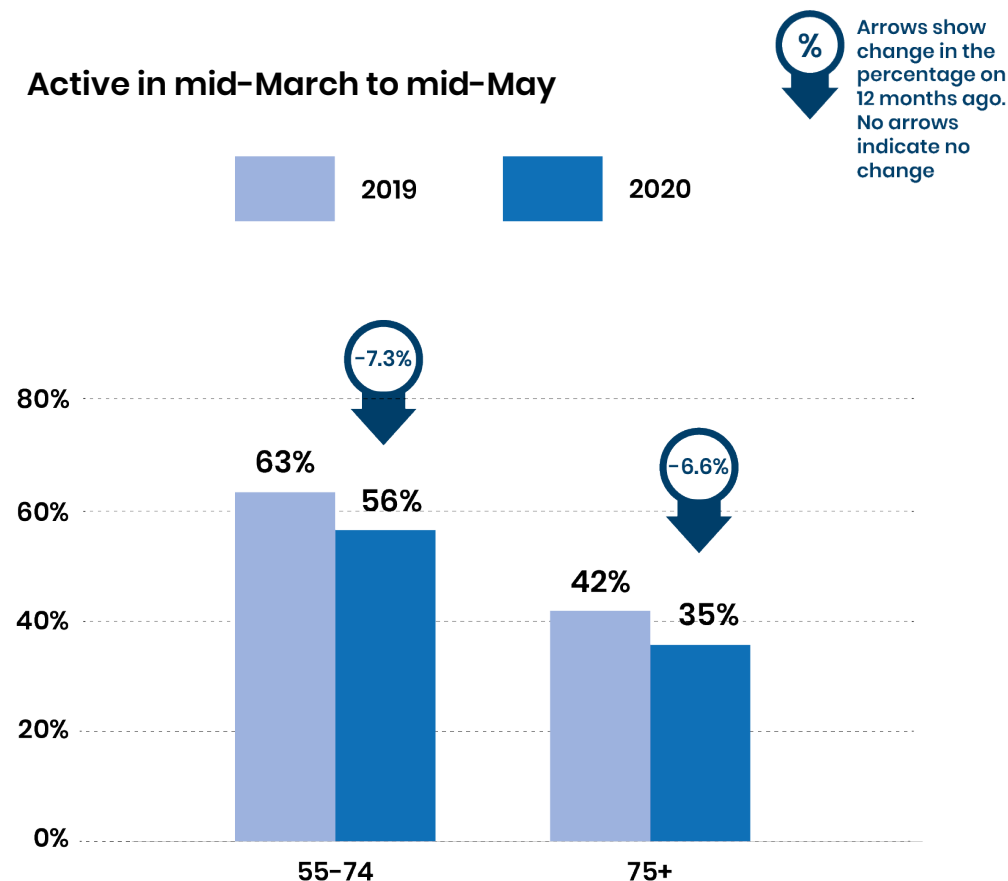
There is, however, a mixed story of capability, opportunity and motivation that sits below this:

- Perceived ability increased for those aged 75+ (+3.7%) – this may be linked to increased prevalence of digital products aimed at this age group.
- Perceived opportunity dropped for both age groups, but particularly for the 55-74 age group (-3.1%).
- Enjoyment (+3.2%) and guilt (+2.5%) increased amongst the 75+ age group.

This suggests a lack of opportunity has been the biggest contributor towards the reduced activity levels seen here.

[Link to data tables](#)

Active in mid-March to mid-May



## The negative impact of the pandemic over the initial phase of lockdown disproportionately impacted those from lower social groups (NS-SEC 6-8).

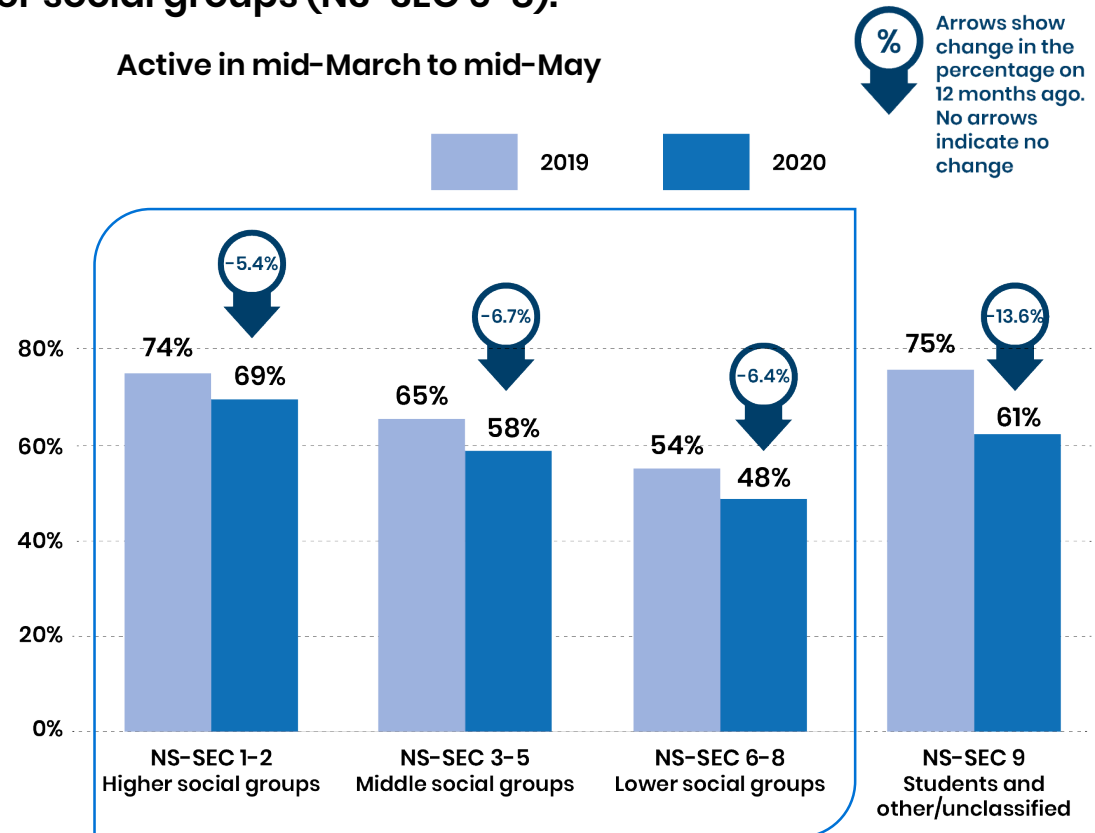
More than three-quarters of a million fewer adults from lower social groups (NS-SEC 6-8) were meeting the active threshold (-6.4%) across mid-March to mid-May compared to the same period 12 months ago. Over the same period, nearly a million (+7.9%) more were classed as inactive.

Whilst activity levels fell for all groups, falls were larger amongst lower social groups (NS-SEC 6-8) than higher social groups (NS-SEC 1-2). As such, the gap between lower and higher social groups widened during this period.

There was also a notable drop in activity levels for students/other (NS-SEC 9) which will be linked to age and is detailed on page 11.

[Link to data tables](#)

Active in mid-March to mid-May



**Note:** NS-SEC classifications refer to ages 16-74 only. Full details of what the NS-SEC categories mean can be found on the [definitions](#) page.

## With disabled adults and those with a long-term health condition asked to shield, their activity levels decreased.

This is likely to have driven the increase in the number of those with complex needs (three or more impairments) being inactive across the period, up 11.2% compared to 12 months earlier.

More generally, we've seen the negative impact of inactivity increasing with number of impairments reported and, as such, the inequality observed has widened as a result of the pandemic.

Similarly, we've seen decreases in the proportions who were active across the board.

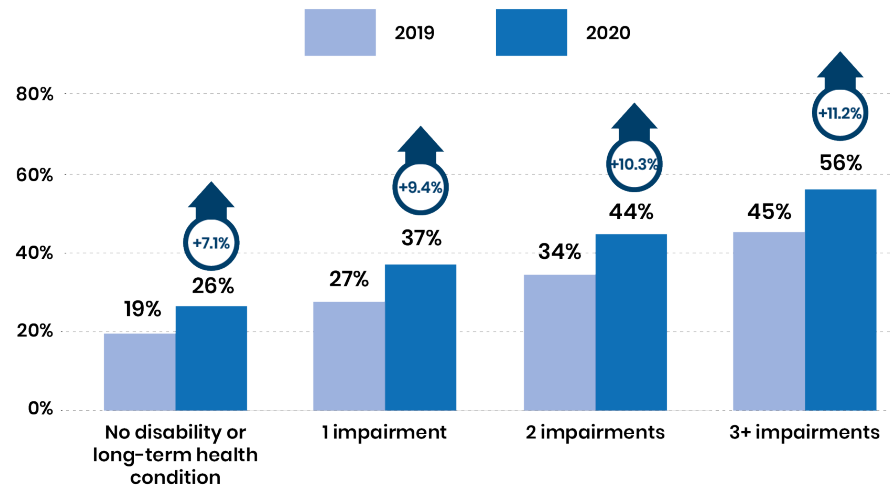
We also see that perceived opportunity is down for those with the most severe needs (three or more impairments, -3.4%).

The impact of the pandemic is likely to have been mitigated to a certain extent by activity providers and online fitness activities creating more content especially for disabled people and those with long-term health conditions.

[Link to data tables](#)

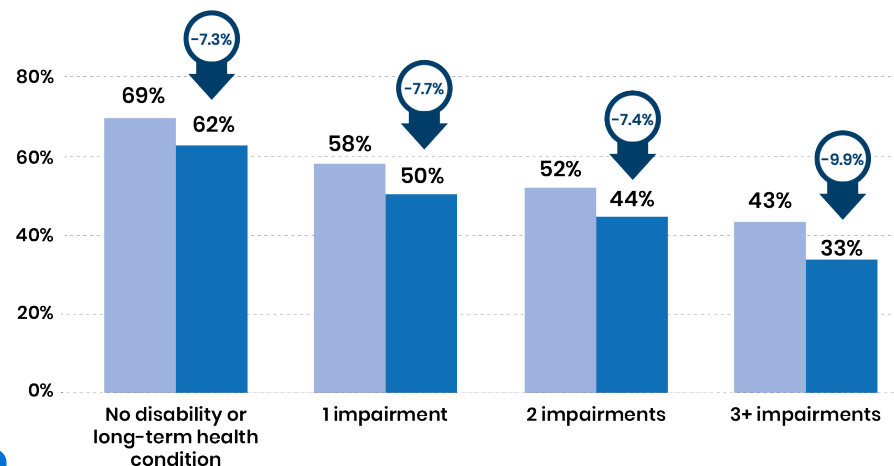


### Inactive in mid-March to mid-May



Arrows show change in the percentage on 12 months ago. No arrows indicate no change

### Active in mid-March to mid-May



Arrows show change in the percentage on 12 months ago. No arrows indicate no change

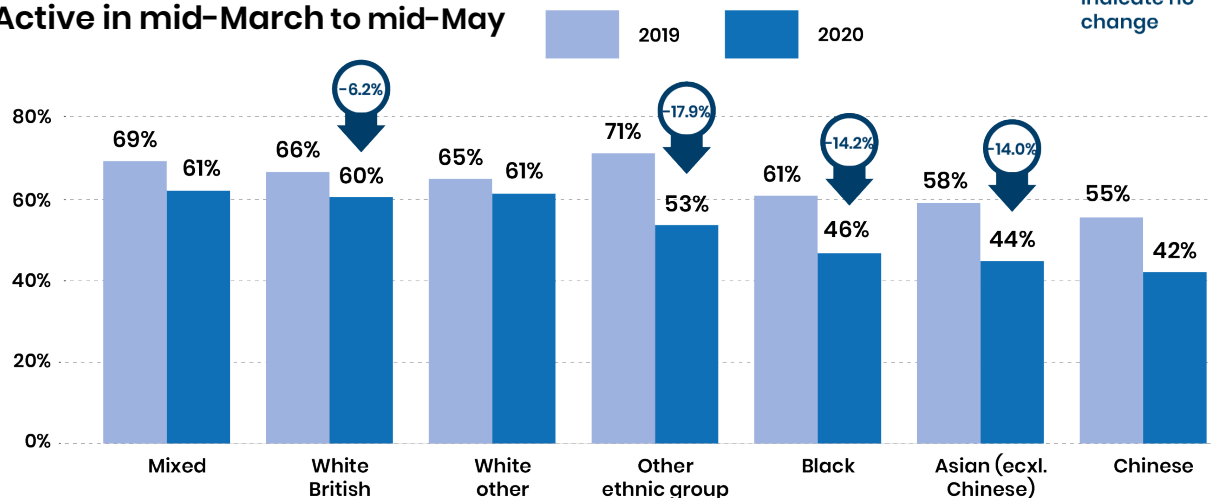
## The pandemic has widened the inequalities we observe between ethnic groups.

Drops in activity levels were larger amongst those from Asian (excluding Chinese), Black and Other ethnic backgrounds - indicating they've found it harder to find new ways to stay active.

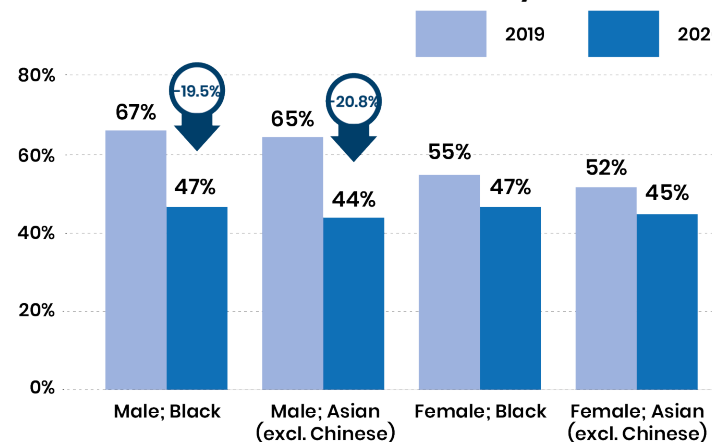
Perceived opportunity has decreased by 6.5% for those from Asian (excluding Chinese) backgrounds. Alongside this, two of our markers of motivation, enjoyment (-6.1%) and importance (-5.9%), both saw drops for this group.

This indicates lockdown restrictions led to fewer from Asian (excluding Chinese) backgrounds being active (-14.0%), but that this was not only due to less opportunities being available. Reduced motivation for accessible activities was also a factor.

Active in mid-March to mid-May



Active in mid-March to mid-May



Delving deeper, we see that these drops are larger for **men** from both Asian (excluding Chinese) (-20.8%) and Black backgrounds (-19.5%).

Therefore, whilst the overall inequalities have increased, within these ethnic groups the gender inequalities are slightly reduced.

[Link to data tables](#)

# The impact on mental wellbeing



Arrows show change from 12 months ago. No arrows indicates no change



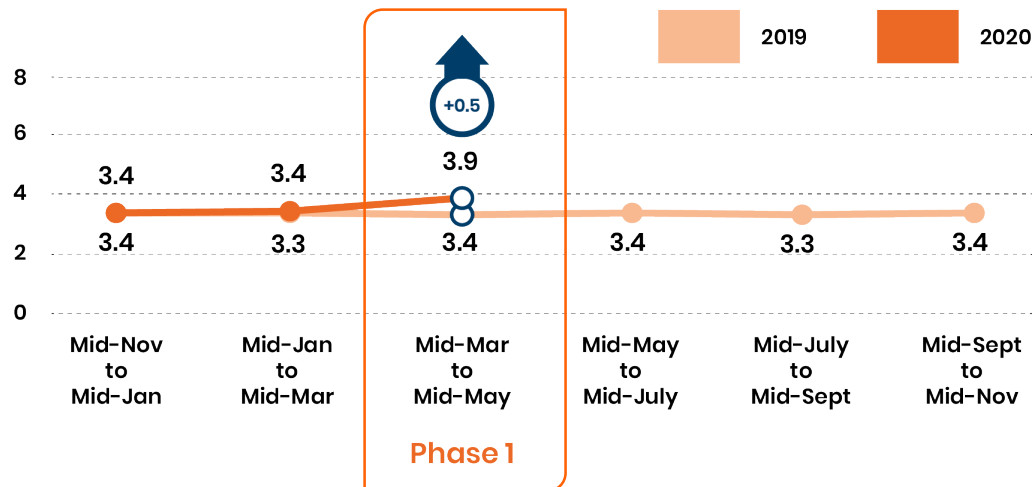
## Happiness is down, anxiety is up.

Life satisfaction and worthwhile scores are medium and long-term measures of mental wellbeing, whilst happiness and anxiety are more immediate markers of how people are feeling on any given day.

With this in mind, it's not surprising that at the initial phase of the pandemic, it was the short-term markers of happiness and anxiety that changed.

- Happiness fell by 0.2 to 6.9 out of 10 in mid-March to mid-May.
- Anxiety increased by 0.5 to 3.9 out of 10 over the same period.

### How anxious did you feel yesterday? (score out of 10)



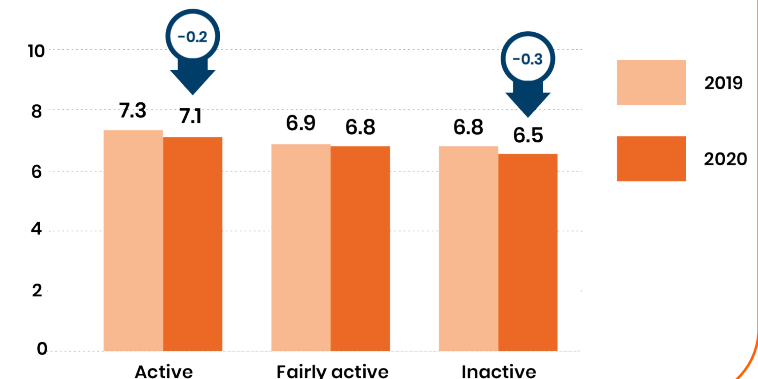
## What does this mean in the context of sport and physical activity?

We know active adults have higher wellbeing outcomes than fairly active adults, who in turn have higher wellbeing outcomes than inactive adults.

This means that, with more people inactive during this period (+7.4%), fewer enjoyed the wellbeing benefits associated with being active.

It's important for the nation's mental wellbeing that there are as many opportunities to be physically active as possible.

### How happy did you feel yesterday? (score out of 10)





# The impact on mental wellbeing

# Demographic differences



Arrows show change from 12 months ago. No arrows indicates no change

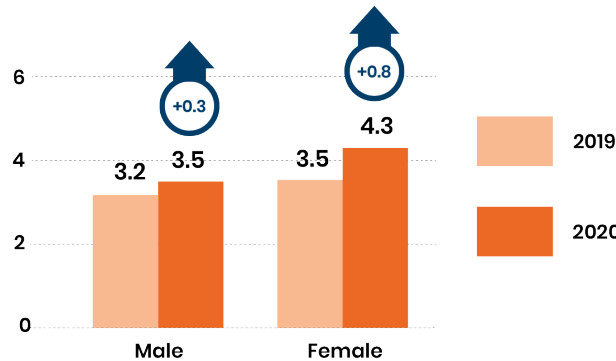


## Gender

The negative impact on aspects of wellbeing during the period mid-March to mid-May has been greater for women:

- Women (+0.8) saw a greater increase in anxiety than men (+0.3)
- Men did not see a decrease in happiness.

How anxious did you feel yesterday? (mean score out of 10, mid-March to mid-May)

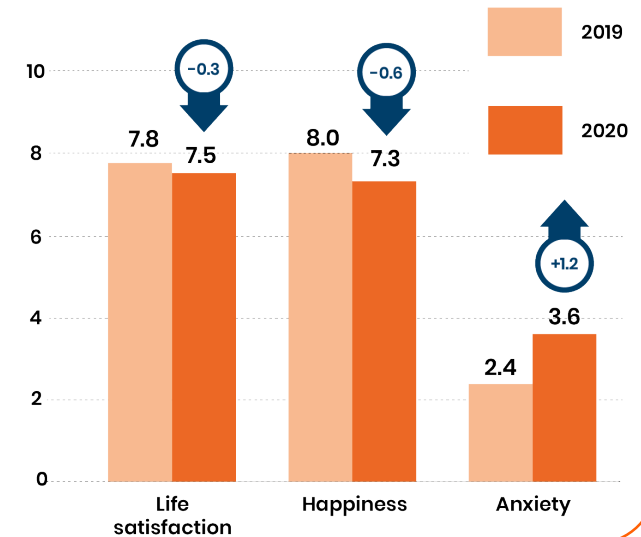


## 75+ age group

Anxiety increased by a greater degree for the 75+ age group (+1.2), whilst happiness decreased by a larger amount (-0.6) and life satisfaction also fell (-0.3).

With activity levels also falling, considerably fewer people aged 75+ gained the benefits associated with being active on their mental wellbeing.

### Mid-March to mid-May

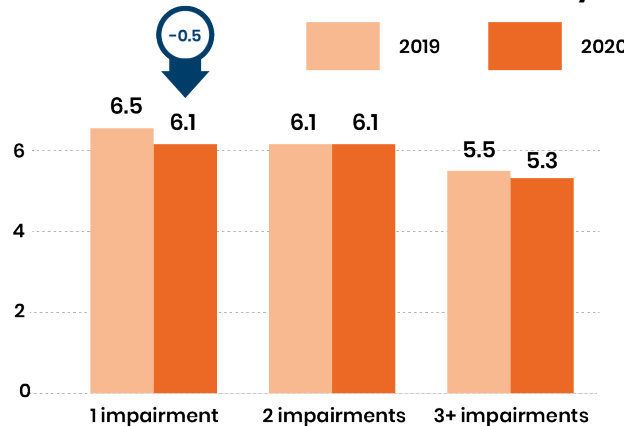


## Disability and long-term health conditions

Anxiety increased across all impairment groups (+0.6), which might be expected given many were shielding.

Happiness only dropped for those with just one impairment (-0.5).

How happy did you feel yesterday? (score out of 10, mid-March to mid-May)



# The impact on loneliness

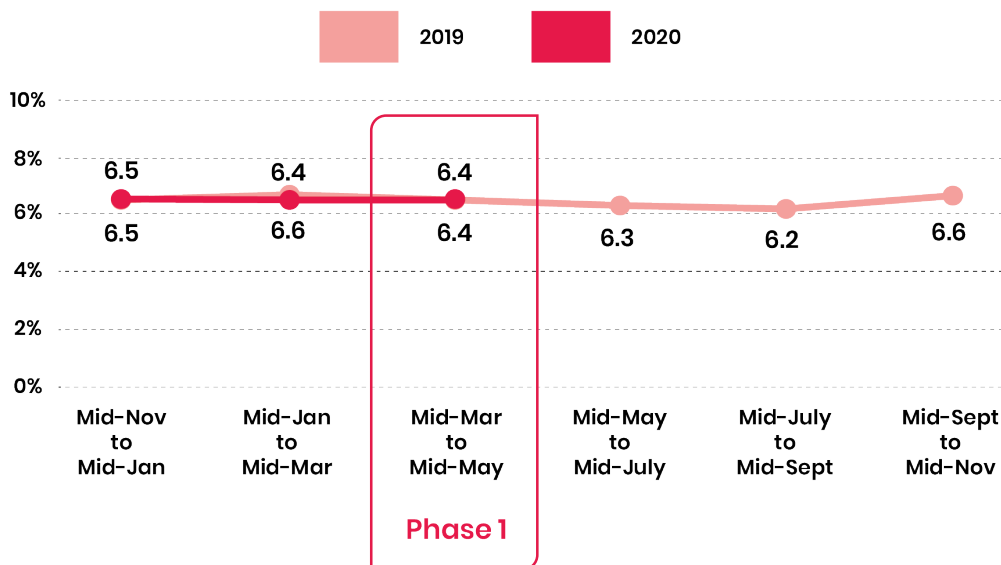
Arrows show change in the percentage on 12 months ago. No arrows indicate no change



## There's no change in adults feeling lonely often/always.

Chronic loneliness is consistent throughout the year, with 6.4% of adults stating they feel lonely often/always. This was unchanged across the mid-March to mid-May period. Whether this increased over time will be revealed in the next Active Lives Adult Survey release.

### How often do you feel lonely? (proportion saying often/always)



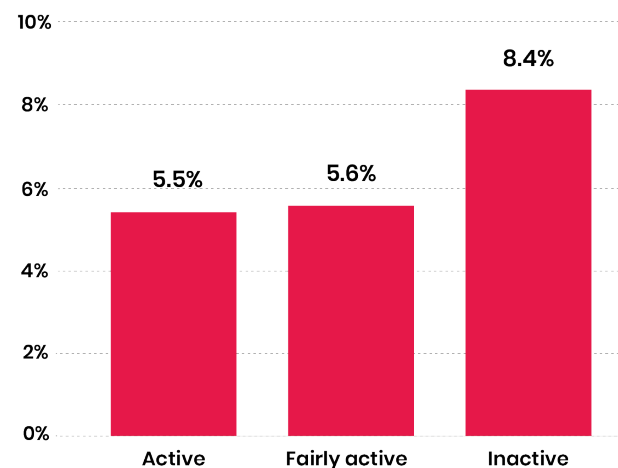
[Link to data tables](#)

## What does this mean in the context of sport and physical activity?

There have been no changes in chronic loneliness by level of activity. We continue to see that active and fairly active adults are less likely to feel lonely often/always than inactive adults.

This means that, with more people inactive during this period (+7.4%), fewer are getting the benefits associated with being active or fairly active.

### How often do you feel lonely? (proportion saying often/always)



# Definitions

**Physical activity** covers a range of activities from walking and cycling to fitness, dance and sporting activities. Activity must be of at least moderate intensity (where vigorous minutes count as double) and in bouts of 10 minutes or more.

From this, **levels of activity** are classified as follows:

- Active (at least 150 minutes a week)
- Fairly active (30-149 minutes a week)
- Inactive (less than 30 minutes a week).

**Types of activity** are reported as participation at least twice in the last 28 days whereby all activity is of at least a moderate intensity. This ensures that when looking at individual or groups of activities, we have:

- 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.

**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).

[Link to more information  
on measures and  
demographics](#)



# Definitions

We capture **mental wellbeing** measures to understand the associations with sport and physical activity. Data is captured using the ONS standardised questions, each asked on a scale of 1 to 10 where 10 is high and 1 is low:

- 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?

**Tackling loneliness** is a key government objective. We ask the single item measure of loneliness 'How often do you feel lonely', focusing on those who are often/always lonely, sometimes referred to as 'chronically lonely', as policy is centred around this group.

**Attitudes** are linked to the COM-B model of behaviour change. We asked a single question for each of capability and opportunity and questions linked to different elements of motivation. Results are presented for those saying strongly agree to each:

- I feel that I have the ability to be physically active
- I feel that I have the opportunity to be physically active

*Ability includes physical ability and confidence*

*Opportunity includes things such as having somewhere to do it, being able to afford it, having the right kit, support from family, someone to take part with etc.*

- I find sport enjoyable and satisfying
- It's important to me to do sport regularly
- I feel guilty when I don't do sport
- I do sport because I don't want to disappoint other people.

**Link to more information  
on measures and  
demographics**



# Definitions

**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).

## **Limiting disability and long-term health**

**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).

The White British group within **ethnicity** includes those who say they are White-Irish

[Link to more information  
on measures and  
demographics](#)



# 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 190,401 (16+) across the 12 month period. Across mid-March to mid-May 2020, it was 39,041 (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.

**Population totals** are estimated values and have been calculated using ONS mid-2015, mid-2016, mid-2017, mid-2018 and mid-2019 estimates. Confidence intervals also apply to these. More detail can be found [here](#).

**Local estimates** are not possible for this data as the sample sizes available are based on just two months of data.

## Data considerations

### How we measure change

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're noted as "no change".

**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.

Where we comment on change this refers to a percentage point (absolute) change.