

ACTIVE LIVES ADULT SURVEY

MAY 18/19
REPORT

Published October 2019



WELCOME

Covering the 12 months from May 2018 to May 2019, this report provides an update on the sporting and physical activity behaviours of adults in England. It also highlights the contribution made by volunteers, and the impact of taking part in sport and physical activity on wider outcomes such as mental wellbeing and community development.

The latest increase of more than 500,000 takes us to 28.6 million regularly active adults, the highest activity levels ever recorded. Conversely, a reduction of 122,000 means that inactivity amongst adults in England is also at the lowest level ever.

These results also reveal that previous increases have been retained, the gender gap continues to narrow and there is growth in the activity levels of disabled adults and those with a long term health condition. There is also a positive association between taking part in sport and physical activity and mental wellbeing, as well as individual, social and community development.

There are still audiences where we are not seeing significant change and where a continued, collaborative focus is needed so that everyone can benefit from the positive impact of sport and physical activity. In particular, those from less affluent families and those from Black and Asian backgrounds continue to be less active.

Volunteering levels remain unchanged over the last 12 months, and we continue to see lower rates of volunteering for women and those from the lowest income families.

We have sought to provide a lot of information in an easily digestible format. This report provides the headlines, and there is the opportunity to dig deeper into the results via links to more in depth data tables which can be found in the corner of each page.

The next Active Lives report will be the Year 2 Active Lives Children and Young People report which covers academic year 2018/19 and will be published on 5 December.

Lisa O'Keefe Insight Director

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KEY INFORMATION

This report presents data from the Active Lives Adult Survey for the period mid-May 2018 to mid-May 2019. Data is presented for adults aged 16+ in England.

RELEASE DATES

This release: 17 October 2019
Next adult release: 23 April 2020

FIND OUT MORE

For further information on the data presented in this report, please visit the [Active Lives area](#) of our website.

LEVELS OF ACTIVITY

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)

LINK TO DATA TABLES



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

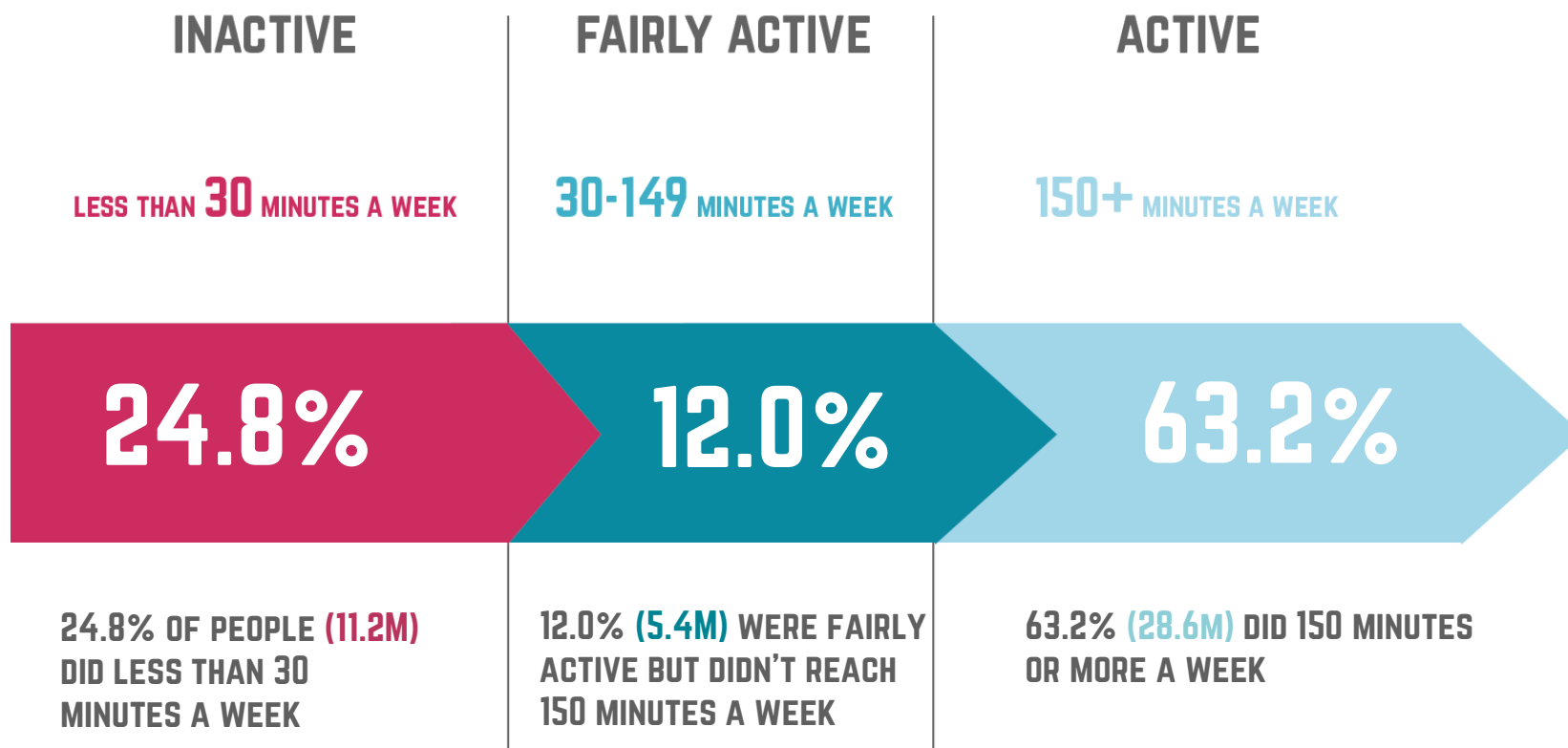
* **VIGOROUS INTENSITY COUNTS AS DOUBLE**

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](#).

LEVELS OF ACTIVITY

HEADLINES

Our data shows that in May 2018/19, just over 6 in 10 adults (28.6m) achieved 150+ minutes of activity a week, a 12-month increase of 539,500, or 0.9%



[LINK TO DATA TABLES](#)



LEVELS OF ACTIVITY

SUMMARY OF CHANGE

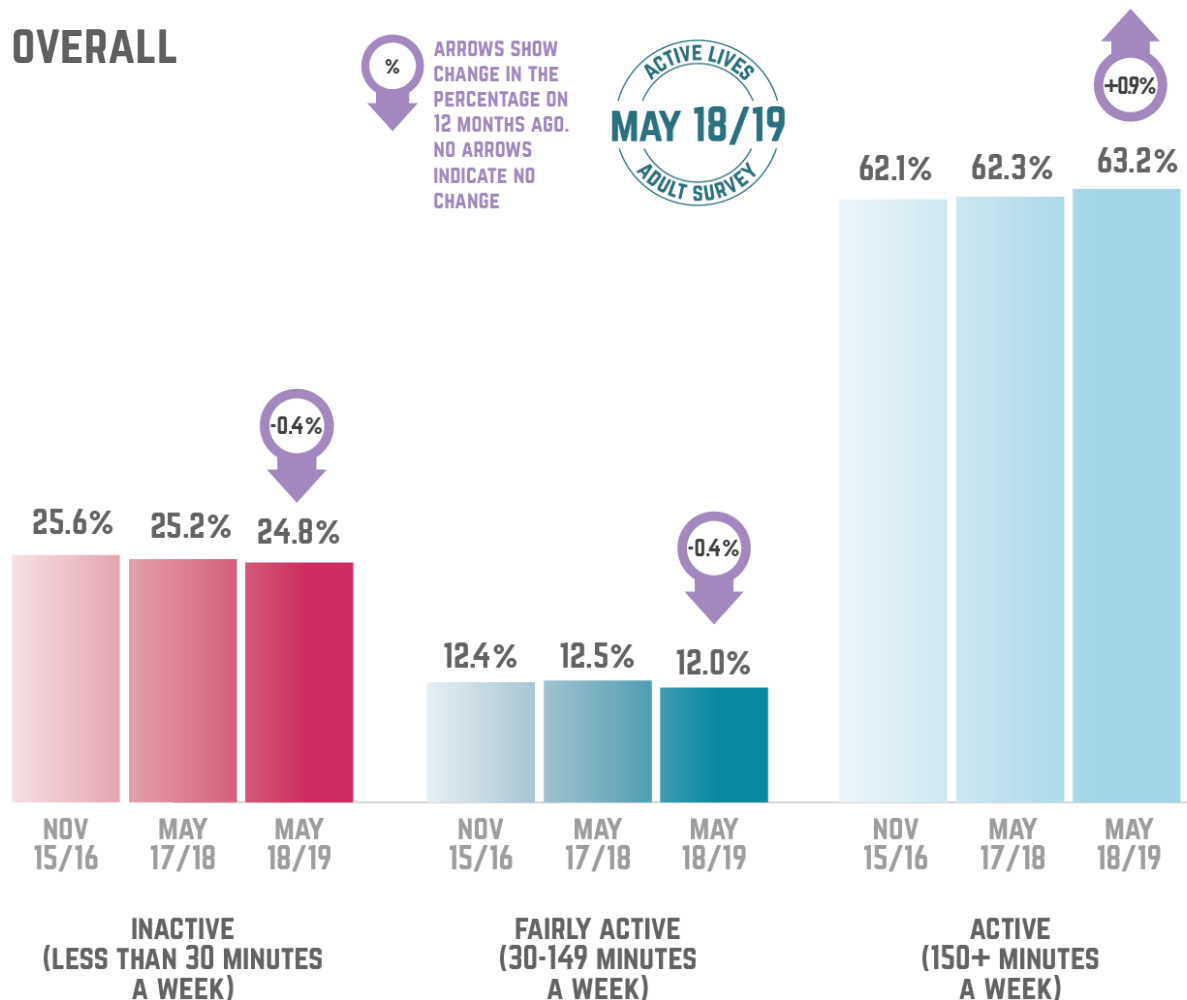
The proportion of people reporting that they were active has increased by 0.9% over the past 12 months (an increase of 539,500 active adults in England). Since the start of our strategy period (Nov 15/16), there are 1,015,700 more active adults.

Inactivity has decreased by 122,900 over the past 12 months (-0.4%). Since the start of our strategy period there are 131,700 fewer inactive adults.

These improved results reflect both maintenance of those currently active and growth in overall activity levels across England. They have been driven by older adults (aged 55+), those with a disability or long term health condition and women.

OVERALL

ARROWS SHOW CHANGE IN THE PERCENTAGE ON 12 MONTHS AGO. NO ARROWS INDICATE NO CHANGE



[LINK TO DATA TABLES](#)



For details on how we measure change, see the [notes](#) pages.

LEVELS OF ACTIVITY

SUMMARY OF DEMOGRAPHIC DIFFERENCES

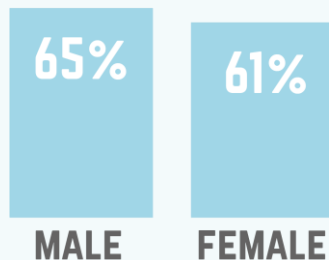
Our data shows there are significant inequalities:

ACTIVE INACTIVE



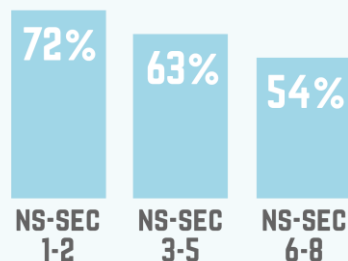
1 GENDER

Men (65% or 14.4m) are more likely to be active than women (61% or 14.1m), with a gap of 313,600 between them (down 42,600 since the start of the strategy period).



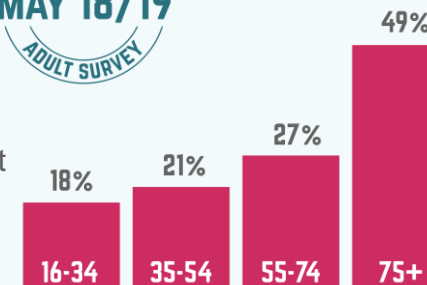
2 SOCIO-ECONOMIC GROUPS

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%).



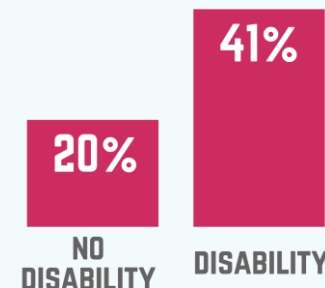
3 AGE

Inactivity levels generally increase with age, with the sharpest increase coming at age 75+ (to 49%).



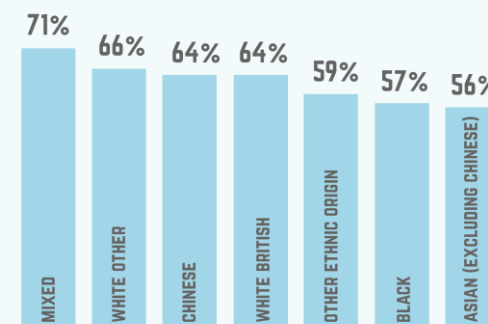
4 DISABILITY AND LONG TERM HEALTH CONDITIONS

Inactivity is more common for disabled people or those with a long term health condition* (41%) than those without (20%). Furthermore, it increases sharply the more impairments an individual has – 49% of those with three or more impairments are inactive.



5 ETHNICITY

Activity levels are highest for Mixed (71%) and White Other (66%) adults, and lowest for Asian (excluding Chinese) (56%) and Black (57%) adults.



[LINK TO DATA TABLES](#)



* See our [definitions](#) page for the full definition of disability and long term health conditions.

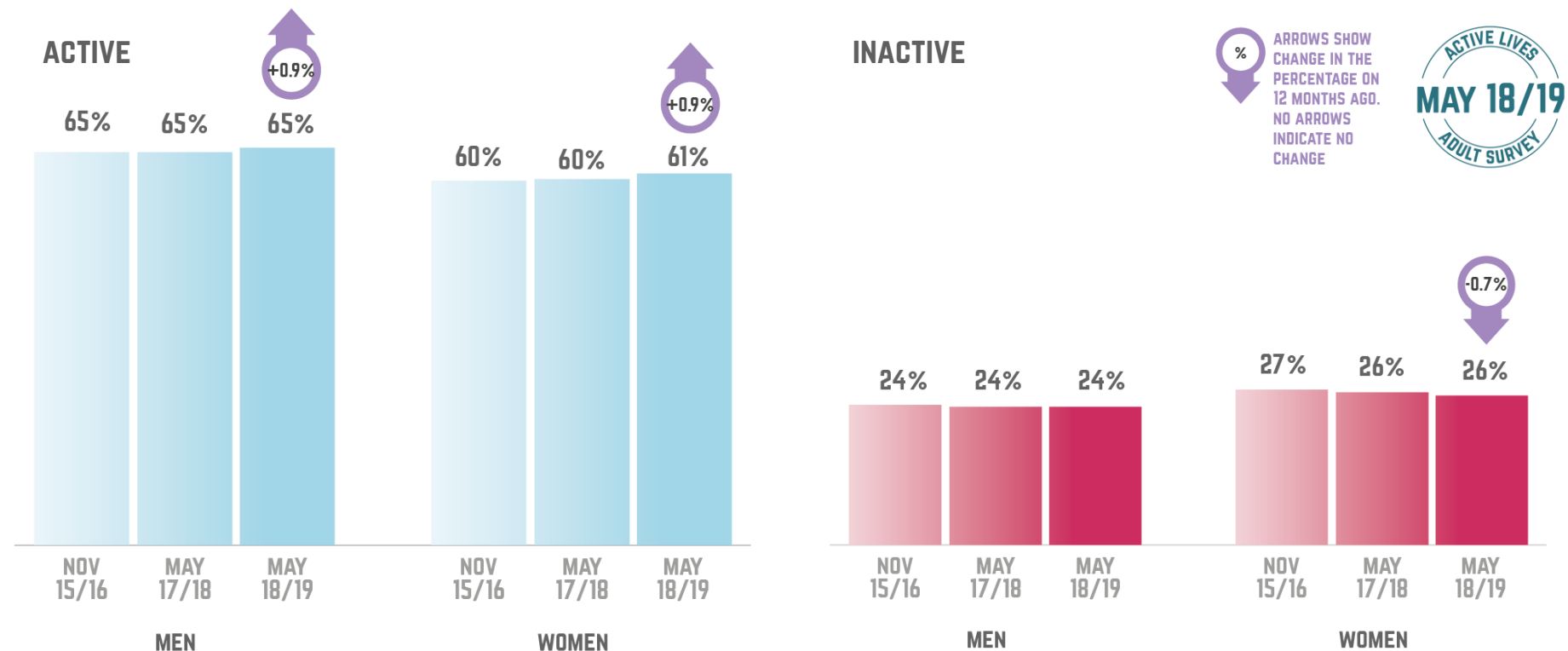
LEVELS OF ACTIVITY

GENDER

There has been an increase (0.9%) in the proportion of both men and women who are active, with an additional 250,600 men and 254,200 women taking part for 150 minutes or more a week compared to 12 months ago.

Additionally, there has been a decrease of 142,100 (0.7%) women who are inactive.

As a result, the gender gap for those who are active currently stands at 313,600 - down 42,600 since the start of the strategy period.



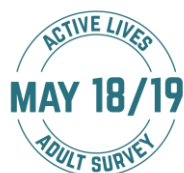
[LINK TO DATA TABLES](#)

LEVELS OF ACTIVITY

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 the most likely to be active (72%).

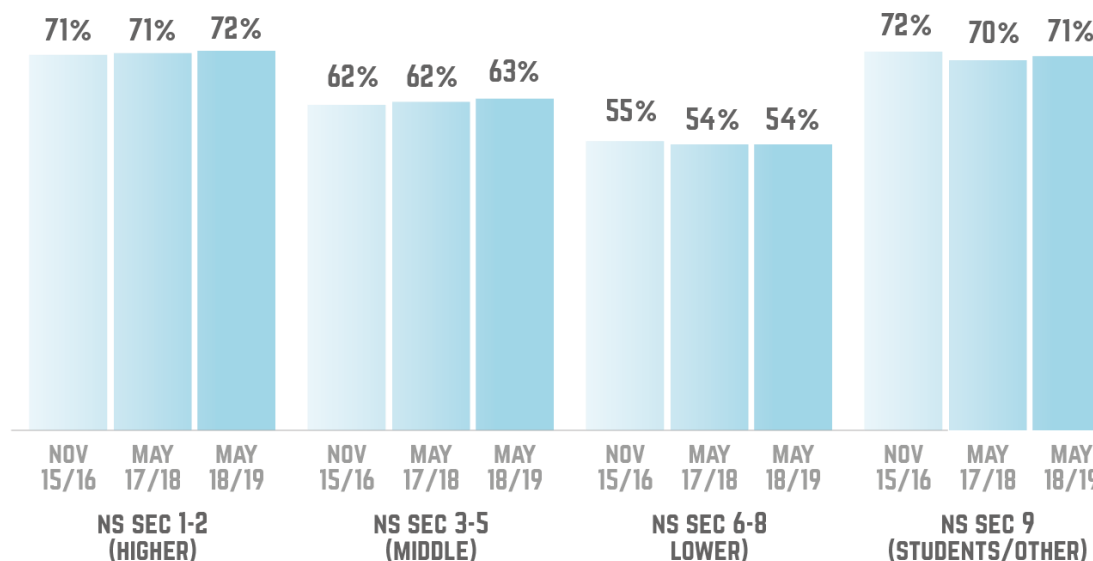


ARROWS SHOW CHANGE IN THE PERCENTAGE ON 12 MONTHS AGO. NO ARROWS INDICATE NO CHANGE

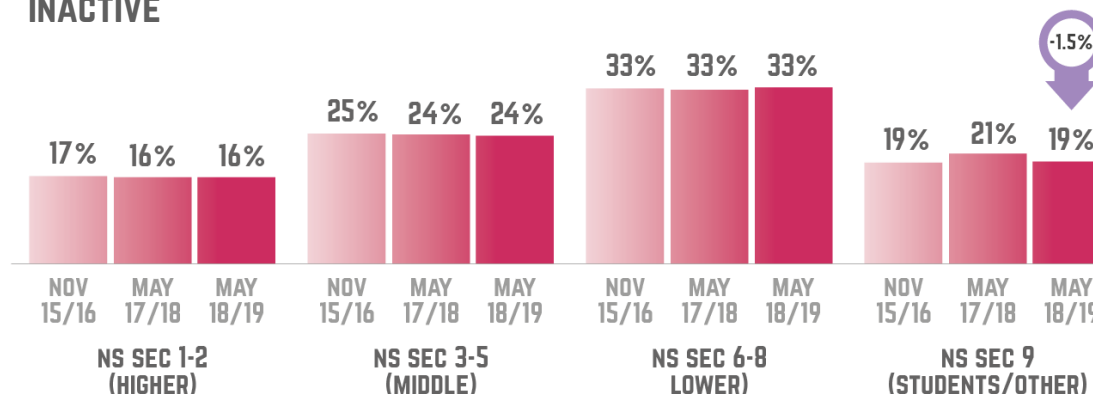
Note: NS-SEC classifications refer to ages 16-65 only. Full details of what the NS-SEC categories mean can be found on the [definitions](#) page.

[LINK TO DATA TABLES](#)

ACTIVE



INACTIVE



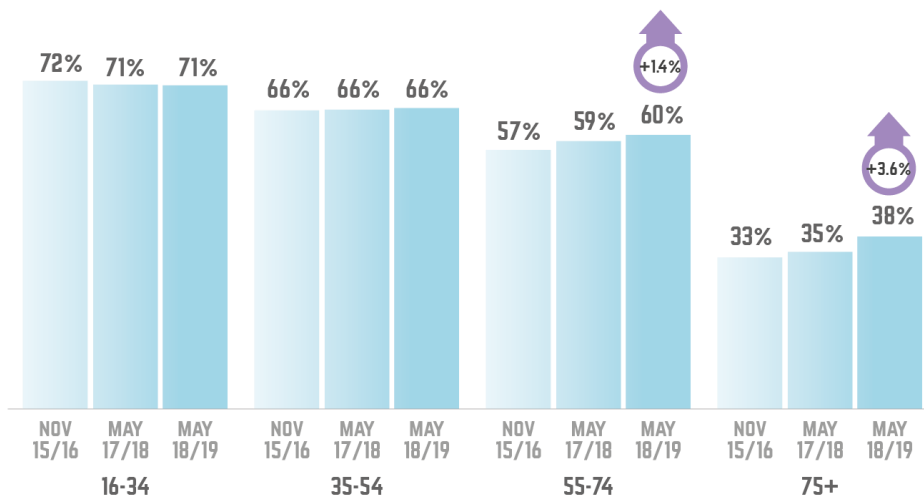
LEVELS OF ACTIVITY



AGE

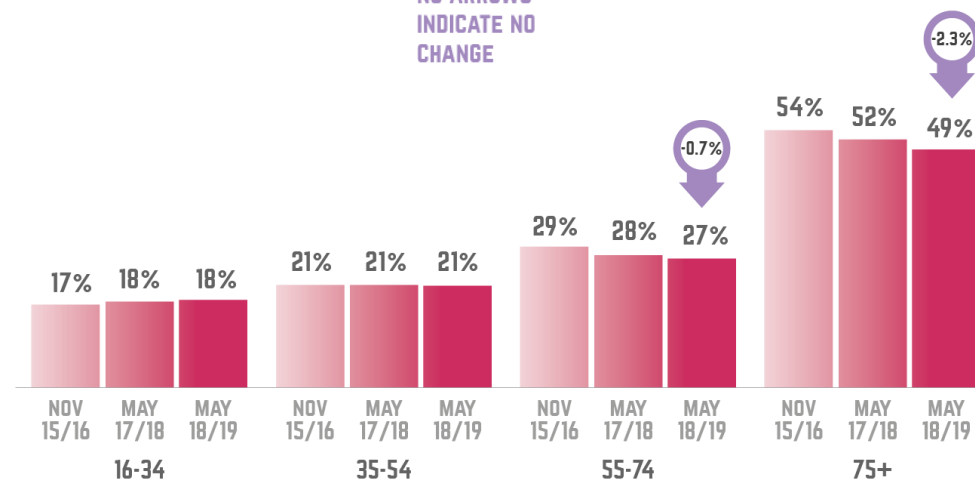
Activity levels continue to increase amongst the 55-74 and 75+ age groups, with consolidation of previous gains and further increases compared to 12 months ago. Similarly, the proportion who are inactive has decreased for those aged 55+ compared to 12 months ago.

ACTIVE



INACTIVE

ARROWS SHOW CHANGE IN THE PERCENTAGE ON 12 MONTHS AGO. NO ARROWS INDICATE NO CHANGE



LEVELS OF ACTIVITY

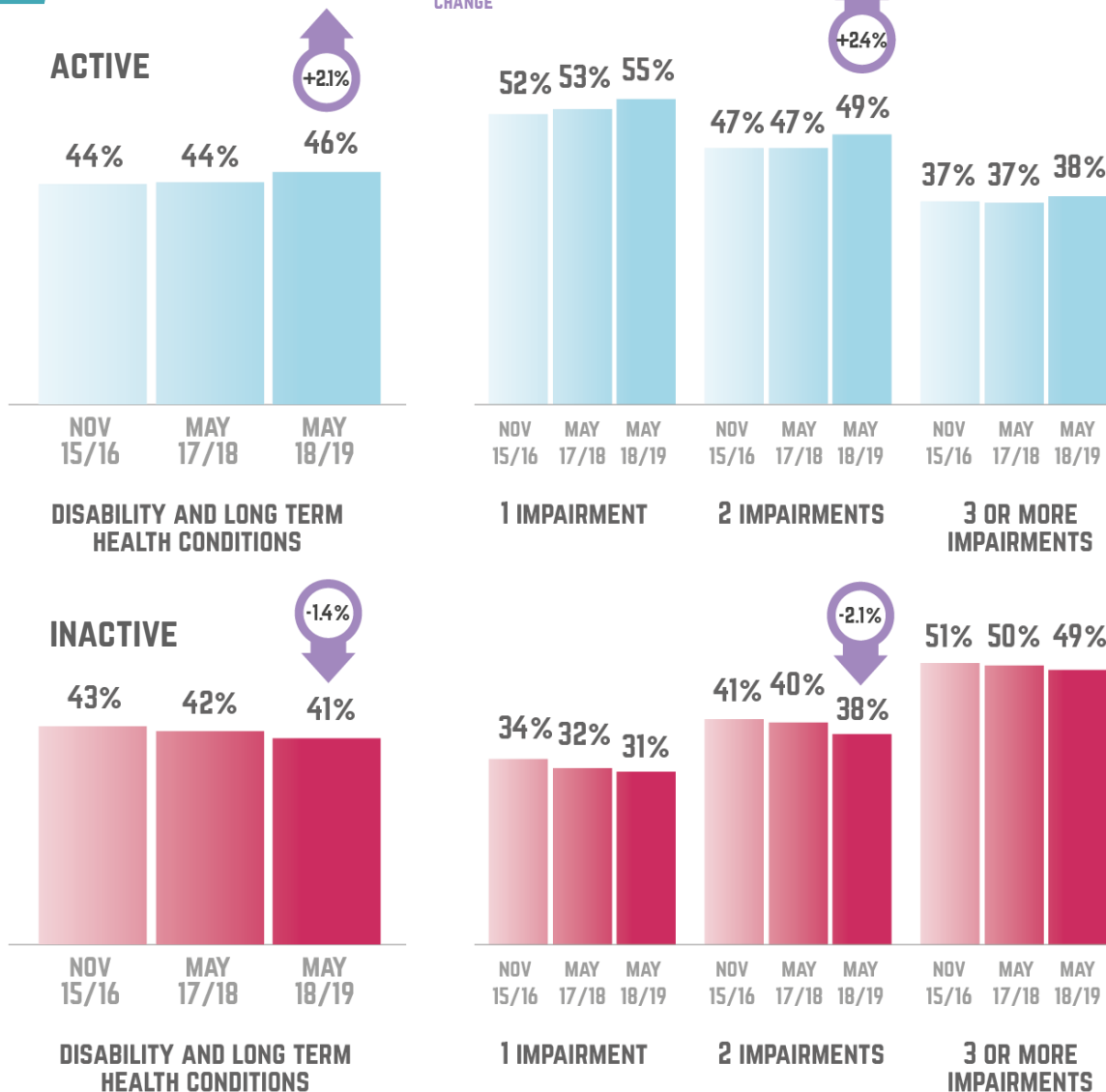
DISABILITY AND LONG TERM HEALTH CONDITIONS

There has been an increase in the proportion of disabled adults or those with a long term health condition who are active (+2.1%) and a decrease in those who are inactive (-1.4%) compared to 12 months ago.

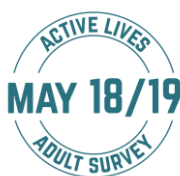
This was driven by adults with two impairments, with no change seen for those with three or more impairments.

Inactivity is more common for those with a disability or long term health condition (41%) than those without (20%).

ARROWS SHOW CHANGE IN THE PERCENTAGE ON 12 MONTHS AGO. NO ARROWS INDICATE NO CHANGE



[LINK TO DATA TABLES](#)



LEVELS OF ACTIVITY



ARROWS SHOW CHANGE IN THE PERCENTAGE ON 12 MONTHS AGO. NO ARROWS INDICATE NO CHANGE



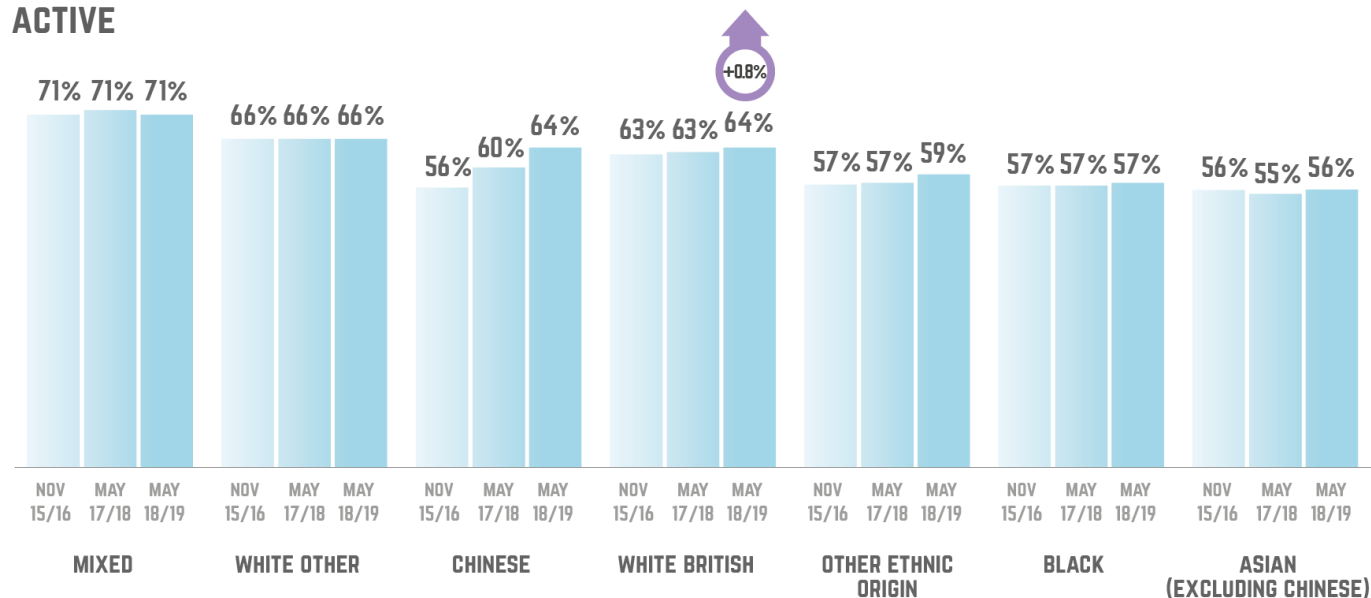
ETHNICITY

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

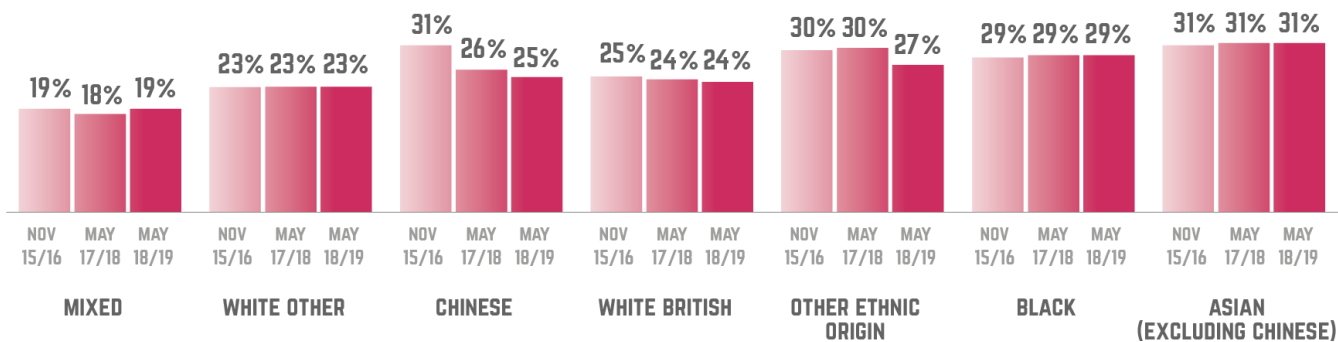
Mixed and White Other adults continue to have the highest activity levels, while Asian (excluding Chinese), and Black adults are the least likely to be active.

After White British, the largest ethnic groups within the English adult population are Asian (excluding Chinese) (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.

ACTIVE



INACTIVE



[LINK TO DATA TABLES](#)



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



[LINK TO DATA TABLES](#)



TYPES OF ACTIVITY

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

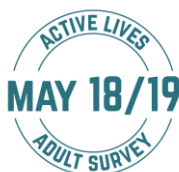
Analysis of the number of people engaging in activities at least twice in the last 28 days helps us understand the contribution of different activities to overall levels of activity.

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 are also a big contributor.

Swimming activities are unchanged over the three-year period, despite a small increase over the last 12 months.

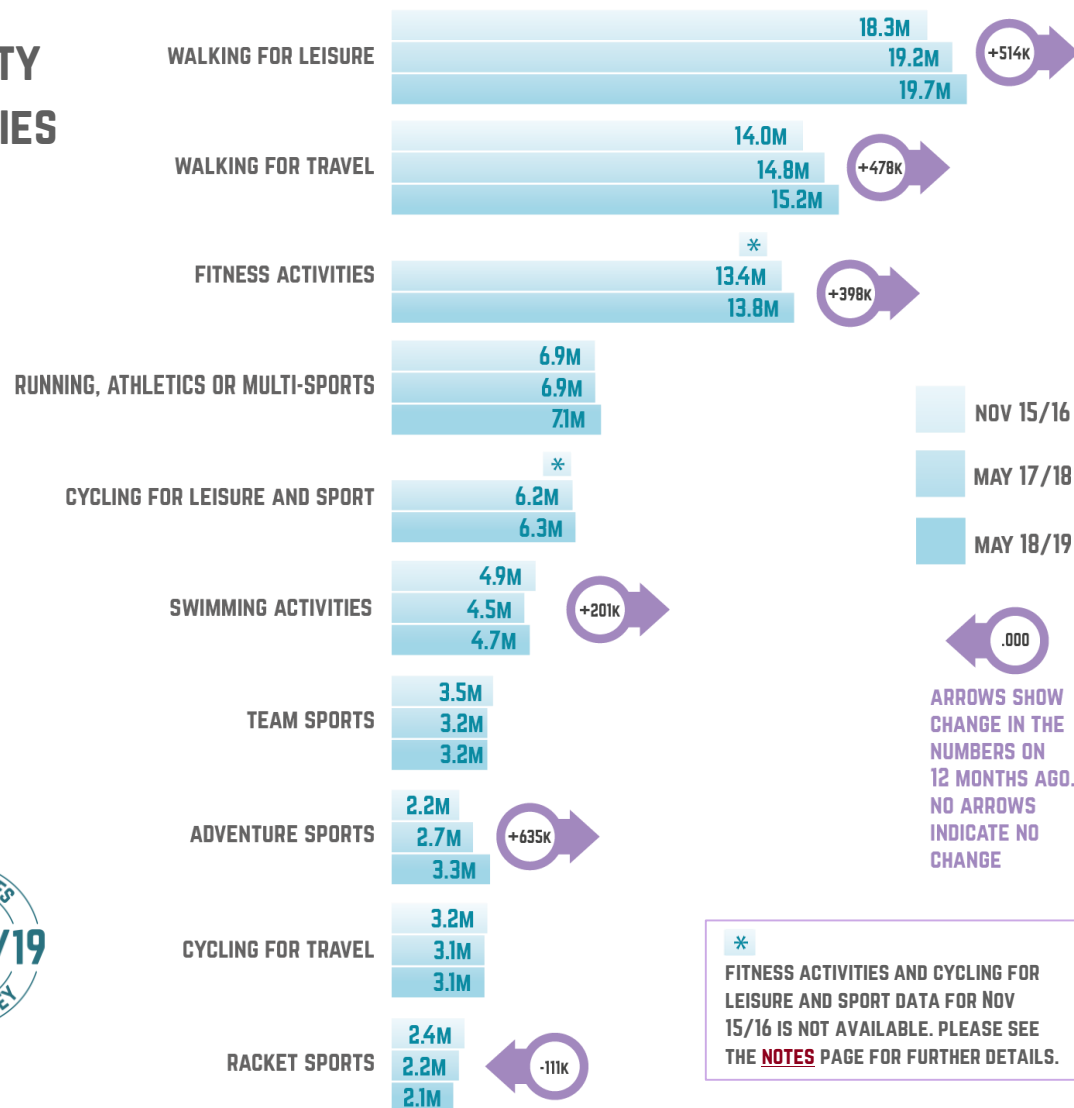
There are fewer people playing racket sports.

TAKEN PART AT LEAST TWICE IN THE LAST 28 DAYS (AGE 16+) FOR SELECTED ACTIVITY GROUPS



[LINK TO DATA TABLES](#)

ACTIVITIES



VOLUNTEERING

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.

LINK TO DATA TABLES



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 28](#)).



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

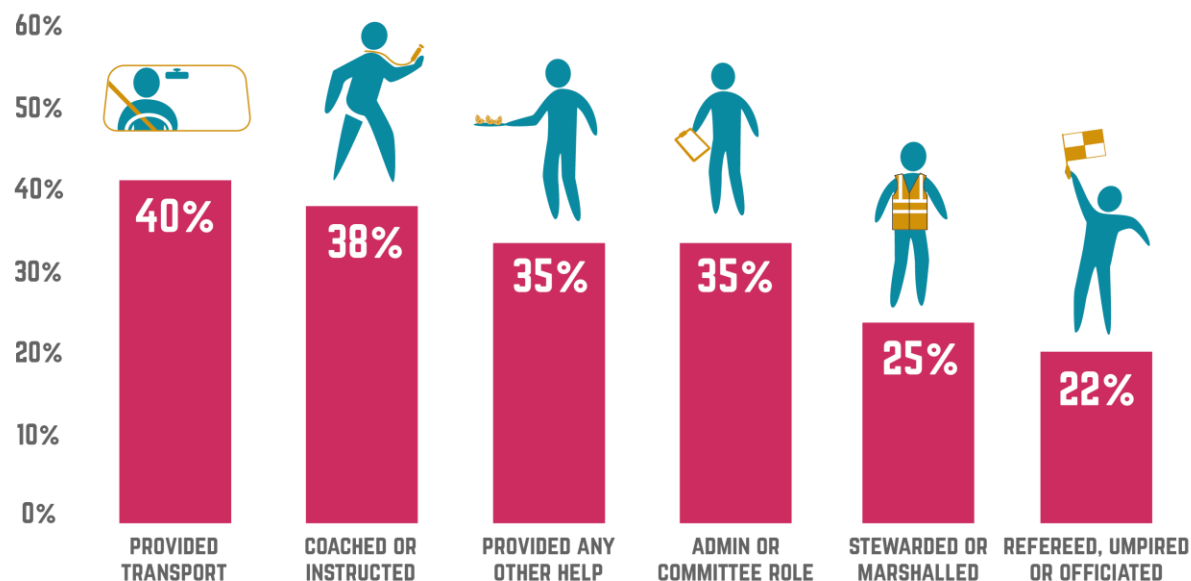




HEADLINES

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 (MAY 18/19)



14%
6.2M ADULTS
VOLUNTEERED
AT LEAST TWICE IN THE LAST
YEAR TO SUPPORT SPORT AND
PHYSICAL ACTIVITY

[LINK TO DATA TABLES](#)



VOLUNTEERING

SUMMARY OF CHANGE

Volunteering levels remain unchanged in the past 12 months. This indicates stabilisation following the drops seen during the previous 12 months.

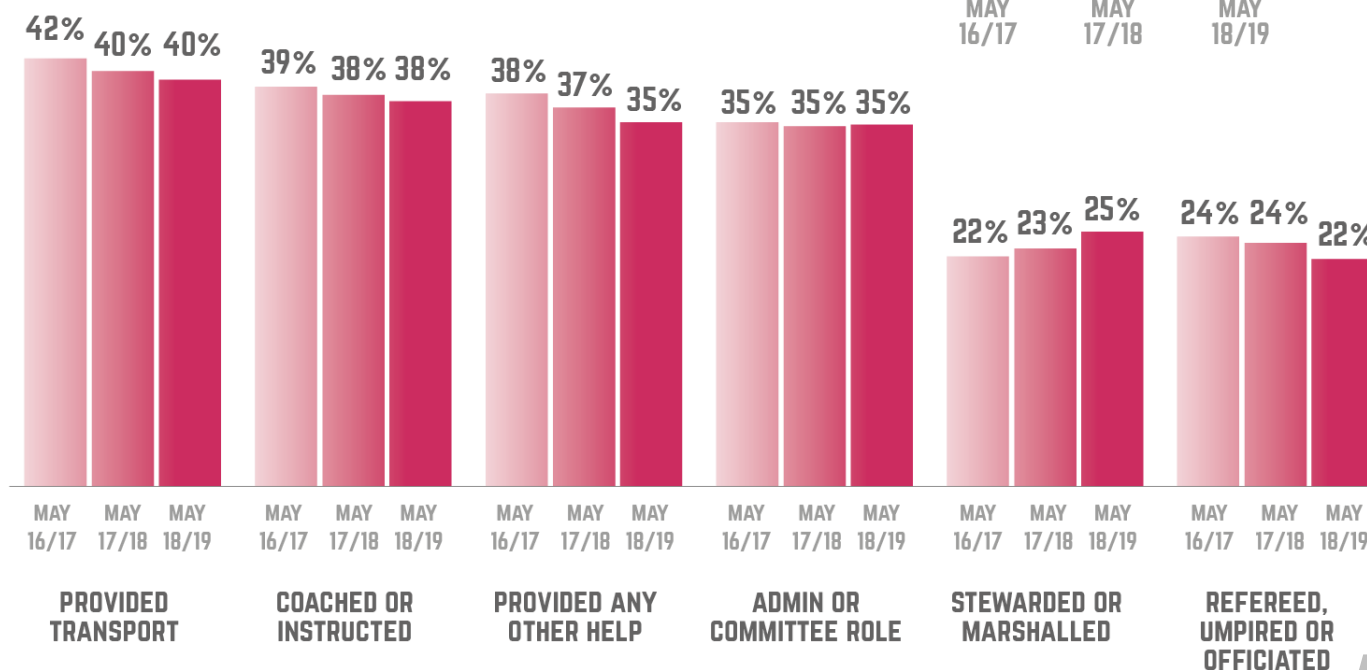
Within this there have also been no changes in the distribution of roles that volunteers undertake.



VOLUNTEERING LEVELS



VOLUNTEERING ROLES



[LINK TO DATA TABLES](#)



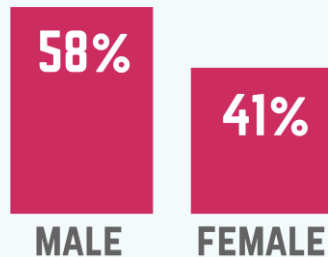
VOLUNTEERING

SUMMARY OF DEMOGRAPHIC PROFILE

Our data shows there are significant inequalities:

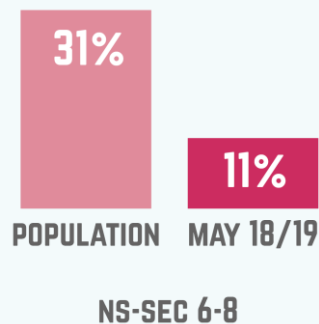
1 GENDER

Men are more likely to volunteer to support sport than women, comprising 58% of all volunteers.



2 SOCIO-ECONOMIC GROUPS

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



[LINK TO DATA TABLES](#)

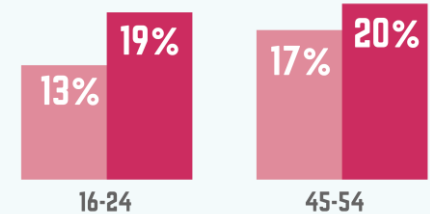
* See our [definitions](#) page for the full definition of disability and long term health conditions.

POPULATION MAY 18/19



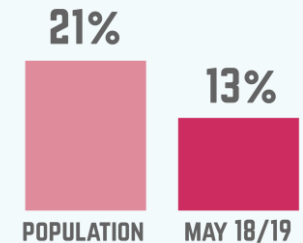
3 AGE

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 39% of all volunteers (but only 30% of the population).



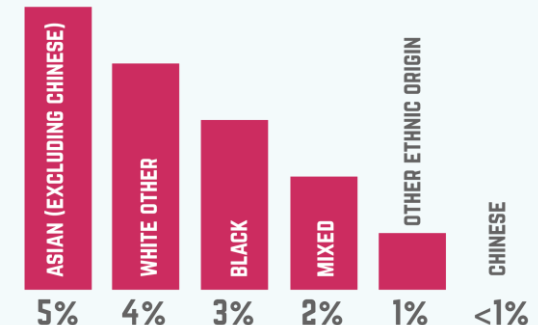
4 DISABILITY AND LONG TERM HEALTH CONDITIONS

Disabled people or those with a long term health condition* account for 13% of volunteers, despite accounting for 21% of the population as a whole.



5 ETHNICITY

The volunteer profile across ethnic groups is generally reflective of the wider population. For instance, Asian (excluding Chinese) women are under-represented.



VOLUNTEERING

SOCIO-ECONOMIC PROFILE

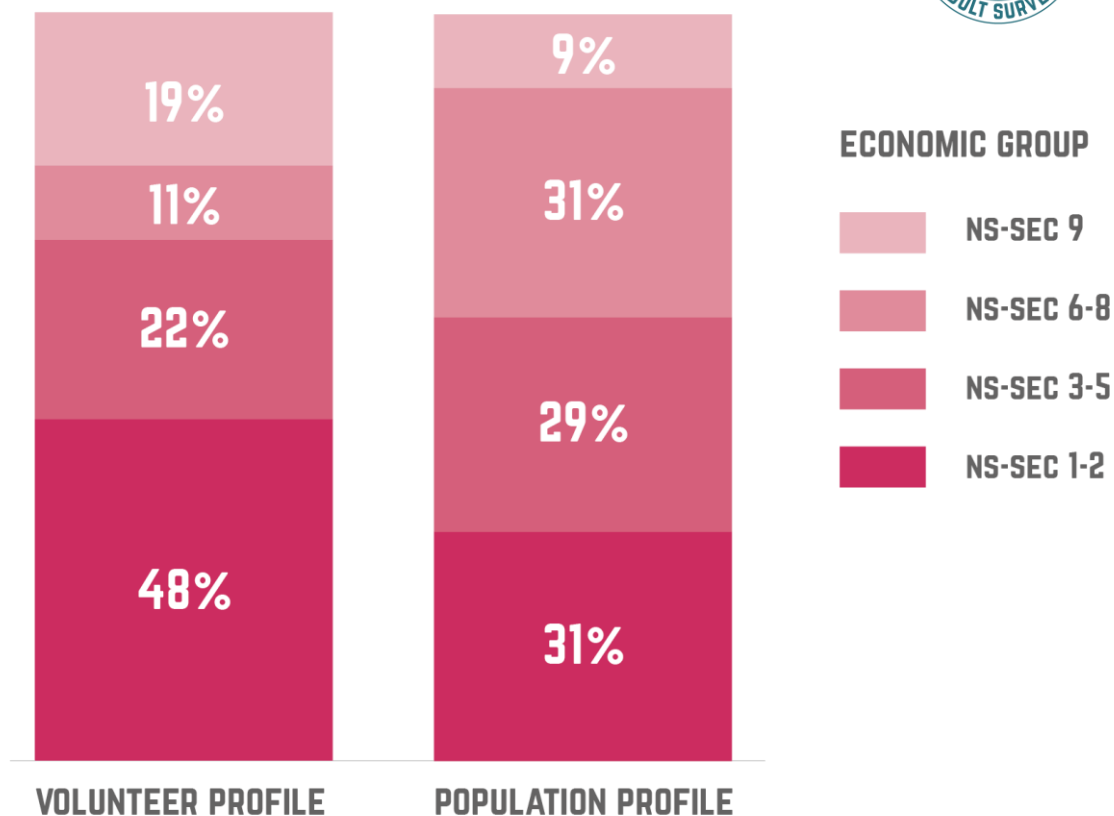
Volunteering is significantly skewed toward those in managerial and professional occupations (referred to as NS-SEC 1-2).

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

Students and other (NS SEC 9) are also over-represented amongst volunteers.

There have been no changes in the shares of volunteers for any socio-economic group compared to 12 months ago.

PROFILE OF ADULTS (AGED 16-74) WHO VOLUNTEERED AT LEAST TWICE IN THE LAST YEAR (MAY 18/19)



[LINK TO DATA TABLES](#)



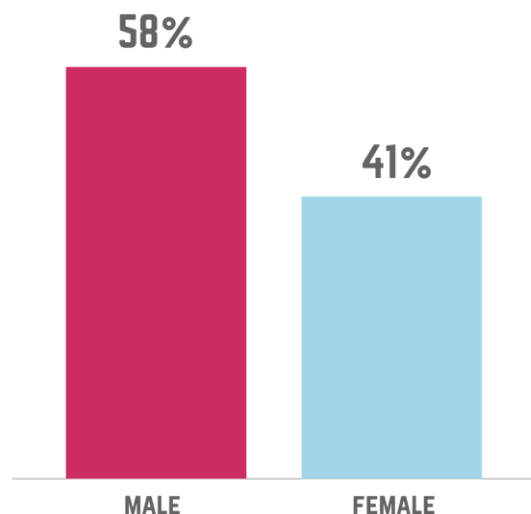
Note: Details of the NS-SEC categories can be found on the [definitions](#) page.

GENDER PROFILE

Men are more likely to volunteer to support sport than women, comprising 58% of all volunteers.

The profile of volunteering by gender remains unchanged compared to 12 months ago.

PROFILE OF ADULTS (AGED 16+) WHO VOLUNTEERED AT LEAST TWICE IN THE LAST YEAR (MAY 18/19)



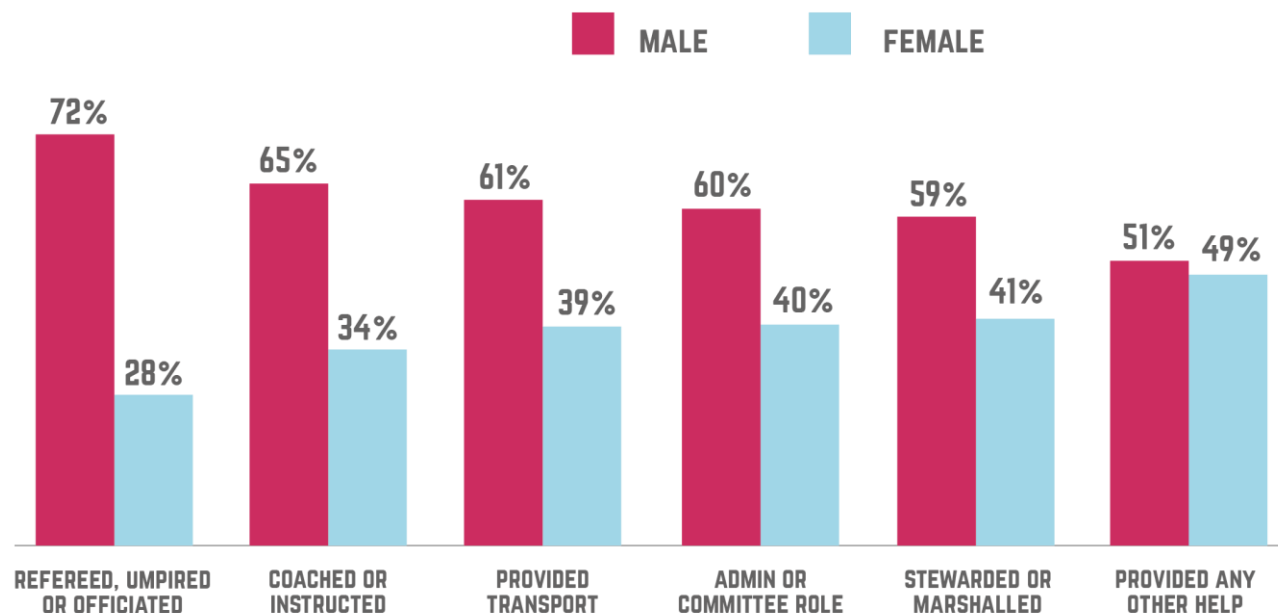
[LINK TO DATA TABLES](#)



Differences between men and women are particularly pronounced in certain volunteering roles, such as referees, officials, umpires and coaches.

This is unchanged compared to 12 months ago.

PROFILE OF ROLES UNDERTAKEN AMONGST ADULTS (AGED 16+) WHO HAVE VOLUNTEERED AT LEAST TWICE IN THE LAST YEAR (MAY 18/19)



VOLUNTEERING



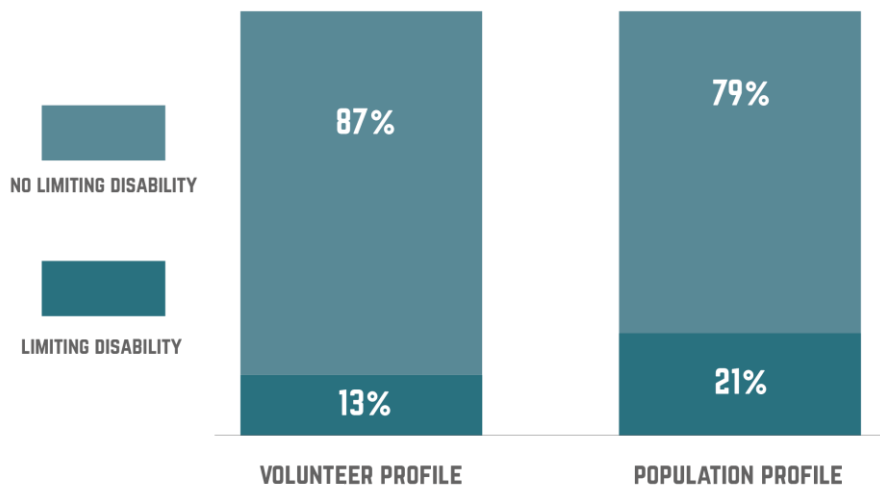
DISABILITY OR LONG TERM HEALTH CONDITIONS PROFILE

People with a disability or health condition* account for 13% of volunteers, despite accounting for 21% of the population as a whole (see graph 1). This is unchanged compared to 12 months ago.

Of these volunteers, 35% have three or more impairments, compared to over half of all people with a disability (see graph 2), so those with multiple impairments are even less likely to be volunteers. This proportion has fallen over the last 12 months (from 41%).

With 11% of volunteer coaches, referees and stewards having a disability, some volunteer roles are even more under-represented by people with a disability (see graph 3).

1 PROFILE OF ADULTS (AGED 16+) WHO VOLUNTEERED AT LEAST TWICE IN THE LAST YEAR (MAY 18/19)



[LINK TO DATA TABLES](#)

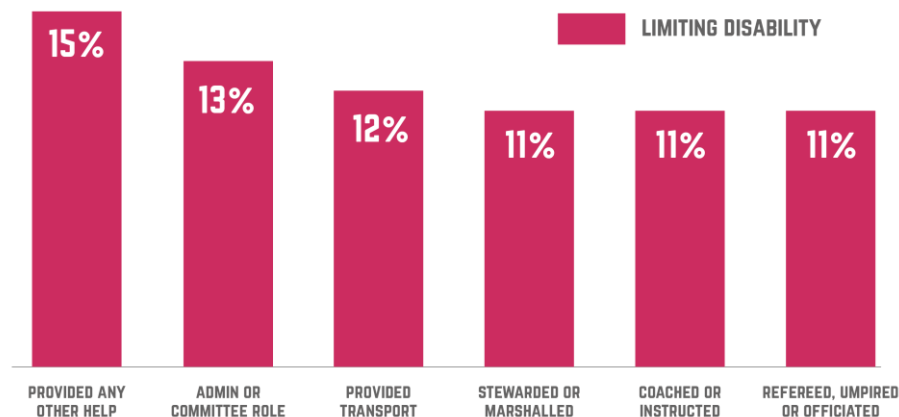
2

BREAKDOWN OF VOLUNTEERS WITH A DISABILITY OR LONG TERM HEALTH CONDITION, BY NUMBER OF IMPAIRMENTS



3

PROPORTION OF VOLUNTEERS IN EACH ROLE WHO HAVE A DISABILITY OR LONG TERM HEALTH CONDITION



* See our [definitions](#) page for the full definition of disability.

AGE PROFILE

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 39% of all volunteers (but only 30% of the population).

The younger age group is more likely to referee or coach, whereas the 45-54 group are the most likely to provide transport or act as a steward or marshal.

The profile is unchanged compared to 12 months ago.

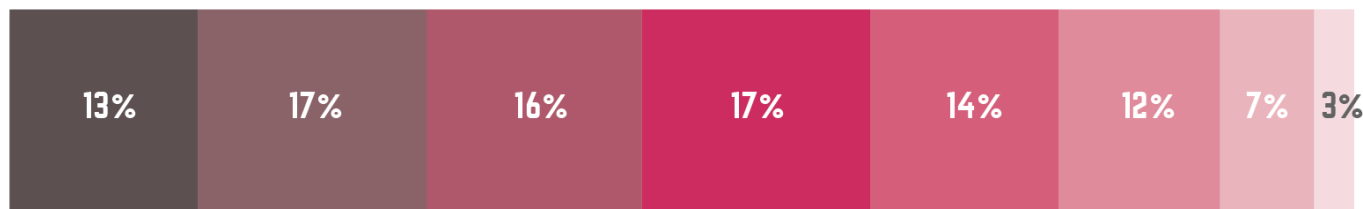
PROFILE OF ADULTS (AGED 16+) WHO VOLUNTEERED AT LEAST TWICE IN THE LAST YEAR (MAY 18/19)



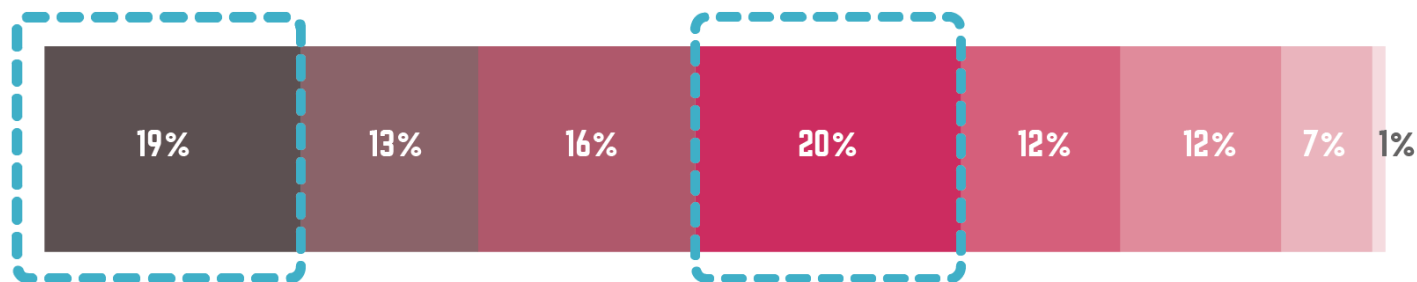
VOLUNTEERING BY AGE



POPULATION PROFILE



VOLUNTEER PROFILE



[LINK TO DATA TABLES](#)

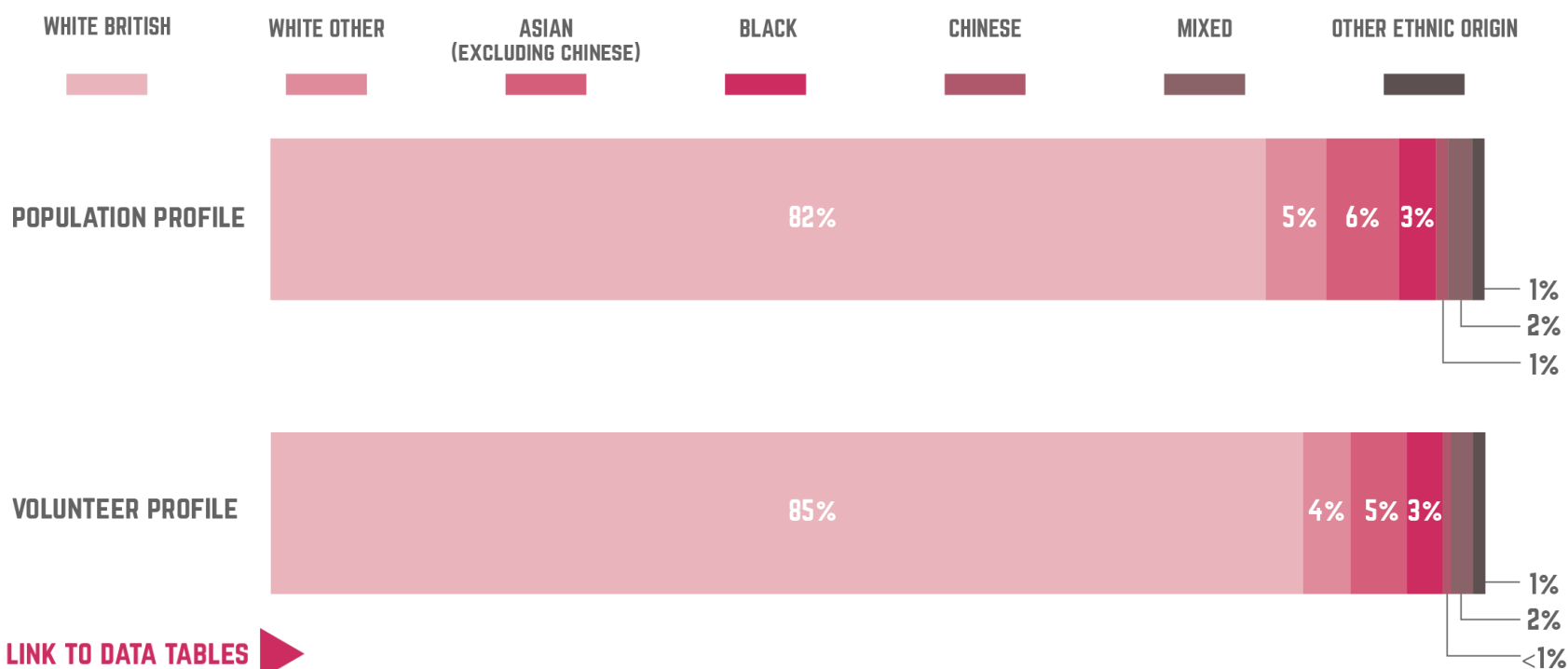


ETHNICITY PROFILE

The volunteer profile across ethnic groups is generally reflective of the wider population, with only a slight over-representation amongst people from White British backgrounds. This is unchanged compared to 12 months ago.

However, there are inequalities within sub-groups. For instance, females from Asian (excluding Chinese) backgrounds are under-represented, accounting for 6% of the female population but just 4% of female volunteers.

PROFILE OF ADULTS (AGED 16+) WHO VOLUNTEERED AT LEAST TWICE IN THE LAST YEAR (MAY 18/19)



[LINK TO DATA TABLES](#)

SPORTING FUTURE 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](#).

[LINK TO DATA TABLES](#)



UNDERSTANDING THE OUTCOMES



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.

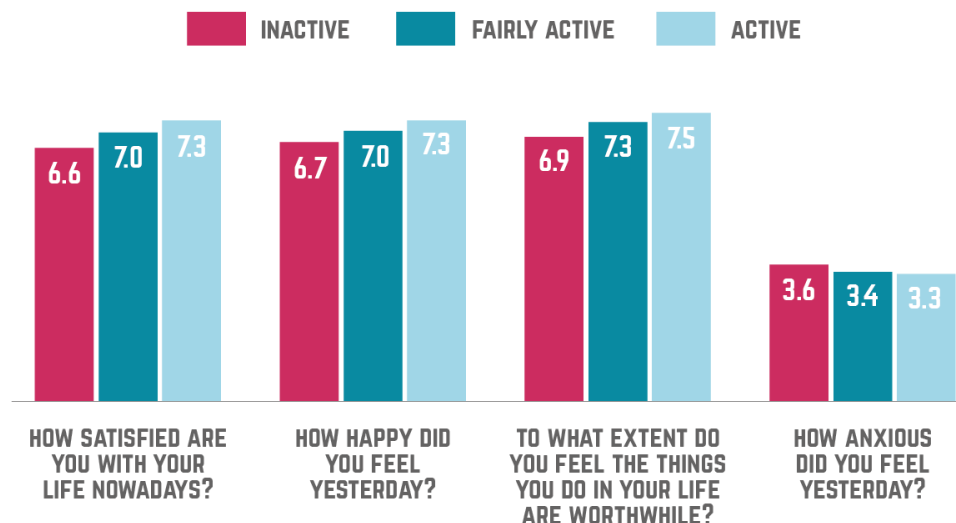
INDIVIDUAL DEVELOPMENT

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.

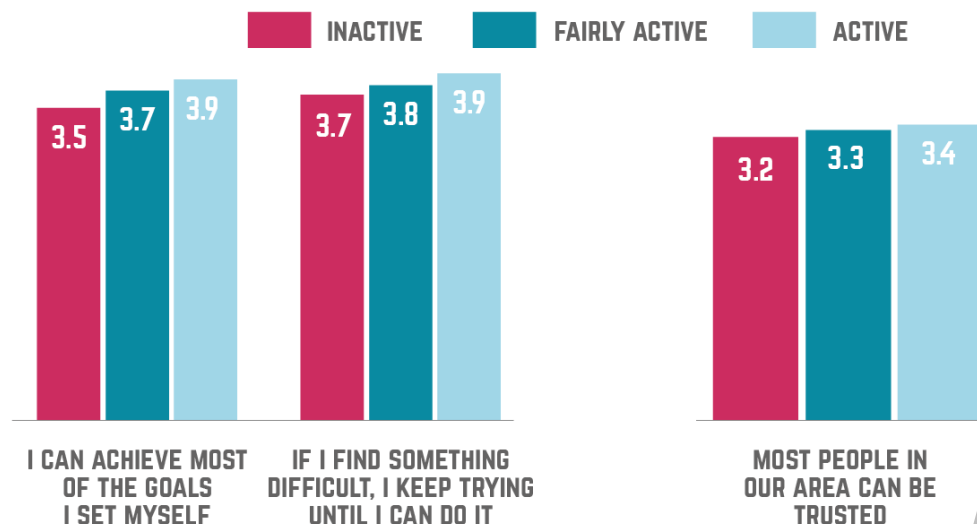
SOCIAL AND COMMUNITY DEVELOPMENT

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



WELLBEING, INDIVIDUAL AND COMMUNITY DEVELOPMENT

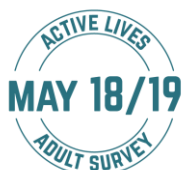
VOLUNTEERING IS POSITIVELY LINKED WITH MENTAL WELLBEING

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.

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.



[LINK TO DATA TABLES](#)



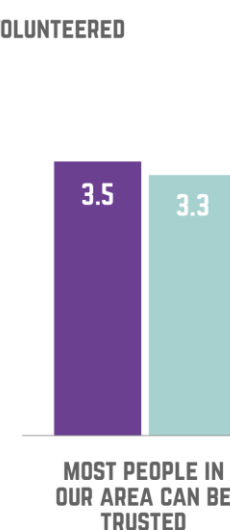
MENTAL WELLBEING



INDIVIDUAL DEVELOPMENT



SOCIAL 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.

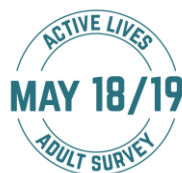
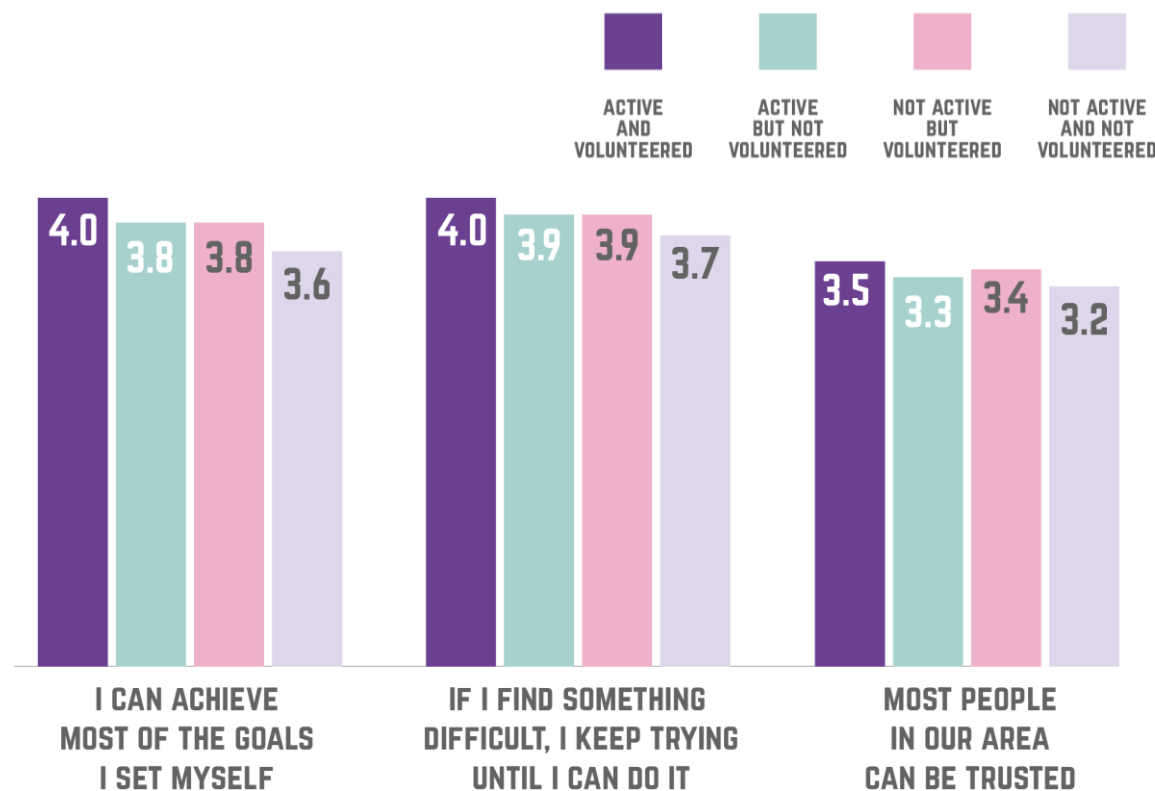
INDIVIDUAL DEVELOPMENT

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



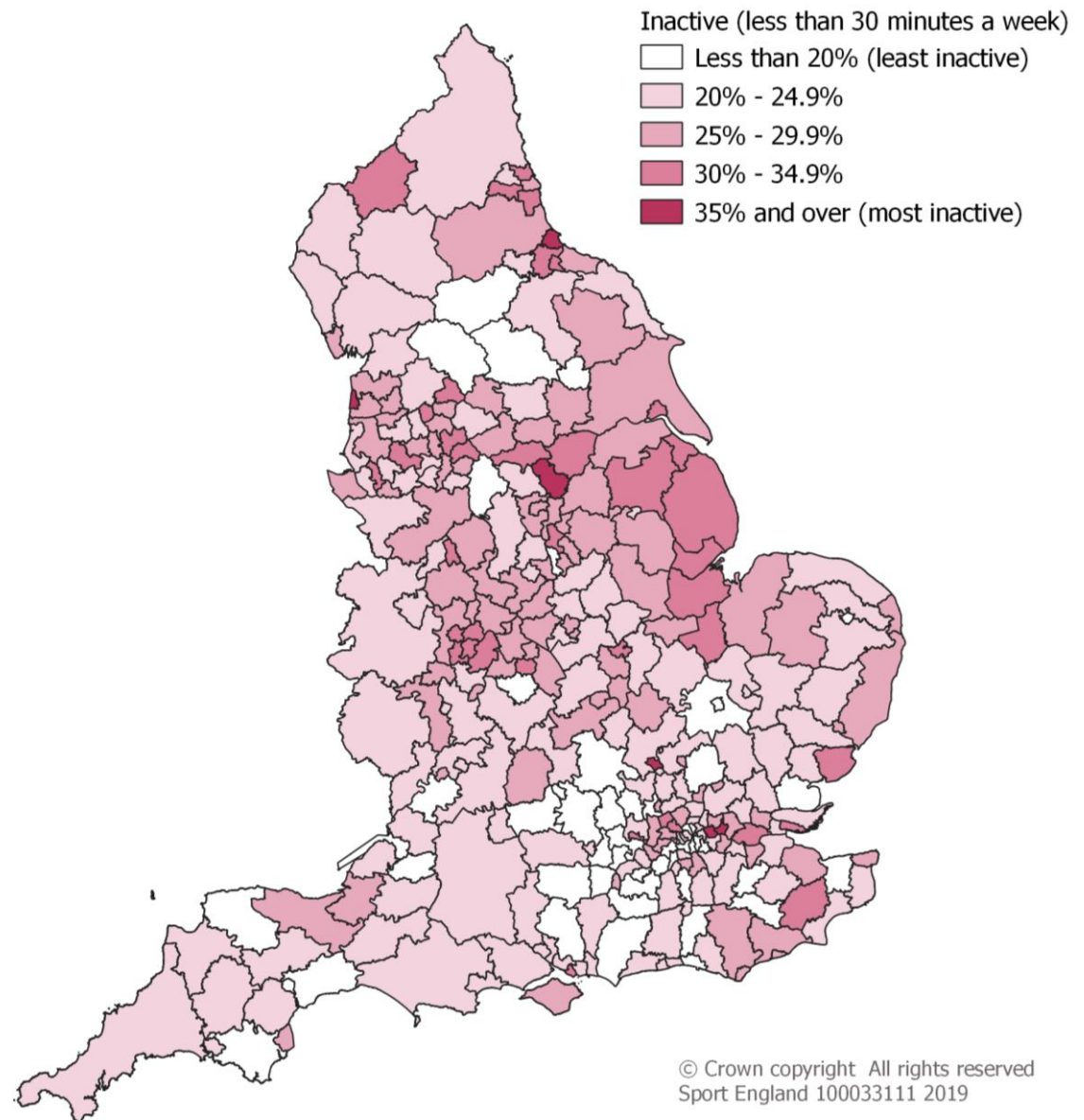
LOCAL LEVEL DATA

Data for local areas, including, nine regions, 44 Active Partnerships, and 343 local authorities are available for the following measures:

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

[LINK TO DATA TABLES](#)

INACTIVITY 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).

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).

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.

[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](#).

SAMPLE AND WEIGHTING

THE ACHIEVED SAMPLE was 177,876 (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, mid-2017 and mid-2018 estimates. Confidence intervals also apply to these. More detail can be found [here](#).

LINK TO MORE INFORMATION ON
MEASURES AND DEMOGRAPHICS



NOTES

DATA CONSIDERATIONS

HOW WE MEASURE CHANGE

Active Lives figures are based on the response of 177,876 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](#)

