INSIGHT PACK:
HEALTH CONDITIONS AND PHYSICAL ACTIVITY

THE IMPACT OF COVID-19
JUNE 2020
Welcome, from Sport England

Welcome to our latest insight pack focused on people with long-term health conditions in which we share our most up to date insights on the impact of COVID-19 on their behaviours and attitudes towards physical activity.

Over 19 million adults in England (the equivalent of more than 4 in 10) live with one of more longstanding health condition, and, prior to the pandemic, this group were almost twice as likely to be inactive compared to people without a health condition.

Despite this stubborn inequality, significant progress was being made. Figures published every 6 months via our Active Lives Survey reveal a steady and significant increase in the proportion of adults with a disability or long term health condition who are regularly active, and a steadily decreasing proportion who are inactive. However, there are signs that this progress is being disrupted (for some) as a result of COVID-19.

This report, developed in collaboration with our We Are Undefeatable partners, therefore draws upon a range of sources to provide the most up to date picture of activity amongst adults with long term health conditions, and importantly, what they are thinking and feeling in light of COVID-19.

We Are Undefeatable was created in response to a deep exploration of the barriers faced by people living with long-term health conditions, responding to their feelings and needs by supporting them to build physical activity into their lives in a way that their condition allows. Our research shows how important this continues to be.

We are all in unfamiliar territory, so we feel this insight can be a valuable guide when you are developing plans and supporting people with health conditions, as well as for activating the WAU campaign.

I hope you find it a useful document in helping you build a picture of how COVID-19 is impacting people with health conditions and in developing solutions to help many more become or remain active in a way that’s right for them.

Lisa O’Keefe
Insight Director, Sport England
Welcome, on behalf of charity partners

The need to inspire and support people living with physical and mental health conditions to be physically active pre-dated the pandemic. So did the challenges and barriers in people’s way. COVID-19 has increased the need and raised the barriers in ways that will endure beyond the immediate crisis.

Our approach to providing that support has always been based upon partnership. The driving force behind We Are Undefeatable so far has been the insights and experiences of people living with health conditions. They’ve shaped our campaign’s delivery through a strong partnership between 15 national charities and Sport England. We’ve connected with a wide range of organisations with roles to play, and we hope you’ll make good use of these insights into the practical and psychological impact of the virus.

Our research before COVID-19 identified that the unpredictability of living with health conditions makes it hard to find ways to be and stay active. This report shows COVID-19 presents an additional challenge.

The crisis has magnified people’s existing concerns. It’s even more important now to make sure physical activity messages and opportunities are communicated positively, feel achievable and relate recognisably to people’s situations.

We’ve also learned that for people with health conditions, adapting ways to be active at home may be a behaviour that continues beyond changes to government guidance, while people gradually regain confidence to pick up pre-pandemic routines in public places and facilities. Supporting people to find the right activities for them, at home and outside, will be crucial. We’ll continue to undertake research to develop insight that can help shape our plans and yours.

Whatever your role or sector, we hope that understanding the changing attitudes and behaviours of people with health conditions will help you identify how to adapt your messages and offer effective support to the people who need it.

Neil Tester
Director, The Richmond Group of Charities
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1. The landscape before COVID-19 for people with long-term health conditions (LTHCs)

* For the purposes of this report, long-term health conditions will be abbreviated to LTHCs
The landscape before COVID-19: Increasing levels of activity amongst people with a LTHC, but a significant challenge remained

Sport England’s Active Lives data shows us that over the last two years, and prior to the pandemic, there had been a steady increase in the proportion of people with a limiting disability or long-term health condition who were ‘active’, and a steady decrease in the proportion who were ‘inactive’.

Figure 1. Activity levels of adults in England with a limiting disability or long-term health condition over time (Active Lives Adult Survey)

However, despite steady increases in activity levels amongst this group, a person with a limiting disability or long-term health condition was still nearly twice as likely to be ‘inactive’ compared to somebody without a limiting disability or long-term health condition prior to the pandemic.

Figure 2. Activity levels of adults in England with a limiting disability or long-term health condition compared to those without (Active Lives Adult Survey, Nov 2018/19)

Sport England’s latest Active Lives reports can be accessed here: www.sportengland.org/research/active-lives-survey/

NB. The WAU Campaign launched in August 2019, so these increases are not attributable to the campaign
2. COVID-19: The impact on people with LTHCs
Summary of key COVID-19 insights:
What we’ve learnt since the onset of the pandemic and the beginning of lockdown

1. During the height of the pandemic and lockdown restrictions, around 4 in 10 people with LTHCs were reporting doing less physical activity than normal.

2. Around a quarter of people with LTHCs have not been doing 30 mins of physical activity on any day over the course of a week.

3. Attitudes around capability, opportunity, and motivation to do physical activity have remained significantly lower for people with LTHCs compared to people without a health condition.

4. People with LTHCs have been less likely to find new ways to be active, and less likely to think they’ve had more time to be active compared to people without a health condition.

5. Worry about COVID-19 is now one of the most frequently cited barriers to physical activity for people with LTHCs, alongside the top condition-related issues. Levels of stress, anxiety, and fear are heightened amongst people with LTHCs.

6. The majority of people with LTHCs are worried about leaving their homes, even with the loosening of restrictions. There is fear amongst people with LTHCs about the easing of lockdown, alongside feelings of confusion, worry, and concern.

7. People with LTHCs want tangible, accessible solutions to support them. In addressing the current challenges there needs to be a greater emphasis on safety, routine building, mental health, and community care.

8. We Are Undefeatable is felt to be even more relevant, important, and powerful to people with LTHCs in the current context.
The wider context and impact of COVID-19 for people with LTHCs, many of which are exacerbated for those with multiple or more severe conditions

The outbreak of COVID-19 and the measures introduced to tackle it have affected people with LTHCs in a range of different, and sometimes disproportionate, ways. For example, over the course of the pandemic people with LTHCs have:

1. Been at higher risk and experienced higher mortality rates linked to COVID-19
2. Been advised to take extra steps to ‘shield’ and protect themselves from coming into contact with the virus
3. Been less likely to have left their home for any reason compared to the general population
4. Been at greater risk of experiencing digital exclusion – particularly those in older age groups – compared to other groups
5. Been experiencing emotional ups and down and be prone to heightened fear and anxiety
6. (Those with a mental health diagnosis) Been more likely to identify COVID-19 as causing them stress compared to people without a condition
7. Seen COVID-19 as a major barrier to being more active (even more so for those in lower socioeconomic groups)
8. Wanted knowledge about which activities are safe and suitable for their specific condition(s)

The research and information sources underpinning these points is detailed within the references section
During the height of restrictions, people with LTHCs were more likely to be reporting doing less physical activity rather than more when comparing to a typical week before the pandemic.

During the height of the pandemic and lockdown restrictions, around 4 in 10 people with LTHCs were reporting doing less physical activity than normal.

This indicates people with LTHCs were more likely to be experiencing negative, rather than positive, effects on their typical activity habits during this time.

Over the period of restrictions, people with LTHCs were less likely to report doing more physical activity than normal when compared to people without a longstanding condition or illness.

Source: Physical Activity Attitudes and Behaviours, Savanta ComRes, Waves 1-6. Wave 6 survey carried out over 08.05.2020 – 11.05.2020 2,002 16+ adults | 570 adults with a longstanding condition or illness.
Throughout lockdown and the easing of restrictions, people with a LTHC have been doing 30 mins of physical activity on fewer days than those without a health condition.

- People with a LTHC have remained significantly less likely to be doing 30 minutes of physical activity on 5 days or more over the course of a week compared to people without a LTHC.

- However, following the initial easing of lockdown restrictions on 13th May 2020, there was a significant increase in the number of people with a LTHC who were this physically active over the course of a week.

- This indicates that the initial easing of lockdown restrictions may have helped some people with LTHCs to do at least 30 minutes of physical activity on more days.

Source: Physical Activity Attitudes and Behaviours, Savanta ComRes, Waves 1-8. Week 8 survey carried out over 22.05.2020 – 25.05.2020
2,002 16+ adults | 616 adults with a longstanding condition or illness | 1,337 adults without a longstanding condition or illness
Even after lockdown was eased, there has been a consistent proportion of people with LTHCs who, over the course of a week, have not been doing 30 mins of physical activity on any day.

- Whilst more people with a LTHC have been doing physical activity on 5 days or more over the course of a week since lockdown was eased, the proportion who have not been doing 30 mins of physical on any day has not changed significantly.

- This indicates that, even with the easing of restrictions, there are still a significant proportion of people with LTHCs who are not physically active for at least 30 mins on any day over the course of a week.

- It also suggests that there continue to be greater ongoing challenges facing many people with LTHCs in being active.

Source: Physical Activity Attitudes and Behaviours, Savanta ComRes, Waves 1-8. Week 8 survey carried out over 22.05.2020 – 25.05.2020. 2,002 16+ adults | 616 adults with a longstanding condition or illness | 1,337 adults without a longstanding condition or illness.
There was a significant increase in the proportion of people with LTHCs going running/jogging and cycling in mid-May (easing of restrictions) compared to early-April (height of lockdown).

Which, if any, of the following physical activities have you done in the past week? Wave 8: 22nd-25th May 2020

- **Walking (leisure or travel)**
  - People with a long-term health condition: 55% (↑+5%)
  - People without a long-term health condition: 69% (↑+6%)

- **Home activity / fitness offline**
  - People with a long-term health condition: 20% (↑+8%)
  - People without a long-term health condition: 15% (↑+7%)

- **Informal play or games at home**
  - People with a long-term health condition: 20% (↑+1%)
  - People without a long-term health condition: 17% (↑+4%)

- **Running or jogging**
  - People with a long-term health condition: 17% (↑+5%)
  - People without a long-term health condition: 24% (↑+6%)

- **Home activity / fitness online**
  - People with a long-term health condition: 17% (↑+8%)
  - People without a long-term health condition: 21% (↑+7%)

- **Cycling**
  - People with a long-term health condition: 6% (↑1%)
  - People without a long-term health condition: 7% (↑+1%)

- **Other sport, exercise, or physical activity**
  - People with a long-term health condition: 19% (↑+1%)
  - People without a long-term health condition: 24% (↑+7%)

Source: Physical Activity Attitudes and Behaviours, Savanta ComRes, Waves 1-8. Week 8 survey carried out over 22-25 May 2020. 2,002 16+ adults | 616 adults with a longstanding condition or illness | 1,337 adults without a longstanding condition or illness.
Understanding the influences on behaviour

Sport England’s weekly survey into physical activity attitudes and behaviour through Savanta ComRes also covered specific questions to help us understand how different influences on behaviour were changing over the course of the pandemic. These questions align to the COM-B model of behaviour change.

The ‘COM-B’ model

Developed by Michie et al (2011) the COM-B model is used to understand the drivers and context which influence how likely someone is to do something such as become more active.

The model comprises of three interacting components:

- **CAPABILITY**: How capable people feel to be active, psychologically and physically
- **OPPORTUNITY**: How much people think they have the opportunity in terms of physical and social - to be active
- **MOTIVATION**: How motivated people are to be active

For behaviour to occur, there must be sufficient levels of each component. In cases where a behaviour does not occur, in this case inactivity or low activity, the model has been utilised to ‘diagnose’ the missing elements or barriers.
Summary: understanding perceptions of capabilities, opportunities, and motivations to be active during COVID-19

• Attitudes towards COM-B statements have been significantly lower for people with LTHCs compared to people without a condition over the course of the pandemic. Between 22nd-25th May (wave 8) the difference was greatest for ‘I feel I have the ability to be physically active’, with only 58% of people with LTHCs agreeing to this statement compared to 80% of people without a condition

• Across all of the COM-B statements in wave 8 of the survey, people with LTHCs were most likely to agree that they have the opportunity to be active (63%) and that it is important for them to exercise regularly (63%)

• People with LTHCs have seen a significant increase in their perceived opportunities to be physically active since the beginning of April, which suggests the easing of restrictions has helped this audience feel like they have more opportunities to be active

• The increase in the proportion of people with LTHCs agreeing they have the ‘opportunity to be physically active’ should be viewed positively as it indicates that a factor influencing physical activity behaviours has improved. However, there remain challenges for people with LTHCs given that other attitudes to being active have not changed significantly since the easing of restrictions
Breakdown: perceptions of capabilities, opportunities, and motivations to be active during the pandemic amongst people with LTHCs

Physical Activity Attitudes and Behaviours Survey - Wave 8 (22\textsuperscript{nd}-25\textsuperscript{th} May 2020)

<table>
<thead>
<tr>
<th>Perception</th>
<th>People with a long-term health condition</th>
<th>People without a long-term health condition</th>
<th>Change from wave 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that I have the ability to be physically active</td>
<td>58%</td>
<td>80%</td>
<td>+6% from wave 1</td>
</tr>
<tr>
<td>I feel that I have the opportunity to be physically active</td>
<td>63%</td>
<td>88%</td>
<td>+8% from wave 1</td>
</tr>
<tr>
<td>It is important to me to exercise regularly</td>
<td>63%</td>
<td>78%</td>
<td>+8% from wave 1</td>
</tr>
<tr>
<td>I find exercise enjoyable and satisfying</td>
<td>63%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>I feel guilty when I don’t exercise</td>
<td>52%</td>
<td>66%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Physical Activity Attitudes and Behaviours. Savanta ComRes. Week 1: 3\textsuperscript{rd}-6\textsuperscript{th} April 2020 / 2,002 16+ adults / 570 adults with a longstanding condition or illness
Week 8: 22\textsuperscript{nd}-25\textsuperscript{th} May 2020 / 2,033 16+ adults / 616 adults with a longstanding condition or illness
Summary: understanding other attitudes and behaviours towards physical activity during COVID-19

• In response to the different circumstances and conditions experienced during the pandemic, there are significant differences in the attitudes and behaviours of those with LTHCs towards physical activity compared to those without a health condition.

• In particular, across the COVID-19 outbreak, people with LTHCs are less likely than those with out a health condition to:
  ➢ Have found new ways to be active
  ➢ Have more time for physical activity
  ➢ Be using exercise as a way to manage their physical and mental health

• People with LTHCs are also more likely to have been feeling guilty, both about wanting, and not wanting, to exercise over the course of the pandemic. Feeling guilty about not exercising more has increased significantly in people with LTHCs since the beginning of April.

• Although people with LTHCs, on average, are now less likely to worry about leaving their homes compared to during lockdown, the majority are still worried about doing so (55%). This level of worry about leaving their homes also remains significantly higher when compared to those people without long-term health conditions (41%).
The majority of people with LTHCs remained worried about leaving their home to do exercise or be active in mid-May (easing of restrictions), despite this proportion having fallen since the start of April (height of lockdown).

Physical Activity Attitudes and Behaviours Survey - Wave 8 (22nd-25th May 2020)

Since the outbreak I have found new ways to be physically active
I have more time now to be physically active
I have been encouraged to exercise by the Gov’s guidance
I miss the types of activity I was able to do before the outbreak
I worry about leaving my home to do exercise or be active

Legend:
- People with a long-term health condition
- People without a long-term health condition

Arrows indicate a significant difference between wave 1 (3rd-6th April) and wave 8 (22nd-25th May)

Source: Physical Activity Attitudes and Behaviours, Savanta ComRes. Week 1: 3rd-6th April 2020 / 2,002 16+ adults / 570 adults with a longstanding condition or illness
Week 8: 22nd-25th May 2020 / 2,033 16+ adults / 616 adults with a longstanding condition or illness
There was a significant increase in the proportion of people with LTHCs who felt guilty about not exercising more in mid-May (easing of restrictions) compared to early-April (height of lockdown)

**Physical Activity Attitudes and Behaviours Survey - Wave 8 (22nd-25th May 2020)**

<table>
<thead>
<tr>
<th></th>
<th>People with a long-term health condition</th>
<th>People without a long-term health condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel guilty about wanting to exercise</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>-4% from wave 1</td>
<td>+7% from wave 1</td>
</tr>
<tr>
<td>I feel guilty about not exercising more</td>
<td>54%</td>
<td>49%</td>
</tr>
<tr>
<td>I exercise to help manage my physical health</td>
<td>63%</td>
<td>75%</td>
</tr>
<tr>
<td>I exercise to help manage my mental health</td>
<td>62%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Arrows indicate a significant difference between wave 1 (3rd-6th April) and wave 8 (22nd-25th May)

**Source:** Physical Activity Attitudes and Behaviours, Savanta ComRes. Week 1: 3rd-6th April 2020 / 2,002 16+ adults / 570 adults with a longstanding condition or illness
Week 8: 22nd-25th May 2020 / 2,033 16+ adults / 616 adults with a longstanding condition or illness
Prior to and during the early stages of lockdown, anxiety around COVID-19 was one of the most commonly cited barriers to doing more physical amongst people with LTHCs.

<table>
<thead>
<tr>
<th>Most frequently cited barriers to doing more physical activity amongst people with LTHCs (20th March – 7th April 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My health issue causes pain</td>
</tr>
<tr>
<td>2. I am worried about Coronavirus</td>
</tr>
<tr>
<td>3. I am too tired / don’t have enough energy</td>
</tr>
<tr>
<td>4. My long-term condition is unpredictable / makes it hard to commit to a routine</td>
</tr>
<tr>
<td>5. I am worried about making my health condition worse</td>
</tr>
</tbody>
</table>

People with LTHCs surveyed between 20th March – 7th April 2020 (prior to and during the early stages of lockdown) identified a range of barriers to being more physically active.

Since the outbreak, COVID-19 became one of the top tanked concerns, adding to pre-existing barriers related to health conditions, motivation/other commitments, confidence, and access.

Those with a lung condition or mental health condition were more likely than others to cite COVID-19 as a barrier preventing them from doing more physical activity.

With COVID-19 suddenly becoming so prominent, other barriers have become slightly less top of mind – although remain very important.

Source: DJS We Are Undefeatable Tracking Research (20th March – 7th April 2020).
Q18 Which of the following reasons, if any, prevent you from increasing the amount of physical activity you do? Base: all online participants (1,340)
Among the mix of emotions everyone is experiencing as a result of the COVID-19 outbreak, stress is heightened for those with a LTHC.

For those with a long-term condition:
- Levels of stress / anxiety / fear are heightened
- The sense of loss and concern of how to replace existing exercise is greater
- Community element is missed – classes / activities / support groups / fewer carers

Source: RDSi WAU audience Insights – online research community (23 participants with a mix of different long-term health conditions)
Everyone is working towards a new, ever-changing normal, but emotions do oscillate

As time goes on, with acceptance and coping strategies comes a change in feelings and lift in mood…

...leading to a more positive mindset for most, albeit with underlying fear about the future

Emotions brought down again by:
- Loss of life in their social circle
- Anger directed at government for lack of PPE & testing
- Exhaustion

People with long-term health conditions are experiencing ups and downs and can easily revert back to more negative states.

At the lowest point, fear can be debilitating and coping is exhausting.

Source: RDSI WAU audience Insights – online research community (23 participants with a mix of different long-term health conditions)
People with LTHCs can feel extremely fearful of lockdown easing, with overwhelming feelings of confusion, worry, and concern.

**Majority are not comfortable returning** to mixing with people and spending time outside of their house beyond essential journeys.

**Many are fearful for their own lives**, exacerbated by media coverage and knowledge of deaths within their community.

**People feel like they have sacrificed a huge amount and do not want to undo the hard work** – not going out to see loved ones, rising boredom, struggling with physical and mental health.

"I will feel extremely nervous about mixing with other people socially in pubs and restaurants or at cinemas, football matches etc. without a vaccine or proper testing. I am very apprehensive and daily contemplate whether I would or wouldn’t actually go out at all."

"I think it will be a long time before I feel truly comfortable in public again."

Source: RDSi WAU audience Insights – online research community (23 participants with a mix of different long-term health conditions)
People with LTHCs are significantly more likely to look to health and well-being charities for trusted information and guidance on how to be active compared to people without a health condition.

- In-line with the general population, the majority of people with LTHCs rank the NHS as one of the top 5 sources they are most likely to look for trusted information and guidance on how to be active.
- People with LTHCs (27%) are significantly more likely to rank health and well-being charities in the top 5 places they would look for trusted information compared to people without a health condition (22%). This rises to 32% for those people with a mental condition or illness.
- People with LTHCs are significantly less likely to rank central government, the BBC, and sports governing bodies in the top 5 places they would look for trusted information compared to people without a health condition.

Source: Physical Attitudes and Behaviours, Savanta ComRes. Week 8: 15th-18th May 2020 / 2,033 16+ adults / 616 adults with a longstanding condition or illness

Q. “As restrictions around sport and physical activity change, who are you most likely to look to for trusted information and guidance on how to be active?”
3. COVID-19: implications for the WAU campaign
Background to the WAU campaign

The “We Are Undefeatable” campaign was launched in August 2019 to inspire and support people with long-term health conditions to be active and receive the range of health benefits this brings with it. Designed and developed by 15 leading health and social care charities, the “We Are Undefeated” campaign aims to support people living with health conditions to build physical activity into their lives, in a way that their condition allows, and to celebrate every victory big or small.

The campaign continues to be inspired by, and feature, the real-life experiences of people with health conditions getting active despite the ups, downs and unpredictability of their condition.

The collaboration across the campaign also continues to be backed by expertise, insight and significant National Lottery funding from Sport England, the organisation behind the award-winning This Girl Can campaign. The We Are Undefeated campaign remains a significant part of a longer-term drive by Sport England to change cultural and social norms around long term conditions and physical activity and to help more people get active in a way that’s right for them.

The charities behind the campaign are:

- Age UK
- Asthma UK
- Alzheimer’s Society
- Breast Cancer Now
- British Lung Foundation
- British Red Cross
- Diabetes UK
- Macmillan Cancer Support
- Mind
- MS Society
- Parkinson’s UK
- Rethink Mental Illness
- Royal Voluntary Service
- Stroke Association
- Versus Arthritis

“We Are Undefeated” is a movement supporting people with a range of long term health conditions to build physical activity into their lives.
The February/March 2020 burst of WAU campaign advertising performed well despite escalating context around COVID-19 at that time

**RECALL ACROSS ALL CHANNELS**

- Levels of recall were maintained at the same level as the initial launch phase, despite lower media spend and a fluid context around COVID-19

**ACTIONS TAKEN AMONG RECALLERS**

- A high proportion took action as a result of campaign exposure, in line with the initial launch wave
- Within actions taken, the proportion who started or increased their physical activity increased significantly this wave (from 34% to 41%)

**KEY DIAGNOSTICS**

- The vast majority understood the key message that people with health conditions can do physical activity (83%, consistent with initial launch phase)
- Almost two thirds related to the characters (64%) and found the ads personally relevant (62%). While strong, these levels were slightly down on the initial launch wave
- 64% felt the ads stood out and 57% found them enjoyable – in line with the initial launch wave

Source: DJS We Are Undefeatable Tracking Research (20th March – 7th April 2020). Base: all online participants (1,340)
We Are Undefeatable is felt to be even more relevant to people with LTHCs during this unprecedented time of change

1. WE ARE UNDEFEATABLE AS AN OVERARCHING THEME IS VERY POWERFUL IN THE CURRENT CONTEXT
   Audience understands this as an attitude of mind, not a statement of fact

2. POSITIVE TONE OF VOICE
   In an environment where news is alarming, the underlying fear is increasing, people are looking for positive news stories

3. CAMPAIGN IS FELT TO BE REALISTIC
   Showing real people doing real activity

4. THE FEELING OF CAMARADERIE AND BEING ALL IN THIS TOGETHER
   We all must fight it together; we are conforming now – we have to do it together!

5. THE MUSIC / LYRICS PROVIDE THE RIGHT BALANCE OF REALISM
   ‘That’s life’, acceptance and realism

The strapline ‘We Are Undefeatable’ embodies a sense of togetherness that people may feel they have lost due to the lockdown

The use of real people with real issues

I love the concept of it, it is such a simple thing but the fact that walking a dog is beneficial mentally for the human really struck a chord with me

Source: RDSi WAU audience Insights – online research community (23 participants with a mix of different long-term health conditions)
But there are challenges We Are Undefeatable needs to continue addressing in the ever-evolving context of COVID-19:

**COVID-19 IS NOW ONE OF THE MOST CITED BARRIERS TO INCREASING PHYSICAL ACTIVITY**

**A FRESH BARRIER**

Restrictions on going outside to conduct normal activities, our audience are facing brand new challenges in managing their health, both mental and physical.

**THE NEW NORMAL**

For people with LTCs, restrictions on normal life will continue – whether through formal guidance or self-imposed - even as they are relaxed for other groups in the population.

**UNFAMILIAR TERRITORY**

Exercise plays a vital role in helping manage the symptoms of conditions. Home exercise is unfamiliar territory for some in terms of knowing what content is safe and suitable, where to find it and how to do it.
To support our ongoing understanding we are continuing to engage with a wide range of people with different health conditions to inform campaign development and initiatives.

So far we’ve explored several concepts for summer 2020, as well as getting feedback on current activities so we can optimise:

- **RADIO & TV ADS**
- **MY DAILY UNDEFEATABLE**
- **OFFLINE LEAFLET**
- **YOUTUBE PLAYLISTS**

Plus the exploration and development of other ideas and concepts.

Source: RDSi WAU audience Insights – online research community (23 participants with a mix of different long-term health conditions)
There are a number of over-arching learnings from our research that can be applied across campaign engagement and activation to help support people with LTHCs in the current context.

The key over-arching learnings to take away:

<table>
<thead>
<tr>
<th>People with LTHCs want practical, tangible, accessible solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm contentment is the new happy. Portray mood as positive, but not too upbeat</td>
</tr>
<tr>
<td>Emphasise routine building</td>
</tr>
<tr>
<td>Leverage the community / caring angle – both practically and emotionally</td>
</tr>
<tr>
<td>Be inclusive of differing abilities so people can find what’s right for them</td>
</tr>
<tr>
<td>Scenarios and tone must be carefully considered and be realistically positive</td>
</tr>
<tr>
<td>Emphasise safety</td>
</tr>
<tr>
<td>Emphasise mental health and wellbeing</td>
</tr>
</tbody>
</table>

Source: RDSi WAU audience Insights – online research community (23 participants with a mix of different long-term health conditions)
4. Recommendations
**Recommendations**

We’d encourage you to apply the insight included in this pack to the work of your organisation and consider ways in which you could support people with LTHCs to build activity into their daily lives.

<table>
<thead>
<tr>
<th>Building an audience-centred approach</th>
<th>Providing support in the current context</th>
<th>Tailored, tangible, accessible solutions</th>
</tr>
</thead>
</table>
| - Gathering audience insight allows us to understand how best to adapt and tailor our approach, services and communications to have the greatest impact, particularly in a fast-moving context.  
- We encourage you to help us spread the learning in this report and generate your own local insight. We’ve highlighted some useful questions and resources to consider when thinking about conducting your own research in the next section of the pack.  
- Taking time to understand your audience and providing a positive, person-centred experience are two of our key campaign activation principles. These are accessible via the Supporters Hub at: [https://weareundefeatable.co.uk/supporters-hub/categories/supporter-hub-getting-started-guide](https://weareundefeatable.co.uk/supporters-hub/categories/supporter-hub-getting-started-guide).  
- This insight should also be used alongside the original We Are Undefeatable Campaign Insight Pack: [https://weareundefeatable.co.uk/supporters-hub/categories/insight-pack](https://weareundefeatable.co.uk/supporters-hub/categories/insight-pack) as this provides important information on the original research methodology, key insights, and behaviour change led-approach that informed the initial development of the campaign. | - Many people with LTHCs are worried about leaving their homes, even as restrictions are relaxed for much of the population. It may take some time for people with LTHCs to return to pre-COVID-19 routines and habits.  
- Consider how you can ensure people with LTHCs are supported to return to facilities and open spaces safely.  
- Consider how you can improve and expand the range of choices for people to be active by providing online physical activity resources and support that people can do in and around their homes.  
- It’s also important to recognise that not everyone has the digital skills or opportunities to access online materials. Factoring in non-digital alternatives will be important in enabling you to reach and support more people in ways that are suitable for them.  
- If you need access to, or inspiration for, non-digital resources, a leaflet highlighting 15 Ways to Move More At Home is available on the We Are Undefeatable website: [https://weareundefeatable.co.uk/ways-to-move](https://weareundefeatable.co.uk/ways-to-move). | - Many people with LTHCs have the opportunity and the time to be active, but lots will be missing out on some of the routines and support networks they had prior to COVID-19.  
- People may be struggling to adapt to the current circumstances they face, as well as finding it difficult to build physical activity into their lives in a way that’s right for them and suitable for their condition.  
- Make moving feel more achievable by encouraging people to build activity into their routine at home in small, simple ways, and making it easy to navigate your physical activity opportunities and content. For example, by categorising your online classes by ability level.  
- If you are looking for ways to promote content that’s suitable for people with health conditions, the We Are Undefeatable website and YouTube channel has tips for getting started along with activity ideas and videos:  
  - [https://weareundefeatable.co.uk/ways-to-move](https://weareundefeatable.co.uk/ways-to-move)  
  - [https://www.youtube.com/channel/UClEmdVc80h7Gft4oilLkwGhw/featured](https://www.youtube.com/channel/UClEmdVc80h7Gft4oilLkwGhw/featured). |
5. Generating further insight to understand your audience
Taking time to better understand your audience and local context will help you provide the most effective support. We’ve highlighted some useful things to consider when thinking about conducting your own research.

1. **What are you specifically trying to find out?**

   - **Clearly define the research problem:** Everything you do should flow from this point. If the research problem is not clearly or accurately defined, any research you conduct runs the risk of ‘mission creep’ and/or gathering evidence or information which is not relevant to the questions you are trying to answer.

2. **Is further research necessary?**

   - **Outline research objectives:** This should guide your initial enquiry and help you understand what can be answered through existing research and sources (secondary research), and/or where new research may be needed (primary research). Online searches and speaking to your network can help you begin to identify where research already exists, and where there may be opportunities to collaborate.

3. **Who else could you involve or engage with?**

   - **Consult, collaborate, and share with others:** Reaching out and engaging with other, local organisations can help you build a clearer picture of their ambitions and plans, and what this means for generating further insight or learning into a particular audience or issue. This can also help you identify where there are opportunities to share ideas, develop or build complementary learning, and prevent duplication.

4. **What information will you need to gather?**

   - **Determine the type and scope of information required:** Being clear on the types of data you need to collect, analyse, and interpret will help to ensure you are collecting the most relevant and appropriate information to meet the research objectives. This will also be part of choosing the most appropriate methodology(s) for your research.

5. **Who or what is the focus of the research?**

   - **Identify your audience or population of interest:** This could be groups of people, organisations, events, or items that are central to the research problem. Understanding this will help you ensure you conduct research with the right population, e.g., people with health conditions, aged between 30 and 65.

6. **What is the right research design?**

   - **Choose the most appropriate research method(s):** There are a range of different research methodologies to consider, e.g., quantitative, qualitative, desk-based. Understanding the strengths and weaknesses of different methods, and where there might be value in using ‘mixed methods’, is a key step in identifying the best approach to meet your objectives.

7. **What parameters are you working within?**

   - **Plan the research out:** You will need to consider things like your research budget, timescales, frequency, methodologies, stakeholders, internal/external delivery etc. This will also help ensure you can conduct a useful and robust piece of research within the time and resources you have available.

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Sport England has published a range of different resources which you are able to access through the links below. These have been specifically designed to help support partners when they are thinking about their research and/or evaluation needs and deciding on the right approach:

Sport England, Savanta ComRes survey
Physical activity attitudes and behaviour amongst adults in England
Survey carried out over 8 weeks between 3rd April – 25th May
Each wave included circa. 2,000 nationally representative responses
Further Sport England analysis of this data can be found here
Full data tables are available at www.comresglobal.com

The wider context and impact of COVID-19 for those people with LTHCs

1. ‘Higher risk and experienced higher mortality rates linked to COVID-19’

2. ‘Advised to take extra steps to shield’

3. ‘Less likely to have left their home for any reason compared to the general population’
   Source: ONS, Opinions and Lifestyle Survey (COVID-19 module)
   Coronavirus and the social impacts on Great Britain (14th-17th May, 21st-24th May, 28th – 31st May)
   Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/datasets/coronavirusandthesocialimpactsongreatbritain/data/current

4. ‘At greater risk of experiencing digital exclusion compared to other groups’
   Source: ONS, Internet Users. Published 24th May 2019. Available at: https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019/relateddata

5. ‘Experiencing emotional ups and downs and be prone to heightened fear and anxiety’
   Source: RDSi WAU audience Insights – online research community (23 participants with a mix of different long-term health conditions). Research community live since beginning of April 2020.

6. ‘[Those with a mental health diagnosis] More likely to identify COVID-19 as causing them stress’
   Source: UCL, COVID-19 Social Study. Week/results release 11 - 3rd June 2020. Available at: https://www.covidsocialstudy.org/results

7. ‘See COVID-19 as a major barrier to being more active’
   Source: DJS We Are Undefeatable Tracking Research (20th March – 7th April 2020).
   Q18 Which of the following reasons, if any, prevent you from increasing the amount of physical activity you do? 41% of DE agreed COVID-19 was compared to 36% of AB and 36% of C1C2

8. ‘Have wanted knowledge about which activities are safe and suitable for their condition’
   Source: RDSi WAU audience Insights – online research community (23 participants with a mix of different long-term health conditions). Research community live since beginning of April 2020.