

Insight pack: Health conditions and physical activity

Understanding the impact
of Covid-19
JUNE 2021





This insight pack provides the latest picture of the behaviours, attitudes, and feelings of adults with long-term health conditions (LTHCs) towards physical activity.

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Welcome from Sport England

Welcome to our latest We Are Undefeatable Insight pack. This report, developed in collaboration with the We Are Undefeatable team, draws upon a range of sources to provide the most up to date picture of physical activity attitudes and behaviours amongst adults with long term health conditions (LTHCs).

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

Research conducted throughout the pandemic

reveals the extent to which it has not only halted progress in tackling inactivity levels, it has also exacerbated many of the challenges which make it difficult for those with longstanding health conditions to be regularly active.

We Are Undefeatable was created in direct response to those barriers, and as restrictions ease and activities come back on stream, the campaign will continue to play an important role in supporting people to connect with others and remain active.

This pack has been produced to not only provide that detailed picture of behaviours and attitudes but also to help guide those developing plans and providing activities for adults with long term health conditions.

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

Lisa O'Keefe

Executive Director
of Insight
Sport England





Welcome from The Richmond Group of Charities

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. Our approach to providing that support has always been based upon partnership.

The driving force behind We Are Undeatable 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 our national charities and Sport England.

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 document, building upon our 2020 report, shows how Covid-19 presents additional, lasting challenges.

The pandemic has affected the physical and mental health of people with health conditions, as well as their motivation, capability and

opportunities to be physically active. Those living with multiple conditions have been particularly affected, especially in terms of their ability to undertake activities that maintain and improve muscle strength and avoid muscle loss.

This is a serious issue, given that only a third of people with health conditions are receiving the same level of medical care as they did before the pandemic and our member charities are identifying significant unmet care needs.

This report also focuses on people without digital skills or access, who have not been able to adjust their activity with the same degree of choice and support as those with access to the digital content that mushroomed as we went into lockdown.

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





Headlines

1

Since 2015, and despite the impact of the pandemic, there has been a significant increase in the proportion of disabled people and adults with long-term health conditions (LTHCs) who are physically active

2

However, the proportion of disabled people and adults with LTHCs who were 'inactive' rose significantly across the pandemic, with overall activity levels falling at higher rates compared to those without a disability or health condition

3

Under half (46%) of disabled people or adults with a LTHC are meeting the Chief Medical Officer's (CMO) guidelines of undertaking strength-based exercise at least 2 days a week

4

The winter period and fewer opportunities to be active led to reduced fitness and strength levels for some, further impacting their motivation to maintain physical activity habits and routines

5

Whilst anxiety linked to Covid-19 has taken a toll on mood and motivation, there are emerging signs that vaccine rollout is beginning to reduce levels of worry linked to sport and physical activity for people with LTHCs

6

As restrictions ease, people with LTHCs will continue to be cautious, wary, and rely on their own judgement when thinking about the risks associated with where they can go (places) and who they can see or mix with (people)

7

Around 1 in 5 people with a LTHC are digitally excluded. These individuals have a very narrow set of physical activity influences which has led to a support gap as a result of the pandemic

8

We Are Undefeatable continues to play an important role during the pandemic, inspiring people and providing them with the opportunities they need to connect with others and break cycles of negativity



Insight

**Impact of
Covid-19**



**We Are Undefeatable
Campaign**



The wider context and impact of Covid-19 on disabled people and adults with long-term health conditions

The Covid-19 pandemic and the measures introduced to manage it have affected people with long-term health conditions in a range of different, and often disproportionate, ways:

Bigger impact on health and wellbeing

Reduced access to social and medical care

Disproportionately affected financially

A magnified digital divide

Impact on behaviours





Bigger impact on mental health and wellbeing

For many people with a long-term health condition Covid-19 has had a huge impact on mental health and wellbeing.

People with a health condition are twice as likely to report feeling lonely and are more likely to report high levels of worry and anxiety compared to the overall population. ONS data also shows that individuals with a disability have been more likely to be very or somewhat worried about the effect coronavirus on their life (78%, 3-28 Feb 2021).

Despite high levels of worry, anxiety and loneliness there are some glimmers of hope. Many people with long-term health conditions understand the importance of maintaining or improving their physical health and are taking steps to do so.



Reduced access to social and medical care

In comparison to pre-pandemic rates, only a third of people with health conditions have accessed the same level of medical care. Of those who said they level of care had reduced, 4 in 10 said their health had worsened.

In addition to this, Covid-19 has stopped social care and therapies for many of those people with health conditions who accessed them prior to the pandemic. This has led to a lack of feeling cared for by the NHS as people with LTHCs still struggle to access the resources and support they require.

The pandemic has also contributed to a greater reliance amongst people with long-term health conditions on the support and care of unpaid carers. Pre-pandemic there were 9.1 million unpaid carers across the UK, the pandemic has resulted in an additional 4.5 million new carers, 2.8 million of whom are juggling work and care.



Disproportionately affected financially

Whilst many audiences have been disproportionately affected financially as a result of the pandemic, people with long-term health conditions are amongst one of the worst hit groups.

Around a third of people with health conditions have shielded in 2020/21, affecting their ability to continue working, impacting them financially.

A quarter of disabled people expressed worry about losing their jobs as a result of the pandemic were much more likely than non-disabled people to say they would be unable to pay an unexpected expense of £850.00.

Sources: ONS, Coronavirus and the social impact on Great Britain (June 2020 and April 2021); Disabled Children's Partnership, Back to school poll (Nov 2020); We Are Undefeatable COVID-19 Update (Sep 2020); Scope Back to Work Survey (Aug 2020); Scope Disability Report (May 2020); Good Things Foundation, Widening Digital Participation; The Lancet, COVID-19 and the digital divide in the UK (Aug 2020); Carers UK. Caring behind closed doors: six months on. The continued impact of the coronavirus (Covid-19) pandemic on unpaid carers. October 2020.



A magnified digital divide

People with health conditions make up nearly half of those who lack essential digital skills in the UK. Lack of digital access restricts both the social and medical support that is available to them.

With more reliance on remote consultations, physical activity offers and healthcare in the time of Covid-19 may fuel health inequality.

“Any health-care development that doesn't rapidly become available to all individuals has the unintended but inevitable consequence of fueling health inequality. The response to Covid-19 is no exception.”

Geoff Watts, The Lancet

Spotlight on digital exclusion



Sources: ONS, Coronavirus and the social impact on Great Britain (June 2020 and April 2021); Disabled Children's Partnership, Back to school poll (Nov 2020); We Are Undefeatable COVID-19 Update (Sep 2020); Scope Back to Work Survey (Aug 2020); Scope Disability Report (May 2020); Good Things Foundation, Widening Digital Participation; The Lancet, COVID-19 and the digital divide in the UK (Aug 2020); Carers UK. Caring behind closed doors: six months on. The continued impact of the coronavirus (Covid-19) pandemic on unpaid carers. October 2020;

Source: DJS qualitative research among digitally excluded inactive people with health conditions, March-April 2021



Impact on behaviour

**Impact of Covid-19
on behaviours**



**Factors influencing
behaviours**



Impact of Covid-19 on behaviour

Overall levels of physical activity

Impact of the pandemic on activity levels

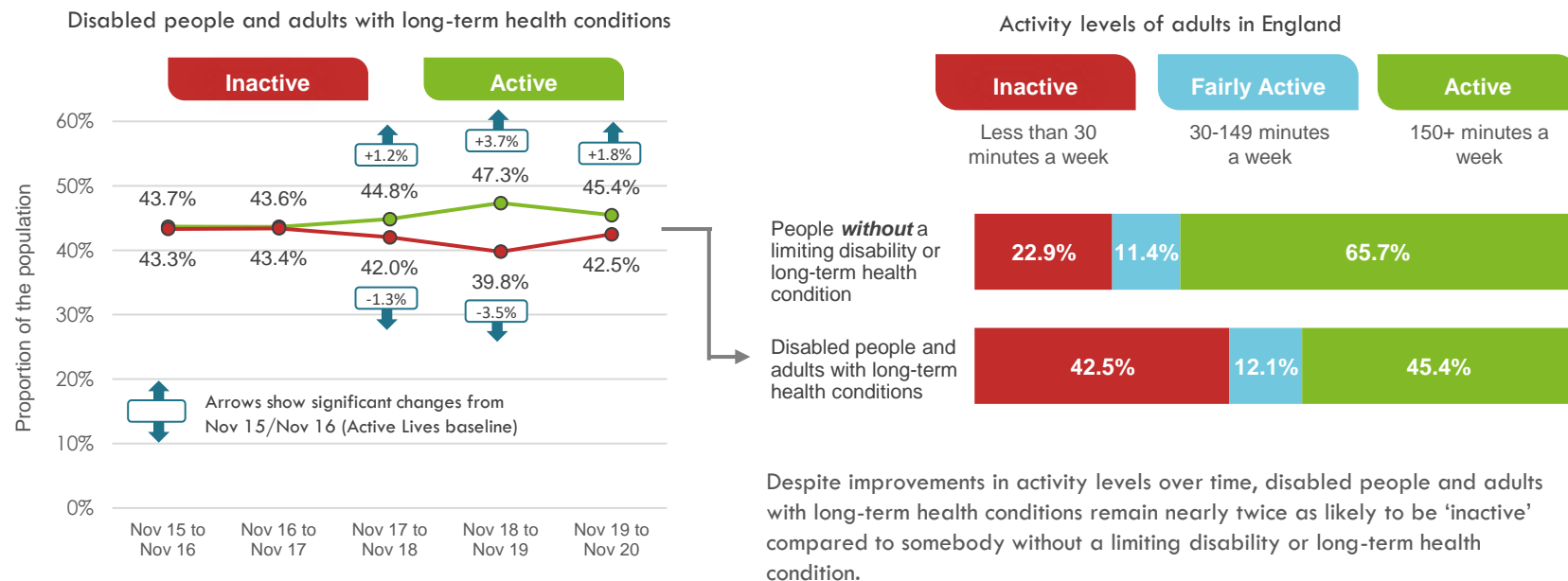
Physical activity settings

Muscle strengthening





The proportion of disabled people and adults with long-term health conditions who are 'active' remains significantly higher than when the Active Lives Adult Survey began (Nov 15/Nov 16 baseline) despite the impact of the pandemic





Disabled people and adults with LTHCs have experienced lower levels of activity as a result of the pandemic

The pandemic led to a greater rise in the proportion of disabled people and adults with LTHCs who were 'inactive' (achieving less than 30 mins of activity a week), and a larger fall in the proportion of people from this group who were 'active' (achieving 150+ mins of activity a week), compared to those people without a disability or health condition.

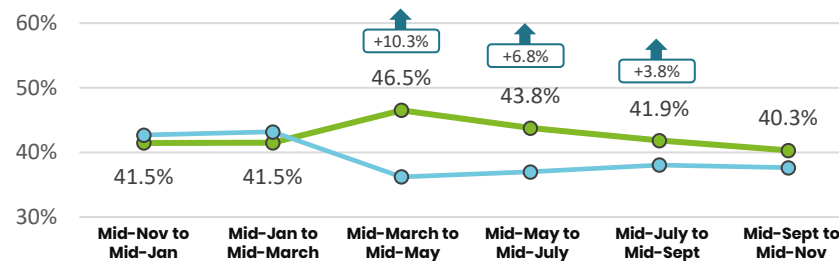
Over the full year between Nov19 and Nov20, those with 3+ impairments have experienced the largest falls in activity levels.

Some of this fall in overall activity levels could be attributed to the requirement of those with health conditions to shield over the course of the pandemic and the additional challenges this posed around opportunities to be active.

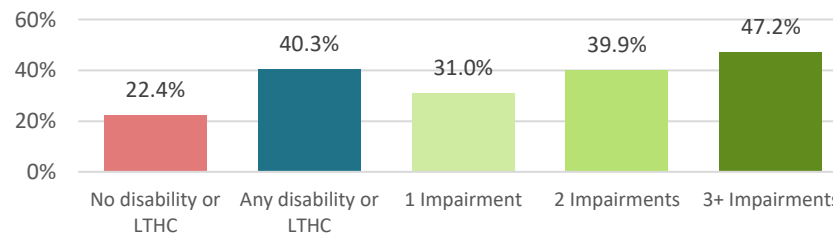
ONS data shows that individuals with a disability have been more likely to be very or somewhat worried about the effect coronavirus on their life (78%, Feb 2021).



Disabled people and adults with long-term health conditions: % Inactive



% Inactive: mid-Sept to mid-Nov 2020



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Activity at home became more popular than leisure, fitness, and sport centre settings

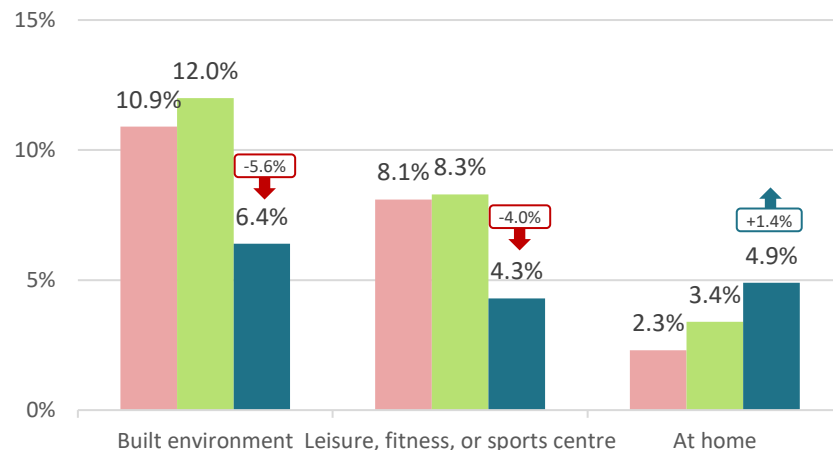
During the pandemic, there have been significant shifts in the settings where disabled people and adults with LTHCs are being physically active. Activity in built environments, and in leisure, fitness, or sports centres, almost halved for disabled people and adults with long-term health conditions, whilst activity at home increased. This mirrors the same pattern and scale of change observed across the rest of the population.

Restrictions as a result of the pandemic have been a key driver of the changes in settings where physical activity has been taking place. Activities in settings such as leisure facilities, for example, were unavailable during periods of restrictions, reducing the opportunity for people to continue physical activity routines in these settings.

As restrictions ease, people with LTHCs may take longer to return to certain settings as they continue to make judgements on what is safe. As such, they may need more support and encouragement on the measures being taken by providers to create safe environments. It also highlights the important role in-home activity played, and can continue to play, in providing opportunities for people to be active.

■ Nov 17 to Nov 18 ■ Nov 18 to Nov 19 ■ Nov 19 to Nov 20

Disabled people and adults with long-term health conditions: Settings for physical activity



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Muscle strengthening

Alongside recommending that adults do at least 150+ minutes of physical activity a week, the UK Chief Medical Officer's (CMO) guidelines also recommend adults undertake activities to develop or maintain strength in the major muscle groups. It is recommended that adults undertake muscle strengthening activities at least two days a week.

Maintaining and improving muscle strength is important throughout life, it enables people to live independently and can support with the management of long-term health conditions. In the shorter-term, the benefits of strengthening activities include being able to “do more” and “feel better” for example, helping to manage conditions, improving mood or self-esteem.

Research from the Chartered Society of Physiotherapy has highlighted that strengthening activity is far less prominent in people's minds compared to physical activity more generally and that there is limited awareness of the benefits of strengthening activities.

People with long-term health conditions have indicated that they have a desire to understand more about the benefits of strengthening activities in addition to becoming more active.

However, there are key barriers for people with LTHCs associated with performing strengthening activities. These include a perception that their condition may inhibit their ability to perform strengthening activities and / or their condition may deteriorate as a result. A lack of knowledge and misconceptions around what strengthening activities cover is a further barrier to people doing them.

During the pandemic, We Are Undefeatable has inspired people to be more active and has placed an emphasis on strengthening activities. We have also seen our audience take up ideas from the campaign, for example, the use of stretching bands.

“ I know strengthening your body has got to help you, hasn't it? But there's just this thing of some days I could do it and other days I couldn't. ”

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Muscle strengthening

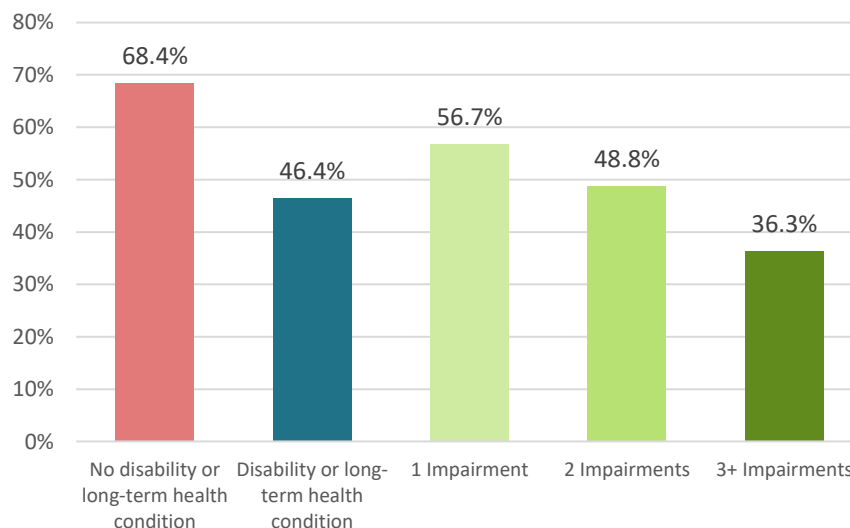
Data has been collected to measure the frequency of muscle strengthening activity per week in Sport England's Active Lives Adults Survey since November 2019. As such, the November 19/20 report presents the first annual set of data from this source*.

It shows that just under half (46%) of disabled people and adults with long-term health conditions are currently meeting the CMO guidelines for strengthening activity, significantly less than those without a disability or long-term health condition (68%).

When both CMO guidelines are considered together (strength and activity levels), disabled people and adults with long-term health conditions are much less likely to meet both guidelines with just over a third doing so (39% of people compared to 59% of people without a disability or health condition).

People with three or more impairments are more than twice as likely to meet neither guideline (58%) than people without a disability or health condition (25%).

2+ sessions of muscle strengthening exercise per week





Muscle strengthening

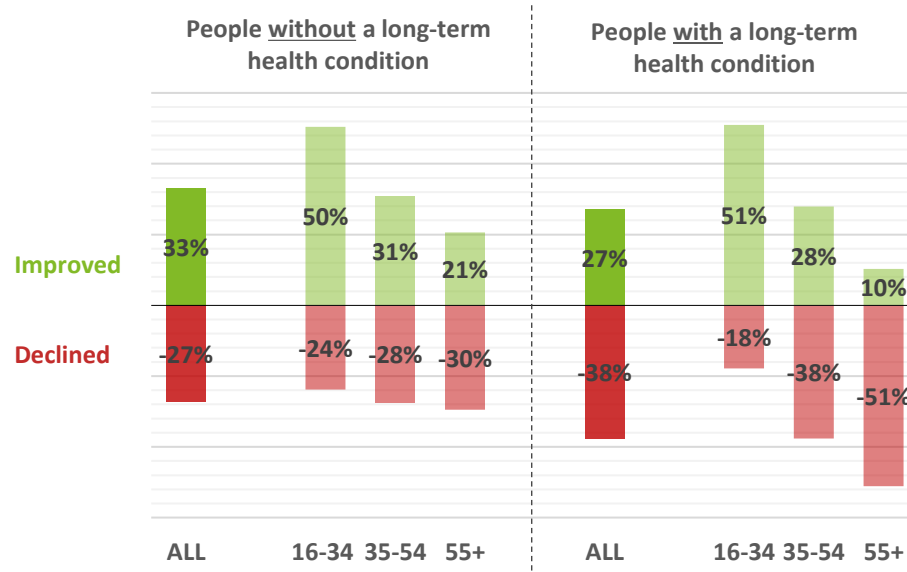
Nearly 4 in 10 people with a LTHC report that their general strength has declined since the Covid-19 outbreak (38%).

People with a LTHC are around 40% more likely to have reported that their general strength has declined over this period compared to those without a health condition or disability.

People with a physical condition or illness are significantly more likely to have reported a decline in their general strength during the pandemic compared to those with a mental condition or illness.

When we consider health conditions alongside age, we can see that declines in reported general strength in the wider 35-54 and 55+ age groups are predominantly being driven by those with a health condition.

Reported change in general strength since the onset of pandemic: By age



Source: Physical Attitudes and Behaviours Survey, Savanta ComRes, Wave 16

Wave 16 survey carried out over 26.02.2021 – 01.03.2021 | 2,047 16+ adults | 578 adults with a LTHC or disability

Question: "Thinking about when you do everyday activities that work your muscles such as carrying shopping, climbing stairs or gardening, how, if at all, do you think your general strength has changed since the Covid-19 outbreak?"



Factors influencing behaviours

The COM-B model

Impact on health and wellbeing

The role of healthcare

Impact on attitudes

Vaccine brings optimism

Covid-19 and barriers

Assessing risk

Motivational challenges

Awareness of benefits





Understanding the influences on behaviour

The COM-B model (Michie et al, 2011) is a way to understand the drivers and context that influence how likely someone is to do something such as be physically active.

The model comprises of three interacting components: capability, opportunity and motivation. Both capability and opportunity can influence motivation.

For behaviour to occur there must be sufficient levels of each component.

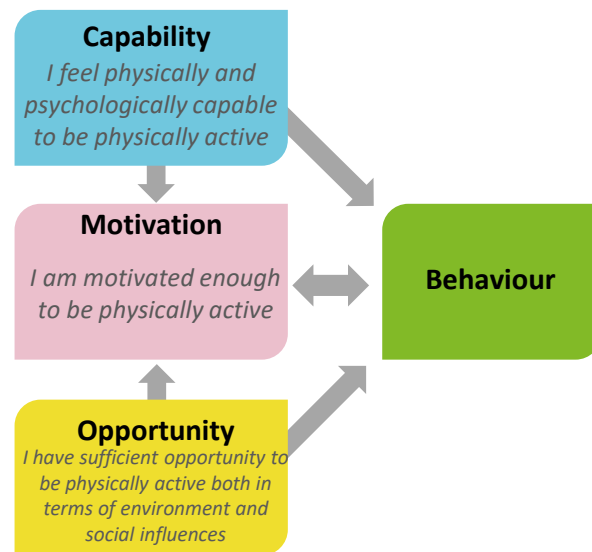
Where behaviour does not occur, for example, inactivity or low activity, the model can be used to 'diagnose' the missing elements / barriers.

COM-B questions are used to understand similarities and differences between

populations:

- Intrinsic motivation is measured by questions about enjoyment/satisfaction and importance
- Extrinsic motivation is measured by a question about guilt
- Capability is measured by a question about ability
- Opportunity is measured by a question about opportunity

People with disabilities and long-term health conditions have lower levels of agreement to COM-B statements compared to those without.





The impact of the pandemic on perceived opportunities to be active:

Over the course of the pandemic and various stages of lockdown, people with a disability or long-term health condition have been significantly less likely to feel as if they have the opportunity to be physically active compared to those without a health condition.

During periods where restrictions have been reinforced or national lockdowns have been introduced – preventing participation in some activities and settings - fewer people both with and without LTHCs felt as if they had the opportunity to be active.

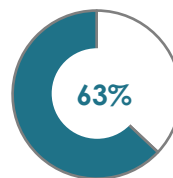
The percentage of people with LTHCs feeling like they had the opportunity to be physically active followed a fairly flat trend between October 2020 and May 2021, but it remains significantly lower than this time last year.

More recently, feelings that there are opportunities to be active for people with a LTHC appear to be increasing at a slower rate compared to those without a condition. This could support the hypothesis that people with LTHCs may take longer to return to some activities and settings due to ongoing anxiety or worry.

“I feel like I have the opportunity to be physically active” % agree [net]

People with a long-term health condition

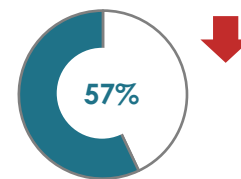
May 2020:
after easing of restrictions
following first lockdown



78%

Amongst people without a LTHC

May 2021:
after easing of restrictions
following most recent lockdown



75%

Amongst people without a LTHC



The impact of the pandemic on capabilities to be active:

Feelings of capability are where some of the biggest disparities in attitudes towards physical activity exist between people with a health condition and those without.

Around 5 in 10 people with a LTHC currently feel like they have the ability to be physically active, a figure that rises to 8 in 10 for people without a health condition.

Whilst the easing of restrictions in May 2020 saw an increase in feelings of capability that took it back to near 'pre-Covid-19' levels for people with LTHCs, a similar increase has not yet transpired as restrictions eased again in May 2021.

This means, compared to a year ago, a significantly lower proportion of people with a LTHC now feel like they have the ability to be active.

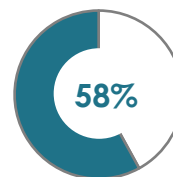
This could be due to a number of reasons including:

- Overall fitness levels declining as a result of the pandemic meaning it will take time for this group to gradually build up their fitness / ability to be active.
- A period of wetter, colder weather during May 2021 compared to May 2020 which may have impacted people's motivation to be active.

"I feel like I have the ability to be physically active" % agree [net]

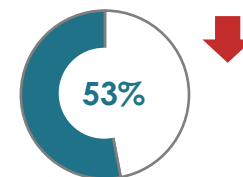
People with a long-term health condition

May 2020:
after easing of restrictions
following first lockdown



80%
Amongst people without a LTHC

May 2021:
after easing of restrictions
following most recent lockdown



79%
Amongst people without a LTHC



The impact of the pandemic on motivation towards physical activity:

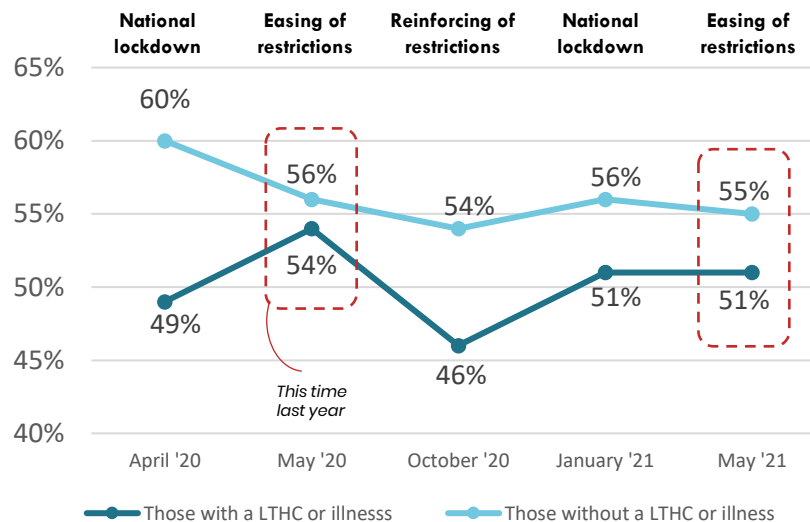
“I feel guilty when I don’t exercise” is an example of an introjected motivation where feelings are internalised. When viewed through the lens of physical activity, higher levels of ‘feelings of guilt’ can sometimes be associated with a motivation to be active.

The level of enjoyment and importance placed on physical activity are also key drivers of a person’s motivation to be active and these have remained consistently lower for people with LTHCs compared to those without across the pandemic.

The difference in agreement levels for ‘feeling guilty’ between people with LTHCs and those without has reduced in line with those points in time where restrictions have eased.

We know that as restrictions ease many people with disabilities and LTHCs are feeling a tension between wanting to be active and their ongoing worry and anxiety linked to Covid-19, and this could be fuelling feelings of guilt for this group.

“I feel guilty when I don’t exercise”
% agree [net]



Source: Physical Attitudes and Behaviours Survey, Savanta ComRes, Waves 1-18

Wave 8 survey carried out over 22.05.2020 – 25.05.2020 | 2,047 16+ adults | 616 adults with a LTHC or disability

Wave 18 survey carried out over 21.05.2021 – 24.05.2021 | 2,016 16+ adults | 696 adults with a LTHC or disability



Covid-19 remains a barrier to being physically active in multiple ways

When it comes to being physically active, in April 2021 Covid-19 remained a barrier for around a third of people with LTHCs, in line with the similar levels observed in July-August 2020 and October-November 2020. For many people with a long-term health condition, this will compound existing issues to do with their condition and motivation.

Many people remain fearful of catching Covid-19, but additionally changes to their condition and ability during the past year have led to additional barriers to physical activity. Working situations and opportunities to be active are also not back to 'normal'.

These intrinsic barriers will still be important factors in how able and motivated people are to being active, even as the external conditions for activity begin to improve, e.g. moving into summer months.

Fear of getting Covid-19

- Some remain fearful of leaving their home or attending an activity venue
- Some still shielding or isolating

Changes to fitness levels, confidence and condition

- Deterioration of condition – some still struggling to access medical support
- Changes to mental state
- Weight gain
- Reduced confidence in ability

External environment

- Altered routine - not going to work = less walking
- Bad weather causes difficulty exercising outside
- Continued reduced opportunities and resources in local area



Circumstances are impacting motivation

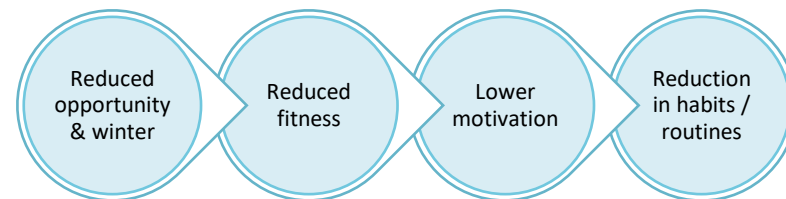
Fewer opportunities to be active, coupled with more time spent indoors during the winter months has led to many people feeling as if their fitness levels have reduced, and as such, this has impacted motivation to maintain physical activity habits and routines.

Restrictions and social disconnection have heightened this experience. At its most severe, high anxiety creates a vicious cycle; leaving people unable to break out and find motivation.

Those with high anxiety about the situation / high anxiety generally are battling to motivate themselves. It is easy to hide away, not leave the house in order to reduce risk, which negatively impacts their anxiety and furthers the need to be active / productive.

We Are Undefeatable provides many people with the opportunity to escape / connect with others in times of need.

Negative cycle



I sometimes enter a bit of a shell. I know the benefits of getting out there, being social, getting moving, but I feel exposed doing so. I need other people sometimes to get motivated to do the activity but I can't take those steps to do it alone.



Male, 29, LT depression / anxiety



Re-sparking motivation will be a key challenge

While many people with health conditions who are inactive express an openness and desire to be more active, some are really struggling to get started.

They may point to barriers that remain present, or engage in a self-deprecating narrative – for example referring to themselves as ‘lazy’ or even presenting a view that they’ve failed at being active.

It is clear that the process to overcome lack of motivation is tough and people may need support to make the first step.

“ ***I have become less active due to being stuck indoors more during the pandemic, and finding it difficult to have the motivation to be active indoors. I have also not wanted to exercise much outdoors as this has been the only option during the winter months, aside from attempting indoor exercising.*** ”

“ ***During the past year I started leading a more sedentary lifestyle which became habitual. I'm sure the psychological effects of the lockdowns affected me, although I can't blame it all on that.*** ”



Impact on health and wellbeing

The majority of people with a long-term health condition say that the pandemic has impacted their mental and/or physical health.

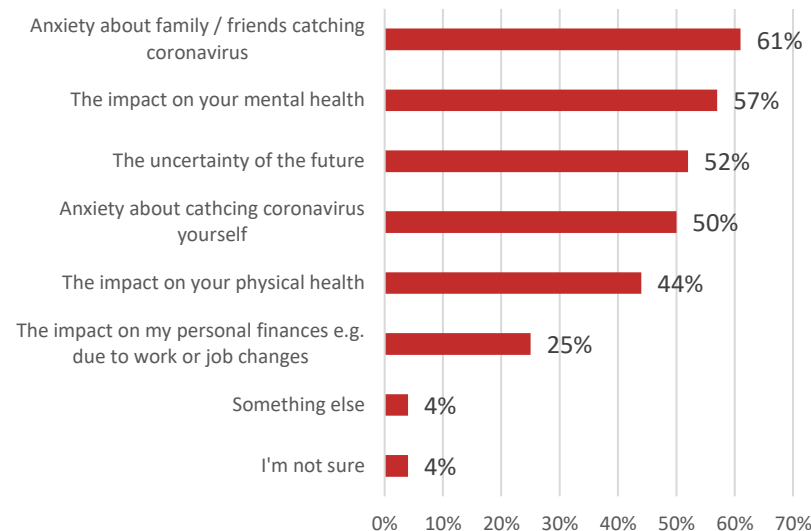
For those who already live with anxiety, the pandemic has increased this – often there is a sense of feeling unsafe outside their secure environment.

Being unable to plan for the future and lack of control over their circumstances compounds any anxiety which was already experienced, taking its toll on mood and motivation.

Some people are experiencing worry and anxiety for the first time (or to their knowledge):

- It can be slower for people to realise they are suffering and therefore it worsens
- Some lack tools and knowledge to manage worry / anxiety
- Others do not know who to turn to for advice or support

Which of the following, if any, have concerned you as a result of the pandemic, lockdown?





Mental wellbeing

Mental wellbeing is complex and hard for people with long-term health conditions and disabilities to maintain at present.

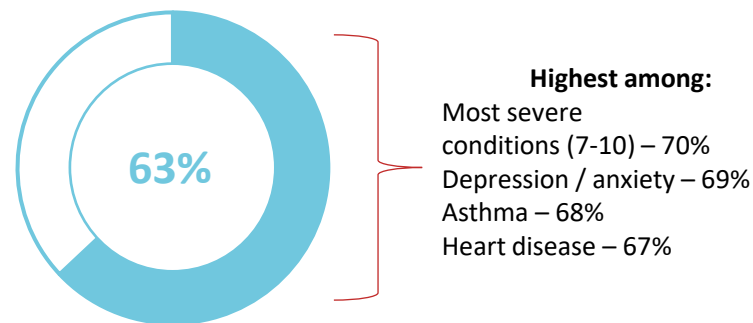
People need support

Whilst in many instances family are providing support they can lack condition specific empathy to fully support them. Some people feel quite alone in terms of managing their conditions and accessing or knowing who to call upon for help.

Social disconnection

Those with the most severe conditions already have a small circle of support and this is continuing to be reduced, alongside the loss of everyday interactions. Isolation has been further exacerbated by the various states of restrictions. In some cases, even when out of lockdown, for some, conditions mean they are forced to limit social contact / continue to shield.

% of people with a long-term condition who are worried about the impact the pandemic is having on their life right now





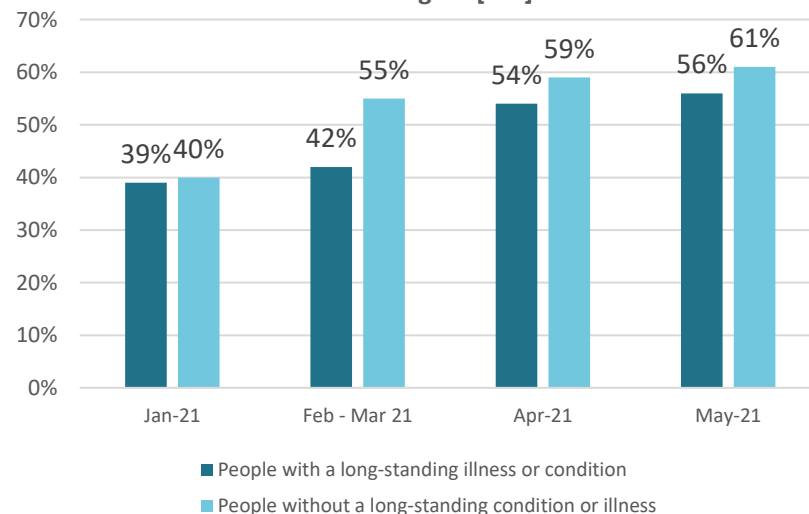
Despite the difficulties of the past year, the vaccine brings some optimism

Whilst worry and anxiety linked to Covid-19 has taken a toll on mood and motivation, the vaccine roll-out is helping to reduce levels of worry. 76% of people with health conditions had received at least one dose in April 2021.

There are emerging signs that with time, the rollout of the vaccine is starting to reduce levels of worry linked to sport and physical activity for people with and without long-term health conditions.

In May, over half (56%) of people with a long-term health condition agreed that they 'feel less worried about doing sport and physical activity now the vaccine for Covid-19 is being rolled out', which represents a 30% (or 17 percentage point) increase since January 2021.

I feel less worried about doing sport and physical activity now the vaccine for Covid-19 is being rolled out:
% agree [net]



Source: DJS Quantitative Tracking, April 2021

Source: Physical Attitudes and Behaviours Survey, Savanta ComRes, Waves 15 – 18.
Wave 18 survey carried out over 21.05.2021 – 24.05.2021 | 2,016 16+ adults | 696 adults with a disability or LTHC

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Relying on own judgment to assess risk

While eager to return to normality, many people with health conditions are wary about doing too much too soon as they feel they are in a more fragile position than the wider population.

Their heightened sense of vulnerability creates tension and hesitancy not experienced to the same extent within society as a whole. Many people with health conditions have told us that they are relying on their own judgement to assess levels of risk associated with the people they meet and places they go.

Compared to other groups of people it may take longer for people with health conditions to return to indoor activities in settings such as gyms and leisure centres. Outdoor settings and activities such as walking are likely to continue to play a key role in supporting physical activity behaviours for this group as restrictions ease.

“ I feel quite overwhelmed, with the constant changes happening with the current climate. Want things to go back to the normal I know! ”

“ My son is working from home so I know he is not coming into contact with people, but I've stopped my grandchildren coming round. I just can't do it, they don't understand. ”



Awareness of the need to improve or maintain physical health

Some people with long-term conditions and disabilities recognise that anxiety is impacting their physical activity behaviours and are trying to be more active.

Many are very aware of the need to be active to improve or maintain their physical health and are taking steps to stay and keep active.

A barrier to being more active is not lack of understanding of importance – this is understood by many people.

However, we are seeing varying levels of activity, and even on an individual basis it can fluctuate from day-to-day as physical, emotional and environmental barriers affect behaviour.

Levels of activity can be influenced by:

- Condition type (e.g. if shielding / level of mobility)
- Levels of anxiety
- Mood
- Space available / restrictions imposed as a result of the virus

For those people who feel guilty about their level of motivation, We Are Undeatable plays an important role in helping to tackle emotional barriers which have been exacerbated by the pandemic; letting people know that they are not alone in feeling this way, that it is normal / OK and to empower and support people to make small, positive changes.

“ I found a spin class with a local lady, felt really safe, she pushed me hard but also understood I might need to stop and that was okay. The improvement I saw in my condition was HUGE. But then when lockdown came back, I didn't know what to do and my motivation took a dip.

Female, 46, Asthma





Awareness of the need to improve or maintain physical health

We have seen two dominant need states around getting active; people either view activity as an opportunity to improve or maintain their current condition.

IMPROVEMENT

Renewed focus / energy being placed on their personal wellbeing. We see improvement generally (although not exclusively) applying to more variable condition types (mental health and respiratory as examples)

Being physically active is seen as a way to improve conditions / reduce symptoms.

People are seeking ways to enhance their physical state. For some, lockdown / restrictions have provided more time to dedicate to themselves.

MAINTENANCE

This group are seeking to maintain their physical state and avoid decline with a view to increase longevity - the avoidance of further negatives is itself a positive in some cases.

For this group small wins make a big difference, they tend to have less self-imposed pressure to achieve what they may perceive to be an unattainable standard.

Across both groups motivation levels can fluctuate on a daily basis which poses barriers in both cases



Healthcare professionals and settings are ever more critical influences on physical activity

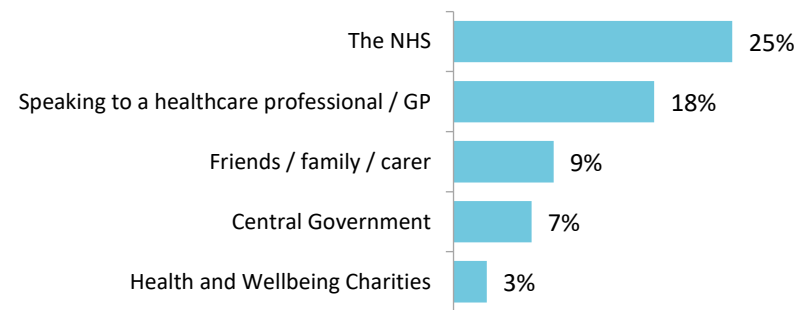
Healthcare professionals and the NHS can play a critical role in initiating conversations about physical activity with people with health conditions. Not only do they represent a trusted voice of authority (in addition to charity partners), but they can also provide one-to-one reassurance regarding safety. This is particularly important following a period of inactivity or as a result of condition deterioration - common impacts of the pandemic.

Research has identified that people with health conditions naturally turn to the NHS and healthcare professionals for advice on physical activity, above all other sources. This is even more important for those who are digitally excluded, whose support networks are narrower.

Additionally, people with health conditions believe that healthcare settings such as waiting rooms in GPs/hospitals/clinics and pharmacies are obvious places to find physical activity messaging.

Top 5 sources for trusted info and guidance on how to be active:

% of people ranking each option 1st



“ My hospital is one of the leading neurological hospitals in the country, and it caters for 7 conditions, like Parkinson's, epilepsy, strokes and brain tumours. When I go into my hospital there are screens everywhere. ”

Male, Multiple Sclerosis



Spotlight on digital exclusion



An estimated 1 in 5 of people with health conditions are **digitally excluded**

Given the significant size of this subgroup within the target audience, in Spring 2021 a dedicated piece of research was conducted to explore their physical activity influences and support needs. The following areas of learning emerged, which are expanded on in subsequent pages:

A narrow set of physical activity influences

Lack of face-to-face medical and social support during lockdown

A need to emphasise accessible activity

We Are Undefeatable messaging style fits well

Sources: DJS qualitative research among digitally excluded inactive people with health conditions, March-April 2021

The full report is accessible via the WAU Supporters Hub:

https://weareundefeatable.co.uk/data/website-media2/downloads/We-Are-Undefeatable_Digital-Exclusion-May_2021.pdf

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Summary of learnings on digital exclusion

A narrow set of physical activity influences

Compared to online audiences who may be part of support groups on social media or look up information online, this audience is reliant on face-to-face contact, particularly GPs.

There is low awareness of other help available, including from charities. This is particularly the case amongst older respondents who have 'learnt to live with' their condition and would not actively seek information about it. Thus physical activity messaging needs to meet them where they are via healthcare professionals, friends/family, TV and tabloids.

“ Some people have said that the Diabetes foundation gives free sugar testing kits, but I wouldn't know how to contact them. *Female, 87, diabetes* ”

Lack of face-to-face medical and social support during lockdown

The pandemic created a support gap which most did not address through other means such as phone/online support, thus they simply received less support. This affected motivation, with some health issues going unchecked and fewer touchpoints to reference physical activity

“ I was offered 6 sessions of therapy but was only able to complete 2 due to the pandemic. *Female, 41, depression and anxiety* ”

“ My son lives locally but I don't want to be a bother. I don't want him to worry about me. *Female, 85, arthritis* ”

Sources: DJS qualitative research among digitally excluded inactive people with health conditions, March-April 2021

The full report is accessible via the WAU Supporters Hub:

https://weareundefeatable.co.uk/data/website-media2/downloads/We-Are-Undefeatable_Digital-Exclusion-May_2021.pdf

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Summary of learnings on digital exclusion

A need to emphasise accessible activity

Barriers to physical activity are driven more by condition and age than by digital exclusion per se - however, given the older age profile of digitally excluded people it is relevant to emphasise more accessible forms of activity.

“ *I can't even boil the kettle due to the arthritis in my hands.*
Female, 69, osteoarthritis ”

“ *Sometimes I wake up in the morning and my legs hurt, it feels as though I've been for a run or something.*
Male, 65, Type 2 diabetes ”

We Are Undefeatable messaging style fits well

The inclusive and gentle but empowering tone of the campaign is welcomed by this audience.

“ *I don't want to see anything too drastic, no threats! Keep it gentle.* ”
Male, 61, type 2 diabetes, depression, osteoporosis

“ *It must feel genuine, be real life.* ”
Female, 51, anxiety, osteoarthritis

Sources: DJS qualitative research among digitally excluded inactive people with health conditions, March-April 2021

The full report is accessible via the WAU Supporters Hub:

https://weareundefeatable.co.uk/data/website-media2/downloads/We-Are-Undefeatable_Digital-Exclusion-May_2021.pdf

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We Are Undeatable

Background

Campaign resonance

Physical activity messaging

2021 areas of focus

Campaign actions





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 Undefeatable” 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 Undefeatable 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 now includes:

Age UK, Asthma UK, Alzheimer’s Society, Breast Cancer Now, British Heart Foundation, 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, and Versus Arthritis.

“We Are Undefeatable” is a movement supporting people with a range of long-term health conditions to build physical activity into their lives

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People with LTHCs are more open to physical activity messages again

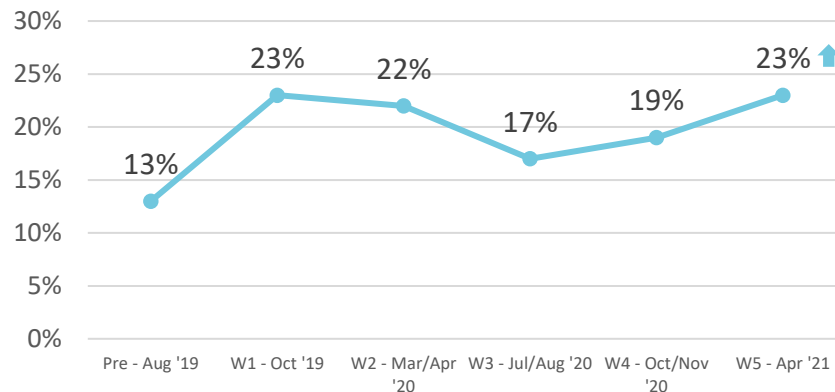
The proportion of people with long-term health conditions who were spontaneously aware of physical activity messaging rose significantly in April 2021.

This indicates that physical activity messages are becoming more salient again compared to other times during the pandemic.

There has also been a significant increase in the proportion of people with LTHCs who recall having heard of We Are Undefeatable compared to the end of 2020.

Overall recognition of the WAU campaign across channels has remained stable over time, but there has been a significant increase in social media awareness that is likely to have supported higher campaign recall recently.

Recently seen or heard anything about physical activity in relation to people with long-term conditions



Source: DJS Quantitative Tracking, April 2021 Q024 Have you recently seen or heard anything about physical activity in relation to people with long-term health issues? Base: all online participants (n=1,340)

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Actions taken due to the campaign increased in April, following dips in 2020

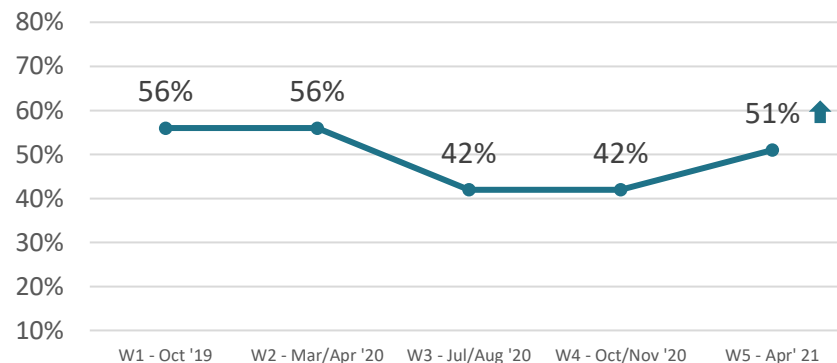
The proportion of people with long-term health conditions who took an action as a result of seeing the We Are Undefeatable campaign increased significantly in April 2021.

This increase in action was predominantly driven by 18–34 year-olds who were also more likely to have recalled the latest burst of WAU activity.

In terms of messages and support around being active, people with LTHCs still need:

- Strong calls to action backed up by signposting to HOW to be active e.g., simple, tangible tools to start activity
- Motivational boosts that go beyond pure inspiration
- Peer support

% who saw the WAU campaign and took any action as a result



Source: DJS Quantitative Tracking, April 2021 Q032 As a result of seeing the campaign, have you done any of the following? Base: all online participants aware of the campaign (before prompting with TV advert) (n=355)

Source: RDSi online community, October 2020

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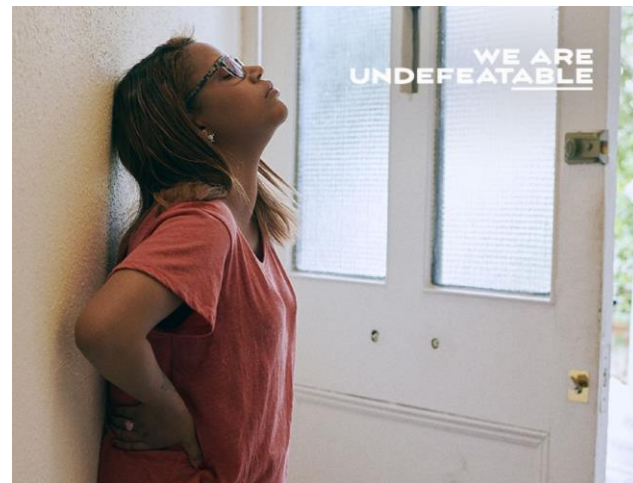
The campaign is still inspiring

“ ***It gives me inspiration and hope***, it is because I saw this advert that I dance around my kitchen and trying to move around as much as possible, ***and stop feeling sorry for myself*** which I do sometimes. ”

“ ***It made me think "I can do that"*** made me feel good about myself and not see myself as old and disabled. ”

“ ***I love it shows everyone moving in their own way***. It's not a fitness video with muscly gym goes. It show normal people with different moving abilities moving in their own way. ”

“ ***Makes me feel positive***, to know that there is someone like me with my medical condition that is not letting them stop being active. ”



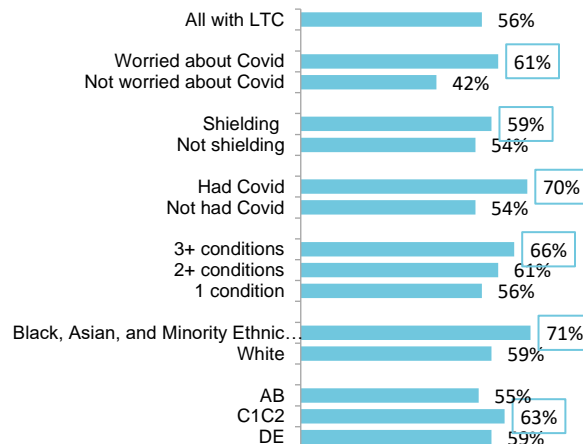


Response to We Are Undefeatable has been more positive among those most impacted by Covid-19

Representation of diverse conditions, age, contexts and ethnicities has been a key driver of the campaign's relatability and impact to date. Reflecting this, several engagement metrics are stronger among those from lower social grades, people from culturally diverse backgrounds, and people with multiple conditions.

From 2020 onwards, the campaign's focus on accessible, at-home activity in light of the pandemic has supported its ongoing relevance. The result is the continued engagement of audiences hit hard by Covid-19. On the chart opposite, we see that relatability is strong among those who are worried about the impact of the pandemic on their lives, those having to shield, as well as those who have had the virus themselves.

"I can relate to the people in the ads"
% agree among sub-groups of people with LTHCs



"[The campaign communicates] how important it is to find ways of keeping mentally and physically fit, particularly at the present time. Whatever your illness there is always something that you can do to help yourself improve."

"[It] covers so many different disabilities/abilities therefore there will be something that everyone can relate to and be motivated/ inspired by."

Sources: DJS Quantitative Tracking, 2020 and April 2021 (n=1,340 people with health conditions)

Note: Boxes highlight strongest results within each subgroup category Covid and shielding metrics from April 21; other comparisons from tracking in 2020

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Key areas of focus for the WAU campaign in 2021

Mental health and resilience:
Building motivation in the
current context

**Supporting and prompting people to be
active in the current context:**
Providing tools & key messages

**Charity partner and
supporter amplification**

Healthcare setting amplification:
Primary & secondary



Case Studies

We Are Undefeatable and local activity

Targeted Activation Areas

Top tips for local success

Key learnings

Case study: West Somerset

Case study: Kirklees





WAU's Targeted Activation Areas

To support a place-based approach to the activation of the We Are Undefeatable campaign, Sport England has now invested over £900,000 across 10 local authority areas. These areas were identified as having either:

- A high *number* of their local adult population living with a long-term condition; or
- A high *proportion* of their local adult population living with a long-term condition

In addition to this, areas were also selected on the basis that physical activity and supporting people with long-term conditions was a local strategic priority.

The aim of these investments is to support local systems to help change the behaviour of inactive adults living with long-term health conditions and to generate comprehensive, shareable learning across a range of approaches.

BLACKPOOL
BOLSOVER
COUNTY DURHAM
KIRKLEES
LEEDS
LIVERPOOL
MANSFIELD
SHEFFIELD
WEST SOMERSET
WIRRAL



Key learnings that have emerged from across the Targeted Activations Areas on working with local systems to change behaviour:

Understanding your audience

Dedicate time to fully understand the **needs and barriers** of your audience

Use **all sources of insight** to help you understand your audience

Work with partners that your target audience **respects and trusts**

Understand the **local context** to help build your audience understanding

Build trust with your audience

Campaign messaging

Explain the **benefits of physical activity** through campaign messaging

Use your local context to **contextualise** the campaign

Work with **respected partners** to help get your campaign messaging out there

Engaging your audience

Encourage and motivate your audiences to take part in **activities that are right for them**

Support partners and the workforce to feel **confident in supporting** your audience

Understanding the system

Understand how and where your audience **interacts with the local system**

Map out the local system to help you think about the partners you need to work with to be successful

Build a shared goal with your partners to galvanise change



Area: West Somerset

Lead organisation: Somerset Activity & Sports Partnership

“We know that 1 in 4 people in Somerset are living with a long-term health condition... and we are dedicated to increasing their health and happiness through physical activity and sport”



Current context:

- 1 in 4 people in Somerset are living with a LTHC
- High percentage of older adults in West Somerset and largely a rural landscape
- Negative impact of Covid-19 on people's levels of physical activity and conditioning
- Lots of great digital content emerging during first lockdown to support physical activity
- Wanted to adapt service delivery to support people with long-term conditions to slowly build some form of physical activity back into their lives

Recent local work:

- Developed a hard copy resource to support older people in area who may experience digital exclusion
- Distributed 1,700 Active at Home packs to people with LTHCS across Somerset
- Packs contained a resistance band, exercise booklet and WAU campaign material
- The learning and relationships developed from this work helped facilitate a much larger project
- Larger project included mailing out hard copy physical activity information and inviting people to take part in a large-scale survey

Local insight:

- Conducted a detailed piece of local research at the end of the first lockdown in July 2020 in partnership with the Somerset CCG
- Mailed out a survey to 27,500 people on the Somerset shielding list and received around 2,800 responses from people with a LTHC
- Designed to examine and understand the effects of the pandemic on those that were shielding, their ability and motivations to be physically active, and what could be done to better support their needs.



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Area: West Somerset

Lead organisation: Somerset Activity & Sports Partnership

“One of our challenges is providing healthcare professionals with the confidence that it’s safe to encourage, empower and motivate patients with long-term health conditions to be more physically active”



Key local learnings:

- Improved health remains a key motivation for people with LTHCs to be physically active
- Higher than expected digital access highlighted the importance of digital in the future delivery and accessibility of sport and physical opportunities
- Re-iterated many of the known barriers facing people with LTHCs in building physical activity into their lives (e.g. access and opportunities)
- Ongoing challenge to provide healthcare professionals with confidence that it’s safe to encourage, empower, and motivate patients with LTHCs to be more physically active.
- There is a permissions gap and further work is needed to support the healthcare sector with positive messaging around physical activity.

Recent success:

- The We Are Undefeatable national campaign has helped provide a focus for SASP to promote their work at a local level
- Pandemic has accelerated ability to influence the system and partners through their work
- SASP have continued bringing the WAU campaign to life in Somerset to support people being active:
 - Developed training resources aimed at encouraging physical activity promotion during routine contact with individuals with LTHCs
 - Promoting the campaign via radio, social media, and inspirational local ambassadors
 - Developing specific initiatives for people with LTHCs – including ‘Love to Pedal’ and ‘Walk Your Way’ – shaped directly by local insight and receiving positive feedback



WE ARE UNDEFEATABLE



Area: Kirklees

Lead organisation: Kirklees Council



“We are keen to understand the barriers for people with long term conditions – across two demographically different groups – to being more physically active, and then co-design measures to help tackle them” Martin Gonzalez – Kirklees Council

Current context:

- Diabetes is a major health issue within some areas in Kirklees
- There are also areas where there are underlying health issues, including poor mental health, and people are often reluctant to seek professional support
- WAU was an opportunity to get a better understanding of the barriers to physical activity using a community-embedded approach
- A partnership was established with Yorkshire Sport Foundation and the University of Huddersfield, and a researcher was appointed to lead the enquiry process within the community

Recent local work:

- In-depth conversations with local people to build understanding of the root causes of inactivity
- Other stakeholders have been involved to identify resources and opportunities to support local interventions
- Direction of the project is being entirely led by local insight
- Final goal is the co-design and evaluation of initiatives and service innovations



Benefits of this approach:

- 1 Promote understanding between practitioners and community members of barriers and enablers to physical activity
- 2 Community members have an opportunity to shape responses/interventions and therefore have a greater sense of ownership
- 3 Interventions are ‘implementable’ because the local context of people’s lives is central to discussions
- 4 Skills, knowledge, and social capital are developed at local level

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Area: Kirklees

Lead organisation: Kirklees Council



“Despite the number of people we have engaged with being relatively small, we are very proud of the way that we have built trust with them, which in turn has enabled us to generate some really rich insight” Hira Younas – University of Huddersfield

Key local learnings:

- People from **local South Asian communities** have highlighted a range of cultural factors that can influence their thinking and actions around physical activity:
 - A belief and acceptance, culturally, that long-term health conditions are pre-ordained
 - Lifestyle factors which can put additional constraints on people’s time e.g. looking after multigenerational households and an emphasis on the role of care-givers (traditionally women)
 - The importance of meeting socially – which can present opportunities for incorporating physical activity if different settings can be linked
 - There are differences in the types of media and channels people in South Asian communities access. These communities are highly auditory so written messaging may be a less effective route to reach them
- Further work is planned to contrast and compare this with other audiences to find out what similarities and/or differences exist.

Recent success:

- Building trust with these communities through engagement, which in turn enabled the generation of some really rich insight through a process of joint exploration
- Having the discipline to be led by the process and the insight, rather than pre-judging or pre-determining what might be needed to reach and support people to be physically active
- The rich learning and insight generated will help develop a strong narrative that charts the complexity, challenges, and benefits of taking the time and effort to really engage with more focused audience groups
- The knowledge and evidence captured will help provide long-lasting results and insight that will be useful to the local system now and in the years to come





Top tips or advice for achieving local success

Area: West Somerset



It sounds simple but get to know your audience! We established a WAU Somerset closed Facebook group following our shielded population physical activity survey to allow us to continue to communicate with our audience and promote initiatives live Love to Pedal and Walk Your Way.

Building relationships with the right partners has really helped improve our ability to influence the system and build excitement about the initiatives we've developed within Somerset. This includes our relationship with Somerset's Clinical Commissioning Group (CCG), with the CEO now one of our Somerset WAU Ambassadors



Area: Kirklees



Really understanding the circumstances of individuals takes time, patience, and requires building trust. 'Place' as a concept means different things to different people, and our thinking on that has shifted significantly over the co-production process. There is a vulnerability and humility in guiding a process where you are not making decisions yourself but are being led by what emerges.

It is also very gratifying to hear that the members of the communities we have engaged with to date have really valued and appreciated being included in our thinking and conversations – whereas in the past they have felt a bit forgotten.



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Recommendations

Recommendations

Building an audience-centred approach

Providing support in the current context

Tailored, tangible, accessible solutions



Guidance

Guide to local research

Links



Recommendations

1

Building an audience-centred approach

- Covid-19 presents us all with an opportunity to reset, reinvent and think about how we tackle inequalities by putting person/audience-centred approaches at the heart of how we fund, shape, deliver and evaluate physical activity.
- 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-changing context.
- We encourage you to help spread the learning in this report with professionals signposting to physical activity and physical activity providers, commissioners and decision makers. We also encourage you to generate your own insight and have 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 (accessible via the Supporters Hub at <https://weareundefeatable.co.uk/supporters-hub/categories/supporter-hub-getting-started-guide>)



Recommendations

2

Providing support in the current context

- Many people with long-term health conditions may continue to be worried and anxious about Covid-19. It may take some time for people with LTHCs to return to pre-Covid-19 routines and habits and in particular indoor settings.
- As restrictions ease and facilities welcome back customers, reassure people with health conditions that they are welcome to return when they are ready and actively communicate and enact Covid-19 safety measures to build consumer confidence in different settings.
- Not everyone has the digital skills or opportunities to access online materials or is able to adapt to changes in service delivery. Continuing to consider, develop, and provide both digital and non-digital options for people with health conditions to be active helps promote choice and support more people to access physical activity in ways that are suitable for them.
- For access to, and 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/getting-started>



Recommendations

3

**Tailored,
tangible,
accessible
solutions**

- Many people with long-term health conditions are experiencing a regression in how active they are and are also struggling with motivation in the wake of Covid-19. They need tailored support and gentle encouragement to get started and build their confidence and ability.
- Moving can be made to feel more achievable by encouraging people to build activity into their routine at home in small and simple ways, by having adaptations and progressions for activities that allow for goal setting, and by making it easy to find and navigate your physical activity opportunities and content.
- While it may take time for people to resume group activities in person, continuing to provide face to face and digital activity communities is a vital peer support and social element which helps to motivate and encourage habitual physical activity.
- 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://www.youtube.com/channel/UCIEmdVc80h7Gft4oIlkwGhw/featured>



Understanding 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 the 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 resource you have available.

Useful links

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 -
Guide to research

Sport England -
Evaluation framework



