

Britainthinks

— Insight & Strategy —

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Understanding inactivity in Greater Manchester

Summary of qualitative and quantitative research with
residents of Greater Manchester conducted for GM Moving

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Introduction

GM Moving's goal is for 75% of the population of Greater Manchester to be active by 2025, up from 60.6% of adults and 40% of children¹. In order to achieve this, it is developing a behaviour change campaign to encourage inactive residents to increase their activity levels.

While aiming to target the inactive population overall, the campaign is particularly aimed at three specific groups who are less likely to be active: workless individuals, people with a long-term health condition (LTHC), and young people.

BritainThinks was commissioned to deliver an extensive programme of research with residents of Greater Manchester in order to inform the design of the behaviour change campaign. In particular, the research sought to explore attitudes to physical activity, barriers to increasing activity levels, and awareness of, and responses to, existing campaigns and messaging on the issue.

This report is a summary of the findings from the research and our recommended guidelines for a campaign aimed at increasing activity levels among residents in the Greater Manchester region.

Key findings

1. Among inactive residents of Greater Manchester, there is low awareness of existing campaigns to increase physical activity and of the recommended activity levels.
2. Despite this, most inactive residents assume that they are not doing enough activity and say they want to do more – though this is not always a 'front of mind' desire.
3. There is clear recognition of the benefits of activity, though short-term benefits can be more motivating than the reduction of longer-term health risks.
4. There are numerous barriers to activity which vary significantly between inactive residents, who often feel that their circumstances are unique.
5. Many of these barriers are exacerbated because 'activity' is often associated with relatively strenuous exercise which can seem both daunting and unenjoyable to the most inactive residents.
6. Despite attitudes to activity being reasonably consistent between inactive residents, there are some important differences between the three target audiences (LTHC, workless, young people).

¹ Active Lives Survey 2017/18 (figures exclude those who are classed as 'fairly active')

Research approach

Methodology

Our research approach comprised several complementary research elements, combining primary and secondary research, as well as qualitative and quantitative methods:

Method		Purpose	Fieldwork
Evidence review	<ul style="list-style-type: none"> 47 sources reviewed Previous research reports, Active Lives survey data and existing campaign materials 	Identifying existing knowledge about behaviour change on issue of activity and learnings from previous campaigns	14 th December 2018 – 25 th January 2019
Stakeholder interviews	<ul style="list-style-type: none"> 10 in-depth interviews 45 minutes, telephone Expert stakeholders from sport/activity sector 	Understanding existing insights about target audiences and seeking advice for campaign	7 th – 25 th January 2019
Depth interviews	<ul style="list-style-type: none"> 37 qualitative interviews with inactive residents of GM 60 minutes, face-to-face 	Exploring experiences of activity, awareness of guidelines, motivations and barriers to activity	15 th – 19 th January 2019
Mini focus groups	<ul style="list-style-type: none"> 8 qualitative ‘mini’ focus groups Each with 3-6 inactive residents of GM 90 minutes, face-to-face 	Gaining feedback on existing campaign materials and messaging on topic of activity	14 th – 20 th February 2019
Quantitative survey	<ul style="list-style-type: none"> Representative survey of 508 residents of GM 5 minutes, online 	Quantifying findings from qualitative research and establishing ‘indirect’ baseline measures to evaluate campaign	6 th – 15 th March 2019

Audiences

Across the primary research programme, we heard from 580 residents of Greater Manchester (excluding the 10 expert stakeholders). Of these, all 73 who took part in qualitative fieldwork were inactive, while 120 who took part in the quantitative survey were inactive. Further demographic information on the research participants is shown on the next page.

Category	Subgroup	Qualitative fieldwork participants	Quantitative survey respondents
Gender	Man	37	247
	Woman	36	259
Age	5-10 ²	8	-
	11-15	10	-
	16-24	6	80
	25-34	9	95
	35-44	11	80
	45-54	7	85
	55+	14	165
Ethnicity	White	47	457
	BAME	26	45
Socio-economic group	ABC1	30	253
	C2DE	43	254
Borough	Bolton	6	34
	Bury	12	39
	Manchester	20	129
	Oldham	5	35
	Rochdale	5	26
	Salford	7	54
	Stockport	6	58
	Tameside	4	42
	Trafford	4	52
	Wigan	4	38
Total		73	507

² Rather than interview residents aged 5-15 directly, we interviewed their parents in the qualitative research. Parents were also included in the quantitative survey; here their own age is captured.

To reflect the importance of the three target audiences identified for the GM Moving campaign, the research had a particular emphasis on workless residents, residents with a long-term health condition and young people living in the region. We made these the focus of the qualitative research, though we also included a control group. The quantitative survey was necessarily representative of all adult residents in Greater Manchester but included residents that belonged to each of the target audience subgroups.

Target audience	Definition	Qualitative fieldwork participants	Quantitative survey respondents ³
Workless	Adult residents of Greater Manchester either short-term or long-term unemployed	18	44
LTHC	Adult residents aged 40-60 who are disabled or have a long-term health condition	20	47
Young people	Young residents of Greater Manchester aged 16-18 and parents of young residents aged 5-15	22	97
Control	Adult residents of Greater Manchester in work and without long-term health condition	13	215

While the research found some important differences between (and within) the above audiences, they had enough in common in terms of their attitudes and perceived barriers to physical activity to enable us to form one consistent picture. This summary report presents the overarching findings across these audiences and the inactive population of Greater Manchester more generally. A short overview of the key differences between the three audiences is provided in the appendix to this report.

³ Whereas all qualitative participants were inactive (or recently fairly active), the number of survey respondents belonging to each of the target audiences who are also inactive is too small to be statistically reliable. As such, when reporting on quantitative findings, we have referred the total number of respondents in each subgroup (i.e. including those who are more active) – and otherwise reported on inactive residents as a whole.

Summary of findings

Attitudes to activity

In the qualitative research, 'physical activity' was often interpreted narrowly and was usually associated with activities such as team sports, running, cycling or gym work. As a result, it was assumed to require dedicated time, expertise, fitness and expense – and seemed daunting for many inactive residents. Everyday, more achievable forms of movement – such as walking, taking the stairs rather than the lift, housework/gardening – were often overlooked and not assumed to count as physical activity.

"I do a fair bit of loading and unloading on the lorries. But that's just work... I wouldn't count that as activity." (Male, 35-54, Control)

Two-thirds (65%) of all Greater Manchester residents agreed that they know how much physical activity they should be doing each week, though this dropped to around half (52%) of inactive residents. The qualitative fieldwork suggested that few inactive residents could remember specific activity campaigns, guidelines or advice, though most were able to make a reasonable estimate and very few assumed that the official guideline was for less than 150 minutes of activity per week.

"I assume it's around 30 minutes a day. Enough activity so that you get out of breath and sweat a bit." (Male, 35-54, Control)

Few inactive residents (19%) thought that they did enough activity for someone of their age. Many felt a sense of guilt about their current activity levels and some – particularly those with long-term health conditions – felt frustration at not being able to do more. On reflection, most (61%) inactive residents said that they wanted to do more physical activity – but this wasn't always a 'live' or front-of-mind desire.

"I do just think sometimes I've gotten so lazy. I just sit around doing nothing all day. It's awful isn't it?" (Female, 19-34, Workless)

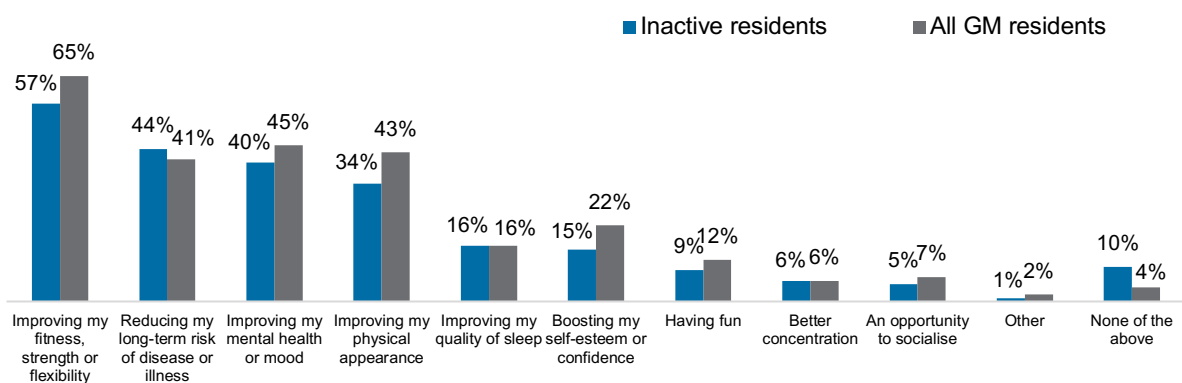
Most inactive adults are able to remember a time when they were more active, before 'life got in the way'. Transitions in life that led to drops in activity levels included moving into higher/further education, having children, diagnosis of long-term health condition, and change in financial situation. More active times were looked back on fondly, with vivid positive associations of the beneficial impact of physical activity.

"I used to chat to loads of people at the gym. It gives you confidence too because you feel more comfortable with yourself." (Female, 16-18, Young Person)

Indeed, there was widespread recognition of the benefits of physical activity across all research participants: only 10% of inactive residents (and 4% of the total adult population of

Greater Manchester) did not regard any benefits of activity as important. The benefits that were most widely regarded as important among inactive residents were: improving fitness, strength or flexibility (with 57% of inactive residents selecting it as one of the three most important reasons for doing physical activity); reducing long-term risk of disease or illness (44%); improving mental health or mood (40%); and improving physical appearance (34%).

Figure 1: Showing % of Greater Manchester residents who selected each option as one of the top 3 most important reasons for doing physical activity



The qualitative fieldwork suggested that, while the longer-term health benefits of activity were regarded as important in the abstract, they were not necessarily the most motivating for inactive residents – especially when framed negatively as reducing the risk of disease or illness. These benefits were often well-known (and therefore generated little interest for most), while some residents thought that they could ‘offset’ unhealthy activity levels by otherwise living a healthy lifestyle (for example by not smoking or by eating well). More immediate and less obvious benefits – such as mental health, better sleep or improved physical appearance – were often more motivating.

“I suppose that it helps with not putting on weight. That’s starting to become a concern for me.” (Workless, female, 55+)

Barriers to activity

Despite a general desire to do more activity, almost all inactive residents identified at least one barrier which prevented them from doing more and most residents identified several. These included capability barriers, opportunity barriers and motivation barriers. Across the research, it was clear that there was no single barrier that is shared by the majority of inactive residents. Instead, residents often experienced complex and unique combinations of barriers which felt specific to their own lives. Perceptions that ‘activity’ means high-intensity, structured sport or exercise often exacerbates these barriers.

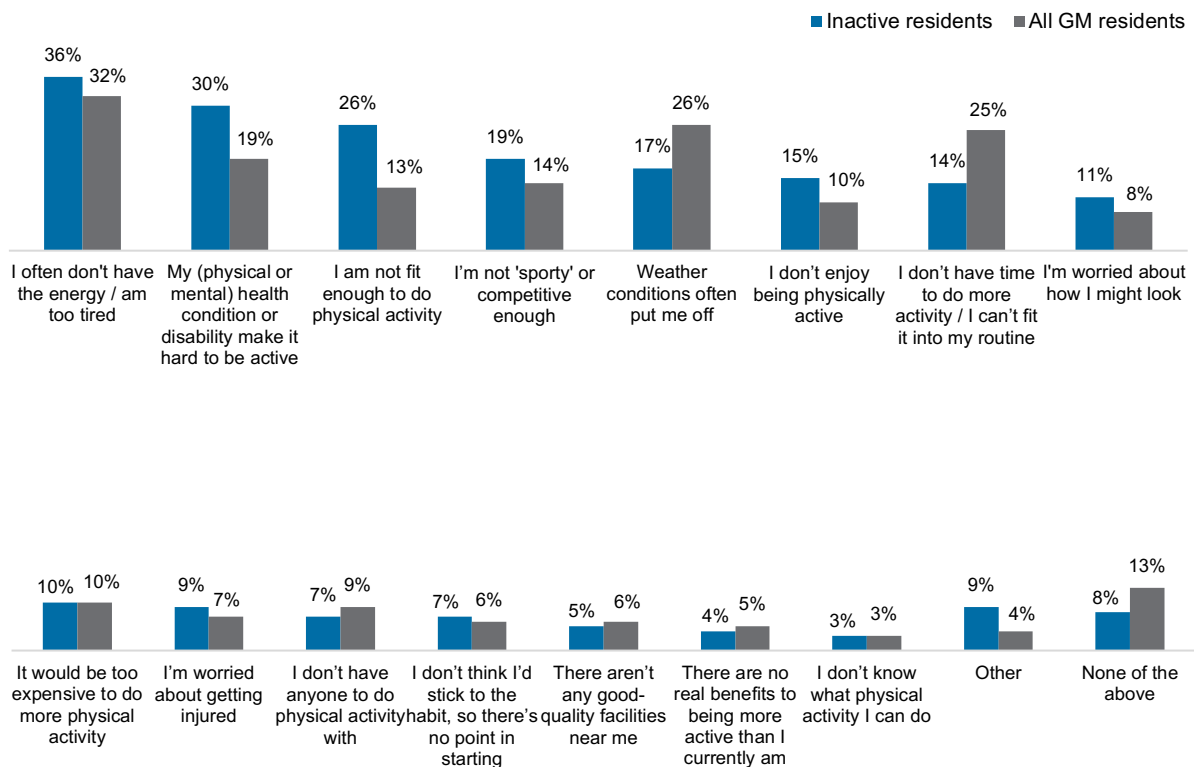
“I’d love to go swimming and my doctor has recommended that I go to an aqua aerobics session. It’s the best activity I could do but I really struggle to get in and out of the pool and feel unsteady even just walking to the edge of the pool as there are no handrails.” (LTHC, female, 55+)

“Because of how much I work and how busy I am during the week, Saturday night is pretty much the only time I have that’s really ‘me time’. I usually just want to go for a drink with friends.” (Control, female, 35-54)

“There is a park opposite my house – I could go running there all the time. But it’s just not nice in winter, it’s cold and I don’t have the proper kit.” (Workless, female, 19-34)

Despite the wide range of barriers identified in the research, some were more commonly-cited. The five most frequently-stated barriers were: not having the energy or being too tired (with 36% of inactive residents selecting it as one of the top three reasons preventing them from doing more activity); a physical or mental health condition making it hard to be active (30%); not feeling fit enough to do physical activity (26%); not being ‘sporty’ or competitive enough (19%); and weather conditions being off-putting (17%).

Showing % of Greater Manchester residents who selected each option as one of the top 3 reasons most likely to prevent them from doing more physical activity



Responses to existing physical activity campaigns

In the course of the qualitative fieldwork with inactive residents, we sought feedback on a number of existing campaign materials related to physical activity from the UK and abroad (including This Girl Can, Find Your 30 and Move Your Way).

Across a wide range of terms associated with 'activity', the terms which were felt to be clearest and most engaging were 'physical activity' and 'moving'. These two terms had different meanings to residents however, with 'moving' describing a broader class of activities (including light intensity) and 'physical activity' associated more narrowly with moderate-intensity activities. Other terms, such as 'sport', 'workout' and 'exercise', were all associated with intense activity and thus off-putting to the least active.

When exploring ways to describe moderate intensity levels in a way that is easily understood, 'moderate activity' emerged as the most effective descriptor. It was felt to be intuitive to understand, associated with raising heart rate and getting out of breath but without immediately prompting concerns about excessively intense activity. By contrast, descriptors which refer more explicitly and vividly to effects such as 'being out of breath', 'sweating' or 'raising heart rate' were disliked by many inactive residents.

"I get out of breath when I have a panic attack so I don't want to be told to get out of breath." (LTHC, 35+)

The idea of having a physical activity 'target' to aim for was popular. It was seen to be motivating and helpful to clarify official guidance. On balance, residents preferred a time-based target, rather than another measure such as number of steps per day or distance travelled. A numeric target was also preferred to qualitative descriptors, such as 'do more than you do now'.

"I think minutes would be easiest. You can't count steps when you're cycling or going to the gym." (Workless, male, 29-34)

Targets that are broken down to small chunks felt easier to understand and less daunting than one weekly activity target, with most residents preferring a daily target to aim for. Despite this, some residents wanted a degree of flexibility built into any activity targets set. This was particularly the case among those with long-term health conditions, for whom a flexible target felt more realistic if the impact of their condition varied day-to-day.

"150 minutes a week? Why don't they break it down to 30 minutes per day?" (Control, male, 35-54)

Reviewing the creative executions of existing campaigns, participants were most enthusiastic about those that displayed a fun, upbeat tone, showed relatable, 'everyday' people, and included a diverse range of activities (especially less conventional sport or exercise).

"[Reviewing This Girl Can creative materials:] They're just real people. They look like me. That woman puffing along– I mean, that's got to be real. You can see all the sweat and everything." (Parent of children aged 11-15, female)

Guidelines

Drawing on all five of the research elements, we developed twelve guidelines to inform the design of the GM Moving campaign. These relate to both the campaign messaging and the broader campaign approach.

- 1. Decide between ‘physical activity’ and ‘moving’ to describe the desired behaviour.** ‘Physical activity’ and ‘moving’ are the clearest, most engaging terms to use but have different interpretations. ‘Moving’ feels more accessible and inclusive to those who are least active but may be interpreted as requiring only light intensity activity. ‘Physical activity’ is interpreted as moderate or higher intensity activity but can feel daunting and off-putting to the least active groups.
- 2. Include a simple, numeric, bitesize target for residents to aim for.** Few residents knew conclusively how much activity they ought to be doing. Having a target provides this information, clarifies the campaign ‘ask’ and can motivate inactive residents to increase their activity levels. Ideally this would be a ‘soft’ target allowing for some flexibility to avoid any feelings of failure, particularly for those with long-term health conditions.
- 3. Remind residents of the short-term benefits of activity to motivate them.** Improved physical fitness/strength/flexibility, mental health and physical appearance are among the most motivating short-term benefits – but these are not always front-of-mind. The campaign could remind of these and ‘activate’ positive memories of more active times. Longer-term health benefits (especially when framed negatively as reducing risk) feel so obvious to many that they are rarely strongly motivating.
- 4. Don’t dwell on the barriers to inactivity (but don’t dismiss them either).** Dwelling on barriers risks normalising or excusing inactivity, as well as being negative and demotivating – but ignoring or dismissing people’s barriers altogether is likely to result in messages that feel irrelevant to their circumstances. An acknowledgement of the barrier, with a solution to help overcome it, appears more fruitful.
- 5. Show residents diverse, attainable ways of being active beyond ‘exercise’ or ‘sport’.** Most inactive residents want to be more active but can struggle to think of ways of doing so that they feel capable of. Providing examples of ideas to be active can help, particularly activities that: can be easily fitted into day-to-day routines; do not require expertise or high fitness levels; and have a social element.
- 6. Make the tone and creative execution of the campaign upbeat, positive and fun.** Previous activity campaigns were praised for: upbeat soundtracks for video creative; bright colour-schemes; positive framing of messages; images of people visibly enjoying themselves. Inactive residents were critical of negative, paternalistic messaging.

- 7. Ensure the campaign feels relatable to residents and their very different circumstances.** Residents often feel that their circumstances are unique and can be entrenched in their view that sport/exercise/activity isn't 'for them'. Creatives must show 'people like me' – and avoid depicting overly 'fit' or 'sporty' individuals which can be off-putting.
- 8. Use a broad range of channels – and not just those associated with sport or exercise.** There is no single 'stand-out' channel for communicating about activity as residents use a multitude of sources. Designing flexible communications which can be adapted to different channels (but retain a clear overarching message) will be important.
- 9. Tailor messages and channels in order to reach the three target audiences.** While there are sufficient commonalities between the three target audiences to suggest one overarching campaign concept, some tailoring will be necessary to ensure messages are relevant to each audience (see appendix).
- 10. Supplement the campaign messaging with local initiatives, activities and resources.** While messaging will be important, other initiatives that reinforce the campaign and add further motivation were popular with residents. This might include local events, challenges/rewards, apps, activity planners, social networks/competitions, and more.
- 11. Ensure provision of local infrastructure, services and stakeholder messaging is aligned with the campaign.** Any increase in demand for activity should be met on-the-ground by local opportunities and support. Local messaging (ranging from stakeholder communications to corporate advertising by gyms) needs to be as consistent as possible to avoid confusion or demotivation.
- 12. Be persistent with campaign initiatives and messaging.** Stakeholders were clear about the challenge of changing behaviour in a sustainable, durable way – requiring repeated exposure to messages over the long-term.

Appendix

Key differences by audience group

Despite there being considerable consistency between the campaign's three target audiences and across inactive residents, there were nonetheless some significant differences. These are summarised below.

Workless

- Memories of being more active were often particularly positive for this audience and associated with the time before they became unemployed.
- Benefits of physical activity relating to mental health and self-esteem resonated particularly strongly with this group.
- Mental health issues like anxiety or low self-esteem, the perceived expense of activity, and a lack of routine that makes forming new habits difficult are all especially prominent barriers.

LTHC

- The range of feasible 'activity' feels particularly narrow for some with long-term health conditions due to limited capability and/or poor medical advice.
- The CMO guidelines feel insufficiently flexible and thus unrealistic for some conditions.
- Improved fitness, improved mental health and opportunities to socialise are particularly motivating benefits for this audience.
- While medical conditions are often the most prominent barrier to being more active, the accessibility of local facilities is also highly important.

Children and young people

- There tends to be especially low awareness of the CMO guidelines for children, which seem unrealistically demanding for older (16+) and younger children (5-8).
- Short-term benefits of activity – improved sleep, improved mood, quality time with family, physical appearance – are especially motivating, while long-term health risks feel particularly remote and less relevant.
- The largest barriers for this audience are: physical activity having to compete directly with 'more fun' activities; peer influences; lack of time (both of young people & parents); and reliance on parents to access facilities.