

BRISTOL GIRLS CAN LIFE HISTORY SCOPING RESEARCH

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ACKNOWLEDGMENTS

Our participants include women who, as children, were loved, as well as those who felt rejected, women who loved their childhood as well as those who were bullied and abused. Our sample includes women who are living in the house they were born in, as well as those who have left their home, village, or country of birth. I have been welcomed into homes, been on long walks in the chilly November frost, and been introduced through Zoom and the telephone to a group of women who have been generous with their time and candid with their stories. Perhaps the act of taking part was one of the most telling aspects of the research in that I believe it provides evidence of one trait at least, that the women in the project share a desire to help, to protect others, and to inspire other women who face similar challenges. And for that, all the women I have spoken to have my deepest respect, admiration and thanks.

Kitrina Douglas
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1. EXECUTIVE SUMMARY

1. This project was commissioned by Bristol City Council and funded by Sport England. It aimed to understand the lives of mothers of children aged 5 (and under) who live in the highest percentage areas of deprivation in Bristol. In-depth understanding of the challenges these women face is necessary to inform effective planning, design and provision of physical activity (PA) support. [2.1]
2. Research questions explored: (i) the issues and challenges women face in their everyday lives; (ii) the place of PA in their lives; (iii) the forms of support that are helpful; (iv) and the effects of COVID-19 on their lives. [2.2]
3. A narrative life history methodology was used to allow women to raise and elaborate on issues that are relevant to them within their particular life contexts. This intensive approach offers in-depth understandings of each woman's experiences. [Appendix]
4. Participants were 8 women aged between 20 and 44 living in Bristol and from the lowest 10% socioeconomic subgroup according Deprivation Indices. Five were UK-born and three immigrated to the UK from Africa (Sudan and Eritrea). Four women identified as White British, three as Black African and one as White and Black British. [2.3]
5. Each participant took part in one or more interviews (in person, via Zoom or telephone) in addition to one or more feedback interviews (in person, via Zoom or telephone) to share, question and/or confirm emerging findings and interpretations. [Appendix]
6. A multi-stage analysis process was employed [Appendix]. This provides (i) an in-depth life story of each participant's experiences [see sections 3-10]; (ii) key insights derived from each life story [sections 3-10]; and (iii) key insights taken from across the 8 life stories [section 11]. Recommendations were deduced from the findings of all 3 stages. [section 12]
7. Table 1 (below) summarises the key insights derived from each life story.
8. The prevalence of a history of bullying, abuse (emotional, physical, verbal, sexual) and domestic violence were notably higher among the British-born women in this study than national averages. Mental health problems (anxiety, depression, post-traumatic stress), low self-confidence and poor body image were common across participants and were connected to prior adverse life experiences. [11.1]
9. All women appeared to be operating at or near maximum capacity. Their circumstances are highly challenging, and they live in a degree of jeopardy. All have become skilled at making things work – they *have* to be efficient and resourceful to

survive. These mothers are 'success stories' within the socioeconomic conditions they find themselves. [11.2]

10. Negative experiences of PA at school were not uncommon, but most women (6 of 8) also had some positive memories of PA in their youth. As adults, participants held positive attitudes towards PA, and they considered PA important for health, wellbeing and development. Most articulated a desire to be more physically active, but the conditions of their lives often constrained their opportunities. [11.2]
11. Relational motives often underpinned women's choices and decisions, and this applies to their PA. Their motivation for physical activity often stems from a desire to be with and/or to support the needs of the other person. Oftentimes this would be their child/children. [11.2]
12. Financial hardships have potent effects on the participants and their families. These limitations make leisure time PA unlikely, unreasonable or impossible when there is a cost involved. Free forms of PA (such as walking) were the most frequently described forms of activity. Most have or would take part in other forms of PA (e.g. gym) if free of charge. [11.2]
13. Levels and forms of support differed markedly across the sample and include: (i) partner and/or close family relative (e.g. mother); (ii) child-focussed groups such as Children's Centre or playgroups; (iii) women's support groups (e.g. domestic abuse, sport groups); (iv) friendship networks; (v) church or faith-based activity; (vi) support agencies (e.g. securing safe affordable housing, education/training). [11.2]
14. All participants experienced a deterioration in mental and/or physical health as a result of COVID-19. Lockdown resulted in reduced levels of PA among family members and removed most or all external sources of support and social connection. Home schooling was experienced as challenging. These changes had profoundly negative effects on the wellbeing of their families, creating for some a situation that was unsustainable. [11.2]
15. A range of person-specific issues affect physical activity behaviour. PA interventions should therefore be informed by *both* general understandings of the population *and* nuanced understandings of the diversity inherent within the population. This can be achieved by: (a) including nuanced understandings of the diversity within the population in design and planning; and (b) supporting practitioners to attend to and respond to the particular circumstances and needs of each woman with whom they work. [12]
16. Existing support (e.g. Children's Centre initiatives, financial support, food parcels) acts like glue making function possible, yet this support that has been interrupted by COVID-19 (e.g. physical activity groups, community groups, playgroups, schools) and should be reinstated as soon as possible. [12]

17. The majority of participants recounted mental health problems, poor body image and/or low self-confidence connected to experiences of bullying, abuse and/or domestic violence. PA interventions should recognise the likelihood of these difficulties and offer sensitive person-specific support such as: (a) intensive support during initial sessions; (b) careful scheduling of sessions; (c) focus on relational, discovery, co-operation and/or enjoyment, rather than competition and performance outcomes. [12]
18. Financial hardships have very real effects on the life possibilities of all the women in this research. To have a chance of success, PA interventions for these women need to be free of charge and available either as mother-child activity or with childcare provision. The former allows a feeling that it's a "win-win", rather than just a "me" win. [12]
19. Women's lives move through phases. Initiatives should recognise the likelihood that participation/engagement will change over time, offering repeated opportunities that women can respond to as and when the circumstances of their lives allow. This will help ensure women do not feel they have been forgotten and keep channels for health promotion communication open. [12]
20. Three women in this study immigrated to the UK from an African country. Their ethnicity and life experiences create some notably different needs to the British-born participants. These differences should be recognised and catered for in any new intervention. This could be through: (a) provision of women-only groups; (b) respecting cultural/faith-based needs; (c) provision of female coaches/instructors; (d) capitalising on the understanding and networks of other women of colour and/or immigrant women to tailor recruitment and provision. [12]
21. Children's Centre support should be supported to continue and develop their highly valued contribution which was considered essential ("a saving grace"). Participants' accounts of their experiences with Children's Centre provision and staff show how important a regular point of contact is to their wellbeing and ability to cope. [12]
22. The concept of *comorbidity* is useful when planning and designing interventions. The women in this study were not experiencing one challenge at a time. Instead, multiple challenges/stressors were often co-occurring in their everyday lives. [12]
23. Summary of physical activity recommendations:
 1. Offer cost-free opportunities as this population do not generally have sufficient disposable income to pay for own activity.
 2. Include relational elements as many women are motivated to engage in PA with and/or for another.
 3. Tailor person-specific provision to the individual's particular needs and context.
 4. Recognise the possibility of previous negative PA experiences and/or mental health difficulties. Provide sensitive physical and emotional support which

recognises how difficult new activity is for a woman with low self-confidence, poor body image and/or mental health problems.

5. Plan for mother-child activity or offer childcare provision.
6. Allow for changes in participation over time by offering and re-offering PA opportunities. Be prepared to capitalise on mother's interest in physical activity when *they* are ready, willing and able to participate.
7. Tailor opportunities for which respect cultural/faith needs.
8. Intervention design should be flexible and sensitive to allow for comorbidity (multiple challenges/stressors in women's lives).
9. Information provision remains important (e.g. websites, health visitor offering a leaflet).
10. Physical activity for wellbeing and health can usefully be based at a gym where there are no competing distractions and at a time of day before energy runs out.

Table 1: Key insights derived from each life story*

Participant	Challenges of everyday life	Physical activity	Successful Support	COVID-19
Ali	History of bullying & abuse Financial hardship Caring for child with Turner Syndrome (uncertainty, stress & worry) Meeting her own needs - puts family's needs before her own	Current PA: Inactive Negative experiences of sport & PE at school Positive towards PA now Gym – for weight management and time for self PA must be free & offer childcare	Support from husband essential Children's Centre essential Valued support from Surestart Support from psychologist around Turner Syndrome	Exacerbated existing problems Removed external sources of support Increased isolation Deterioration in mental health Home schooling challenging Challenges after Furlough
Brydie	History of bullying & abuse Consequences of hers and partner's mental health problems Financial hardship Childcare to allow college attendance	Current PA: Active travel through walking (1-2 hours a day) Negative experiences of sport & PE at school Positive towards gym activity Finances limit LTPA	Family provide practical, emotional &/or financial support Children's Centre highly valued Food parcels essential College friends provide social support	Removed social connections and support groups Increased social isolation Deterioration in mental health Reduced physical activity
Carrie	History of bullying & domestic violence Advocating for and meeting the needs of a child with autism Financial hardship Ongoing mental health problems	Current PA: Inactive Positive youth PA experiences Sees LTPA as unrealistic or impossible Positive about PA to manage weight but constrained by time, money, body image & confidence	Counselling has helped previously Medication sometimes helps Battle to secure support for child with autism Practical support from mother Social support from friends	Increased stress & pressure Home schooling challenging Reduced social support Deterioration in mental health Worse physical fitness
Damiano	Ongoing struggle to secure adequate housing Caring for 5 children Financial hardship Finding employment (engages in education & development)	Current PA: Inactive when not working, work based PA before Sees LTPA as essential for health Frustrated at imposed inactivity LTPA not seen as relevant Active employment is desired PA	Adequate, safe, affordable housing with garden essential Local school places for children Activity within family and/or social contexts has been important across her life	Greatly exacerbated the ill effects of inadequate housing Increased social isolation and mental health of her children
Eufasia	Learning English, to gain professional employment Financial hardship Unable to create a stable routine to support work, family & PA	Current PA: Inactive since COVID but walking before Positive youth PA experiences PA is relational (so baby gets out) Promotes PA for Muslim women (free, women only, female instructor, appropriate clothing)	From husband and mother during pregnancy Social networks essential to give and receive support Faith based support critical From child-centred activities in the community	Media created terror Disruption to family routine Increased stress, sleeplessness Reduced PA Worse physical health Home schooling problematic
Faven	Loss of employment (distress and financial limitations) Unable to work/receive benefits Being confined to the house Minimises her own needs to care for her children and husband	Current PA: Active travel through walking Positive youth PA experiences PA important for her wellbeing PA for relational reasons – with and for family/friends Finances preclude own LTPA (swim or gym)	From family and friends Faith and church an enduring support (social/communal experience) Free PA for social connectedness	Trapped her family, removed opportunities to be active Created stress, fear, guilt and social tensions Removed access to valued support networks and groups
Gemma	History of bullying & domestic violence (low self-confidence & body image) Single parent responsibilities Financial hardship Fear of violence from ex-partner	Current PA: Inactive since injury, but sport and walking before Positive youth PA experiences Would like to be more active Committed to her children's PA Barriers: Money, social support, childcare, confidence, body image, injury	LTPA that is free and supported Assistance with childcare Values women's support groups Values mother & child PA groups Voluntary community/leadership roles to support other women and children	Isolation and distress Removed social connections and support groups Dramatic reduction in PA levels Able to sustain children's wellbeing, but not her own
Holly	History of child abuse & domestic violence (mental ill-health and inspired her to help others) Body image and weight important Financial hardship Caring for 3 young children Husband's redundancy and breakdown intensified difficulties	Current PA: Inactive, but fluctuating levels of PA Positive youth PA experiences Committed to her children's PA PA is relational (so kids get out) Motivated to return to fitness Enjoys swimming, dance with friends (raves), gym	Community mother-child groups Essential support from Social Services & Surestart Education activities Support from her husband Support from the church	Exacerbated existing problems Increased stress and pressure Reduced PA Family managed lockdown, but only just

* For further details, please see individual life stories and summaries of key insights in sections 3-10.

2. INTRODUCTION

2.1 Rationale for the Study

It is poignant to begin by reiterating a message the Chief Medical Officer made in the Annual Report (DoH, 2009) that, “The benefits of physical activity surpass that of any other drug or medical treatment for health, wellbeing, longevity and protection from serious illness for people of all ages.” The current problem is not that central government, local authorities, practitioners, and policymakers, fail to understand the usefulness of PA as a health and social intervention (e.g., improving mental and physical health; reducing loneliness; increasing satisfaction with life; providing interest, motivation, confidence and friendships). Rather, the problem is that support for and investment in PA have historically been unevenly distributed across the population. As a result, certain populations are underserved, their PA needs and opportunities neglected. One such population is mothers of young children from lower socioeconomic groups who live in deprived areas.

Sport England’s (2020) *Active Lives* survey offers some informative statistics on PA participation rates that are relevant to this project. First, women are reported to be less physically active on average than men (61% vs. 65%). Second, those in lower socioeconomic groups are less likely to achieve recommended levels of PA (53% vs. 72%). Third, differences exist across ethnic backgrounds (for example, 64% of White British vs. 57% of Black achieve recommended levels of PA). On the basis of these figures, it is likely that women living in the most deprived areas of Bristol are less likely to achieve recommended levels of PA. Barriers such as childcare, time, support and cost have been identified as real challenges (Bristol City Council, 2019). We are therefore challenged to develop new interventions and/or strategies to support this population in increasing their PA levels.

A potential risk to research as well as intervention design/delivery is that this population is often considered ‘hard to reach.’ As a consequence, researchers, policy makers and practitioners risk excluding them from studies and/or initiatives. When this happens, we see ‘less hard to reach’ research participants recruited instead from outside the target population (e.g. mothers from more affluent areas/backgrounds) and we see interventions and initiatives taken up by those with less severe needs or who are already physically active. We are committed to avoiding repeating this mistake. If these mothers are excluded from research, they are silenced, and their voices are not heard. Consequently, any new initiative will likely fail to meet for their particular needs. It is therefore imperative that we find ways to learn about and understand their lives if we are to design and offer PA initiatives that use limited resources in a fair and wise way.

2.2 Purpose of the Study

This study was commissioned by Bristol City Council and funded by Sport England as part of a wider physical activity campaign. The study aimed to understand the lives of mothers of children aged 5 (and under) who live in the highest percentage areas of deprivation in

Bristol (from published LSO data) who have been identified as a group who engage in lower levels of PA than their counterparts.

The study explores four research questions:

1. What are the key challenges these mothers face in their everyday lives?
2. What is the place of physical activity in their lives?
3. What forms of support do they find useful, helpful or valuable?
4. What have been the effects of COVID-19 on their lives?

Across all these questions, we sought to understand how past experiences (social, cultural, psychological, political, economic) have shaped or affected each participant’s current life circumstances, choices, experiences and challenges. In what follows, we aim to communicate these understandings and offer recommendations regarding future service provision that is likely to be beneficial and supportive to mother’s in similar contexts.

2.3 Presentation of Findings

For a full account of Methods used, please see the Appendix.

Participants were 8 women aged between 20 and 44 living in Bristol and from the lowest 10% socioeconomic subgroup according Deprivation Indices. Five were UK-born and three immigrated to the UK from Africa (Sudan and Eritrea). Four women identified as White British, three as Black African and one as White and Black British. Table 2 below summarises the background of the 8 participants who took part in the research.

Table 2: Demographic information on participants

	Pseudonym	Age	Country of Birth	Number of children age 5 and under (total number of children)	Ethnicity ¹	Single /married/ cohabiting	Faith	Deprivation indices
1	Ali	40	England (Bristol)	1 (3)	White/Brit	Married	Christian	2.4%
2	Brydie	20	England (Bristol)	1 (1)	White/Brit	Co-habiting	n/a	9.4%
3	Carrie	34	England (Bristol)	1 (3)	W&B/Brit	Co-habiting	n/a	1.3%
4	Damiano	43	Sudan	1 (5)	African	Married	Muslim	1.1%
5	Eufrazia	35	Sudan	1 (2)	African	Married	Muslim	1.5%
6	Faven	41	Eritrea	1 (3)	Black African	Married	Orthodox Christian	1.1%
7	Gemma	39	England (Bristol)	1 (2)	White/Brit	Single	n/a	2.46%
8	Holly	44	England (Bristol)	3 (5)	White/Brit	Married	Christian	1.6%

¹ In line with harmonised ethnic group questions we asked participants to self-identify their ethnicity.¹

Each participant took part in one or more interviews (in person, via Zoom or telephone) in addition to one or more feedback interviews (in person, via Zoom or telephone) to share, question and/or confirm emerging findings and interpretations.

We used a narrative life history methodology to allow women to raise and elaborate on issues that are relevant to them within their particular life contexts. This intensive approach offers in-depth understandings of each woman's experiences. Arthur Frank (2004, p. 62) reminds us that "[s]tories do not merely narrate events" – they also focus our attention on issues participants believe are worth noticing and the lives of those who are worth reporting. That is, stories help us focus on and keep in public view the lives of people and communities that are less visible and whose lives may be less well known or understood. In Frank's (2004) terms, stories make it possible to show how events and circumstances, across the life course, impact an individual's health, life choices and expectations and ultimately their behaviour in ways that may otherwise been rendered absent.

We are often humbled and moved when participants share their lives with us. By maintaining the 'wholeness' of their story here, we communicate a little of what we experienced hearing participants speak of their lives. At the same time, reducing a three-hour interview into a 4 or 5 page life story requires a process of distillation. We have to leave so much out. We therefore recognise our editing of each individual life story has been shaped by the specific requirements of this project, by balancing how much time a reader is likely prepared to devote, and what details are essential to convey.

In what follows, we provide:

- (i) An in-depth life story of each participant's experiences [see sections 3-10]
- (ii) Key insights derived from each life story [sections 3-10]
- (iii) Key insights taken from across the 8 life stories [section 11]
- (iv) Recommendations deduced from the findings of all 3 stages [section 12].

Life stories presented:

3. Gemma: "If the kids are happy, I'm happy. That's how it works."
4. Damiano: "If we work hard, we can make our future."
5. Brydie: "I don't really ask for support, just do everything by myself."
6. Faven: "We don't get stressed with difficult times we have passed so many"
7. Carrie: "Everything that has gone on in that kid's life, I'm the only one that knows."
8. Eufrasia: "I just try my best."
9. Holly: "I'm gonna prove you wrong and I'm gonna do this."
10. Ali: "I'm last on the list."

3. Gemma: “If the kids are happy, I’m happy. That’s how it works.”

I’ve lived in this house all my life, took over the tenancy when mum died, luckily, coz I still had my 3 younger siblings living here. That was 15 years ago.

It’s definitely different round here now. There was a group of horrible kids lived up Sherwood, so we had to walk a certain way home. Couldn’t leave anything in the garden coz it’d get nicked. We got broken into twice, he walked straight past mum while she was sleeping on the sofa. But it’s definitely better now. Don’t know if that’s just coz I’ve got older.

Mum was a single parent from when I was 7. Really clear memory of mum and dad being together and dad beating her and us being locked upstairs. And you can hear her screaming downstairs. That’s the only memory I’ve got of them being together. She had 6 kids under 8 when my dad left her. He said he was going to work and never came back. As far as I remember she was on her own from that. Well, she was amazing, I guess. You just got to get on with it, same as me. My little brother was 6 months old. The oldest one was 7 or 8.

I was a tom boy as a kid, always out in the garden coz there was so many of us, making mud pies and baking. We didn’t very often go on the bus – there was so many of us, couldn’t afford it. As a kid I was always in joggers or shorts. I’d wear shorts now all year round if I can. Went to primary, just around the corner, mum would walk us there. She worked there, had another job as part time caretaker as well as doing Betterwear, the catalogue. I didn’t mind school. I loved PE. Maths. Hated English, still do. Loved anything outside really. Football club after school, I used to really enjoy that. School sport wasn’t that good really ‘coz we had to do girls sports. We weren’t allowed to do boys’ sports. I hated netball and all that. Just after I left, they let girls join boys’ sports.

My brother died when he was 18. I was 12, 13 at the time. I don’t know how I dealt with it. I think because mum was on her own, we all just become closer, to support her. Imagine the stressful life she had – 6 kids and then having to bury her own child. I couldn’t think of anything worse, looking at it now.

It was my brother that got us into scouting. Best days of my life were scouting. We done swimming galas, 5-a-side football tournaments, loads of camps. It was all subsidised coz it was in Knowle West, so Mum was able to afford it. We used to pay like £30 each a week, that’s all your food, everything. Now you’re talking £300, £400. Mum used to pay £100 for 5 of us. I learnt so much scouting, just basic life skills, how to iron, sew on a button, make a cup of tea, cook an egg.

I got my Queen’s scout award which is the highest award in scouting. You got an invite to go and meet the queen – obviously we didn’t go coz you had have all these criteria of what you wore and stuff like that. But it was a good achievement. It gave me a little bit confidence in myself. I wasn’t a very confident person coz of the bullying, always being put down I suppose. Scouting was a different bubble. Still not a confident person now, but I’m getting there slowly. When I finished scouts, I went on to be a leader. I wanted to give kids in the area the chances I had.

I hated secondary school. Haven't got many positive memories of secondary school. I used to be bullied all the time coz I was big and we didn't have a lot of money. You know what it's like, didn't have branded stuff. So, I used to spend 90% of the time on my own. I used to stay home if I could. So, I left school as soon as I could and did Betterwear with a friend. Then I worked at Cineworld when that first opened. When I was little I always wanted to work in a shop. I went on to be a retail manager, and supervisor, assistant manager.

I don't remember where, but I seen an advert somewhere for rugby, and thought *let's try rugby*. Just went along and loved it. Did that for about 8 years. I liked playing rugby, and drinking a lot, never drunk until I played rugby! I liked standing on people and getting away with it! A way of getting your anger out if that makes sense. I've never had a fight in my life so I wouldn't say I was angry. Rugby probably helped with that. Fighting doesn't interest me. I'd rather just walk away and be a bigger person. I probably learned that from my mum. She had to deal with a lot from my dad and other people round here coz they all knew she was a single parent. They'd try and take advantage. I didn't learn nothing from my dad, apart from how to walk away and how to hit people.

I met my ex out drinking one night. When we started dating, I found out he already had 6 kids. Should have seen the signs. He went to prison 2 months after I met him. ABH, GBH I think, on his ex. He said he was set up, and coz he never hit me, I believed him. Especially when you're in love. Coz that was my first proper boyfriend, I suppose you just believe, don't you? When he came out, he came and lived with me. We was together for 6 years before we had kids.

I was 31 when I had Emma. That was when mum died as well. I got made redundant, so I ended up caring for her. It was hard. Coz I had the 3 younger siblings here, I had to take over mum's role. None of us ever paid any bills, we just give her housekeeping, she done it all, never done any washing, nothing. So that was a big step. It was hard. I still grieve now coz I never had time to grieve. But like I said you just got to get on with it.

Before Emma, I had a miscarriage, which was horrible. I was devastated. He was quite supportive at this point. I wanted kids, so it was all planned. I worked up until 7 weeks before. But after I had Em, that's when it started going downhill. He didn't like it because the attention went from him to her, which is what happens when you have a kid. I was trying to breastfeed, she wouldn't breastfeed, she never slept, so he suggested putting her in my bed. I said, *'that's fine but then you don't sleep in the bed.'* He never slept in the bed again. Once Emma was 6 months old my sister would have her once a month so I could have a day off. Coz he never changed a nappy, that was my job. By this point he was not nice. He was gambling all the money. Sometimes I never had baby milk. Used to have to go and stay at my sister's coz she had baby milk and we couldn't afford to buy it.

Then I got pregnant again. When I was 8 months pregnant, I found out he was cheating on me so I kicked him out. Back then, he hadn't been violent towards me or the children. One time he had me against the wall. He didn't touch me but he was in my face and he's a big bloke. That was the only time I was ever scared of him.

My support worker suggested I go on the Freedom Programme. Back then I was, like, *'it's not domestic violence, it's just who he is.'* But once you do it you realise how bad it was, how many tricks he had. He was controlling – I had to give up all my rugby, all my football. I never went out. I wasn't allowed to wear joggers. I wasn't allowed to wear shorts. Maybe that's why I wear them so much now. It started with little things. I was going somewhere one day and he was like, *'Are you wearing that? You can't go out like that!'* I'm like, *'why?'* Then you realise he's telling you what to wear. That's how they work, they chip away, little bit by little bit, until I didn't have any confidence at all. You hear it all the time, *'you're ugly'* or whatever. He'd only ever come to bed for the sex. People say *'how do you get through it?'* Well, what choice have I got? I did say *'If it wasn't for the kids I wouldn't be here. I'd have killed myself a long time ago.'* Coz what have I got if I haven't got the kids?

In May he hit them with a belt. He used to have regular contact with them, they used to go sleep at his house but I've stopped that. I rang them and they were in the bathroom with all their stuff. I said *'What are you doing there?'* They said *'Daddy's hit us with a belt.'* Straight away I've gone from zero to 100% fuming. He admitted it, said they were being rude and chucking his teddy bears on the floor or something. I said *'You don't need to hit them with a belt, they're 5 and 7,'* not that that's got any difference. I went and got them. The police weren't interested, said its borderline whether it's against the law. My priority is keeping them safe, so he don't see them anymore. He's very angry, and I know he's capable of hurting people, so we were pretty much living in fear for a year. Nobody can help because he's not doing anything. I did wonder if what he did is because he can't hurt me anymore, coz I'm stronger.

I ended it because I didn't want the kids to have the same memories I had of my mum and dad together. It's breaking the cycle isn't it? I don't know where I got the strength, I think I'd just had enough. In dark times, you find the strength because they only have me and if I weren't around, they'd have nobody. Without them, I'm nothing, like I said. The kids are fine, I always make sure about that. They ask less and less about him. But even when we are talking about dad, I'm still positive because he's still their dad. And that's their memories.

My health? I don't have any really. It's hard with lockdown, coz we are normally out every single day, like last summer holidays. I had a bus pass, so even if I didn't have money, we were out every day. We went to Weston, Bath, anywhere, just to be out the house. Sometimes we'd go out at 8 in the morning and come back 7 o'clock at night. I'd find all the free stuff to do, take a packed lunch. Kids are happy, I'm happy, I do it for them, obviously not for me. So, when lockdown hit it was hard. I had to cope with it, didn't have a choice. I was fine when the kids were around. Then, when they would go to bed, I never slept, I'd just sit there crying, coz I couldn't see anybody, no interaction.

Since what happened in May I've had two nights off. Most nights I'm sleeping now but we are back in lockdown coz Kim has got to isolate. I was off work for lockdown, then off work for an op, all that time not being paid. Then went back for two days, played football and put my knee out, so then another 7 weeks off with no pay. All on top of COVID, him and everything else. Makes me wonder when I'm going to get a break!

Once my leg is better, I can go back to football, hopefully. At the moment I can't do anything. Before I got injured, when they're at school, I would do 15,000 steps a day with work. But now, I'm doing less than 1000 steps a day, coz I can't leave the house, and I can't leave her. People say, *'Why don't you go out?'* and I say *'She's five, how is that going to work? I can't leave her.'*

Doing a class in the day would be fine, if it worked around work, but the cost is the other issue. I used to do PT sessions before I hurt my knee, but I can't justify paying that, and obviously, it's the confidence to go, that's the other issue. If you said to me *'You could go to the gym and it's free, but you got to go on your own,'* I would be, *'No, sorry, I'd rather not go.'* If someone went with me twice then I'd be alright. It's the thought of going in there and not knowing anybody, not knowing where things are, or how to use it. Or if it was busy, I wouldn't stay because people might look at me.

I'm a lot better than I use to be, I never used to have any confidence, I wouldn't go anywhere. I would never wear T-shirts, vests, anything like that, coz my arms are too fat. I know it's silly isn't it, coz on the other hand, I've said to people *'if you don't like me don't look at me.'* But that's my head, my head's not saying that, that's my heart, my head should be saying what my heart says, but it don't. Your body and brain don't work like that, and when you are being put down for so many years, probably starts when you are at school, and anything mum would have said slowly gets taken away and you don't realise that it's all gone. It's weird, coz I'm quite a positive person. Like when I met you, you probably thought I'm a single mum but you wouldn't have realised anything else that I've gone through, because I don't show it. And when the kids are around, I don't show it to them because they don't need to keep hearing it. They obviously don't want to see me like that.

People say I'm doing well but I don't see that. I find it hard to take compliments. So even now, if someone says something positive, I say thank you, coz I used to automatically throw it back with a negative. But now, I trained myself to say thank you.

The children are always dancing, they love cycling, they love their bikes, they'd be outside all the time if they could. When I had Emma there was quite a few baby groups around. We did Rock-a-bye, which was a baby group, baby massage, soft play. I did everything I could coz I hated being in the house. Yeah, there was a lot more free stuff. I went to a few things with Kim, but by then they had stopped or you had to pay for it. We'd go out all the time if you could. Climbing trees, in the park, the climbing centre, they used to do soft play when they were little.

When I go to training, they came and sat on the side and for games my sister came and looked after them. Most of the time it worked. I would say to them, *'Mummy does everything for you, all I ask is that hour a week, when mummy does football.'* But I feel guilty. I'm like that all the time, even now while one is going to school and the other is at home with me. Because she feels she is missing out on stuff. So it is hard. But if they are happy, I'm happy. That's how it works.

Key Insights

1. What issues are faced in everyday life?

- Experiences of being bullied at school and abused by a previous partner continue to have adverse effects on her life (e.g. low self-confidence, poor body image)
- Gemma is a single parent who singlehandedly assumes all responsibility for caring for her 2 children. Sense of guilt when she is unable to care for them as she would wish.
- Financial hardship a limitation across life domains
- She lives in fear due to ongoing threat of physical harm to herself and her children from a previous partner. The authorities have not been able to allay this danger.

2. What can we learn regarding physical activity?

- History of positive experiences of (some) sport and outdoor activity. Maintained involvement in competitive team sport (rugby then football) and walking as an adult.
- Positive towards more physical activity (e.g. gym to manage weight) but limited by 1) financial constraints; 2) absence of childcare; 3) low self-confidence and body image; 4) lack of social support; 5) injury.
- Works hard to ensure her children are physically active, she considers this essential for their wellbeing. Most often, this activity is outdoors, free of charge and realised through family outings.

3. What support is helpful?

- Would engage in leisure time physical activity (gym) if the group was free and there was someone to go with her to initial sessions to make introductions and offer support (e.g. an ally, or buddy).
- Assistance with childcare to provide some time to attend to her own needs.
- Has used and highly values support groups for women (e.g. Freedom Programme)
- Has used and values mother and child activity groups (e.g. Rock-a-bye)
- History of assuming voluntary community/leadership roles to support other women and children. Would do more if work and childcare allowed.

4. What have been the effects of COVID-19?

- Lockdown stopped everything. She was able to sustain the children's wellbeing, but personal emotional collapse which she hid from her children (e.g. when they would go to bed).
- Dramatic reduction in hers and her children's physical activity levels.
- Lockdown severely reduced opportunities for social connection and support groups, increasing her isolation.

4. Damiano: “If we work hard, we can make our future.”

I was born and live most of my life in Sudan. My mother was a house woman, my father was working as a professor at university. We had relatives living with us, or visiting us a lot, hearing stories from my grandpa all the time, about how we came to Sudan, our roots. We came from Egypt, all together, settled in Sudan, taken nationality. I prefer Sudan. There is a big difference between Egyptian people and Sudanese people, who are very connected. We are very close, very, very. Growing up friends, as a brother, as a sister. Everybody taking care of anyone.

I'd walk to school with my aunt's son and sister together. Its far, very far away. No buses. As a child I like art, I like drawing, I like crochet. We'd do sport, but not a lot, just making move or jump up and down. We have cook class, one lesson each week. We bring our own ingredients, there is no government money to buy anything. After we finish cook, we sharing and eating together. It's not very tasty, but we had to eat!

When I get married, I moved to Netherlands. I lived there for about 12 years, and had three children there. I liked the Netherlands very much, it's an amazing country. Very clean, very soft, very comfortable. But the language is not good and there is no opportunity for us there. After Netherlands I went to live in Sudan again. I had two children there. But, ahhh, government cause people to suffer, there's no education, no healthcare, no future. It's not secure, no safety, the government is not controlling the price of things. I tried hard to do my best, but I can't take it anymore. When I am 40, I came here. I just run away to come to UK. This is best decision I made all my life. Yes. I'm really pleased to come here, amazing country.

When we arrived, we went to council, to introduce ourselves, but the council said we have to rent privately. We try. We didn't find any house, because I have five children. It was a really bad time. It made me hate myself. All my kids say: 'Why we are here? This country doesn't want us, we need to go Netherlands, please!' I told them we need to suffer because there's a future. If we work hard, we can make our future. Then they stopped complaining.

We find rental flat, very small, two-bedroom, over shop, no backyard, no garden. We live at this flat for one year and one day some racist men broken our door in the middle of the night and tried to kill my husband. At this moment one of my friend tell me about Shelter. I went to Shelter and they fight for me, they support me a lot, they take me to the council. But for one year and we did not hear anything. They forget us. I don't know what happened. They didn't care about family or overcrowding. I don't know what's wrong, but there is a problem here.

We were in a hostel for two years. It is very safe. A lot of camera. No dangerous people. All of them is quiet and have their own problems. We have our bathroom and we have our kitchen. We didn't mix a lot. No one touch our stuff. We make relationships good because all of them is in same situation as us. We try to make things nice time because if not, we are suffering. If I have free time, I clean. I cleaned all the hostel. My kids play there, I can't let them play in dirty place. I did that for two reasons, my kids play there and I have free time so I did it as a volunteer. I told manager, if I need a reference, would that be OK? But

Exercise? Gym? There is no time for gym! If I have a job, that is a real gym. I jog and I run, this is enough, I think. I love to clean. I really enjoyed when I was cleaning, best time for me.

My day starts at six, I prepare breakfast, make tea with milk. Then I wake the kids, prepare for school. The head of the hostel bring me many courses – any opportunity, she'd tell me about. And because we worked at different times, my husband could look after the kids. I did about 11 courses – dementia level 1 and 2, health and social care, first aid, I made security supervisor and IT, food hygiene. Oh, and interpretive community level 1 and 2. All my life I dreamed about interpreting, I like English very much. I completed many courses because in the future it will help me find a job and I can develop myself, develop my family, and make my children proud of me. If my children see me study very hard to take this certificate, they will do the same. 'Oh mama! You are studying! OK we will do like you.'

After I see my tutor, I would walk around the area, going to do the shopping. We have very nice area here. I meet my neighbours sometimes. I introduced myself because I am new here. People here are very nice, and very respectful. If they are racist, they don't speak. Most of the people here are foreign people but even British people are very nice. I think it's all about respect – if you respect people, they have to respect you.

With the first lockdown, oh, we suffered a lot. I tried to do my best but it's really bad time for everyone. My kids had bad dreams. They are angry. We can't control our heating – it's very high and we are like eggs in hot water. We can't open our window because it is onto the street and there are a lot of homeless people outside, they can put something bad in our flat or steal. And there are many rats. We are sick, all of us, because there is no sun, no garden.

For two years my daughter has been going to Southmead school. It's far, and she must take two buses. Today she was late and the teacher punished her for being late, but it's the buses. There are closer schools, St Mary's, but it is hard to apply because it is catholic.

Now we have a council house, we have started to settle a little bit. We are enjoying our new flat. It's four-bedroom. And the psychology of my kids, compared to in the hostel and now, big difference. They are more quiet, more confident, more happy, they go outside, belong to something. Now they have their own bicycles, their own school settled finally, near, don't have to go to another area to school. Before they are fighting all day, shouting. Now it's comfortable. Even at school they make huge development. Their health is better. There is sun, there is a backyard, front yard, we can open our window, we can control our heating. Now we are very, very happy. I think our lives start here. We have light in our window!

We have many activities now we have our garden. My friend mentioned Market Place and I start to find free things: I have a treadmill for walking and my children have bicycles and scooters and a trampoline. They spend most of day outside. We need physical activity to keep our health, to keep our bodies good, our brains, more vitamins to fight this corona. We have to deal with this. We need to protect ourselves, clean our hands. If we stay home it gets worse, I think. We have to go outside on our own. It's not going to stop. We need to complete our lives.

Key Insights

1. What challenges are faced in everyday life?

- Struggle with/against the system to secure adequate housing for her family. Long periods in inadequate (unsafe, unhealthy, overcrowded) housing caused numerous problems.
- Caring for 5 children. A significant challenge is finding suitable school places for all her children.
- Working hard to develop herself (e.g. take courses) so she can (i) find a job and (ii) be a good example to her children. Husband provides childcare to support this.

2. What can we learn regarding physical activity?

- Sees lifetime physical activity as essential for health and wellbeing, especially of her children. Frustrated that circumstances (e.g. housing, COVID-19) have conspired to prevent this.
- Engages in regular physical activity as a functional rather than leisure activity (e.g. cleaning, walking).
- LTPA is therefore not seen as relevant. When she has leisure time, she is more likely to choose to be active through extra work. Her desired physical activity would come from active employment.

3. What support is helpful?

- Adequate safe affordable housing with a garden is seen as critical for health, wellbeing and development of her children. This is articulated as her primary need. There have been periods of time when this has been missing.
- School places in the local area for her children (1 is currently having to take 2 buses to reach school).
- Activity within family and/or social contexts has been important across her life.

4. What have been the effects of COVID-19?

- COVID-19 has greatly exacerbated the ill effects of inadequate housing.
- Marked deterioration in physical and mental health of her children during lockdown. This was somewhat alleviated when the family secured a council house with a garden.

5. Brydie: “I don’t really ask for support, just do everything by myself.”

My earliest memory is my Dad getting me a teddy bear, when I was about 4. I was a bigger child and when I was younger, I had hearing problems. Had all these appointments for hearing aids, so I was quite behind and was always getting picked on. I think they found it funny to pick on someone who was not that confident. They’d call me fat, ugly, stuff like that. I’ve even been strangled in the girl’s toilets. I didn’t want to go to school. No one would believe me about anything. Had girls kicking my bag on the way home. I reported it to the teachers, they said, ‘I can’t do anything coz its outside school.’ Then when I was 15, they were about to pull my trousers down and video me. The school done something about it then.

I started self-harming at the age of 13. I found loads of different ways of hiding it, doing it without my mum knowing. One day I had my sleeves rolled up and a teacher noticed, said ‘Was this on purpose?’ I thought I can’t hide it anymore. My whole arm was covered. So I told the teacher and the teacher went, ‘Do you want me to call your mum?’ I went, ‘Yeah.’ But I had a hard time then coz my dad called me everything under the sun. It really put me down. He was living in the house, had depression I think. He didn’t go out with me and my sister very much. I didn’t really get much time with my dad at all.

I was diagnosed with depression at 15 but the doctors didn’t put me on any medication. My first boyfriend used to head butt me. I went out with him for quite a while. I did like him. It was just the fact he kept hurting me. All my friends asked, ‘Why do you like him?’ I thought, I don’t like him. I found the power to break up with him coz I’d had enough of it all.

I carried on self-harming until I was 18. I stopped coz I’m with my new partner now and he made me feel a lot better than I was. I had a eating disorder as well when I met him, but he helped me get rid of that too. I’ve gone through quite a lot in my past.

When I’d just turned 16, I went out with this guy and he was grooming me. He was nice and friendly. We were off and on for three months, then it was, ‘If you want to be with me you’ve got to sleep with my mate.’ When I got there, I didn’t want to do it. He forced me to sleep with him. It felt like I didn’t own my body. It just felt horrible. Mum phoned me and said, ‘Where have you been?’ I said, ‘I’ll tell you when I get back, I need to get home now.’ I come in, told my mum, she phoned the police, said she’s home, this happened. They said we’ll come round.

I got interviewed, had an examination and everything. It was hard to go in there. My mum come with me, but she had to sit outside the room. These women who specialise in stuff like that were taking swabs, like a smear test. And they had to make sure for bleeding and everything like that. And bruising. I had evidence on my clothes. I still haven’t got my clothes back.

He’s done it to other women as well, so he got sent down last year. He got 3½ years. It’s not enough for what he’s done. Why should I live with it? And why should other women live

with the guilt and not sleeping at night? It was three years ago and some nights I still have nightmares. My boyfriend wakes me up coz I have really bad anxiety in my sleep. I wake up and have a full panic attack.

I did have counselling after I was raped, but I had to wait 9 months. Still self-harming, still in a bad way. It was taking forever. It was meant to help you get through it, but I was waiting all that time. It was helpful coz it let me look at my anxiety levels, my depression levels. I still wasn't on any tablets. I was on sleeping tablets coz I couldn't sleep well. But nothing for my depression or anxiety.

I met my new partner at college. I didn't really trust him to begin with. I kind of had to tell him what was going on with me. We were talking for quite a while before I said to him, 'I think I'm ready now with you.' I knew that he wasn't gonna be horrible to me and cheat on me and just use me for everything. My partner now has helped me quite a lot. We've been together two years. We live with his mum – I get on with her very well. She works Saturdays and Sundays, I got the house to myself those days, which is quite nice.

The baby came last year in October. It wasn't planned but I'm happy with it. As soon as I found out I was pregnant I gave the counselling up. Now and again I might have a relapse before I was pregnant, but I haven't since. We all support each other. If you don't support each other there's no point living together is there really?

After he was born my mother in law had to help quite a bit for the first couple of weeks. Then I done everything by myself. Once I got used to it, I done it. I'm used to it now, all the crying and punching! My partner's always around but he's on his games. A lot of people say I'm more like his mum! I got to ask him to do anything. So, I do it all myself really. I don't really ask for support, just do everything by myself. If I've got to bath him, I bath him. I just do it. Some days it's hard, he has bad days, he's grumpy, he don't want to do anything. Some nights he sleeps, some nights he doesn't. It's hard to get enough sleep. I'm up at 5 and if I take the antidepressants late, I can't get to sleep until about 3 or 4 in the morning.

When I get anxious, I start freaking out. Normally I'll play music, if I don't have that I try to ignore it. But it don't really work. I can call my partner now and say, 'I'm freaking out can you stay on the phone?' He just talks me through it. Goes, 'Calm down, slow your breathing,' and everything like that. It normally helps me quite a bit. It's good because sometimes he gets it as well. He's just got to text me, and I come up if I'm not busy. I cuddle him and make sure he's alright. Calm him down.

Lockdown was hard coz I couldn't see my family. It was hard for me to see anyone. I didn't get to see my friends either. It went quite bad. I was phoning up my nan or my mum. I talked to my partner about it more than anything – he understands so it's easy for me to talk to him. Before lockdown I'd see my family every other weekend, I would go over with my son. I'd go to the Young Mum's groups at the Children's Centre, stuff like that. We used to play with other children, and you met other mums. It gets him active really and playing with all the toys, which he likes. During lockdown I couldn't take my son anywhere. There's not really anything going on, especially for his age. I don't know if it's ever gonna happen again. It's a lot different now to how it was.

The Children's Centre people are nice. I talked to one last week, I can't remember her name, and we were talking for a half hour, then I said I better get home! We were talking about college, just chatting. Sometimes I don't take Dan along with me so I can just chat normally. More activities with children going outside and playing would be quite handy. They're doing buggy walks with other mums, but I do a lot of walking already. I walk up hills, down hills, everything. I walk to college, there and back, that's two hours. I'm quite tired when I get back. It's good coz I'm getting that freedom of going out and I get to be my old self before I had Dan. I used to walk quite a bit. Didn't really get tired then. It's a lot different to how it was back then.

Now I'm back at college every other week. College is hectic coz I get eight pieces of work to do every other week. My timetable's always quite full. Mondays I've got to go out, back late, so normally my mother in law does dinner. It's nice when she does that, I can sit back and relax. Tuesday, I come to the Children's Centre to pick up our food parcels. Wednesday, I'm at college. If not, I do work. My mother in law goes shopping on Thursdays and takes my son so I get on with some work. It's difficult to get my college work done – my partner plays games with his mates and sometimes shouts. I tell him to shut up!

I don't see my friends, apart from at college. I didn't see them at all when I was pregnant, not really. Some of my friends go, 'Oh you've come back after having a baby! How have you done it?' A lot thought I wouldn't come back. But I wanted to. It's gonna help me in the long run. When I finish college, I want to be working with old people in a care home. It's something I always wanted to do really. It's fun, take them on days out, planning it all. I've always liked looking after people.

Me and my partner haven't had a holiday for ourselves yet but next year we should have one, the whole family. We're going to Butlins, staying in a caravan. Seven children and my partner's aunt and uncle. I think me and my partner will just run away from everything, take Daniel out for the day. I was going to try and save up for next year's Christmas presents. I didn't do it this year coz I didn't think about it. I saved up about £30 a month for his birthday for 2, 3 months. We drink loads of cans of cola – we cut back on that. My partner has two boxes of 24 a week, I have a box every two weeks. It helps me get through the day really.

Gym is something I do want to do but it's the money side of it. I'm on a low income so it's hard to even do that. Every month we have £300 to last us the whole month. I've got all my old clothes from when I was 15. I pay out for Dan's clothes but me and my partner don't get much. Me and my mother in law split the shopping – if it's £50 we pay 25 each. We're on the food bank and we have an extra 100 quid a month, it helps us a bit. The food parcels save a bit of money. And sometimes our mother in law will get a couple of bits of food in if we don't have that much left. The rent is quite high, so it does push the budget. Me and my mother in law pay half each. But we can live off it. We just have to be very, very careful with money. Me working in a care home should be a grand a month, so it should be a lot better then. When I've got the money, I will sign up to a gym membership.

Key Insights

1. What challenges are faced in everyday life?

- Adverse effects of bullying by peers at school, and abuse by two boyfriends in her teens. This took the form of self-harm, anxiety, depression, and an eating disorder. Anxiety continues into her adult life.
- Overlaying challenges of anxiety, side-effects of medication and sleep deprivation make parenting very challenging at times. This is exacerbated by her partner's mental health problems.
- Baby was planned and experienced as a positive event in her life, but the burden of responsibility falls on her. Her partner is present but makes little contribution to parenting.
- Financial hardship greatly limits her and her family's life possibilities.
- Committed to continuing her education but childcare is an issue.

2. What can we learn regarding physical activity?

- Negative experiences and memories of sport and physical education at school as a result of sustained bullying.
- Leisure time physical activity not possible or realistic within her current life circumstances for financial and childcare reasons.
- Active travel through walking (1-2 hours a day typically). She has no car and cannot afford bus fare so walks to college (3 times per week, 6 hours total).
- She would like to access other forms of physical activity (besides walking) for herself and her child. Gym is one possibility she would like to pursue. But she does not have enough money for a gym membership. Would attend the gym now if it was free. Will join a gym when she finds work and can therefore afford a membership.

3. What support is helpful?

- Mother-in-law (who she lives with) is essential source of practical, emotional, and financial support. Partner has helped her overcome and manage her mental health problems. Mother and grandmother provide occasional financial support.
- Counselling has been helpful at points in her life, despite lengthy waiting list.
- Support from Children's Centre staff (someone to talk to) and mother-child activity groups very highly valued. She would attend these again when/if available.
- Weekly food parcels are essential additions to the family's nutrition needs.
- Friends, particularly through college, provide valued emotional support.

4. What have been the effects of COVID-19?

- COVID-19, and the lockdowns particularly, greatly intensified the difficulties she is facing as external sources of support reduced or removed.
- Lockdown and home schooling increased her social isolation, worsened her mental health, and reduced physical activity opportunities and levels for mother and child.

6. Faven: “We don’t get stressed with difficult times because we have passed so many difficult times.”

My family are from Eritrea, but they moved to a small village in Ethiopia long time ago. Seven of us, I’m number five. I really loved my childhood, honestly. I miss it. You play outside with your friends, we play hide and seek, ‘defence police’ where you run, and someone catch you. We draw sketch on the floor and jump on it, like hopscotch. We do high jump over a rope and we increase the height until we cannot reach it. And we make our own balls, because we couldn’t afford to buy balls, out of plastic or socks. We don’t even come back for lunch, we just want to keep on playing. You feel fit for everything. I don’t remember that I go to hospital for anything, I have no flu, no nothing in our childhood.

When I was growing up, the first time I cook was maybe 10, just help to cook. Most of the time my mum didn’t want us distracted from our studies, our playing. She wanted us to be active in other ways rather than keep us in the kitchen. School was very important. We used to walk, the school was within walking distance, the farthest school was half an hour from home. And in school there are physical activities, sports class twice a week. We do running, football, basketball. I used to like gymnastics because I see my friends doing that.

In 1991 we moved back to Eritrea. I finished my high school there and joined nursing school. I studied for 3 years and then the government posted you to one place. I go to one very far, one-hour flight, from where my family lives. It was hard to be away from family; it was my first time. But that 3 years helped me to be on my own. I came to see them for holidays or to attend workshops, so it was not that bad. Being paid every month, you feel like its time, I have to help my family. You have been helped by them and then you reach the time you have to give back. My salary was 1200. I might send 300 or 400. They don’t want my money honestly, but they feel happy that I don’t need anyone’s help in my life.

My friends are very important. You can’t live on your own. You have to speak with your friends about what your life experience is. You have to share them. You have to listen to what they are saying. If you keep quiet, you’ll burst. I’m a Christian and we used to go to church in groups of friends, we call each other and go for prayer every Sunday morning. We loved it. It is very important to me, still. Still now we go every Sunday to Egyptian church in Bristol. We missed it because of COVID.

After I graduated, I went to another region to work and I met my husband there. In our country economic situation was not good, many people left. You are employed, earn some money, but if you have children, family, you can’t buy house to live in, it’s just hand to mouth. We don’t want that. So, he came here to study. It’s difficult, very difficult, coming to UK. We have to come together, I can’t come from Eritrea, no way. He came to me in Uganda and we married there. I was nearly 30, I’ve been married about 10 years now. He came back to UK and we applied for a visa. I was refused because he was a student. I felt very bad.

We come to Bristol for his work. At that time, he had a job as a pharmacist, but not now. He was doing his pre-registration, but they didn’t find him to be qualified. Very terrible. We go back to job centre and he applied to another job, pharmacy assistant, which he couldn’t

find. After that he decided to be a taxi driver. I was his dependent, I don't have any money from the government, so the only money was his. That was a very hard time. We managed by the help of our god. We don't get stressed with difficult times because we have passed so many difficult times. Our family support us psychologically. It's not the end of the world, don't get stressed, they said, you are not born to be a pharmacist. They gave us strength.

When I came to Bristol first, because we were on our own, no children, we usually go for a walk. There was one playground, we brought a basketball in my handbag, so we'd go for basketball. We'd run around and do some skipping. And I love walking.

My first child will be 7, day after tomorrow. Second one is in year one and third one will be three in January, she's in nursery now. I have to go out for my baby, she has to be exposed to outside world. So, I start to take her to library, to playgroup. If I am always at home the children will be always at home. I don't want them to be confined in the home. So, I have to get out for them. Even for me, I have to get out and get fresh air. My nursing helped me a lot to think about the development of my children – being physically active is very important for your mental and physical development. And for your immunity. And socialise yourself.

In a normal day now in the morning we wake up and I prepare breakfast for them and take them to school. After that maybe I go around for the shopping. I go with my little one for a walk. Now, because of COVID, we don't have much to do. No playgroup. No library. Before COVID, I used to go to Central Library for story time and to City Farm. We go there and we see some animals and there is a playground there. Most of the time she naps between 1 and 3 and I do my other activities, some cleaning. After that, pick up the other two. If the weather is nice, we don't go back home, we go to playground. Back and have some dinner, have baths, some study time and we chat. Sometimes we watch TV. They like TV but we don't watch much. If we engage with them, play with them, they don't want to watch TV. We do colouring or we sing some songs, spiritual songs, songs they know from school or nursery rhymes.

Sometimes I go to sauna-bath with my friend. I leave my children with my husband. I go to the city centre and do some shopping, clothing, you know. And in the lockdown, 2 or 3 times a week I go for a walk alone in the harbour. Honestly, lockdown was difficult because we didn't expect it to happen in our lives. It suddenly happened and it keeps us at home. It was scary because it's a respiratory problem. You think that the moment you go out you have the disease. Even if you are a health professional. What you see on the TV, what you hear, makes you panic. Oh! A lot of information from your friends. If they know you come out, 'Oh, please don't come out! This is very serious disease!' You don't want to keep yourself at home because children need to go out and play. We go for a walk and when no-one is there, you don't see people, you get scared. Am I doing something wrong maybe? You know that fresh air is very important but you don't see people moving around, only you and your children. Am I doing bad? Are we gonna get diseases? You don't trust yourself or your children.

There is also home schooling. Because it's a new thing, they don't get used to it, they don't want to learn at home. They miss their friends. So, its new for everyone. They are so brave that they understand the situation, when we tell them to wash their hands, they do that,

when we teach them at home, we don't go to school today, they say, 'OK mummy' or 'OK daddy.' We were going out nearly daily to Victoria park for a cycle, for scooter, and we take a skipping rope, and we picnic sometimes. But they missed the playground and their friends. The playground was locked. When we pass around the playground, they said, 'mummy why don't we go in?' 'No, it's lockdown, we can't go there.' You have to tell them that.

Nowadays my children are going to school, so I have time for myself. If there were free swimming activities or gym, if that was there, I'd use that. Honestly, I couldn't afford to pay. Otherwise, I walk around. Maybe I need to do a bit more – I've got a big belly so I could get rid of that by gym. But the money is too much for me.

Key Insights

1. What challenges are faced in everyday life?

- Husband losing professional employment created enduring distress and financial implications.
- Financially limited as she is unable to work or receive benefits as no work permit.
- Does not want to be confined to the house.
- Minimises her own needs to care for her children and husband.

2. What can we learn regarding physical activity?

- Extremely positive memories of her physically active childhood where activity was relational, playful and joyous. It was also a necessary form of transport which was a social experience. Physical activity remains important to her.
- Physical activity done for relational reasons – with and for her children, family or friends.
- Walking was and is her main form of activity as free and a means of transport. Improvised other free forms of activity (basketball and skipping in the park).
- Financial hardship precludes spending money on her own physical activity, would like to swim and use a gym.

3. What support is helpful?

- Support of family and friends essential across her life. Could not have managed without this.
- Faith and church an enduring support across her life. Often a social/communal experience.
- Would value and use free physical activity opportunities as a way to support social interaction and connections.

4. What have been the effects of COVID-19?

- Trapped her family in the house and restricts/removes opportunities to be active.

- Created stress, fear, guilt and social tensions (e.g. with neighbours) whenever she wants to promote the health and wellbeing of her children by getting out.
- Prevented her accessing the day-to-day groups and support networks (e.g. church) that she and her children frequented.

7. Carrie: “Everything that has gone on in that kid’s life, I’m the only one that knows.”

It was just me and my mum until I was 10. My dad wasn’t around. He made a living of having kids with other people and doing a runner. My mum worked in Littlewoods. We lived at my nan and grandad’s until I was 4. Mum slept on the sofa. They were like second parents. My grandad used to teach me to draw and I used to make cakes with nan. And pies. Corned beef hash pies. I remember playing in their garden with a bowl of water and fairy liquid with a straw, blowing bubbles. I was doing the washing up the other day and I literally felt like I was transported back to their house.

I was polite as a small child and then I got to be a bit of a horror. Mum was quite strict. I wrote my name in biro on this person’s windowsill. It wouldn’t come off! Mum said, ‘Did you write your name on the windowsill?’ I said no. But there was nobody else called Carrie there. She would slap me across the face if I lied to her. I was terrified, absolutely terrified. I’d panic. I’d say, ‘I don’t know,’ and that would make her angry. Or I’d bend the truth to save myself and she’d already know the answer. The more I said I don’t know, the more angry she got. And the more I lied the more I’d get slapped across the face.

At school I was the chav – big earrings, hair slicked back, pencil drawn eyebrows. My friend thought it’d be good to pluck them. I literally had 4 hairs in a line. It was horrible. That was me. It wasn’t me. I did it to fit around everyone else. When I started at Hengrove I didn’t feel too bad coz there was about 6 of us all going from the same school. We were all put in the same tutor group. But I got removed from that tutor group and put in a different tutor group where I knew no-one. I think that’s partly where my anxiety started because I knew nobody. It was horrible.

I already felt like I stood out coz all my friends are white. My family are all white. Even my brother, coz we’ve got different dads, he’s somewhat tanned but he’s white. I always felt like there was a big light saying ‘Look at me! I’m the brown one! The only brown one in a white family.’ I didn’t look like I fit in, didn’t act like I fit in, didn’t come from the same area, didn’t come from the same school. I was like a little chameleon. I’d change to fit in with everybody else. It was constant being pulled apart. Big chunky earrings and big gold Sovereigns – I didn’t want to wear this stuff but it’s what they all wore. They all used to smoke, so did I. My second day in school I started smoking. I hated it though. It didn’t feel like me. I’ve done it with every boyfriend I’ve been with. Always pretending to be somebody else, never myself. Why would I want to be myself? I’m not a very nice person.

When I left senior school, I didn’t really want to do anything. So, I got a part time job in Burger King. Left 10 years later. I was only supposed to work there for 6 months. I absolutely loved some of the staff. There was one manager who was my best friend, he had a crush on me, which helped coz it meant I could get away with almost anything. One day there was a massive queue from the till all the way to the door. This customer asked for a sweet chilli chicken baguette. I was trying to do everything as fast as I could and my manager was right next to me and I said, ‘one sweet chicken willie,’ and I literally spent 10 minutes on the floor, absolutely crying, partly from embarrassment and partly because I found myself

hilarious. And the manager just let me stay there. He laughed with me but carried on serving the customers while I cried. One of them, Bruce, did my interview when I was 16 and we're still friends now. I was invited to his wedding. I know his wife who used to work in Burger King as well. I've made some lifelong friendships from there.

But it was also the most embarrassing job ever. People would come in from school and they've gone to college and got proper jobs and you work in Burger King. How embarrassing. It's OK to eat there, it's just not OK to work there. People would say, 'Do you work?' 'Yeah, but I'm not telling you where!' Sometimes you'd think, oh I'm doing quite well, then somebody would come through drive through, you wouldn't recognise their voice until they got to the window and then they'd make some snide comment.

I left Burger King when I was pregnant with my daughter. It was very much planned. My nan had a heart aneurysm. Operation went fine but over the week she started deteriorating. That was the last time I saw my nan. My brother, he'd have been 13 and not lost anyone so telling him was bloody hard. I wasn't a parent at the point, but I was when my grandad died – that was even harder. My daughter's autistic. She still doesn't know that my grandad's dead. She just thinks he up and left. My son was 18 months, so he didn't really have a clue.

At this point I don't have any men in my life. Their dad's still around but he's not much of a man to be fair. Me and their dad been together 13 years, we were talking before about a wedding. I said if we were to get married in church where you'd have a bride side and a groom side, my side would be empty. I didn't want to do that coz it would draw attention to the fact I've got nobody.

I'd been in a relationship with Mark for 6 years – we got together when I was 14. We were gonna get married, buy a house. We were very happy. Then he cheated on me. I felt like my childhood had gone. So, when we split up, I went fuck this, I'm gonna go out and go mad. I moved out of my mum's, got a flat – worst thing I ever did – with my friend at the time who was under 18, so I paid for everything. But I didn't pay any bills, so ended up in debt. Then I met Simon, who I thought was lovely. Turns out he was a psycho. One day I'd gone to my mum's and he picked me up, took me to my flat, and pinned me against the wall in our communal corridor, and put his hands down my trousers and in me. Smelt his fingers to see if I'd cheated on him. But even then, I still didn't realise that he was being horrible. Another time he slammed me into a window-y type thing so hard that it smashed the glass. I had the police around, they took me to the station, took my statement. But I still got back with him. I thought I loved him. I thought he was the best thing ever. He was 39, he had a car. We thought he had his own house. He looked after me, he was really nice, he pretty much let me move in with him. I thought he was great.

My partner's name is Surly. Well, his name is Joe, but he was introduced to me as Surly and I've not called him anything else. We were trying to have a baby so my nan would get to see it, but once she died, I thought I don't care now. It was 4 months of solid trying and nothing. Once I relaxed it just happened. But I did not have a good pregnancy – I went from a size 10 to a size 22. I had SPD, so my hips were pulling apart, edema, water retention. I was just in agony all the time, felt sick, I was miserable. But she came on time, lovely little child. She was the most fantastic thing that had ever happened to me.

When she was 9 months old, I knew there was something different, but I just kept getting fobbed off. I could sit her down and she wouldn't move. She'd stand in front of the TV and stay there for hours. She couldn't walk. I said to my health visitor there's something not right. I pushed, I pushed. I kept getting told all babies are different, they all change at different rates. The health visitor told me I was basically mad. 90% of my family, more like 99%, told me this is your first kid, you don't know, all kids are different. I felt like I was going mad. I stopped going out. I probably went out less than 50 times in a year. We lived 10 minutes from a park. I never took her. My anxiety was so bad. And the more I stayed in the easier I found it to just stay in.

You feel like a prisoner, not just of your house, but of your body. I hated everything about myself. I felt like I was failing as a mum. Because I was in so much, I was seeing things that weren't there. Was I making her more babyfied because we were staying in and she wasn't seeing people? I literally felt like I was the worst person in the world. Her dad didn't really do a lot to make me feel any different. He didn't believe there was anything different about Susie. Lots of arguments, all the time. When I went out, I felt like everyone was staring at me. I felt like I had a sign above me saying, 'I'm agoraphobic! Look at me!' And it got worse and worse and worse. I did feel suicidal at one point. Not to the point where I was going to do anything. I just didn't want to be here anymore. But I didn't want anybody else to have my kid. If I died, where would she go?

I'm quite laid back as a mum, but at the same time I'm kind of strict. I think you need an element of freedom. My mum gave me freedom, to a point. In places I messed up. But most of the time, after she shouted at me, she was there for me. I don't want to shout at my kids, but I do. Because of my anxiety and anger and my personality disorder I can be quite shouty. I try not to be. I want my kids to be able to come to me.

When I was 15, I got pregnant. Mum told me I was a complete idiot, that if I kept it I did it on purpose. But she came to the hospital and was there for me when I had my abortion. I didn't want it, but I was with Mark at the time, he was supposed to be going into the army. I didn't want to ruin that for him. His parents didn't know we were sleeping together because I was underage and he was 17. I now think it's one of the biggest mistakes I've ever made. I've been pregnant 5 times. 1, 2, 3, 4, 5. Oh, 6. I had another miscarriage between those two, but I didn't even know I was pregnant. That was in between the abortion and my daughter. Because I got pregnant very quick it gave me something to look forward to. I found it very hard at the time but then getting pregnant I had to shut my mind off to it coz I couldn't mope about a baby I'd lost when a baby I was having was coming.

When I was at school, I loved football, PE, rounders. Especially if I could hit something. I should have done karate! Rounders was my favourite – I was quite good at it, I was fast, I could hit it far, so I always did pretty well. When we had sports days, I used to do a lot of running – I was quite small, so I was like a little bullet. I've always been quite athletic even when I wasn't doing actual athlete-y things. I did dance for about 4 years. Then I had energy, working three jobs at two different points. I would get up at half five, start work at six and I wouldn't finish work until 8 o'clock at night. At some points I was taking drugs to be able to do that. I would take speed Monday to Saturday, have Sunday off, then do the same again. I

did that for months, probably nearer a year. And then [*claps hands*] everything just went to shit.

I've been on anti-depressants on and off since I was 12. I've had counselling since I was 12 as well. I think part of that was that not knowing who I was. I was somebody at school, I was somebody else at home, and I was somebody else with my other friends. They put me on Fluoxetine at first. That was like eating Smarties, it didn't do anything. I've been on Fluoxetine, Citalopram, Mirtazapine, Haloperidol, Sertraline, Propranolol, back on Sertraline now. No! I'm not! Back on Citalopram now. I think I was on Prozac as well at some point. They've either worked or they haven't worked. Mirtazapine worked really well but that made me put on weight. Some of them have helped more for anxiety than depression. If it's not depression and it's not anxiety, it's somewhere in the middle of them.

I kind of feel like there's a hump and then I take ten steps back. And then there's another hump and then I take 20 steps back. I feel like I'm getting somewhere and then I feel like I'm not. I try to be there for my kids, but there are days I'm absolutely horrible. I got diagnosed with borderline personality disorder about a year after me and him got together. I always knew there was something, I'm very fiery, I switch moods 27 times in an hour. I knew it wasn't just depression. I had one assessment and she said, 'I think it's borderline personality disorder' and I said, 'I don't think it is, I think it's bipolar.' You can have a diagnosis of both. But apparently, I don't have bipolar. I've just been diagnosed with borderline. And social anxiety disorder. And generalised anxiety disorder.

Surly's helpful with the kids to a point. He lives here, doesn't he, and that's enough. There's things I'd like him to do that he doesn't do. But he works a lot, he's only off on weekends. He does do well what he does do. This one is not close to him – if he's crying, I'm the only one that can calm him down, which is quite stressful. For a year I've been the one that's there all the time.

I was given a leaflet by a friend that works for public health. There's a certain amount of things you should do exercise-wise on there. She gave me a pregnancy one as well. I said, 'What the fuck is that?' She was, 'Oh that's your daily guidelines,' or whatever. I was, like, 'That's my *yearly* guidelines! I don't do that!' I would like to do running, although I think running would be boring. I did consider doing 'Couch to 5k' at one point but because of my anxiety I still don't feel comfortable being out on my own. And because of the way I look I would feel like an elephant running down the street.

Since lockdown I am so ridiculously unfit it's unbelievable. I can't even run up the stairs anymore. I got so depressed over lockdown, I was having meltdowns, breakdowns. I was ringing my mum every couple of days, 'I can't do this anymore!' Trying to home school an autistic kid who was sat there willingly ready to work, to my other kid who did not want to do anything except read. They gave us a timetable for the first 2 weeks. We'd come down, have half 6 to 7 watching TV. Then 7 they would have their breakfast, he would have his milk. At this point I'd just started taking Propranolol if I was having anxious symptoms. I get jittery, stomach gurgles, diarrhoea, palpitations, sickness, dizzy, sometimes I just wake up and have a panic attack. That's when my heart races to a point where I feel it's gonna shoot out my body. It's almost like claustrophobia, I feel like I'm being shoved into a small tunnel.

And I just want to take my skin off. I want to unzip my skin and climb out. And it can take me a couple of days to recover if it's a bad one.

When Boris announced the lockdown, it was on a Wednesday, the kids broke up on the Friday. The day he announced it was the day I instantly felt the anxiety building up. I was getting chest pains – for a short amount of time I genuinely thought I was having a heart attack. My left arm was practically numb. It was the cases rising, the deaths, if I get it, I'm gonna be the one that dies because my kids rely on me, I'm the one that has to put my kid through specialist school, so I'm the one that goes to her target meetings, parent meetings, does her EHCP [Education and Health Care Plan]. That stays with her for her whole education and if she goes to uni. If she needed 1 to 1, toilet breaks, movement breaks. It all gets put into this document. And whatever school she goes to has to abide by it. Everything that has gone on in that kid's life, all three kids really, I'm the only one that knows. Everything that's happened, I've been there.

Key Insights

1. What challenges are faced in everyday life?

- Living with complex mental health problems connected to earlier life experiences, particularly being bullied at school and domestic violence by boyfriends in adult life.
- Affiliation and social connectedness very important, originating from childhood sense of being 'different' through being mixed race. Relational priorities motivate her life choices.
- Demands and responsibility of meeting the needs of a child with autism which requires constantly advocating for her daughter's rights.
- Complex mental health problems and side effects of medication intrude on everyday life, sometimes leading her to behave in uncharacteristic ways (e.g. shouting at her children)

2. What can we learn regarding physical activity?

- History of loving physical activity and sport, especially at school, combined with a sense of physical empowerment
- Sees leisure time physical activity as unrealistic or impossible within the challenges of everyday life
- Would like to get back to physical activity as a way to manage her weight. Constrained by time, money, negative body image and low confidence.

3. What support is helpful?

- Counselling for mental health problems was useful when younger. In adult life, mental health support has been less helpful. She experiences regularly changing diagnoses and treatments which are at best partially successful.

- Little sense of her having much support with meeting the needs of her autistic daughter. She has had to fight the systems constantly to secure support that they are entitled to. She gives this task priority over her own needs.
- Mother present in her life and offers valued practical and emotional support.
- Social support through friends.

4. What have been the effects of COVID-19?

- COVID-19 massively exacerbated problems, increasing stress and pressure and worsening her mental health problems.
- Home schooling a particular stressor with 3 children at home, including one with autism.
- Lockdown has had a major negative impact on her physical fitness.

8. Eufrasia: “I just try my best.”

I was born in Khartoum in 1985. I'm the oldest of 4, 2 girls and 2 boys. Because my parents work in agricultural engineering, we travelled, they got jobs in different parts of the country. The fact that they are dealing with trees and flowers, all of my childhood was around plants and flowers. In big garden centres, I used to know all the scientific names. I've forgotten them now. Still my favourite colour is green. In the summer holiday, they'd take us to work with them, parting and watering the plants. I'm still obsessed with plants. I live in a flat, but I have lots of plant pots. My husband says, every time they die, 'Just buy a fake plant.' I say, 'No way, I can't put fake plants in my apartment.' Watering them, it's like they are my kids, I'm taking care of them. There's a living thing around me. It's been so important during COVID.

I was OK with studying, I like learning. I like math and geography. I like playing with my friends in the break. We lived not far from school, so we walk as a big group. It wasn't as complicated as now. No technology, social media. Just talking about what's happening, our families. Some of them have TVs and we'd go to their house. Our TV was black and white, and we didn't like that. We used to play with dolls and building blocks with wood. We didn't buy toys; we make them ourselves.

We did PE twice a week. Primary school it's not a lesson, it's free play. But in secondary school we do volleyball, gymnastics. I wasn't good at that! They mark us, like academic lessons. I was good on academic bit, but I lost 5 marks as I couldn't do the rolling. I still remember this. I've never been lazy. Before lockdown, the council funded a group to do exercise every Wednesday in the hall. I convinced some of the ladies to come and join the group. We were 10. When the pandemic came, we stopped. I was sad. But I still take every opportunity to get active. I like walking and I watch YouTube videos to do some exercise.

When we were at the age for university we moved back to Khartoum. I studied medicine. I like it very much. I graduated 2010. In the last couple of months, I met my husband, he was living here. I did the foundation year, worked for 1 year and then I moved here. It's a good opportunity for me, my career and studies. Since I moved here, I've done volunteering roles. I needed to do a lot of exams at the beginning, so the language barrier was a problem. I tried to do the language test 3 times, but I didn't do the scores they needed. So I did a Master's at University of Bristol and recently passed the exam for registration. I think it's a good time for me now. I just fill the form last week and I'm waiting for their decision.

I got pregnant with my first daughter in 2013. It was really stressful during pregnancy. My husband is a good family man, he helped and support me a lot. My mum came and visit me for support during the first months. She couldn't stay more. There was a big chance they would refuse her visa, but it was really good for me that she came. She was not well herself. She had cancer and had just finished the chemo. But she insisted on coming to support me. In our country, traditionally for the first baby, you need your mum. So, you go to your family home and you have the baby there. After 40 days you come back to your husband. It's really important. Especially for the first baby, you need the support, physically and mentally. I'd be talking to her every day. I studied medicine, I know about all the stages and everything, but I still need to hear from her, the early signs of labour, things like that. She explained

everything to me. And what do I need to do, prepare the clothes, what do I need to take with me to the hospital, all these things. I decided to breast feed, so I needed help with that.

When I had my second one, my mother was really ill with cancer, she couldn't come of course, and I was really worried about her. She passed away soon after my second one. So, I always compare the 2 experiences, having my first one with her, with support, and my second one. It was totally different. I had some complications and the baby was born underweight. We needed to stay in the hospital for 5 days. I didn't like it. Always noisy, always they needed to check up and I just needed to go home, like the first pregnancy. I need to get on with my life and have a good night's sleep, but it was hard in the hospital. I was really stressed and anxious. I cried a lot. I was really emotional.

Before I got pregnant, I do walking a lot. Bristol is hilly, so I challenge myself going up and down hills. In the past I'd do it on Fridays and Wednesdays, now I do it after school run. The exercise group was 45 minutes, just women. We are friends and we're laughing together. I met them in other groups, a cooking club and we meet in the school. The instructor was so lovely, and she was trying hard with everyone. She tried boxing at the beginning – we were not good at that. But we enjoyed it. We were wearing the what do you call them, and we were all laughing. We were fighting, like, for real, we take it seriously. And we do aerobics and Zumba. Because I had a problem with my shoulder, the instructor was always trying to adapt according to that. She was really helpful. One time, we were doing push ups. The instructor always asks, 'Why did you join the group?' My friends always say smaller tummies. I don't have a problem with that, so they ask, 'Why did you join the group?' They say I'm slim, I don't need to join the group. I say no, I'm just having fun and trying to be active.

When I know there's a session today, I wake up and get ready with my water bottle. Coz I don't drink a lot of water, when I do the exercise, I do drink, that makes me feel better. No tiredness. No headaches. And our group was good because in our culture, women would prefer to be with women, ladies only. When I say, 'Would you like to join?' they always say, 'Is the instructor male or female?' This is always a question in their mind. And if you're doing exercise you need to wear special sport clothes and everything. They usually need to cover their body. And funding of course. Joining the gym will be something they cannot afford. I'd consider it, joining a gym, if I had a job, a fixed routine.

When we came home after my second baby, my friend came to visit to help. My husband take 3 weeks off work to support. She was born in November, so winter was coming, the weather wasn't helping, so after that I didn't get out walking. I don't mind the cold, but the rain – not rain! But I do take the baby out as much as I can. I'm going go to the playgroup a couple of times, Monday and Wednesday, and have a walk after. I volunteer a lot to go with them to the forest every week. Ashton Court, that's the one I like. It's a big one, I like different kinds of trees, and squirrels and they do BBQ, it's really good. And we get to see some deer too. We get to meet new parents and talk to them.

I know I need to physical activity regularly, but what I need is a fixed routine. I understand how important it is but sometimes I can't get to a fixed routine to do it regularly. I do have a routine, but sometimes it goes. In lockdown I struggled to keep with a routine, even waking

up in the morning was a big problem for me during the lockdown. The fact that they don't need to go to school, we stay up late, we wake up late in the morning, so I was tired. Now I try to get back to the routine. Hopefully we can.

Usually I watch the news. The children didn't like the idea of watching the news, but now with COVID they check: 'Mama, what's going on?' Even me, from the beginning, when I watch the news and then I go to sleep, I always have nightmares and bad dreams about the pandemic and everything. We were good at the beginning, 'Everything is going to be fine.' But every time they extend the period of the lockdown it gets harder. And because I booked a holiday to go to my country, its cancelled. That time was really hitting hard. I just don't know what to do. The exam was cancelled twice. We don't know what to do. What's going to happen? What if we get the disease? Because I suffer from migraine, I take tablet regularly to reduce the frequency. During that period, I had a lot of terrible attacks, because of the stress and everything. And just feeling tired all the time.

The little one, when I tried to kiss her or cuddle her, she says, 'No mum! You shouldn't do that.' It's terrifying. The oldest one has helped me explain to her, 'Look, its fine, I'm cuddling mummy.' But the little one is struggling to understand. Even a bedtime kiss she say, 'No, not in the cheek only in the head.' I say, OK, in the head. It's really hard. The fact we can't cuddle like we used to, and greet like we used to, is really hard for me. In our culture we cuddle a lot, that's the way we greet each other.

The first 2 weeks my youngest needed to self-isolate because there was a positive case in her bubble. That really affected her. 'What if I got it? I don't want to give it to you from school.' We couldn't get out because of that. The other times we walk. We try to take a different route and the weather was OK at that time. We did have fun, walking and identifying trees and plants.

I was studying online, need to work on this and this. The children want to play all the time, they thought it was a holiday and I try to explain you need to do some work otherwise you'll be behind when school starts again. We made a schedule together. Things like stickers, giving treats, a chart, just try to find a way. Sometimes it works. Sometimes it doesn't work. They say themselves, 'Mummy you're not explaining what the teacher would say.' I try my best, but they didn't take it seriously at all.

It was really hard being indoors so much. They always kept saying, 'We're bored, what can we do? Can we do something together? Can we go out?' They say, 'We want to go to the cinema.' I say, 'Its closed, the restaurant is closed.' 'Mum, what is open then? Only houses and hospitals?' I say unfortunately yes. There was good times: Every day we watched a family movie, documentaries, and this used to be just weekends. We played Jenga, dominos. They used to get flu and cold a lot from school. But there was no issue with that.

I just try my best. I won't say it was a success. Some days even me, I was struggling, just staying in watching TV. There was good days and bad days. This lockdown has been better, it's less strict and the school is open. We're back in the routine. I wake up at 6 to do the school run. They set alarm for 7 and make their breakfast. They don't need my help with that they say. They get dressed and go to school.

As Muslims we have morning prayers at 6 every day. Ten minutes maximum. We encourage them to do it from the age of 7 so my eldest has started to join now. We pray together, especially in the holy months, and Friday is a special one. My faith has helped a lot. We ask god to help us with everything and even the little one say, 'Please help, can you please open the airport so we can travel?' Simple things, but she's thinking out loud and we understand what she's thinking about.

Key Insights

1. What challenges are faced in everyday life?

- Learning English, so she is able to gain professional employment
- Having children in England, with her mother living overseas. Exacerbated with second child as mother was unwell so unable to visit.
- Unable to create a stable routine which includes work, family life, and her own physical activity
- Positive childhood experiences that she tries, but is sometimes unable, to bring into her family's life

2. What can we learn regarding physical activity?

- Positive childhood physical activity experiences and memories which have continued into adult life
- Physical activity is relational – with and for others including family and friends. Baby is a reason to be physically active – so the baby can benefit from getting out of the house
- Walking a daily form of activity, free and a form of transport. Also took part in women-only Muslim activity group (e.g. aerobics, Zumba, boxing)
- Active in promoting activity groups for other Muslim women. Emphasises faith appropriate essentials for this population of 1) women only; 2) female instructor; 3) clothing to cover up. Mixed gym activity (or other non-sympathetic to Muslim women) not seen as desirable for this reason.

3. What support is helpful?

- Essential support from husband and mother during first pregnancy. Absence of mother's support during second pregnancy had adverse consequences on her health and recovery.
- Social networks essential, she lives 'with and for' others. Through these she engages with other (Muslim) women, both giving and receiving support through group activities.
- Faith based support (e.g. family prayer) has been critical to the family negotiating problems

- Gained valued support from playgroup, library and other child-centred activities in the community

4. What have been the effects of COVID-19?

- Media coverage created terror within her family.
- Lockdown a significant stressor, resulting in physical health problems (e.g. migraine).
- Disrupts family routines, which contributed to numerous adverse consequences (e.g. reduced physical activity, sleeplessness, fatigue, stress).
- Lockdown created claustrophobia through whole family being at home all the time
- Home schooling problematic

9. Holly: “I’m gonna prove you wrong and I’m gonna do this.”

First time I went into care I was 6 and I remember coming home from school and they sat me down and said I was not going to be living here anymore, with my mum and my sisters. Mum needed a break. The social worker took me off and I always remember the journey in the car, that little route across the bridge. That’s always stuck in my mind.

As a small child, each time we crossed the road, mum would get me to hold my sister’s hand, so she wouldn’t have to hold mine. Mum rejected me, never loved me. So I think I was always craving that, constantly trying to grab attention from that person that’s rejecting you. It hurts so much. She would say that she hated me, scream that in my face. I felt love from my dad and from others, but that was not what I needed. My dad went to social services, asked them to take me. He feared for my life because mum was so brutal. I think one reason mum rejected me is she had an abortion before me and could never get over it. She had depression and anxiety, all of that going on, and would take it out on me.

There’s many times over the years that I forgive mum. Everyone says why do you bother after the way she treated you? But she’s still my mum. I wouldn’t be here if it wasn’t for her actually bringing me into the world. She didn’t have an abortion with me. I’m lucky to be here. I just wanted her to be proud of me and I could never get that from her. I chose not to invite her to my wedding. Then 2 weeks later, on Mother’s Day, mum died. So I felt guilty. I’m over it now. If I talk about certain things I get upset, but its good I’ve expressed how I’m feeling.

At the foster home they found me a place in a lovely school, I absolutely loved it there, made friends. The teacher used to give me the bell to ring in the playground, I loved ringing the bell. Made me feel excited and happy, important. And in the classroom sitting next to my best friends – they were lovely. My first foster placement was temporary to give mum some rest. But when I went back home it started going wrong again. Mum started whacking me, pulling my hair, neighbours started making complaints. So I went to another couple. They were lovely too. They had babies and I was in my element. I’ve always loved babies. Being responsible and doing things right made me feel good. Oh I’ve just changed the nappy or I’ve helped with them getting dressed. It’s an achievement isn’t it? Maybe because I can give them a love and I get a love back, that is a different kind of love, isn’t it?

After that I went back to the first foster parents and it was awful. Helen, her daughter, was older and she would just be really spiteful, pull my hair, pick on me coz I was a bit overweight. And the son, Gareth, tried to kiss me and when I said no, from that point onwards he would say nasty things, call my ugly names. Then Helen started abusing me. I’d be so scared that I didn’t even want to get out of my bed to go to the toilet. I didn’t want to get blamed for weeing the bed so I would just stand off the edge of my bed and wee on the floor because I would be so scared to leave the room. The foster mum was asking me what was wrong, but I weren’t going to say, because the girl who was abusing me was in bed, and we were sat on the end of the bed.

So, then I’d have interviews with psychologists, who thought I may have been touched, abused, but they didn’t consider it would be Helen. I did tell my dad. It’s in my file, but they

did nothing. It's scarred me for life. Then they accused my dad of abusing me, when it wasn't, it was my foster sister. They took me into a children's home. It was OK, a bit strange at first coz there was no family. We did things, canoeing, horse riding, caving, skiing. I enjoyed it. It was exciting, wow, I thought, is this really for me? What have I done to deserve this? I felt relaxed and happy when I was doing these things. It really helped.

About 11 or 12, the courts sent me home. When I went to secondary school, things started happening bad again, not getting on with mum. She'd whack me about again. I was just very unhappy. But we did have some good times. My uncle got wind that things weren't good at home and said he was buying his own house, but also still had a council flat. He said he'd put me on the tenancy and say I was living there. I was about 14 and I jumped at it.

When I finished school, I went straight to college and I did 'Care in the Community' and loved it, every minute of it. The more I did the more I felt achievement. The more I felt goals had been fulfilled, the better person I was. I thought I'm going up the ladder here. Doing good and I want to do more. The little bit of YTS money I got, £15 a week, that would get the shopping. And Tom, we weren't married at the time, he would pay the rent and anything else that needed paying.

We didn't really have a lot of money. He would buy his drink and stay in, watch movies and we'd cook. I had friends in the block of flats so I would go down there to help my friend look after her babies. I really wanted my own baby. We got the opportunity to move from the 1-bedroom flat when I was pregnant. Other than the fact that he was a drinker he was quite happy that I didn't do anything, just stayed in. I'd then had Jon, our first son. Caesarean. I never saw my mum for about 6 weeks. Until I actually took the baby over to her. I used to go to a lot of teenage parents' groups. I wasn't really that active to be honest with you. Life is so different now compared to how it was then.

When I was pregnant, we moved flats. It was lovely, really good neighbours. My sister moved into the flat above, my other sister moved in next door, so we were all really close. Summer was lovely, we'd all sit in the garden together. I was 18 at the time. Joe was drinking still and I was getting fed up. He'd say he was going to work all weekend and he wouldn't leave the pub. We nearly lost the flat, he was supposed to pay the rent and I had a phone call to say we're being evicted, because the rent hasn't been paid. I absolutely flipped on him, we did have a break-up over it then got back together, got married.

We moved into this house when I was due with Matty, that's my third. My sister said, 'come on out, he can babysit, you never do anything.' And I got a taste for it. I really enjoyed my friends' company. Then he started getting possessive, saying, 'You're not wearing that!' 'I want you to stay in!' I thought, I've had my kids now, I want to start living. Matty was just born, so we separated, and I became a single parent with 3 of them. I still love him to bits because he took me away from my mum and all of that. If it wasn't for him, I may not be here now. I supposed that's why I stayed with him so long. But I started realising life can be a lot more fun, I can have friends, I can go on holiday.

After Joe left, I was on my own for quite some time with the 3 children. Then I met Ben's dad. I was going out to raves, dancing, I'd never experienced anything like that. You're

amongst so many people enjoying themselves in a happy environment. The music, the company. So I did get exercise! I lost a lot of weight then. It was every weekend. Different world. I was just living the dream.

At first, Ben's dad was really nice, but he didn't want the baby, then he started pushing me about. He'd call me a tramp, 'what you wearing that for?' Really ugly. He would literally throw me up against the wall, scream in my face, in front of my babysitters or my friends. And there was this girl, didn't know her from Adam, and she went, 'I saw what he done to you, why do you put up with him?' I told her what he said to me and she went, 'Leave him!' It took a stranger for me to say, *I can't do this anymore.*

I ended up calling the police because he was being so destructive. He tried taking Ben from the cot, with a can of beer in his hand. The police had to restrain him. The other kids woke up, he chucked the can of beer, hit my other son in the head, so they arrested him. For weeks after he harassed me. I had friends stay here coz I was so scared of what he might do. He'd left messages saying he was going to bomb my house, kidnap Ben. He did kidnap Ben for 2 weeks. I took him round to see his nan and he took him from his mum. The police said he's got rights. I said, 'you don't know what he's going to do!' After I got a solicitor involved, I managed to get Ben back through an injunction.

I was on my own with 4 children. I was still going out, but less. I'd settled down. I loved being a mum. Jon did football, Jason rugby, and Matty a little bit of cheerleading. They all did something. And I used to walk them to Judo on Wednesday. That kept me busy for a while. When I met Steve, I didn't want a relationship because of what had happened to me. So he never even saw the kids for the first few years. One evening the kids woke up while he was there, and he was so good with them. We'd go out and his mum would babysit, got really close with them. They started calling her nanny.

After a year I fell pregnant with Noah. After having Noah, because I put on a bit of weight, I did start going to the gym. I would do spin classes, and circuits about 4 times a week. I really enjoyed it as well. But I can remember feeling down about my weight. We decided to get married, and I really went for it at the gym trying to shift the weight, but just couldn't. I mean I wasn't big, but I just didn't feel happy with myself. Going from being a raver and size 8 to 12 /14 was massive to me, and I was doing all this exercise, but the scales are still saying the same. I've always said I'm not going to join one of these weight-loss groups, but do you know what, I thought if I don't try, I'm not going to know, so just joined slimming world. Within the first three weeks I started losing pounds and then I stopped the gym because I thought I don't need the gym no more, I'm losing the pounds anyway just eating healthy, and I got back down to size 8 and was so happy.

After I had Luke in 2016 and Rich 2017, I maintained my weight, and then things got really rough. Steve's dad died, he lost his business, had a breakdown and was nearly admitted into hospital. I was trying to hold together two babies, was depressed, and we didn't have any money. I got some help with Surestart, they were fantastic, a lady used to come out and help me with the babies because I couldn't even get out the house, one teething, the other one potty training, so whatever you've just done you've got to do again. So it was a constant roller coaster, and exercise did go out the window. I mean I was always doing stuff with

them. I'd take them to Messy Play and Gym Tots, always active with the boys because if they don't get out on the weekend, they drive me crazy. I got tax credit and nursery placings. Things started picking up.

When I first met my husband, 14 years ago, I just thought *what can I do with myself?* I was already playing about with artificial flowers and found it therapeutic. Because I was on benefits, I thought take advantage of it, get a qualification. I mean I already had carpentry and joinery skills, but it didn't excite me, so I started this florist course, and absolutely loved it. They supplied childcare, and his development was through the roof, he so enjoyed it. Every time I made something, I had to have a friend come round and look at it, approve it, coz even then I wasn't that confident. Now I'm working again, doing something, and this is my gift.

During lockdown my sister had to go into a hostel so we've taken on her little boy, so I've three little ones now: 2, 3, and 4. Social services found him a placement at the same time as my other children, so now I have one in preschool reception and two at nursery and they are doing 9-3 and my calendar is all planned out. At the weekend we have a family day where we take them out. When it's not lockdown we'd go swimming, or to a farm, just do stuff. We have to because if they are at home, they'd break something. Now I'm 44 it's really hit me for six. I never thought I'd say I'm done, but I'm done. I want my fitness back, my life back.

When he had his breakdown, I didn't know what to do with myself. I started going to the playgroup at the River with the boys on a Friday. Anna, the Pastor, welcomed me, and said 'Come on a Sunday, we got Sunday for the kids and it will do you good.' When I was a child, I went on a six-week Christian camp for children, I must have been about 11 and we did sports, prayers and stuff. It made me feel wanted, because everyone was so nice. I actually became a Christian when I was on that camp, but then I got picked on when I got home and my mum and sisters would tease me about it, so it drifted away and wasn't part of my life. Turns out, it was the River funding that camp all those years ago, and I was on one of the children, so it's like, I had been drawn back to them. So I started going to church and within 9 months of going I got baptised. It helps me to realise that I'm not alone, that there is people out there who will help you, if you ask, that forgiveness is important, and to help others. It's inspired me find a way to help others.

Now I have a husband who's lovely. I've been through a marriage which didn't go well. I brought up 4 children on my own. Now I have 7 children, and one adopted child. So, it's a crazy life but I'm happy with it. There's times in my life I've struggled and I did get counselling. I've always been, *I'm gonna prove you wrong and I'm gonna do this*. And I always felt, *When I do, you're gonna love me*.

Key Insights

1. What issues are faced in everyday life?

- Abuse as a child in foster care and domestic violence as an adult have adversely affected on her mental health but inspired her to help others.
- Life has been a “roller-coaster.”
- Operating at maximum capacity to raise 3 children under 4 years old. Possible within a stable long-term relationship.
- Husband experienced redundancy followed by a breakdown. This greatly increased stress and pressure.
- Body image and body weight important to her.

2. What can we learn regarding physical activity?

- Positive early experiences of physical activity have continued into adult life. Positive towards swimming, dance and gym.
- Physical activity level fluctuates over time. Periods of inactivity (e.g. when life is in chaos, when problems arise, during lockdowns) alternate with periods of activity (e.g. joining a gym in an effort to lose weight after childbirth).
- Remains positive about the importance of physical activity and committed to ensuring her children are physically active
- Current primary motive for physical activity is for her children’s wellbeing

3. What support is helpful?

- Values community baby/mother groups (e.g. Messy Play and Gym Tots) and sees these as important for her children and herself.
- Gained essential support from Social Services and Surestart.
- Benefits from education opportunities for personal and professional development which were possible through provision of childcare.
- Values support from her husband and the church.

4. What have been the effects of COVID-19?

- Massively exacerbated existing problems, greatly increasing stress and pressure
- Curtailed her children’s and her own physical activity.
- Sense that she and her husband ‘managed’ lockdown, but only just.

10. Ali: "I'm last on the list."

I struggled at school, was bullied all the way through, very badly. Physically. Emotionally. Mentally. I was an easy target, a very shy little girl that didn't always have her hair brushed or smell very nice, that wasn't in our routine. My Mum was depressed all the time, and my Dad was a compulsive gambler. So home was not a good atmosphere and I was like the second parent, to my sister and brother.

I love being with girls, I'm all about girls, I have 3. But girls can be horrible. I remember very vividly being in assembly wearing an orange shell suit and they were behind me, pulling at my trousers, looking at my bum, saying I was wearing pyjamas. It was just horrific, I got so upset. But because I was in assembly you've just got to sit there and hope that a teacher spots it. And Mum would go in and see the teacher but nothing ever got sorted. So after a while, you just don't bother at school.

To begin with at secondary school I was sat with the cool kids, but as time went on I wasn't cool enough and was left out. Couple of times I'd be in the toilet and hear them bitching about me. I spent a lot of time in the toilet crying, but that was my sanctuary. If I did have a dinner, I'd eat quickly or I'd eat in the toilet.

I so wanted to be accepted and have a friend. I can't remember what the catalyst was but when I was 16 I tried to take my own life. I remember being on the floor in the kitchen, not knowing what to do with myself. I bought Paracetamol, took an overdose. I didn't want to do it. But I felt like I had no choice, almost like, I was going through the motions to get to the endpoint, which was hopefully help. I did get some counselling, but it did not help with mum and dad. My relationship with mum went downhill very quickly after that. She was angry with me and wouldn't talk to me. So I wanted to get out.

It was just a given I couldn't go to 6th form because I wasn't clever enough. I always felt stupid. Then I got diagnosed with dyslexia, but no-one worked that out until I got to 16, year 9. It made me feel like I could do something about it. I went to college, did business studies and did really well at it.

I thought at college I would be able to choose my friends and it would give me more freedom. I kind-of made friends, but they weren't my 'friend' friends. We just chatted, maybe had coffee together. I suppose I wanted a friend who, someone who'd have my back. Not backstab me. I suppose now I want loyalty, 100%. Someone I can trust and who will be there for me. If I'm upset or need to vent, or need advice, and vice versa. I am a very good friend. I hope my experiences have turned into something positive now. Friendships are very important to me.

Then decided to do Health and Social Care, because I always wanted to help people. But I really struggled with that course. It was 2 years and I only did 1. It was too much. I turned 18 not long after that. Looking back now I'm sad that I didn't finish, but at the time, I just couldn't do it.

Did the normal late teens, 20's – went out with my friends. Had a great time. Probably the happiest I've been. Going to pubs, clubs. Not always drinking but I enjoyed dancing, always loved music.

When I was about 16 Dad started going to church, which annoyed me coz I thought '*Who are you to go all holy when you've been rubbish!*' I was very angry. He wanted me to go to church so reluctantly I went. I was still going out with my friends and clubbing. By the 3rd Sunday I was getting to know people. Nice people. And they had this altar call and I could not stay in my seat. Ended up at the altar, praying this prayer, wondering *what just happened?* I kind of started my healing journey then really. I would say it took 2 or 3 years from that point to emotionally heal from my scars, upbringing and relationship with my dad and mum. And I did all that through church.

All through my life there was a pull to do something with the church and I could feel that again when I was 22, in my heart, like, it overtakes you ... a feeling of security, being accepted, peace and very much like God wasn't going to let me go down like I had been before. Then a visiting preacher talked about becoming a youth worker, so I went for the interview and got the job, and I loved it. Did that for nearly 5 years in different places, but got very tired.

I don't really remember how it came about but I joined a gym. I think having my own money made the difference. It gave me independence and something other than my job. For me, my youth worker job was morning, noon and night, so the gym was my space. I always did the same thing: treadmill, cross-trainer and bike, then sit ups, pull ups, leg stuff. When your body gets used to it you go up to the next level. I felt I had more energy and felt better about myself. I'm always self-conscious about my boobs, but it made me feel better in myself as well as physically.

I came home for Christmas and met Pete and we started dating. By this time Dad had stopped gambling. Its 20 years now. He worked very hard. Even though our upbringing was very difficult, I never questioned the love from my mum. Mum loved us, loves us, unconditionally. She was always there 100%. If I was upset, she'd be there, she's brilliant.

In January that year I moved back with my mum and got a job as a support worker working with people with learning difficulties helping them access the community and independent living at home, and I enjoyed it. Definitely challenging, but it's helping people, and doing something positive.

Pete and I had been together for 11 months when he proposed, married a year later. That was a big change, I said to my mum, '*being a housewife doesn't come naturally*' and she said '*I don't think it comes naturally to anybody.*' I don't think it's a woman's role, cleaning, making sure everything is up together. But Pete is very good, very hands on.

After 6 months I got very down. Not wanting to get up, feeling sad. No motivation. Crying a lot. Watching a lot of TV. Eating. I had a massive ding-dong with Pete's mum and dad, that didn't help. They wanted us to live in Bath and I said '*We will live halfway between you and my mum and dad, so when we have children my support network is not very far away.*' And

his mum said *'You shouldn't have children if you can't cope.'* Well I threw the phone, punched the door, and had a panic attack. It took a long time to heal that relationship. We're much better, 12 years down the line, but it took a long time for me to trust them.

Two years after we were married, we had Rebecca, and the pregnancy was horrific. I was sick morning, noon and night, awful. Then went back to work. I didn't earn enough, so mum had Rebecca one day a week. My health did dip a bit, took me a while to get in my flow. Then two and a half years later I got pregnant again, that didn't go well either.

After Hannah we were thinking we were done. And then it, kind of, *"Oh! I'm not done"*. Pete took a bit of convincing, but we tried and got pregnant. Sadly, I miscarried which was horrendous. But I still wanted another baby, so we got pregnant again. I didn't do anything until the test at 8 weeks then the scan at 12. And then got the, *'Oh, that's not good. I'm just gonna get someone.'* And then your heart sinks and you start crying. And they're scanning and it was just silent and feels like forever. It probably wasn't, but you're so vulnerable and you don't know what is going on. There was extra fluid on the back of the neck which could indicate lots of things. I had to go in a special little room, went in lots of those during the pregnancy, don't want to go in a little room again. They said the top 3 things was Down's Syndrome, the other 2 were, the baby would basically not survive inside. If they did make it, they would not live for very long, if at all. So it was horrific.

After the 16-week scan, because of the genetic condition, they told us *'hope for a boy,'* as it would either be a healthy boy, or a girl with a lot of problems. So we prayed for a boy. Then at 20 weeks they told me it was a girl. Well, I was distraught. I felt guilty because it's not her fault she's a girl. The genetic condition is called Turner syndrome. And Turner's girl babies don't always make it, so after that we went in every two weeks.

Even though they said she was girl we didn't know fully until they could scan the insides, so we had to explain things to the midwives, and when we went for the C-section, Pete stood up and said: *'No-one is to say the sex of the baby.'* Coz normally they go, *'It's a...'* We didn't want that because we didn't know.

Immediately they took her to see if she needed a heart op, and it took a long time for her to cry. I remember crying, thinking *come on, come on,* waiting for that. Eventually she cried and then they took her to see my mum. And people were going, *'Is it a boy or...?'* And you can't answer those questions. Even just saying the baby was here was a big thing, one-in-three Turner babies don't make it. Rebecca and Hannah came in the next day, and I was so worried about them, and they were like, *'What is it?'* and I said, *'Well, I don't know yet. We'll find out in a few days.'* They went, *'Oh, OK.'* It was such a relief. They were 4 and 7 and they just took it and that was the end of that. I gave birth on the Friday and it wasn't until the Monday night that they said *'She's a girl!'* It was a very weird weekend, again holding on, waiting for results.

My health, to be honest, wasn't good, but I kept going. Coz even from that point they were telling us *'She's gonna have surgery in 2 weeks,'* or a scan, backwards and forwards, backwards and forwards. There's photos and I just look so done in and tired. My whole face,

I don't know how we got through that to be honest. Then we're back to January and appointments.

Part of the Turner syndrome is that they don't have ovaries, which is upsetting for me, and probably her. They have gonads which develop into boy/girl bits. Hers didn't, so they had to come out, otherwise there's a high chance they'll turn cancerous. So you're carrying that. She had surgery not very long ago. And that was very sad. We went back last week to get the biopsy results and thankfully the news was good. But it's overshadowed by everything else.

We've seen the psychologist a few times. She very much was, 'You start laying the ground work now.' With Rebecca and Hannah I'd already had conversations, 'you grow up, have babies, get married.' But with Candace I've started practicing, saying 'hopefully you'll be able to have babies if you want them, but not everybody can, some people can adopt.' Trying to change how I say things so that it's not a given, you normalise it. The more that we, but mainly me, come to terms with it, go through my emotions, the better it will be for her. That's where I am trying to get, but its tiring and hard work.

The Children centres staff have been a saving grace, 100%. When I had Rebecca I went to a Baby-Peeps 1,2 and 3, for baby's under one's. They do singing, have a talk, meet other mums. That saved me. I didn't feel alone. And the staff were helpful, not judging and would always make sure they'd talk to me, would come and see us, involve us in different groups. Children centre have become a very big part of our lives. By the time I had Hannah there was only Baby-Peeps, all in together, and it was crazy. But again, you had one-on-one sessions, they'd come to the house, so I went to massage.

Recently, the health visitor gave me a leaflet coz I wanted to do something, I knew it would be good for me to get out. And because they knew I was nervous they would come meet me at the door, take me to the group and introduce me to someone. Maggie has been with me all the way through. She's known the story and been with our family. And before COVID we were seeing her every week.

Everything stopped when we went into lockdown, and that was hard, everything just disappeared. You were at home, home schooling. Before lockdown I was having Homestart, a lady came round for 2 hours every week and she would sit and play with Candace while I put washing on, do bits you can't do with the baby. You can't finish anything! And we'd chat as well. But all of that just went.

The lockdown affected my mental health as well, I felt isolated. The only reason I got through it was coz Pete was here. We were very much a team. I'm a planner, so I did school work with the girls, while he had the baby. And then we'd swap. I changed that room into a schoolroom. And then we'd have lunch, do a craft thing and then go for a walk. We always have been a team but when he worked, obviously, we couldn't do that.

I was able to talk to Maggie on the phone, but I'm more face to face so I had to work hard at being on the phone. I knew it was good for me so I wanted to do it. And it was hard because I had 3 children at home, day and night. I would talk to Maggie every week where possible.

From the end of September I could meet her at the children's centre with a mask, but I couldn't take the baby, and because Pete was working I couldn't go. So I haven't been able to see her. We've touched base on the phone and she put us forward to attend forest school. And then the last 2 weeks we've done 'Sing-and-Sign' at the children's centre, so that's been nice. Because Candace is very sociable, loves her sisters, loves being around people.

You're always moving when you have children, doing bits. But the good thing about lockdown is we had that hour and we went out every day. So I probably did more physical activity. When it was just Rebecca, she went to nursery 3 days a week, so I went to the gym. I quite liked that, dabbled in and out of that. I found a Zumba class where the lady did the adults and the kids went to the crèche. She didn't do it for very long but I loved it, I knew Rebecca was having fun and then it was 45 minutes for me, so I didn't feel guilty, because I knew she was having fun. But, it's tough at the moment working out what I'd like to do. I did lose a lot of weight, went down to a size 16. With everything the last couple of years, that's been the last thing on my mind.

On Monday I had a text from the children's centre saying they're doing a buggy walk. I thought, *that might be good*. Whatever I do during the day needs to be around my daughter. The girls go to school and I have Candace so I try and make sure I do something with her in the morning. We didn't do much when we were kids, so they do a lot. I try to make sure they are active, doing something. My oldest was doing cricket before lockdown and the second one loves dancing.

I hope to have time for me one day. I did like going to the gym. At the gym you know what you're going there for, and there are no distractions. I bought a step-up box and cross trainer to do at home, which I thought would be a good idea ... ha ha ha! There's lots of other things to do at home, so you get distracted. And then when you are done with the day, if that ever happens, you're knackered. I want to go to bed! The last thing you've got is energy for something else. In my mind, I think I must try to do something in the morning, but I am restricted. I still don't have energy. Candace does sleep, and when she's napping, I think: *I could do something or I could have a little nap*. It's very easy to not do anything and there are always a lot of other things to do. Everything for self-care, which is my buzz word at the moment. Well, I'm last on the list.

Key Insights

1. What challenges are faced in everyday life?

- Adverse effects of abuse at home and bullying at school, largely overcome in recent years through church, meaningful work and rebuilding positive family relationships
- Adverse effects on education and development (not being diagnosed with dyslexia until she was 16)
- Caring for a child with Turner Syndrome - uncertainty, stress, worry over managing her child's condition, regular appointments with health professionals, surgeries.

- Meeting her own needs - her relational orientation puts family members' needs before her own

2. What can we learn regarding physical activity?

- History of negative PA experiences at school
- Positive towards physical activity, has used a gym and would do so again as it provides time out for herself
- Financial hardship precludes spending money on her own physical activity
- Weight management is a motive for physical activity
- Any intervention must be free and must provide childcare for the duration (e.g. Zumba class). Guilt if children lose out because of her physical activity.

3. What support is helpful?

- Support from husband, which is essential
- Children's Centre support highly valued and essential ("a saving grace"): Support worker (i) made home visits, (ii) accompanied her to PA sessions, (iii) introduced her to other mums and (iv) engaged her in conversation. Groups (e.g. 'Baby-Peeps') also provided valued support and social connection.
- Homestart support used regularly and highly valued
- Medical support important, especially psychologist who helped her deal with child's condition (Turner Syndrome)

4. What have been the effects of COVID-19?

- "Everything stopped" in lockdown – all external sources of support "just disappeared."
- Family life and wellbeing negatively impacted by lockdown, particularly by the requirement to home school.
- During lockdown the family are isolated and just trying to survive. Her own mental health declined. Support from husband essential to getting through.
- Once husband was working again after lockdown, she was unable to access Children's Centre support without childcare, which was not usually available

11. Findings from Cross-Case Analysis

Our life history study reveals how this population is far from a homogeneous group. While there are certain similarities (summarised below), there are also numerous differences which we need to recognise if we are to find ways to support women whose motives, values, faiths, and upbringings differ. These differences are encapsulated in the preceding life stories and summarised in the key insights that follow each life story (sections 4-11).

Population based interventions are informed by *both* general understandings of the population *and* nuanced understandings of the diversity inherent within the population. Without the combination of general insights about the group as a whole, and the differing needs of individuals within the group, any intervention will fail. Practitioners therefore are challenged to balance a broad understanding with an awareness of a host of individual-specific factors. The findings in sections 4-11 (summarised in Table 1) provide in-depth information on a host of individual-specific factors, while the findings of this section offer some more general insights across the sample.

11.1 Context

The figures below relate solely to our purposeful sample of 8 women and offer a broad impression of the socio-cultural-political contexts of their lives. The rates of several adverse experiences are higher than those reported among women in the UK which we quote as a means of comparison. Of course, the sample used in this study should not be assumed to be statistically representative of the population.

- 75% of women (100% of British born) recounted one or more experiences of abuse, bullying and/or domestic violence that have had or continue to have adverse effects on their health and wellbeing.
- 50% of women (80% of British born) recounted experiences of abuse within their extended family during childhood. This included verbal, emotional and/or physical abuse. These figures are markedly higher than the Office for National Statistics estimate that 1 in 5 women experienced at least one form of child abuse.²
- 50% of women (80% of British born) described bullying by peers while they were at school. Bullying tended to be worse in secondary school but was also described by some in primary school. These figures appear higher than Department for Education statistics which suggest 17-21% of girls (aged 10-15) are bullied each year.³

² Child abuse in England and Wales: March 2020. CSEW.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/childabuseinenglandandwales/march2020>

³ Bullying in England, April 2013 to March 2018. Table 1a: Incidence of bullying by pupil characteristics 2013-2018. CSEW. <https://www.gov.uk/government/publications/bullying-in-england-april-2013-to-march-2018>

- 50% of women (80% of British born) recounted experiences of domestic abuse by one or more boyfriends. These percentages are markedly higher than The Office for National Statistics suggestion that 27.6% of women have experienced domestic abuse since the age of 16⁴.
- 37% of women (60% of British born) revealed they had been sexually abused. These figures are higher than The Office for National Statistics' figure of 20% of women in the UK have experienced sexual abuse after the age of 16.⁵
- 75% of women (60% of British born) recounted positive physical activity experiences as children. These were characterised by memories of physical activity that was playful, joyous, and/or relational.
- 37% of women (60% of British born) described adverse experiences through physical education and/or school sport which discouraged them from further involvement in physical activity for a significant period of time
- 50% of women talked of a personal religious faith that had helped sustain them and their families through difficult times. For all these women, faith was synonymous with social/communal activity of some form (e.g. going to church, communal prayer).
- 25% of women (40% of British born) recounted being – at some time – a single mother. At the time of the research, all but one (87%) were living within a long-term relationship with a male partner or husband.

11.2 General Insights

1. All women appear to be operating at or near maximum capacity – caring for their children on a low income; maintaining their home; managing their children's and their own health; engaging in paid or voluntary work and/or education. Their circumstances are highly challenging, and they live in a degree of jeopardy. Any of them could potentially breakdown and they appear to have little or no safety net. If this happened, their children would be at risk.
2. All 8 mothers have become skilled at finding their way, helping their families, making things work despite the difficulties of their particular situations. They *have* to be skilful, efficient and resourceful in order to survive under their current circumstances. These mothers are 'success stories' within the socioeconomic conditions they find themselves.

⁴ Domestic abuse in England and Wales overview: November 2020. Table 1: Prevalence of domestic abuse among adults aged 16 to 74, by type of abuse and sex, year ending March 2020. CSEW.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>

⁵ Sexual offences in England and Wales: year ending March 2017. CSEW.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendingmarch2017#main-points>

3. Experiences of bullying while at school have reverberated across women's lives. The consequences for some include poor body image and a profound loss of self-confidence. These are not necessarily apparent in physical activity settings, neither is the extent to which women attempt to cover up shame and guilt.
4. Five of the eight women (all British born participants) recounted experiencing mental health problems such as anxiety, depression and post-traumatic stress disorder. Their stories suggest that their mental health conditions are related to previous experiences of physical, emotional, verbal or sexual abuse and/or domestic violence. A range of treatments were described including medications and counselling. Sometimes these interventions were helpful and effective, at other times they were not. Something more than medication seems to be necessary for these women to manage and/or recover from their mental health difficulties.
5. Life can appear chaotic and endlessly shifting – at one point in life it may appear an individual woman is a victim (of bullying, rape, sexual abuse, physical abuse, grooming and/or partner abuse) yet within the same life story there are examples of when the same woman has been strong, self-determining and powerful.
6. Negative experiences of PA through school PE and sport were not uncommon, but most women (6 of 8) also had some positive memories of PA in their youth. As adults, participants held positive attitudes towards PA and they generally considered PA important to the health, wellbeing and development of their children and themselves. Most women articulated a *desire* to be more physically active, but the conditions of their lives often constrained their opportunities.
7. Relational motives often underpinned women's choices and decisions, and this also applies to their physical activity. Women often described their own physical activity as being "with and for" another person. Their motivation for physical activity stems from a desire to be with and/or to support the needs of the other person. Oftentimes this would be their infant child. For example, women would only consider physical activity opportunities for themselves if meaningful activities for their child were also incorporated. Women often described managing their own difficulties by attending to and prioritising the needs of others. This was usually through putting their children and families first. Sometimes it was through engaging in voluntary community leadership or support roles.
8. Financial hardships have very real effects on the day-to-day lives of the women in this research and their families. These limitations make leisure time physical activity unlikely, unreasonable or impossible when there is a cost involved. Participants were unlikely to spend the limited money they have available on themselves or their own physical activity. Free forms of PA (such as walking) were the most frequently described forms of activity, alongside free of charge groups such as mother-and-child groups (e.g. buggy walks), Zumba or dance. Many told us they have taken or would take part in other forms of PA (e.g. gym or swimming) if it was available free of charge.

9. Levels and forms of support differed markedly across the sample. But all women's stories showed that support of one kind or another has been essential for them and their children. Valued forms of support fall into several types: (i) support from partner and/or close family relative (e.g. mother); (ii) support from child-focussed groups such as Children's Centre or playgroups (e.g. group activities, 1-to-1 support, food parcels); (iii) women's support groups (e.g. domestic abuse, sport groups); (iv) social support from friendship network; (v) support through church or faith-based activity; (vi) practical support (e.g. securing safe affordable housing, education/training).

10. All women described either a deterioration in mental health or physical symptoms of stress (such as migraine or sleeplessness) as a result of COVID-19 (e.g. fear of the pandemic on the news, fear of going out, stress of being indoors, challenges of home schooling). Lockdown also resulted in reduced levels of physical activity among family members and removed most or all external sources of support and social connection. Home schooling was experienced as challenging, especially for those women who had a child with special needs (e.g. autism or Turner Syndrome). Together, these changes had profoundly negative effects on the wellbeing of their families, creating for some a situation that was unsustainable.

12. Recommendations

In this section we share our recommendations based on the study findings. We have tailored these recommendations to clarify the most important lessons we can take from this life history study to inform the ongoing development of the *Bristol Girls Can* project.

1. This life history study demonstrates that the population is not a homogeneous group. The study reveals a considerable diversity across a range of person-specific issues that affect physical activity behaviour. While any intervention will be informed by general understandings of the population, it also needs to cater for the variability across subgroups of the population (e.g. ethnicity) and uniqueness inherent in individuals. This can be achieved in two stages: (a) by including nuanced understandings of the diversity within the population in design and planning, and (b) by supporting practitioners to attend to and respond to the particular circumstances and needs of each woman with whom they work.
2. While these mothers in this study are 'success stories' within the socioeconomic conditions they find themselves, they are all operating at or near maximum capacity to sustain their families. The additional stress and strain of COVID-19 and lockdowns has been considerable. It is essential that existing support (e.g. Children's Centre initiatives, financial support, food parcels) are maintained and support that has ceased due to COVID-19 (e.g. physical activity groups, community groups, playgroups, schools) are reinstated as soon as possible.
3. All British born participants recounted mental health problems (anxiety, depression, post-traumatic stress disorder), poor body image and/or low self-confidence connected to experiences of bullying, abuse and/or domestic violence. Some also described negative experiences of PE/sport at school. Physical activity interventions should recognise the likelihood of these difficulties and offer sensitivity and additional person-specific support. For example: (a) a 'buddy' system to introduce and support an individual during initial sessions; (b) scheduling sessions later in the day as the side-effects of medication can be worse in the mornings; (c) focus on relational, discovery, co-operation and/or enjoyment, rather than competition and performance outcomes.
4. Financial hardships have very real effects on the life possibilities of all the women in this research. The forms of physical activity that women are able to engage in are free at point of access (e.g. walking). To have a chance of success, physical activity interventions need to be free of charge. It is likely that women will engage in more diverse forms of activity (gym is particularly favoured) if free opportunities are available either in mother-child form or with childcare provision. Physical health/fitness and social interaction (for themselves and their children) are strong motives for women to become more active.
5. Women's lives move through phases. Their lives and needs shift and morph over time, sometimes appearing chaotic, other times being relatively calm and stable. It is

unreasonable to expect physical activity interventions to be taken up during certain life phases (e.g. in times of chaos or distress). Instead, initiatives should recognise the likelihood that participation/engagement will change over time, offering repeated opportunities that women can respond to as and when the circumstances of their lives allow. Mothers with young children are not always able to make the most of physical activity provision. Yet, this does not mean they will not appreciate and participate fully in activities being put on when the time is right. We should continue, therefore, to make provision for women who on the face of it may seem reluctant or unlikely to participate in physical activity recognising that in time, or at another time when health or family circumstances change and life becomes more stable, they *are* likely to participate. This will help ensure women do not feel they have been forgotten and keep channels for health promotion communication open.

6. Three women in this study immigrated to the UK from an African country. Their ethnicity and life experiences create some notably different needs to the British-born participants. These differences should be recognised and catered for in any new intervention. This can be, for example, through: (a) provision of women-only groups; (b) supporting clothing options that respect cultural/faith-based needs; (c) provision of female coaches/instructors; (d) capitalising on the understanding and networks of other women of colour and/or immigrant women to tailor recruitment and provision to particular needs. One participant in this study (Eufrasia) provides an example of this in action, acting as a catalyst to other Muslim women, creating opportunities for them to be active within British culture without compromising personal beliefs and values.
7. Children's Centre support should be continued and developed as it is highly valued and considered essential ("a saving grace") by some women. It is an effective way to reduce loneliness of mothers with young children. Strengths to sustain include the opportunities provided by group activities (e.g. 'Baby-Peeps') and the dedication of individual support workers who are seen as helpful and non-judgmental. They achieve this by, for example: (a) making home visits, (b) accompanying an individual to physical activity sessions, (c) introducing a new mum to different groups as a way to meet other mums; (d) knowing the family's story; or (e) engaging in conversation. It is important to return to or extend pre-COVID-19 levels of provision as participants access to and/or uptake of support has declined since March 2020. Participants' accounts of their experiences with Children's Centre provision and staff show how important a regular point of contact is to their wellbeing and ability to cope.
8. The concept of *comorbidity* is useful when planning and designing interventions. The women in this study were not experiencing one challenge at a time. Instead, multiple challenges/stressors were often co-occurring in their everyday lives. This might include a child's illness/disability, their own or partner's mental ill-health, increased financial hardship through loss of employment or benefits, bereavement, a structural change (such as home schooling). Miscarriage is a further experience that affected several women in this study, who described it as "horrific." Failure to recognise the emotional and physiological disruption to life and health of women during such a phase of life is likely to undermine the amount of compassion and

empathy that women need to negotiate such a life event. While many of the women said their pregnancies were 'planned,' miscarriages were unplanned and traumatic, comprising an important ingredient in some women's life cycle that requires consideration.

9. Several additional recommendations specific to physical activity support can be deduced from this life history study:
- Be prepared to capitalise on mother's interest in physical activity when *they* are ready, willing and able to participate.
 - Information provision remains important (e.g. health visitor offering a leaflet)
 - Tailor physical and emotional support in recognition of how difficult new activity is for a woman with low self-confidence, poor body image and/or mental health problems. One participant said: "Because they knew I was nervous they would come and meet me at the door, take me to the group and introduce me to someone."
 - Physical activity should be organised around the needs of the children (e.g. around school times, be developmental and fun for the child, as well as through providing some mother-child opportunities)
 - Physical activity for wellbeing and health can usefully be based at a gym where there are no competing distractions and at a time of day before energy runs out.

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Appendix: Methods

1. Narrative Life History Approach

The methodology we employed consists of a qualitative exploration women's life experiences. Specifically, we used a narrative life history approach (see Crossley, 2000; Plummer, 2001; Riessman, 2008) which is ideally suited to providing participants with genuine opportunities to raise, share, discuss and elaborate on their own life experiences. Atkinson (2008) highlights how:

... it is important, in trying to understand another's experience in life or their relation to others, to let their voice be heard, to let them speak for and about themselves, and to look for the wholeness in their life. If we want to know the unique perspective of an individual, there is no better way to see this, and how the parts do fit together, than in their voice and their life story. (p. 231-2)

The narrative life history approach encourages and supports participants to voice issues that are important and meaningful to *them* in the context of *their own* life. Working in this way, participants are seen as the experts of their own lives, and it is each participant's personal experience – as they describe it – that is therefore the primary focus. Yardley and colleagues (2015) note that this way of working differs from other approaches to intervention development and evaluation:

Sometimes developers seek the opinions of users concerning what elements and characteristics they believe the intervention should include. A potential problem with this approach is that it encourages users to try to anticipate the needs of others, which they are unlikely to do well, rather than simply reporting their own experiences and views, which they do very well.

A further benefit of a life history approach is that it provides historical context to current experiences, decisions, and responses. Hammack and Cohler (2009) note, "Life course theory posits first and foremost that historical context matters deeply in human development" (p. 12). Life history studies offer a 'movie,' rather than a 'snap-shot,' of a person's life across time, recounted during one or more interviews. This offers important understanding how childhood experiences (for example) shape behaviour, life choices, expectations and perceptions of choice in later life

'Intimate familiarity' with a life should be achievable, Plummer (2001) suggests, through intensive and robust life history research. It is often considered a necessary characteristic of high-quality narrative research. This level of understanding is critical if appropriate interventions, support and/or engagement is to be developed and made available. Plummer (2001) warns that, "if a study fails to get this 'intimate familiarity' with a life, then such research must run the risk of simply getting it wrong: of speculating, abstracting and theorizing at too great a remove" (p. 39).

We have found narrative life history approaches to be effective and successful in previous research and evaluations conducted for diverse clients including UK Sport, Avon and Wiltshire NHS Partnership Trust, the Women's Sports and Fitness Foundation, the Addiction Recovery Agency, Theatre Royal Haymarket, and the Royal British Legion.

2. Participants

In light of their characteristics and demographics, this population is often considered 'hard to reach' and, as a result, excluded from research. It was, however, essential that we recruited women from areas of high deprivation. Access and recruitment of participants was achieved by making initial contact through two different 'gate keepers' before using a 'snowball' sampling method to extend the cohort of participants. Individuals who acted as 'go-betweens' put us in touch with other women who they believed would be suitable participants. To aid anonymity of our participants, we are withholding the names and roles of gate keepers.

Given the project's aims we also made use of the indices of deprivation (seven factors: income, employment, education skills and training, health and disability, barriers to housing and services, crime, living environment) and Open Data Bristol areas of Deprivation in Bristol 2019 (LSOA11) Map⁶ ⁷ to ensure (as much as was possible) participants were living in target areas. This aim was balanced to a degree with a desire to include some women from different ethnic groups, women who are immigrants, and a backdrop of COVID-19 which reduced opportunities for physical engagement in the areas we wanted to target.

All participants were initially contacted by telephone. At this time each was provided with information about: the study, its aims, the researcher who would be doing the interview, how the interview would be used and additional ethical requirements of the study. All participants provided informed consent and chose the time and place of their interview/s.

3. Interviews

We employed particular *relational* ways of working to generate a trustworthy, rich, robust, inclusive, respectful and insightful data set:

First, our aim is to work *with* participants, rather than do research 'on' them. COVID-19 brought a number of challenges to this aim in that being in close proximity for an extended period of time brought increased risk to the health of participants as well as researcher.

⁶ https://opendata.bristol.gov.uk/explore/dataset/deprivation-in-bristol-2019/map/?disjunctive=2016_ward_name_based_on_pwc&sort=2016_ward_based_on_pwc&location=15,51.4295,-2.57878&basemap=jawg.streets

⁷ The Indices are designed to identify aspects of deprivation, not affluence. For example, the measure of income deprivation is concerned with people on low incomes who are in receipt of benefits and tax credits. An area with a relatively small proportion of people (or indeed no people) on low incomes may also have relatively few or no people on high incomes. Such an area may be ranked among the least deprived in the country, but it is not necessarily among the most affluent. It may also be the case that some highly deprived areas contain pockets of affluence; that is, an area might contain both deprived and affluent people.

Having said that, it was possible to conduct four face-to-face interviews, to go on walks with participants, and to meet some in their homes. The remaining four interviews were conducted on Zoom or via the telephone.

Second, we attempted to respect the privacy and confidentiality of all accounts that participants shared during the interviews. All interviews were treated in confidence and made anonymous prior to being shared beyond the research team.

Third, both researchers are experienced in qualitative (dialogical narrative) interviewing and strive to work in an empathic, sensitive, open, and non-judgmental manner which respects individuals and their experiences.

Fourth, a follow-up interview was conducted with each participant to invite responses and dialogue around what they had shared during earlier interview/s (sometimes termed 'member-checking'). Atkinson (2008) suggests that, "a fundamental interpretive guideline is that the storyteller should be considered both the expert and the authority on his or her life, thus having the final say in what gets told" (p. 239). During this follow-up interview, the researcher read each participant's life story to them in full, providing an opportunity to revise, challenge, expand, or confirm our findings. Participants were also given the opportunity to remove any material at this stage should they wish. This important process allows us to be confident that our findings are faithful to and do not misrepresent participants' experiences and that we have their full and informed support for the use of their life stories in reports, presentations and publications.

4. Analysis

We used a 13-stage analysis and interpretation process:

1. Listen to interview recording
2. Transcribe interview verbatim
3. Read transcript, making notes on issues, insights, and themes.
4. Create life story, using the participant's own words in context [Draft 1]. These accounts convey in-depth insights into each woman's experiences over time. During this process, Ely (2008) suggests that the participant's 'voice must be communicated with just enough of her own color, cadence, and usage to "show" her to the readers, all the while taking care so that her voice cannot be used to stereotype and/or denigrate her' (p. 573).
5. Re-read transcript to ensure no critical content has been missed.
6. Revise and/or edit life story [Draft 2]
7. Share life story with the participant, inviting and recording participant's responses

8. Make revisions, if necessary, to respect participant's perspective, wishes and integrity [Draft 3]. The eight women's life stories are presented in sections 3-10.
9. Read life story to self, attending to emerging insights and embodied responses
10. Conduct a within-case content analysis of each life story, documenting key issues, insights and themes relating to the 4 research questions. Key insights from each life story are presented in Sections 3-10.
11. Read life story to another member of the team, exchange and note responses
12. Conduct a cross-case content analysis of the 8 life stories [see Section 11]
13. Deduce recommendations from the 8 life stories and the findings of the cross-case analyses [see Section 12]