



BRISTOL



Bristol Girl Can: Small Steps 2019-2023
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This Girl Can, Bristol, 2019-2022

Evaluation Report

EXECUTIVE SUMMARY

Introduction

Guidelines for physical activity used by the UK Government¹ encourage adults to engage in 150 mins of moderate intensity physical activity per week or at least 75min of vigorous activity². The message that increasing cardiovascular health and building strength improves sleep, manages stress, maintains weight, and improves quality of life while reducing risk of Type II Diabetes, cardiovascular disease, depression, joint and back pain and some cancers, provides a compelling rationale for Governments and local authorities to ensure access to physical activity opportunities are made available across the population. Yet, research continues to suggest that 40% of women aged 16 and over are not active enough to gain health benefits from participating in sport and physical activity³. Barriers to women becoming physically active include fear of judgement, a lack of confidence and not enough time. Added to these there are known to be a cultural, practical and emotional pressures that impact women's lives and reduce the opportunities to be physically active.

Moving away from the national figures research has shown that in Bristol 68% of men meet the government physical activity guidelines compared with 63% of women. In areas of extreme health inequalities this figure drops to 56% of women, and for those with a disability 36%. Women with very young children, and in particular new mothers, experience additional challenges to both initiating and sustaining physical activity. In Bristol, where there are approximately 10, 000 births each year, women living in areas with high health inequalities face additional constraints with regard to physical activity.

The 2018 *Bristol Girls Can* campaign focused on increasing physical activity among pre and postnatal mothers, through challenging stereotypical beliefs about the types of exercise women 'could' or 'should' do.

The 2019 campaign continued to build on previous campaigns focussing on mothers with children under five years of age in areas with the highest health inequalities in Bristol. If adequate provision is to be provided it seemed this particular sub-group of women may require tailored support, education and encouragement in order to embrace physical activity opportunities. Whereas some research had been carried out with new mothers there was little research with mothers in the areas with the highest health inequalities. This led to an innovative project being rolled out in three phases and underpinned by a collaborative approach to knowledge creation, knowledge exchange, research, service provision, and marketing as outlined below:

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/105454/1/physical-activity-for-adults-and-older-adults.pdf

³ This compares to 35% of men.

Bristol Girls Can 2019

The 2019 project was envisioned in three complimentary phases described below.

Phase one: Generate a new knowledge base

Working with practitioners (which began in a co-create workshop) along with commissioning new research (among mothers with children under 5 living in areas of highest health inequalities identified from postcode and maps) it was hoped the project would generate a highly informed knowledge base relating to this particular population. The intention was to use this to underpin later stages of the project. Specifically, to support the development of a service delivery package and later a wider communication & marketing campaign aimed at mothers with pre-school children.

Phase two: Education, Service Delivery & Monitoring

The aim of the second phase was to use recommendations generated in the workshop and research to create a service delivery package. This included upskilling practitioners (Children's Centre staff) to deliver activities for mothers and to monitor the impact of these classes. In recognising a need to listen to, value and work with mothers, their expertise contributed to phase two through a steering group composed of mothers with children under five from target areas who would consult on service delivery and the development of phase three.

Phase three: Monitoring Marketing & Communications

Phase three of the project took the insights from phase one and two and expanded these to create a marketing and communications campaign which would support the physical activity service offer. Concurrently, it also raised the profile and lives of women in Bristol. Working with partner organisations this phase was intended to generate stories, films, and photographs of women being physically active with their children and promote these through social media, midwives and health visitors. It was also intended this phase would repurpose the web site and create resources (such as fliers and posters) for further marketing of classes through Children's Centres.

Target audience

The target audience for the new activities and research were inactive mothers (women with children under 5 years of age) who access the Children's Centres in Knowle West and Redcliffe or who live in close proximity to the LSOA's⁴ (10% and 20% in England) in the Central, Southville and Filwood wards.

For the wider campaign this was extended to inactive and somewhat active women with children living in the most deprived areas (10% of LSOA's in the UK), and within the LSOA's in the following wards: Hartcliffe and Withywood, Knowle, Filwood, Lawrence Hill, Frome Vale,

⁴ LSOA

Output Areas (OAs): are the smallest of the geographies that data is published at and have an average population of about 310 residents. **Lower Layer Super Output Areas (LSOAs):** have an average population of 1500 people or 650 households. A lot more data is available directly at LSOA level. **Middle Layer Super Output Areas (MSOAs):** MSOAs have an average population of 7500 residents or 4000 households.

Southmead, Ashley, Avonmouth and Lawrence Weston, Hillfields, Central, Henbury and Brentry, Hengrove and Whitchurch Park, Lockleaze, Stockwood, Brislington East.

Covid 19 Pandemic

A backdrop to this project was the covid pandemic first identified by the World Health Organisation (WHO) on 31st December 2019 when it was identified as a novel Sars2-CoV-2 virus. Later it became known as Covid 19. On 23rd March 2020 the UK Government brought in its first lockdown. In terms of this project, while the co-create event had been held and the research planned, once the lockdown was announced everything stopped. It is important to document that the support and encouragement of Sport England during this time was of great help as deadlines slipped, targets were missed and some issues relating to project delivery seemed impossible to achieve. It is a testament to the perseverance of the project teams involved, and their belief in the project, that over the course of 2020, 2021 and into 2022 aims, objectives and performance indicators were met.

The following describes the 'Key Performance Indicators' for the project (KPIs)

Phase one KPIs for Generating New Knowledge

- Form a steering committee to oversee the project and hold regular meetings across the life of the project
- Collaborate with partner organisation Bristol South Children's Centres. Hold a "co-creation" workshop with 15 staff from targeted children centres to map possibilities and challenges
- Commission Life History research with 8 mothers from target areas
- Commission Focus Group research to engage 32 mothers from target areas
- Create a 'Service delivery' package informed by research and the co-creation event targeted at mothers with children under five years of age in areas of highest health inequalities

Phase two KPIs Education, Service Design & Delivery, and Monitoring

- Through partner organisations and children centres, engage 500 inactive mothers with the aim of increasing their physical activity.
- Provide physical activity courses to enable 15 members of staff or become ambassadors for physical activity, support them to run classes, and engage/connect with 200 mothers
- Monitor delivery of classes and attendance

Phase three KPIs for the Communications and Marketing Campaign

- Form a steering group of mothers to act as expert consultants on the campaign
- Reach 225k mothers and women through variety of digital platforms driven by the marketing campaign and paid social media in areas of 10% and 20% highest deprivation, including our target areas and places such as bus stops and billboards
- Reach 5k followers on Facebook an increase of 2K
- Drive 20k page views to the website and open data
- Recruit 10 inactive and somewhat active mothers for case studies to be used in a wider communications campaign
- Set up 50 new providers on open data
- Increase activity sessions on open data to 7,400:an increase of 1,400

- Initiate 12k conversations between midwives/health visitors and pre and postnatal women over the coming year. Each contact will receive a postcard directing women back to the Bristol Girls Can website

The following evaluates the project aims aligned against KPIs

Evaluation of Phase one: Generating a new knowledge base

- The project was able to fully meet its objective of forming a steering committee to oversee the project and hold regular meetings across the life of the project.
- The project fully met its aim to collaborate with partner organisation, Bristol South Children’s Centres. This commenced with what was called a “co-creation workshop” that provided an opportunity for the project lead to share a background to Bristol Girls Can, for the two researchers to share recent research and insights regarding mother’s/women’s physical activity and mental health. In return, the Children’s Centres staff provided insights on the types of physical activity that might appeal to their clients, the types of factors they believed prevented participation, and as a group the workshop drew out and identified potential support strategies that might appeal to mothers with children under five. These included:
 - Identifying potential barriers to mothers becoming more physically active; **Psychological factors** (such as low self-confidence, low body image and narrow assumptions about the types of skills needed to participate). **Practical factors** (such as costs related to travel and clothing, practical support and there being little or no cultural expectations for mothers to be physical active). These insights aligned with most existing research.
 - The event provided a context and environment for the project team, researchers and Children’s Centre staff to begin to form a close collaborative working relationship.
 - The event also provided a way for practitioners to gain validation for their expertise and knowledge and provided an opportunity to explore how this knowledge could be used to guide the subsequent stages of the project.
- **Research project 1** fully met its aim to conduct life history research with 8 mothers from target areas. (full report <https://www.bristolgirlscan.co.uk/find-out-more/>). Participants were 8 women aged between 20 and 44 living in Bristol and from the lowest 10% socioeconomic subgroup according to Indices of Deprivation. Findings showed:
 - Mental health issues (anxiety, depression, post-traumatic distress), low self-confidence and poor body image were common across participants as were bullying, abuse and/or domestic violence, intimate partner abuse among British born women.
 - Relational motives often underpinned women’s behaviour choices and decisions, with motivation for physical activity often stemming from a desire to be with and/or to support the needs of the other, often times this would be their child/children.
 - The ethnicity and life experiences of those who were immigrants to the UK create some notably different needs to the British-born participants.
- **Research Project 2:** Due to the pandemic it was not possible to conduct focus groups therefore recruitment focussed solely on online one-to-one interviews and progressed in three stages (full report <https://www.bristolgirlscan.co.uk/find-out-more/>).
 - 1 Consisted of thirteen interviews to understand mother’s routines and relationship with physical activity and how it did or didn’t factor into their lives. Key finding: Mothers time ‘is not their own’ and is governed by other’s timetables. Women have a challenging, often emotionally fraught, relationship with leisure time physical activity. Mothering changed their capacity to engage in exercise and often there is little support for their participation.
 - 2 Consisted of interviewing nine women to gain insight into their relationship with physical activity during lockdown, and how positive relationships with leisure time

physical activity are built and sustained. Key Finding: Resources necessary to participate often feel out of reach. Women with strong relationships with physical activity de-centre the importance of the body. Those with a challenging 'negative' relationship with physical activity engage with the idea of exercise through negative assessments of their 'mothering' body.

- 3 Consisted of interviewing eight mothers from minority ethnic groups to gain a better understanding of their cultural relationship and readiness to engage in leisure time physical activity in the context of the pandemic. Key finding: Mothers view their bodies negatively and their views are shaped by cultural ideals of how bodies should look and behave. Mothers often abandon the idea of physical activity because they feel it is out of reach and impossible.

Recommendations and insights for future collaborations from phase one

1. Bringing potential collaborators together at the beginning of a project, (which here provided education and thinking space), proved an invaluable starting point. Such a strategy could play an important role in future community interventions. A further way to consolidate the benefits would be to repeat this type of event at later stage or at regular stages of a project.
2. Inactive Mothers with very young children are often absent from research and sport provision. Future projects might continue to take on board how critical it is to involve organisations and individuals from the community in project planning and delivery. In this case it was staff from South Bristol Children's Centre, who have strong links to families and mothers with young children living in the target areas. The workshop moved beyond valuing the expertise of Children's Centre staff to embracing the potential networking links and their role as gatekeepers for research.
3. Interventions should recognise the likelihood of mothers having mental health issues, or/and experiencing stress and offer sensitive person-specific support such as: (a) intensive support during initial sessions; (b) careful scheduling of sessions; (c) focussing on the relational and discovery aspects of physical activity delivery which prioritises co-operation and/or enjoyment, not solely the health gains of physical activity.
4. Promote activities for mothers *with* and *for* their children.
5. Provision should be made for a) women-only groups; b) understanding and respecting cultural/faith-based needs; (c) female coaches/instructors; (d) capitalising on the understanding and networks of ethnic groups and/or immigrant women to tailor recruitment and provision.
6. Fit activities around mothering routines, e.g. school run, nap times.
7. Recognise mothers' fatigue and offer de-stressing and rejuvenation activities.
8. Recognise that mothers' pelvic health may be a limiting factor and may never have been prioritised after childbirth. Support women with improving their pelvic health.
9. Success stories should be about participation, not competition, body weight or health.
10. Long term physical activity should be presented as normative and 'owned' by mothers
11. Communications should specify the classes are for beginners with no equipment needed.
12. Clear communications around logistics, music, instructor, timings should be given.
13. Sessions need to be pitched for beginners.
14. Sessions need to have female instructors, a regular instructor, and the instructor needs to spend time getting to know the participants.
15. Participants should not feel pressure to attend regularly or perform 'well'.

Evaluation Phase two: Education, Service Design & Delivery, and Monitoring

- Phase two surpassed its objective to provide physical activity courses for practitioners. Initially 8 courses were run which enabled 23 members of staff from South Bristol Children's Centre to gain a qualification. Six of these gained the Sport Leader Award. When the courses were rolled out across Bristol (Summer 2022) a further 27 staff attended courses.
- New physical activity sessions run by staff in Children's Centres included Move Together, Boogie Disco, Buggy Walks and Toddler Yoga. As of December 2022 Move Together and Boogie Disco continue to be delivered and additional courses are being planned.
- 351 adult and 410 child attendances were recorded at sessions held in Knowle, Bedminster, Greville Smyth Park, Bishopsworth, Redcliffe, Illminster Avenue, and Stockwood. These figures show the project to have surpassed its aim of engaging and connecting with 200 mothers.
- Given that no exact date was stipulated regarding when the project would reach 500 inactive mothers, along with the disruption caused by the Covid 19 pandemic and the difficulty of assessing the activity levels of Mothers, we believe this objective has been met.
- The main factors believed to have negatively impacted attendance include; 1) inclement weather; 2) health and safety issues due to covid 19 restrictions limiting capacity; 3) introducing a booking system when clients were used to 'drop in' classes; 4) the physical activity aspect of the session were not made clear to mothers with some attending solely for their children; 4) Some mothers did not want to commit to a term of classes; 5) no-shows meant there were available spaces.
- In addition to observation and interviews with staff, an in-depth monitoring questionnaire was developed and distributed to women attending their first session with a target to complete 200 forms. Following a number of setbacks (equipment malfunction, members of staff being either unwell or leaving the organisation) the number was reduced to 52 questionnaires, and this number was achieved.
 - The average age of respondents was between 23 and 44, with 42 (81%) self-identifying as White British, 5 as White Other (10%), and 4 (8%) Other Ethnicity (which were noted as Pakistani or Arab). One person preferred not to disclose. When asked about sexual orientation two people preferred not to say, while the remainder (50, 96%) said they are heterosexual. Religion/faith data showed 33 (63%) reported to have no religion, 13 (25%) said they were Christian, 3 identified as Muslim (6%) and 3 (6%) preferred not to say. Three respondents self-identified as living with a disability. Respondents had between 1 and 4 children whose ages ranged from 3 months to 17 years. When asked "are you pregnant or given birth in the past 26 weeks" 50 (96%) of respondents said no and 2 preferred not to say. When *asked are you an asylum seeker?* 48 (2%) responded no, and 4 chose not to disclose.
 - The most popular activities offered at the Children's Centres were Move Together (with 64%, 33 women participating) and Boogie Disco (with 88.46%, 46 women attending). 20% of respondents participated in both Boogie Disco and Move Together. Five women (9.6%) participated in the Buggy Walks, and none of those surveyed attended Toddler Yoga.
 - Walking was the most popular physical activity with 94% women having walked in the previous 7 days, (from 20mins to 6 hours). Thirty-two (60%) had walked for at least ten minutes, 73% (36 women) believed it had been intense enough to raise their heart rate. Eleven women (22% of 45) had walked between 3 or 4 days in the previous week. The length of walk suggests some of these walks may have been for a school drop off. Longer walks may have been active travel, fitness or/and as a leisure activity.
 - Six of the 52 respondents had cycled in the previous 7 days (12%), two on 1-day only, three on 2-days, and one woman had cycled on 3 days of the week. Two cycled for

- one hour, one for two hours and one for three hours. It is not clear from the survey what type of cycling this was (leisure, fitness or work). Five out of the 6 women reported the effort was high enough to increase their breathing intensity.
- In addition, 20 (38%) respondents had participated in additional fitness/exercise activities, while 32 (62%) took no other exercise in the previous 7 days. Of the 26 responses, 15 (58%) reported that the effort used during these activities was enough to increase their breathing rate while 11 (42%) reported no increase.
 - Mental Health and Satisfaction with life showed 60% of respondents reported high levels of worth and satisfaction with life.
 - The questionnaire raised many issues about physical activity that remain unanswered. For example, what motivates mothers who regularly walk and cycle? If these individuals are solely motivated by taking young children to school, would the activity stop once their children no longer need to be accompanied? Further research might help understand these behaviours.
 - It is encouraging to note that cycling, sport, fitness and dance appeared to be at a level that was 'hard enough' to increase breathing rate for many women in the sample.
- A Follow up questionnaire was completed by telephone in 2023 after a six-month interval. Included in the 17 item (four with sub-questions) survey were questions that sought to understand more about project delivery, and the marketing and communication campaign.
 - No demographic details were elicited and there was no way of exploring how representative this data is. Date of birth was provided by 23 of the 25 respondents. This showed the average age of respondents to be 36.9 years.
 - Respondents' primary Children's Centre included Hartcliffe, Bishopsworth, Knowle, Inns Court, Ilminster Avenue School, Stockwood, South Bristol and Bedminster (Compass Point) with the largest number (13) women accessing classes at Knowle.
 - Boogie Disco became the more popular class with 13 respondents participating. Six participated in Buggy Walks, five in Move Together and one respondent had participated in Toddler Yoga. Eleven out of the 25 respondents accessed more than one class [each week]. Respondents cited 14 additional activities which they participated in. The diversity of these suggests there is both a need for, and an interest in, activities for mothers with young children. It also provides evidence that mothers are proactively looking for opportunities to do things *with* their children.
 - A number of sources were cited regarding how respondents learned about the activities including; Facebook group; Children's Centre timetable; new mothers group at children's centre; friends and relatives; Health Visitor; Children's Centre signposted an individual; word of mouth; WhatsApp texts from children's centre; website; posters (for example at the bus stop by the Children's Centre and at the Boing soft play) and by making an enquiry at the Children's Centre. Mention of websites and posters provides evidence that the communication and advertising campaign has been effective at reaching their target.
 - When asked about their first experience of a class respondents mentioned staff being encouraging, friendly, attending to the needs of their children, the quality of the music, equipment and environment and the opportunity for socialisation (both for children and mothers). Some respondents valued that the class was a walkable distance from their home, with one mother saying "*not many places you can take child in a deprived area*". For those who participated in the Buggy Walks a positive factor was the opportunity to be outdoors. On the less positive side some respondents wanted more variety of music and higher levels of intensity. Given there were five different types of activity identified, over seven different locations, it would be unfair to read too much into requests to change or adapt sessions based on these responses.

- Of the 23 respondents 14 were not aware classes were for parents and children. Three respondents knew in advance of attending a class that it was for mothers and children. Eleven of the respondents had seen no advertising about wider Bristol Girls Can Small Steps campaign. Of those who were aware of the campaign, a variety of signage was reported including; online, local high street, at Children’s Centres, on the TV, GP surgery, nursery, new mothers group chat, poster at bus stop, shared posters through WhatsApp group, and Facebook. It is worth noting these responses point to the wide reach of the campaign, and how important diverse locations are (such as GP surgeries and posters at bus stops).
- Fourteen respondents believed the class they attended was effective in getting them to be physically active, while six respondents believed the classes were not at a high enough intensity to improve fitness. Given, as stated above, responses relate to extremely different types of activities (Forest School, Toddler Yoga, Sign and Sing, Stay and Play, Buggy Walks, Move Together and Boogie Disco), and the level of fitness of the individual is not reported, it would be unwise to make assumptions regarding the degree of intensity of a particular class, and whether it should be increased.
- Sixteen respondents believed staff were motivating during the class while three responded *“Not at all”, “The start and end, not during free play”* and *“Not at all, [it was] for the kids, not for me”*. Given the different fitness levels, and that *“Small Steps”* was aimed at inactive women these responses illustrate of how difficult it is to pitch the intensity level at a community physical activity class. Four themes characterise responses about what it would take to increase women’s physical activity (a) Marketing, (b) Expertise of staff, (c) Content of classes, and (d) Equipment.
- Respondents in this sample appear to have a high degree of satisfaction about their lives being worthwhile, a high degree of happiness (on the day before data collection) while also exhibiting very different levels of anxiety.
- Mirroring the initial survey all respondents had been for a walk in the past week. Of these, thirteen believed this was at a high enough level of intensity to raise their heart rate. Eighteen respondents walked for the same duration each day, (between 20-60mins). As in the first questionnaire, the length of walk suggests many of these walks may have been to accompany children to school. The duration of three respondents (who walked for different duration) ranged from 20 mins, to 420 mins. Likewise, there is no way to explore whether those who engaged in longer walks used walking as active travel, fitness or/and as a leisure activity.
- Two respondents had been cycling in the previous 7 days with one cycling on 4 days of the week with each ride lasting 45mins. The second individual had participated in a spin class (two classes of 45mins) and both believed the exercise increased their heart rates.
- Eleven from 25 respondents had participated in additional sport and fitness classes in the previous week with the duration of these activities/classes being extremely varied. Fourteen respondents did not participate in additional physical activity.
- Respondents valued opportunities do something with their children for bonding/building relationships, enhancing mental health, and providing opportunities to meet with other mothers. One respondent suggested that the Buggy Walks supported mothers needs but not the physical activity of their children. When asked about feelings toward physical activity at the moment, ten respondents provided positive comments about their body, activity levels, and appear to have gained a sense of achievement from what they were able to do in the class. In contrast, some respondents felt guilty for not being active.

Recommendations and insights for future collaborations

1. A key question arising from service provision must be, are mothers with children under 5, from areas of highest health inequalities, provided with opportunities to become active enough that their minimum physical activity benefits are reached? We might also ask, and are they being fully resourced to do so? Sessions led by practitioners from the Children's Centre were both peer, evaluator and project lead observed and there is high degree of synergy and agreement between observations that the classes play a pivotal "glue" in maintaining contact, reducing isolation, and in supporting and valuing physical activity within community settings for women. They also 'sign-post' small steps as being a 'way in' to becoming more physically active. They also, importantly, introduce children to physical activity with their mothers, in a natural way that is fun. But, many of the women, if tested, would be unlikely to reach their minimum levels of physical activity intensity.
2. Moving mothers from inactive to taking a small step is a huge movement for an inactive mother and may take more time compared with other populations. How, then, we monitor this move (as part of an individual's journey) needs to be given greater consideration and understanding during project evaluation. A project has not failed if a mother did not increase her physical activity intensity or duration. Other factors need to be taken into consideration. This is an area future research might help make more transparent.
3. In terms of delivering physical activity education for practitioners, face-to-face opportunities seem to offer a more fruitful way forward, despite the appeal of online courses being easier to organise and less expensive to run (see 2.2). Bringing practitioners together physically as an 'educational event' provokes different types of interaction and discussion (compared with being online) (see 2.2).
4. Recommendations for physical activity need to reflect that supporting mothers with young children to move from "low or no physical activity" to "minimum levels" may take longer and require more motivation and support compared to how we support and encourage other populations (See 2.4).
5. Future projects should consider employing a dedicated 'person' at the beginning of the project, whose responsibility it is to log attendance and/or to take responsibility for data collection, including to monitor attendance, distribute surveys and questionnaires as well as conduct following up surveys and feedback. (2.5)
6. It is inevitable that some physically active women will find the classes run at Children's Centres to be at too low a level of intensity for the class to be enjoyable or health enhancing. It seems, therefore, important to signpost these mothers to classes that tailor provision to physical activity at a higher intensity level (for example, at sport centres or club) rather than attempt to cater for all fitness levels in a class aimed at helping mothers to take small steps *with* their children.

Evaluation Phase three: Communications and Marketing Campaign

- This project fully met its aim to create a steering group composed of mothers with children under five from the catchment areas to act as expert consultants.
- The project surpassed its aim to reach 500 inactive mothers through community partners and children centres by promoting BGC funded activity sessions at South Bristol Children's Centres and through various resources (bespoke toolkit, branded banners, flyers).
- The communication and marketing campaign surpassed its aim to reach 225k mothers and women through variety of digital platforms driven by the marketing campaign and paid social media in areas of 10% and 20% highest deprivation. Included in the target areas were places such as bus stops, billboards and in high-rise blocks. High footfall at permanent exhibition sites, digital slides in GP surgeries and Bristol Children's Centre Customer Service Point, billboards

and adshels in 26 sites across the city, posters and postcards in pharmacies, Children's Centres, food banks, health and maternity services combined with a reach of over 100K through social media

- The campaign was unable to meet its aim of reaching 5000 followers on Facebook. Given the number of followers grew throughout the campaign, and the rate was beyond Facebook's average conversion rate, it seems feasible that this aim was unrealistic.
- The campaign was unable to meet its aim of driving 20,000 page views to the website. Given views were up by 240% on the previous three years, it seems this aim was also unrealistic. It was also difficult to capture this data due to the opt-out option on the council website.
- The project surpassed its aim of recruiting 10 inactive and somewhat active mothers for case studies to be used in wider communications campaign, with 18 women being recruited.
- Following conversations with senior midwives about capacity to hold more conversations this aim was revised.
- The campaign met its aim to continue to exhibit the 2018 Fit Got Real photography exhibition at St Michaels and Southmead maternity wards, in addition two new exhibitions with recent Small Steps photographs have been installed in five sites in the city including flats, Children's Centres and hospitals.
- The project achieved its aim to gain positive media coverage of Bristol Girls Can and the Small Steps campaign.
- Challenges that arose during the Communications and Marketing Campaign included a low number of mothers signalling an interest in taking part. This was mitigated by both the project lead and communication lead investing time in the community through face-to-face contact with mothers (for example, at events run by the Children's Centre).
- A second tension or challenge arose between organisations/collaborators relating to expectations over recruitment, use of the tool kit, and the role of partner organisations.

Recommendations and insights for future projects

1. It seems prudent, in future projects, to include the communications consultant in initial workshops and collaborative activities. In this project the lead communications consultant was briefed on all phases of the project, but despite these best efforts, was unable to attend events at the beginning of the project. However well delivered, a briefing does not build trust, rapport, or understanding with collaborating staff. A different approach is needed to develop a close working relationship with staff from partner organisations. Meeting staff at an earlier phase of the project may have made conversations about roles and responsibilities clearer to partners later in the project thus reducing or avoiding different expectations between collaborators.

2. There was an argument put forward by some members of the team to suggest that questionnaires and monitoring surveys would benefit from the inclusion of questions about participants' awareness of marketing. This recommendation was actioned in the 6-month follow up questionnaire where a question was added regarding marketing. However, the counter argument to this is that by adding additional questions it makes completion of the form more arduous. Future projects would do well to keep the number of questions low, as an overlong questionnaire may prove unwieldy to administer, and result in responses that are unhelpful or unusable.

3. There was an overreliance on and expectation that social media 'shout outs' would meet recruitment needs of women living in areas of greatest inequalities (particularly Facebook). Future campaigns would do well to recognise low self-worth and confidence can influence recruitment, and in some cases social media is not valued (or affordable). With regard recruitment, what seemed to work very well in this project were the investments made building relationships in person (for example, at food clubs, events and activities). While these are more

time-consuming, they bring visibility, create relationships, enhance networks as well as facilitate recruitment.

4. Future projects should explore how many participants are required in order to reflect the diversity of the city.

Legacy

- Responses of parents who participated in the project illustrates the positive impact of the classes on their health and confidence. Positivity about the project was also evident in the six-month follow-up questionnaire. Parents made it clear that for many mothers, it is the awareness and sensitivity of staff to their individual needs that made it possible to attend a class. The report also provides evidence of how valuable mothers found socialising during the classes. Beyond these benefits, parents found the classes fun.
- When Children's Centre staff were asked about their experiences of the project they reported that the learning opportunities provided had increased their knowledge about physical activity and its benefits, provided ideas about how to encourage women to participate and make it fun. Many said it had also increased their own confidence delivering classes.
- Women who took part in the media campaign reported a positive impact on their lives and physical activity. Many of the participants said they felt a sense of pride at being involved given that their involvement would likely become a catalyst to inspire other women. Some of these participants have gone on to become physical activity practitioners and others social influencers.
- Resources created during the project, such as the research and the tool kit, peer reviewed publications and films, have a life beyond the project both making a case for why women's physical activity is important, as well as inspiring participation.
- Responding to the collaborative aspect of the project a project evaluation film provides an accessible account of the project that is available and accessible online at <https://youtu.be/nIUA9ZvfWAs>

Together these provide important legacies influencing future physical activity participation.

Final Recommendations

1. Increasing capacity to run additional physical activity sessions each week is beyond the Children's Centres core aims and objectives. However, it would be beneficial to continue to upskill/educate/inform staff about the benefits of physical activity (both for themselves as well as clients). To this end providing proactive educational opportunities for staff that relate to issues and challenges their clients may face is recommended.

2. If accuracy of data collection is a project requirement there is a need to rethink how physical activity sessions are monitored and who is responsible for collecting data. There is a strong argument that with collaborative projects like this a dedicated role/person is required. Specifically, this would be an individual who is embedded (in the case of Bristol Girl Can), both within Bristol City Council as well as South Bristol Children's Centre. The role would entail (a) supporting practitioners delivering classes, maintaining accurate data regarding numbers attending classes, collecting demographic information of participants & satisfaction with life, and before and after time information (b) the role would provide a 'go to' person between the communications and marketing team and Children's Centre for reviewing marketing material, signing off photos, and updating Facebook and other social media, (c) be integrated into Bristol City Council, thus contributing to the requirements of a funded project, supporting policy and practice, data input and preparation. This type of role would bring continuity, strengthen the collaboration and reduce tensions between organisations when different expectations arise.

3. The research conducted at the beginning of the project provides evidence of the importance of *beginning a project* with *in-depth* research. More broadly, future projects should take on board the need that data collection be of depth, as well as targeted. For example, the questionnaires and survey data provide some insights but are lengthy to distribute and, despite embracing modern technology, bring a level of unreliability and anxiety for the person distributing them. Face to face conversations, where trust and rapport are created, may be time consuming but they provide insights that more generalised approaches are unable to get at. Building rapport and trust are key.
4. Greater recognition is required to understand that if an individual is asked to give their *opinion* we will gain less useful information compared with when we ask people about their experiences, motivations and behaviours.

Outline to the main report

For ease of reading this report is divided into four sections.

Section one provides a background to the project, describes the main aims and objectives in 2019 when the project commenced and lays out the monitoring/evaluation plan with regard to Key Performance Indicators (KPIs). This section includes:

- a timeline for activities and outputs set against a backdrop of the covid 19 pandemic
- outputs from phase one of the project: what has become known as the “co-create day” with children’s centre staff
- a summary of the commissioned research.

Section two provides information on phase two of the project, including Children’s Centre staff development activities, service delivery, data monitoring of classes, observations and evidence of delivery in line with KPI’s.

Section three provides information on the third phase of the project which involved a wider communication and marketing campaign. Here you will find information about the development of the “small steps” initiative, and how stories, films and videos were developed in collaboration with local mothers along with other media created. This section includes resources developed for use by Children’s Centre.

Section four of the report provides a reflective look at the project as a whole, exploring the benefits and challenges of “co-creation” and collaboration. It identifies some of the problematic issues associated with this project and provides insights into how issues were negotiated or resolved. The report closes by summarising lessons in order to inform how future projects might take This Girl Can/Small Steps further.

Phase One: This Girl Can

1. Introduction

This section contextualises the 2019 This Girl Can project in Bristol, beginning with the national perspective. The initial project aims are identified along with how it began, who was involved and why. We also report on the wider context that unfolded late in 2019, namely the Covid 19 pandemic that went on to have a huge impact on project delivery.

1.2 National & regional background

Research has indicated that 40% of women aged 16 and over are not active enough to get the full health benefits of sport and physical activity. This compares to 35% of men. Barriers to becoming physically active includes fear of judgement, lacking confidence, lack of time, along with a mix of cultural, practical and emotional pressures that impact women's lives (see for example: Abdulwasi, Bhardwaj, Nakamura, Zawi, Price, Harvey, and Banerjee (2018); Al-Busafi (2012); Carless & Douglas (2012; 2010). Cerisse, Hatch, and Lawrence, (2019); Diep, Leung, Thompson, Gor, Baranowski (2017); Douglas, & Carless (2018); Knez, Macdonald & Abbott (2012); Moore & Stathi (2020); Stojanovska, Apostolopoulos, Polman, & Borkoles (2014).

In 2018 the *This Girl Can* campaign celebrated women being active irrespective of body composition, shape, size and ability. Later that year (October 2018), *This Girl Can* launched *Fit Got Real* which hoped to further re-frame conventional ideas about what exercise means to women in order to reach a wider population. This included women who may have felt excluded by traditional exercise classes.

Following on from *Fit Got Real*, the *Me Again* initiative in 2020 sought to further empower women to engage in physical activity.

1.3. Bristol Context

In Bristol 68% of men meet the government physical activity guidelines compared with 63% of women. The Bristol average is 66%. In areas of extreme health inequalities this figure drops to 56%, and for those with a disability 36%.

Research has repeatedly highlighted that woman with very young children, and in particular new mothers, experience challenges when trying to initiate and sustain physical activity. In Bristol, where there are approximately 10,000 births each year, these challenges include the demands of looking after a new baby, coping with a changed body, having less energy, money and time.

The campaign *Bristol Girls Can* in 2018 focused on pre and postnatal mothers with an aim to inspire this cohort of mothers to become (or to continue to be) active. This took the form of sharing photographs of local women (as opposed to models) from diverse backgrounds, ages and abilities taking part in a range of physical activities during and after pregnancy. The photos were displayed at the three main hospitals in Bristol and were also printed and circulated as a series of postcards and posters. These created great interest, challenged stereotypical views about both pregnancy and what type of activities might be suitable for pregnant women, as well as challenging ill-informed views about women's physical activity in general. These resources continue to be used as illustrations of active 'normal' women.

First person stories created during the project were also shared on social media. The campaign website broadened the project and increased access to the messages about women's lives and fitness in order to contribute to challenging cultural stereotypes while also bringing cultural acceptance of images of women embodying physical activity and sport.

1.4 Moving forward

Women's participation in sport and physical activity still lags behind men's, and there continues to be unique barriers to physical activity participation for women.

There were three ways that the new project differed:

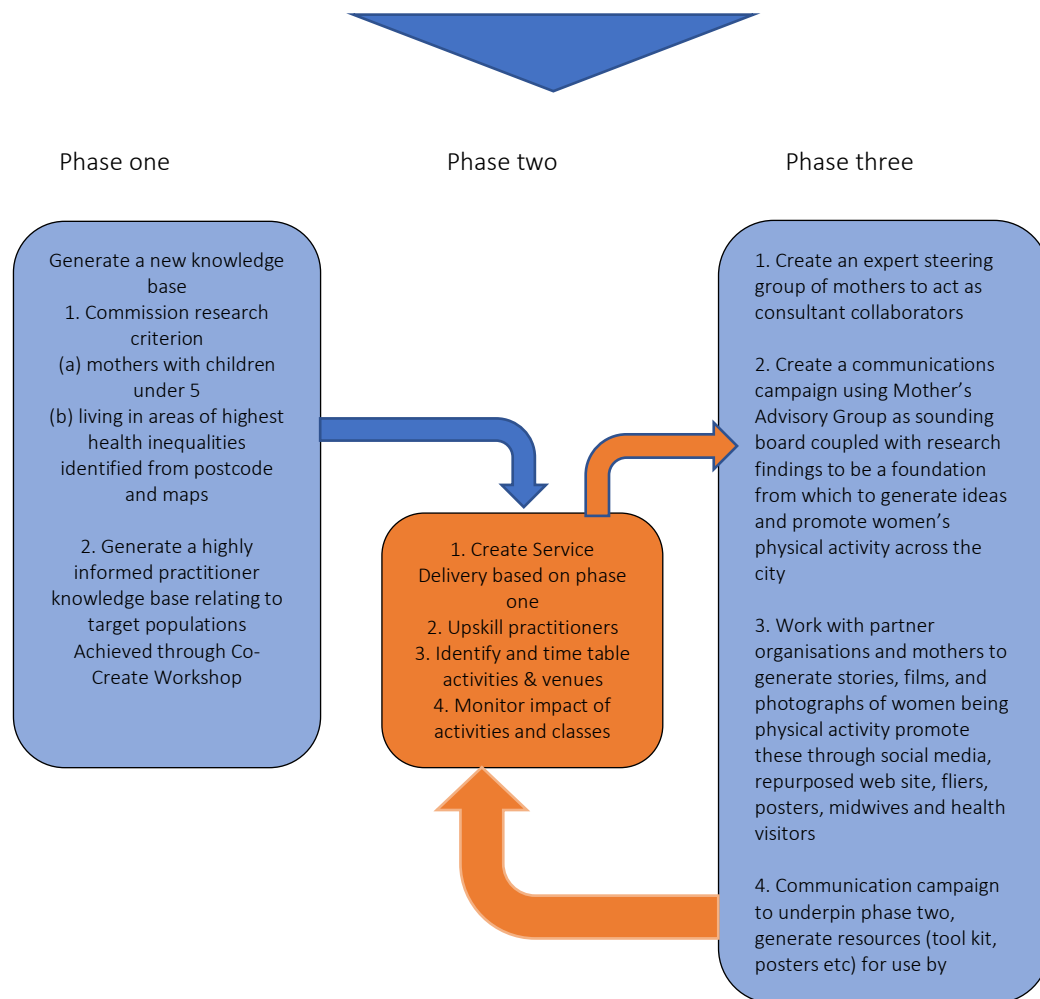
Firstly, whereas previous campaigns had identified gaps in knowledge and service delivery with pre and post-natal mothers, the new project recognised a gap in knowledge regarding mothers with very young children within areas with the highest health inequalities. If adequate provision was to be provided it seemed this particular sub-group of women may require tailored support, education and encouragement in order to embrace physical activity opportunities. Whereas some research had been carried out with new mothers, there was little research with mothers in the areas with the highest health inequalities.

Secondly, and related to the above, research recognises that some populations are more difficult to engage in research. Put bluntly, the term 'hard to reach' often reflects the inappropriate and ineffective ways researchers go about recruiting participants who fall outside of the mainstream. Mothers with children under five in areas with highest health inequalities could be considered such a group which require a different methodological approach, because little is known. Recognising and taking this seriously led to the project embracing the potential to collaborate with front line organisations which work with mothers in areas of high health inequalities to capitalise on practitioners' access, expertise and knowledge of the target group.

Thirdly, across social research there has been a move to increase long term sustainability and legacy through collaborating more closely with partner organisations and stakeholders. What began as 'Participatory Action Research' has extended to innovative partnerships, user groups and targeted populations. This was very much the vision of the project lead by Claire Nichols (Physical Activity Officer, Bristol City Council). Borrowing from civil rights and social justice movements the guiding principle was "*Nothing about us without us*". As such, the intention was to invite new mothers, practitioners, Children's Centres staff, health care providers and researchers to become actively involved in shaping what was offered to women, how it was delivered, as well as creating a vision for what a 'successful' project would look like. This innovative and somewhat radical philosophy is not without challenges. Not least was that the project sought to include a population with low physical activity participation rates.

The following summary shows how different phases of the project were envisioned, with each phase contributed to the next phase, or being fed back into the knowledge base being created.

Project Lead, Physical Activity Development Officer, Communities and Public Health, Bristol City Council
 Sub Committee
 Researchers, Representatives from partner organisations

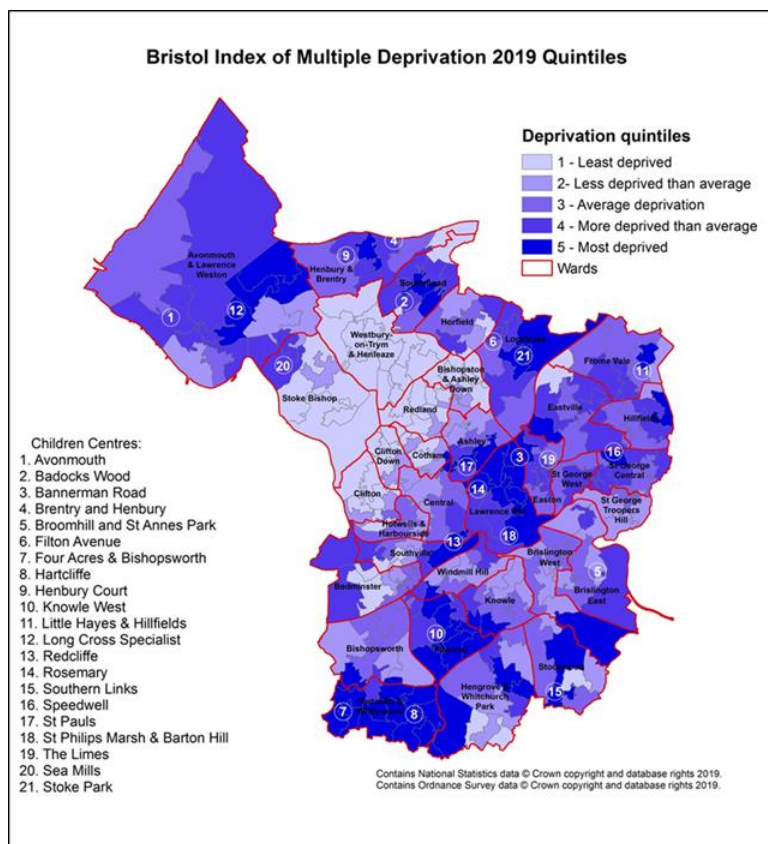


The project aims were identified as:

- To (a) through a collaborative event with two Children's Centres, deepen the current knowledge base regarding the types of barriers mothers with young children experience and (b) to commission social science research in areas of highest health inequalities to understand more about the lives of mothers with children under five.
- To use the findings to shape delivery and provision in order to ensure what was offered to mothers with young children aligned with their lives, experiences and needs.
- Form a steering group of mothers who would contribute to a communication campaign
- Co-create a communication and a marketing campaign that builds on earlier phases of the project, while also encouraging women city wide to increase their physical activity. This would target mothers with young children and provide physical activity opportunities tailored to their needs. It would include signposting to the website and/or available activities which include online options.

Target audience

Fig 1 The following map provides a guide to the areas the project intended to target, with red lines marking ward boundaries.



- 1 Target audience for the new activities and research were inactive mothers (women children under 5 years of age) who access the Children’s Centres in Knowle West and Redcliffe or who live in or who live in close proximity to the LSOA’s⁵ (10% and 20% in England) in the Central, Southville and Filwood wards, with the red line showing ward boundary.
- 2 Target audience for the wider campaign were inactive and somewhat active women with children living in the most deprived 10% of LSOA’s in the UK, within the LSOA’s in the following wards: Hartcliffe and Withywood, Knowle, Filwood, Lawrence Hill, Frome Vale, Southmead, Ashley, Avonmouth and Lawrence Weston, Hillfields, Central, Henbury and Brentry, Hengrove and Whitchurch Park, Lockleaze, Stockwood, Brislington East

⁵ LSOA

Output Areas (OAs): are the smallest of the geographies that data is published at and have an average population of about 310 residents.
Lower Layer Super Output Areas (LSOAs): have an average population of 1500 people or 650 households. A lot more data is available directly at LSOA level. **Middle Layer Super Output Areas (MSOAs):** MSOAs have an average population of 7500 residents or 4000 households.

1.5 Funding: Sport England

The project was funded by Sport England and the National Lottery, and therefore received support and guidelines regarding what performance indicators (KPIs) might be used to evaluate the project. These were markers against which the project would be judged and were used by the evaluator. These and are outlined below and within each section of the report.

Project phase one: Generate a new knowledge base

- Form a steering committee to oversee the project and hold regular meetings across the life of the project
- Collaborate with partner organisation Bristol South Children's Centres, hold a "co-creation" workshop with 15 staff from targeted children centres to map possibilities and challenges
- Hold one communications workshop and four quarterly steering groups engaging with 10 mothers
- Commission focus group research to engage 32 mothers from target areas
- Commission Life History research with 8 mothers from target areas
- Create a 'Service Delivery' package informed by research and co-creation event to include educational courses that enhance and increase delivery as well as activities targeted at mothers with children under five years of age

Phase two: Education, Service Delivery & Monitoring

- Through partner organisations and children centres engage 500 inactive mothers to help them become more active
- Provide physical activity courses to enable 15 members of staff or become ambassadors and to engage and connect with 200 mothers
- Monitor attendance and observe delivery

Phase three: Marketing & Communications

- Form a steering group of mothers to act as consultants on the campaign
- Reach 225k mothers and women through variety of digital platforms driven by the marketing campaign and paid social media in areas of 10% and 20% highest deprivation, including our target areas and places such as bus stops and billboards
- Reach 5k followers on Facebook an increase of 2K
- Drive 20k page views to the website and open data
- Recruit 10 inactive and somewhat active mothers for case studies to be used in wider communications campaign
- Set up 50 new providers on open data
- Increase activity sessions on open data to 7,400 an increase of 1,400
- Initiate 12k conversations between midwives/health visitors and pre and postnatal women over the coming year. Each contact will receive a postcard directing women back to the Bristol Girls Can website
- Continued exposure to campaign by mothers, staff and visitors expected to see the existing Bristol Girls Can photography exhibition at St Michaels and Southmead maternity wards is over the next coming year is expected to be 80k

1.6 Covid 19

On 31 December 2019 the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, China. This was found to be a novel Sars2-CoV-2 virus, which came to be known as Covid 19.

In early March 2020 the UK government advised against all non-essential contact and travel and by 23rd March 2020 the government brought in its first lockdown.

During this lockdown, people were ordered to stay at home, and only permitted to leave for essential purposes which included buying food, to gain medical assistance, and importantly, for physical activity. Added to this all high street business closed.

The sudden progression of the pandemic and the subsequent lockdowns were events that were a shock to the majority of the population. It changed working habits, exercise habits, education habits, social gatherings, personal liberties and expectations.

In terms of this project, all events and activities scheduled immediately stopped. Many of the project team were called on to look after their own children and provide them with home schooling. For the Children's Centre staff it was a time of added stress given the centres support women in their communities who are most in need of support, many with mental health needs and who often have the fewest resources to meet these needs. Added to this, some staff had school aged children at home, and were therefore juggling their own families' needs and well as the psychological health of female clients.

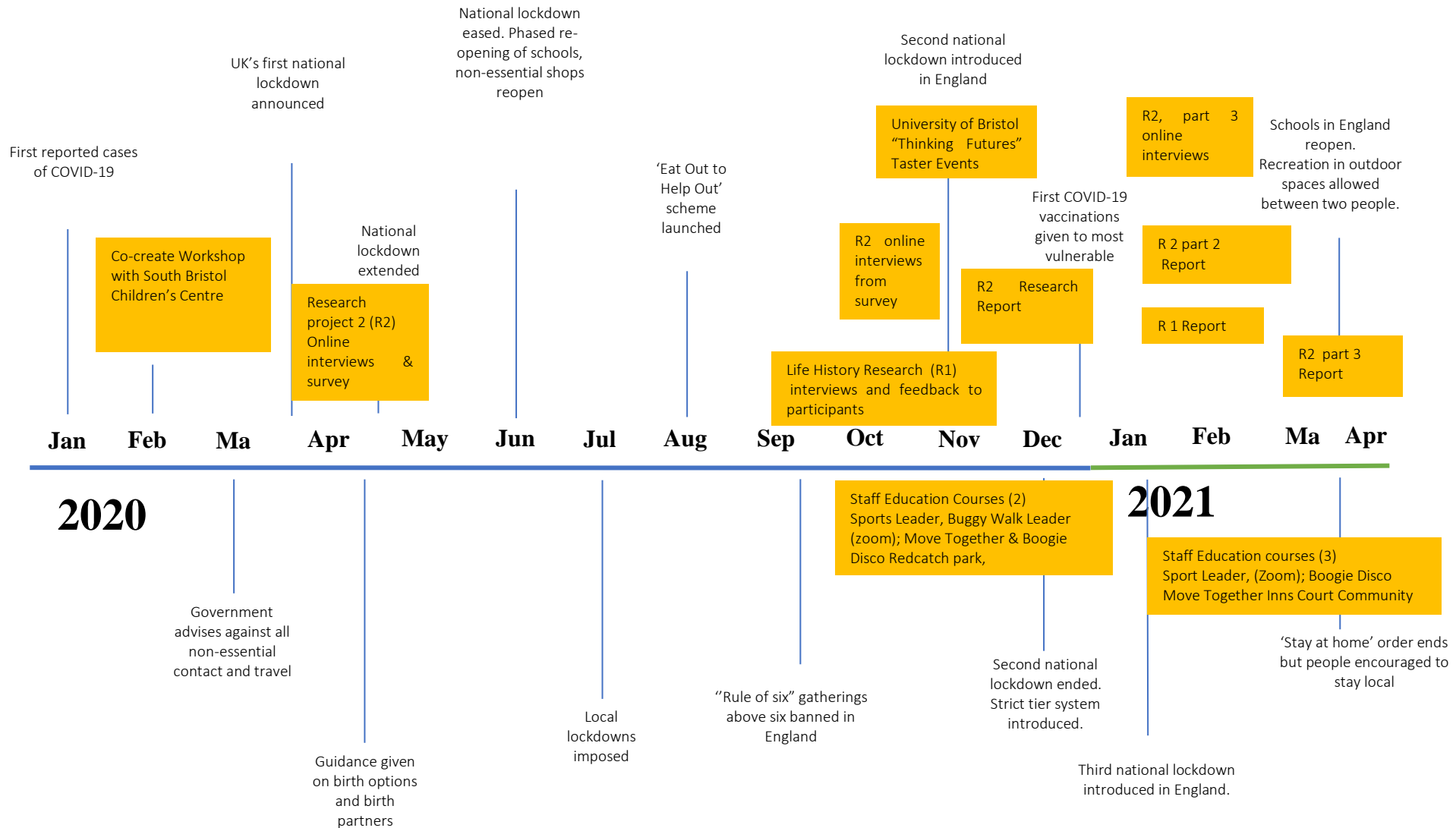
It is a testament to the perseverance of the project teams, and their belief in the project that over the course of 2020, 2021 and into 2022 that various milestones and performance indicators were met. It is also important to document that the support and encouragement of Sport England during this time, was of great help as deadlines slipped, targets were missed and some issues related to project delivery seemed unsurmountable.

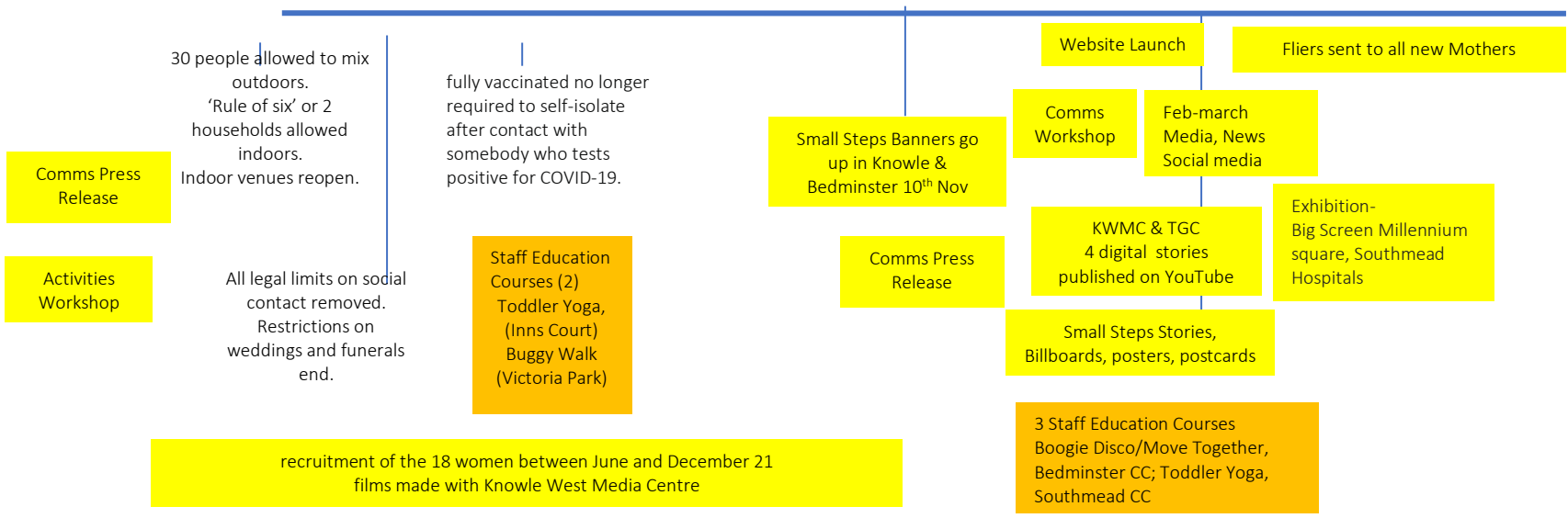
While the usual aim of an evaluation is to ensure that funds distributed to projects are appropriately managed, that aims and objectives are met and that there is adequate reporting, it is fair to say that the pandemic required a different mandate.

With this in mind, to begin the evaluation we provide a time line of project dates and events mapped against the progression of the covid 19 pandemic. The time line acts as a reminder of how Covid 19 impacted different events in people's lives and how it influences delivery of the project aims. The time line also provides a visual representations of how different phases of the project linked with each other, or were carried out simultaneously.

1.7 Time line

Figure 1. TIMELINE: Events during the COVID-19 pandemic in the UK (January 2020 – July 2022)





targeted marketing activity carried out to promote the campaign over an 8-week period from 02/02/22 - 31/03/22.

1.8 Evaluating the project

Evaluation monitoring began in 2019 and continued through to June 2022. Prior to the onset of the pandemic it was intended to provide quarterly evaluation reports. Given that the project was paused, and subsequently extended by several months, such a plan was not achievable. The evaluation team therefore continued to collect and monitor data across 2019 into June 2022. This has created far more data than was originally planned, but provides the best opportunity of documenting and understanding how aims, objectives and millstones were missed, modified, and or were successfully completed and what types of issues affected delivery.

To provide a fuller understanding of the project one member of the research evaluating team operated as an 'insider' to the project and attended all meetings and events (Alder & Alder, 1987). Two additional members of the evaluation team operated as 'outsiders' and maintained distance. The dual positions offer a strength to the evaluation bringing both subjective insights and objective reflection. This approach aligned with the project aims, stakeholder values and the collaborative co-creative ethos of the project.

Analysis in this report uses a combination of narrative and thematic approaches which include:

- All documentation relating to meetings and events organised as part of the project
- Field notes taken during steering groups and project team meetings
- Field trips to observe service delivery including boogie disco, buggy walks
- Reviews of detailed maps of areas of highest health inequalities
- Interviews with the project team and collaborating practitioners and organisations, including:
 - Chair Claire Nichols, Physical Activity Development Officer, Communities and Public Health, Bristol City Council, and This Girl Can project lead/co-ordinator
 - Lil Bowers, South Bristol Children's Centre, Family and Community Locality Manager
 - Caroline Wade, South Bristol Children's Centre, Deputy family and Community Locality Manager Knowle
 - Julie Long South Bristol Children's Centre, Deputy Family and Community Locality Manager, Bedminster
 - Tracey Robinson, Bristol Children's Centre, Administration Assistant
 - Janet Nawrocki, South Bristol Children's Centre
 - Dr Fiona Spotswood, University of Bristol
 - Diane Wilkinson, South Bristol Children's Centre
 - Duane Bryant, South Bristol Children's Centre
 - Georgina Gray, Freelance Communications Consultant responsible for the communication and media campaign
 - Maggie Blagrove, Open Minds Active Physical Activity Practitioner and Educator
- Group observation reports
- Analysis of secondary data collected by Children's Centre Staff, survey data, Research and Communication Report and Facebook Report prepared by Oggadoon (2022), and Bristol City Council communications team Social Media Report

1.9 Phase One Key Performance Indicators

Key performance indicators agreed with Sport England for this phase of the project included

1. Hold one co-creation workshop engaging 15 staff from targeted children centres
2. Conduct two pieces of research with women from areas of highest health inequalities within Bristol catchment, taking different approaches
 - a. Focus groups, to engage and consult with 32 identified mothers
 - b. In-depth narrative life history interviews with 8 identified mothers
3. Hold one communications workshop and four quarterly steering groups engaging with 10 mothers.

1.10 Co-create Event



Co-creation workshop with Children's Centres staff

By virtue of being embedded in the community, Children's Centre staff are often the first point of contact for new mothers. They also provide family/mental health support to all parents within the community. Having broached the idea for the project with several Children Centre's in target areas, the project lead received a firm interest to collaborate from South Bristol Children's Centre Family and Community Locality Manager. Their participation would be important as these practitioners would form an integral interface between the target population and the project team (including researchers and physical activity providers South Bristol Children's Centre/practitioners/comms team).

To a certain extent, as became clear during the co-create workshop, these practitioners, due to many years working with mothers, already held a significant amount of knowledge and expertise which would be invaluable to the project. Creating an opportunity for them to share this knowledge and to talk about how the project might support their client group was also important for Children's Centre and enhancing their day-to-day provision. While Children's Centre staff held an extensive knowledge base regarding their clients, and the typical family and mental health challenges faced by families exposed to poverty, mothering and abuse, their understanding about physical activity and its benefits was less well developed.

The co-create workshop therefore provided the project team with an opportunity to share insights about the benefits of physical activity, current trends and guidelines. Two research projects were presented: one by Professor Kitrina Douglas and the second Dr Fiona Spotswood. This facilitated the group to begin conversations about how the research might inform practice, and how the researchers might carry out research with mothers. The event also provided the project lead with an opportunity to share recent research findings and information about previous successful physical activity campaigns in Bristol.

This one day 'co-create' workshop as it was called, organised by the project lead provided a way for the project team to begin to form a close working relationship with Children's Centre staff, and to begin to build trust and rapport with other members of the project team and the researchers. Additionally, it was a way for practitioners to have their knowledge validated through sharing some of their expertise which contributed to creating tangible outputs to guide the subsequent stages of the project.

Evidence of the success of the day includes:

- There was a great deal of interest (through questions and conversation) following the presentation by Claire Nichols which provided data on women's physical activity, and showed how physical activity had been promoted in Bristol through a variety of campaigns.
- The response of Children's centre staff to research presented by Dr Fiona Spotswood illustrated that, like mothers in the research, clients lives were impacted by cultural expectations of mothering. In particular, that the practices and routines of mothering (preparing food, laundry, school drop-off/pickup, shopping, bed time activities) limit and impinge on the potential for women to become and/or maintain physical activity.
- Responses to the story telling research from the Bristol Active Life Project (BALP) presented by Professor Kitrina Douglas provoked the group to discuss how, like participants in BALP, their clients also faced mental distress which influenced physical activity.⁶
- Several of the children's centre staff (without disclosing identifiable information) reflected on the mental health states of many of their clients (who live with anorexia, depression, anxiety) and that some do not leave the house. Children's Centre staff also communicated ideas about how these and other clients would benefit from being more physically active.
- Among their clients, low self-esteem and confidence seemed to be huge issues.

Working in two groups, Children's Centres staff were asked for their thoughts on several questions:

What do you consider to be the benefits of physical activity for mothers in your area?
What kinds of physical activity do you think might appeal to mothers in your area?
What prevents mothers in your area from doing regular PA?
How can we support mothers to join in?

In response to the question "What do you consider to be the benefits of physical activity for mothers in your area?" children's centre staff identified three areas:

1. **Mental wellbeing:** stress release and stress free, feeling good, enjoyment, mood changer, feeling a sense of achievement, building confidence
2. **Family:** activities for you and your child, supporting positive mother-child interactions
3. **Community:** building friendships, support networks, sense of belonging, meeting a variety of new people, positive role models

The table below provides a summary of the key points and suggestions from these creative discussions.

⁶ Bristol Active Life Project Evaluation. Douglas, K., & Carless, D. (2012). Commissioned by Bristol City Council and funded by Football Foundation

http://www.bristol.gov.uk/sites/default/files/documents/leisure_and_culture/sports_clubs_and_centres/sports_and_health_projects/BALP%20Report%202012%20JULY%20FINAL.pdf

Q1. What prevents mothers being active?

Psychological factors

feeling "I'm not sporty," "I am not good enough," assumption that PA is "not done by people like me," feeling "I might not fit in", Previous bad experience/s related to physical activity, Feeling judged – peer pressure, feeling PA is not a cool thing to do, Health conditions, mental and physical (including medication side effects).

Practical Factors

Travel – local activity not available, Available time for activity, Adverse weather – too hot, too cold, too wet, Cost – clothing, activity, caring, Lack of childcare, Unaware how to access or do PA, Lack of social/family support: having someone to go with, culture of own family regarding physical activity

Form of sessions offered:
Child friendly sessions – children attend with mother, Relaxed atmosphere, welcoming, fun sessions, Local sessions in familiar locations, Include music, Small steps to build confidence, Encourage interaction and conversation during groups, Time for coffee, chat and support during and after sessions

Q2. How can we better support mothers to become more active?

Practical support:
Transport and psychological /physical support to access sessions, Sessions after morning school run and/or before afternoon school pick up,

Q3. What physical activity might appeal to mothers in your area?

Type:

Swimming (women only with female lifeguard), Circuit training, Hips, tums and bums, Dance classes, Zumba, Back to netball, Boing soft play with exercise for parents, Dance tots, Self-defence, Gym tots, Sticky kids, Pilates, Boxercise, Walking groups, Buggy walks, baby rave, Stretch and grow, Yoga (themed for children), Playing out

Considerations

Taster sessions - introducing a different type of PA each week: mothers to follow up as they see fit, Peer support and/or support groups, 'Look' of sessions on publicity material, Include weekend activities, Fitting in around school hours, Low cost/free, Start small, start slow, stepping-stones, Mothers of new-borns and very young babies may struggle to get out in the mornings- afternoons are preferred, Mothers may have more energy in the mornings Flagging classes and opportunities to groups with specific limitations and restrictions, e.g. disabilities, need for women-only opportunities, *sensory disorders etc.*

Q4. How should we communicate?

Format of activity

Women only exercise groups both with their children (e.g. Gym tots; 'new mother'; 'baby and me PA'); soft play alongside parent's class; circuit training with children in the middle) and without their children (Crèche required), include closed sessions, Pregnancy PA groups and recovery after birth sessions, Mothers telling other mothers, Include café meeting after activity, Exercise based around DVDs - either communal (in CC room), with/without children, focused on moving with children, or for mothers, or via Whatsapp/ Facebook groups and sending around link to YouTube class- followed by discussion and encouragement

Tone of communication:

Keep it humorous and fun, Appealing, accessible language which is personally meaningful, Keep it 'real', Two-way communication that also listens to parents to learn what they need and want, Tone of message should also resonate with national campaign - unapologetic, humorous, realistic

Forms of communication:

Social media, Facebook page, WhatsApp groups (for families who use social media), Flyers in doctors' surgeries, schools, in the community (for families who do not use social media), Word of mouth: personal encouragement through other Children's Centre groups, in Children's Centres, face to face, parent to parent (for families who do not use social media), Through 'champions for PA' who support and encourage PA from each Children's Centre base, Working with other professionals/partners/other services which engage with target group one-to-one (e.g. health visitors, midwives

Type of message:

Don't have to spend lots of money - PA is affordable, it can be cheap or free, Women instructors are relatable and carefully chosen - people 'like us', non-elitist, accessible, local and walkable Health benefits. PA is fun, enjoyable, we can laugh, wear what you want to wear, safe space, Participation is beneficial regardless of your ability, Activity doesn't have to be competitive, Sessions are non-judgmental and stress-free, Sessions reflect the diversity in the population, Population specific messages (e.g., important during pregnancy – 150 minutes; education about periods), Support is available for those facing mental health difficulties and/or who find social situations challenging

The above suggests that children centre staff believed there were broadly two factors preventing women from being more active. First, **psychological factors** (which includes confidence, body image and assumptions about the skills needed to participate). Second, **practical factors** such as travel costs, clothing, lack of support and no physical activity culture within the family which might support a mother becoming active. These insights aligned with most existing research. The insights also revealed the valuable contextual knowledge children’s centre staff held about what support might be appropriate, what activities might appeal, and how to communicate this to mothers with young children.

Added to these insights, the session also underscored how critical these practitioners would be to access women from areas of highest health inequalities to participate in the focus group and life history one-to-one interviews. This population, as mentioned earlier, is often considered ‘hard to reach’ and therefore becomes absent from research.

The above charts also make more obvious that in designing a physical activity offer and communicating it within the community, there is much to consider. Without listening and responding to the unique life situations of women in the target population and particular location, any impact would be minimal. These insights were to provide a sounding board for the next phases of the project as well as a backdrop against which physical activity offers could be evaluated.

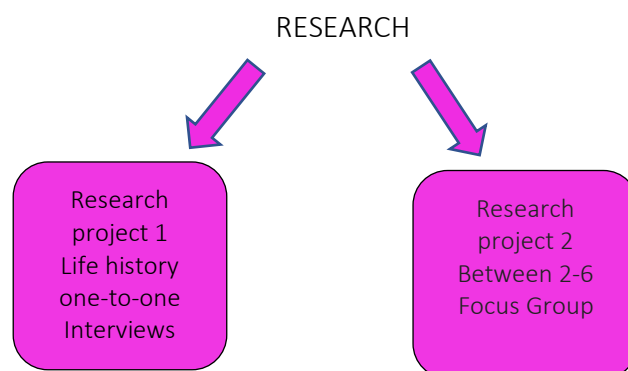
1.11 Commissioned Research within areas of highest health inequalities

Alongside the above co-create workshop the first phase of the project commissioned two research projects to further inform project delivery through listening to women. Specifically, the research would explore the challenges faced by mothers with children under five-years-of-age, within areas of high health inequalities to understand more about their remaining physical activity.

The first piece of research was to adopt a life history approach using one-to-one interviews with eight mothers in order to provide an in-depth understanding about women’s lives, the role and meaning of physical activity over time, and the types of barriers and challenges faced. The methodology allows women an opportunity to talk about issues that they feel relevant and or may not wish to share in a group, but that impact on a day-to-day experiences and motivations.

Focus groups, in contrast, have been shown to be extremely empowering for women as they can create a supportive space that fosters and supports collaborative conversations that many women are known to prefer. Further, focus groups also align with the co-creative ethos of the project.

Both pieces of research were to proceed simultaneously and input into phase two.



The expertise of two researchers leading this part of the project were (i) Exercise and Health, Mental Health, Public Engagement and (ii) a qualitative researcher with an expertise in social marketing, focusing on research exploring physical activity consumption, active leisure and exclusion. Thus, the research brought together two different disciplines, differences in foci, methodologies and philosophy and ways for communicating research.

The overall aim of the research was to inform effective planning, design, delivery and provision of physical activity through understand the lives of mothers with children aged 5 (and under) who were living in the areas of highest health inequalities in Bristol. The location of the partner organisation South Bristol Children's centre and was in Knowle West (also officially known as Filwood) and Redcliffe wards.

Questions the researchers were expected to explore included: (i) what issues and challenges do mothers in these areas face; (ii) what is the place of physical activity in their lives and if and how does this change; (iii) what are the forms of support that are helpful.

As will be described below, following the lock down these questions were adapted to include the effects of COVID-19 on mothers lives, mental health and physical activity.

Both projects were tasked with narrowing the focus of interest to include only participants from areas of highest deprivation.

1.12 Research project 1

As mentioned above, a narrative life history methodology was used in the first research project. This supported women to talk in-depth and at length about their lives and issues that were relevant to them within their particular life contexts. This approach provided the project with an in-depth understanding of how childhood trauma, bullying, negative experiences in school sport, abuse, and poverty can at a later stage of life impinge on how a woman might engage in physical activity. Gaining a greater understanding about how life events shape health and physical activity, was extremely important for this project given the target audience.

Participants for the life history therefore were 8 women aged between 20 and 44 living in Bristol and from the lowest 10% socioeconomic subgroup according to Indices of Deprivation. While data collection was impacted by the pandemic, it was possible, following the initial 8 interviews, to conduct follow-up interviews and feedback sessions (sharing findings with participants and deepening the conversation) in person, and face-to-face, with the remainder through online platforms. Data collection centred on what seemed best for each mother. At times this meant using more unusual strategies and innovative strategies (such as attending a food group, or going for a walk with a mother) as well as more traditional interviews (sitting down over coffee and talking).

Table 2: Demographic information on participants

	Pseudonym	Age	Country of Birth	Number of children age 5 and under (total number of children)	Ethnicity ⁷	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	Eufrasia	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%

It is not the aim of this evaluation to include a lengthy description of findings of this research as it was published in 2020 and is available in full at <https://www.bristolgirlscan.co.uk/find-out-more/>. Given the main insights helped shape project delivery a distilled version is presented below and Table 1 (in appendix 1.) Summary of the key insights.

- Mental health problems (anxiety, depression, post-traumatic stress), low self-confidence and poor body image were common across participants as were bullying, abuse and/or domestic violence for British born women. 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.
- All women appeared to be operating at or near maximum capacity. All have become skilled at making things work.
- Negative experiences of sport at school were not uncommon, but most women (6 of 8) articulated a desire to be more physically active.
- Relational motives often underpinned women’s choices and decisions, with motivation for physical activity often stemming from a desire to be with and/or to support the needs of the other person. Oftentimes this would be their child/children.
- Financial hardships make leisure time physical activity 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.
- All participants experienced a deterioration in mental and/or physical health as a result of COVID-19. Lockdown resulted in reduced levels of physical activity among family members and removed most or all external sources of support and social connection.
- Children’s Centre support was highly valued and considered “a saving grace” by several women.
- 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.
- 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.
- The ethnicity and life experiences of those who were immigrants to the UK create some notably different needs to the British-born participants. These differences could be catered for through: (a) provision of women-only groups; (b) respecting cultural/faith-based needs; (c) provision of female coaches/instructors; (d) capitalising on the

⁷ In line with harmonised ethnic group questions we asked participants to self-identify their ethnicity.⁷

understanding and networks of other women of colour and/or immigrant women to tailor recruitment and provision.

- 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.

Below a summary of physical activity recommendations is presented and in red text how these recommendations were actioned in the project

1. Offer cost-free opportunities as this population do not generally have sufficient disposable income to pay for activity – no cost to participate in Boogie Disco, Buggy Walks, Move together, Toddler Yoga
2. Include relational elements as many women are motivated to engage in physical activity with and/or for another. Activity leader to include conversation time, suggest participants stay for coffee at Boogie Disco and Buggy Walks
3. Tailor person-specific provision to the individual's particular needs and context.
 - a. These issues were discussed and ideas to meet clients' needs shaped in the education/discussion during courses run for staff
 - b. Ethos brought into delivery
4. Recognise the possibility of previous negative physical activity 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. practitioners awareness
5. Plan for mother-child activity or offer childcare provision. Boogie Disco, Buggy Walks Move together and Parent and Toddler Yoga
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. Relationship building with Children's Centre who signpost women to other activities and information such as on the Bristol Girls Can website.
7. Tailor opportunities for which respect cultural/faith needs. Sensitivity and awareness of these issues included in staff education
8. Intervention design should be flexible and sensitive to allow for multiple challenges/stressors in women's lives Classes allowed for entry level physical activity i.e. some were short and allowed participants to dip in and out. Drop in was adopted post Covid as allows for this better
9. Information provision remains important (e.g. websites, health visitor offering a leaflet). Physical activity information included in children's centre pack to new mothers and given by health visitors and midwives

1.13 Second Research Project

As mentioned above, the second research project was to include focus group interviews to compliment the one-to-one interviews. Due to the pandemic it was not possible for the second research team to carry out focus groups. However, given the original strategy of the researcher was to include a combination of focus groups and one-to-one interviews it was decided to adapt data collection and move solely to online one-to-one interviews. It was hoped that opportunistically remaining flexible and open to data collection strategies it would provide a way forward during the pandemic. The methodology underpinning the research (that is the philosophical assumptions and epistemology) remained unaltered.

The second research project therefore adopted a variety of recruitment strategies that included a snowball sampling, invitations to respondents of a survey delivered by South Bristol Children’s Centre⁸, as well interviews with women who participated in a week of specially designed taster sessions⁹. All participants lived within or in close proximity to the target areas of the Central, Southville and Filwood wards. Through this approach, it was possible to (a) recruit a diverse sample of mothers that, like the life history research, included women from ethnic minority groups and immigrant communities, and (b) gain important feedback about what types of delivery and promotion might be valued and these insights were, going forward, crucial for later stages of the project.

The research was developed in three stages:

Stage 1 Consisted of thirteen online interviews to understand mother’s routines and relationship with physical activity and if and how physical activity influenced their lives. Participant information is provided below.

	Pseudonym	Number of children age 5 and under (total number of children)	Ethnicity ¹⁰	Single /married/ Cohabiting	Deprivation indices
1	Andrea	2	White/Brit	Married	
2	Josie	2	White/Brit	Married	10%
3	Clara	2	White/Brit	Co-habiting	20%
4	Fran	1	White/Brit	Co-habiting	20%
5	Vanessa	2	White/Brit	Single	10%
6	Rebecca	2	White/Brit	Married	10%
7	Diana	2	White/Brit	Married	
8	Laura	2	White/Brit	Single	10%
9	Jemima	3	White/Polish	Single	10%
10	Amma	2	Non white British	Single	
11	Dora	2	White/Brit	Co-habiting	10%
12	Rhoda	2	White/Brit	Single	
13		1	White/Brit	Single	

Stage 2 Consisted of interviewing online nine women to gain insight into their relationship with physical activity during lockdown, and how positive relationships with leisure time physical are built and sustained.¹¹

Stage 3 Consisted of interviewing eight mothers online from ethnic minority groups to gain a better understanding of their cultural relationship and readiness to engage in leisure time physical activity in the context of the pandemic. Recruitment was through local equalities groups and networks. All the women came from specific cultural groups e.g. Somali and Sudanese communities, had at least one pre-school child and engaged in some form activity, although that may have been disrupted due to the pandemic restrictions.

⁸ Bristol South Children’s Centre were interested in exploring the lives and needs of clients through a survey. From the cohort of survey it was possible to invite a small number of mothers to participate in one-to-one interviews.

⁹ During the University of Bristol’s “Thinking Futures” event funded by the ESRC public engagement with science festival scheme a series of ‘Taster sessions’ were put together as a way to explore some of the physical activity activities in the developmental stage of the project. The event was restricted in delivery due to a covid lockdown, with some of the activities continuing online.

¹⁰ In line with harmonised ethnic group questions we asked participants to self-identify their ethnicity.

¹¹ These participants were recruited as a result of their engagement in the physical activity Taster Sessions held as part of a week of trial sessions delivered by the Children’s Centres towards the end of Lockdown.

Findings

A distilled version of the main findings from this research is presented below¹², while the three reports are available in full on the project web site (<https://www.bristolgirlscan.co.uk/find-out-more/>).

- Social support groups involving physical activity (e.g. buggy walks) may be appealing to local mothers to create social cohesion, mutual support and physical activity in a safe and low-pressure environment.
- Communications need to be consistent and personal.
- Lockdown has been a difficult experience and the physical activity of children and mothers alike has suffered. Mothers are experiencing poorer mental health as a result of lockdown. Physical activity levels have reduced.

Four areas explored (a) mothers' existing relationship with leisure time physical activity; (b) experience of lockdown; (c) post-lockdown relationship with leisure time physical activity and (d) their perspectives on Bristol Girls Can social marketing programme of support.

(a) Mothering and leisure time physical activity

- Participants experienced 'locking down' as a locking down of their routines and freedoms.
- Readiness for, physical activity, includes the mothers' relationships with their bodies. Collectively, mothers felt their bodies failed them. They experienced dissatisfaction with their appearance, size and mobility. They experienced pain, disappointment and self-consciousness, and a sense that their children 'owned' their bodies.

(b) Experience of lockdown

- Four key areas were identified: disruption and uncertainty; fear; disconnection and claustrophobia; and feelings of unhealthiness.
- Women experienced uncertainty and disruption infused with fear about the pandemic that was 'always in the back of your mind'. Even when lockdown eased, our participants noted they were fearful of getting back to doing the things they had before, and are only just starting to get back to a semblance of normal routine months later.
- The disconnection from friends was noted repeatedly, and a craving for human connection. This craving compounded a sense of claustrophobia from spending so much time with their families. As Participants felt especially unhealthy as a result of lockdown.

(c) Post-Covid relationship with leisure time physical activity

- A desire to engage in physical activity now.
- A need to get more active generally. However, motherhood inherently poses challenges to leisure time physical activity participation, there was a sense that participants blamed themselves for their lack of leisure time physical activity. The sense from the interviews is far from COVID-19 having created a clean slate for people to 'wake up' and reshape their lives to be healthier and more active (as the government have claimed).
- Mothers also experience considerable anxiety and nervousness, particularly in terms of informal 'new' groups.

¹² This is an edited version of the report written by Dr Fiona Spotswood, University of Bristol

(d) Leisure time physical activity support in the future

- Place: Participants noted that the Children's Centres felt like 'safe' and trusted places. However, online delivery of physical activity sessions was also noted as having considerable benefits in terms of flexibility, and is much more accepted than it would have been earlier on in 2020.
- Most participants mentioned the appeal of childfree time through physical activity that could not easily be experienced when children are present. However, some also noted how physical activity with children could be a fun activity.
- Promotions: physical activity should be promoted as fun and social rather than about the 'health benefits' or being too 'exercisey'.
- Participants want session leaders who are approachable, welcoming and understanding about the 'situation' of mothers in the area.
- Social media were noted as a vital communications channel.

From phase three with research among Somali and Sudanese communities the findings revealed that:

- There are cultural ideals about how bodies should look and behave which are often seen in public health corporate marketing.
- Mothers evaluated their bodies as 'fat and failing' and in contrast exercising bodies as 'legitimate', 'effortless' and 'acceptable'.
- Mothers tended to view their bodies negatively i.e. they weren't skilled, strong, or able enough and they imagined their bodies being studied and scrutinized by others. This reinforced body shape as central to what it means to exercise and creates unpleasant feelings that can lead to avoidance.

Conclusions from this research include that:

- Mothers time 'is not their own'
- Mothers' relationship with exercise is emotionally fraught, leading to feelings of guilt, responsibility when exercise is not done
- Engagement with exercise is shaped by cultural ideals of exercise, including body-oriented comparison and body shaming
- Resources are necessary to participate and exercise often feels out of reach. Mothers need specific support, time and energy

Recommendations from the second research project include:

1. Fit activities around mothering routines, e.g. school run, nap times.
2. Recognise mothers' fatigue and offer de-stressing and rejuvenation activities.
3. Recognise that mothers' pelvic health may be a limiting factor and may never have been prioritised after childbirth. Support women with improving their pelvic health.
4. Success stories should be about participation, not competition, body weight or health.
5. Long term physical activity should be presented as normative and 'owned' by mothers
6. Communications should specify the classes are for beginners with no equipment needed.
7. Clear communications around logistics, music, instructor, timings should be given.
8. Sessions need to be pitched for beginners.
9. Sessions need to have female instructors, a regular instructor, and the instructor needs to spend time getting to know the participants.
10. Participants should not feel pressure to attend regularly or perform 'well'.

1. 14 Summary KPIs

Project phase one KPIs

- The project was able to fully meet its objective of forming a steering committee to oversee the project and hold regular meetings across the life of the project.
- The project fully met its aim to collaborate with partner organisation Bristol South Children's Centres, hold a "co-creation" workshop and to map physical activity possibilities and challenges.
- The project fully met its aim to commission life history research with 8 mothers from target areas.
- The project was unsuccessful in its aim to carry out focus group research to engage 32 mothers from target areas. However, in response, the second research project successfully developed three novel research designs that compensated for the loss of focus groups. These findings provide insights about mother's experiences of physical activity as it related to covid, and the types of physical activity provision that mothers would most likely feel beneficial.
- Both research projects as well as practitioner insight gained during the co-create workshop shaped service delivery and provision as well as the long term aims of the project.

Additional outputs

- from the life history research a documentary film has been made of one of the participants life, titled "21st Century Mothers: Making life work available" which is available on Youtube, <https://www.youtube.com/watch?v=KKJYUxpWbAE>
- A number of articles have been published in peer reviewed academic journals exploring some of the methodological challenges and issues that arise in research with women in areas of extreme health inequalities ¹³.
- University of Bristol Business School produced a film "Supporting Mothers To Exercise" about Dr Fiona Spotswood and the second research project, available at the following link, <https://www.youtube.com/watch?v=06nDwk-YyZI>

Important insight for future collaborations

1. Bringing potential collaborators together at the beginning of a project, (which here provided education and thinking space), proved an invaluable starting point for the project. Such a strategy could play an important role in future community interventions. A further way to consolidate the benefits would be to repeat this type of event at later stage or at regular stages of a project.
2. Inactive Mothers with very young children are often absent from research and sport provision. Future projects might continue to take on board how critical it is to involve organisations and individuals from the community in project planning and delivery in order to include these individuals.

2. Education, Service Delivery & Monitoring

¹³ Douglas, K. (2022). Black is the night: Masking and Unmasking, Social Science Research, and What a Song Might Bring. *International Review for Qualitative Research*, <https://doi.org/10.1177/19408447221131027>

Douglas, K., (2022). Walking into the unknown: a research journey through abuse, trauma, motherhood, poverty and the covid pandemic. *Cultural Studies* ↯ *Critical Methodologies*. <https://doi.org/10.1177%2F15327086221090661>

Spotswood, F. and Gurrieri, L. (2023), "I need to be looking fit to exercise": Teleoffective misalignment through body evaluation and body projection practices for mothers. *Consumption, Markets and Culture*. Available online. <https://doi-org.bris.idm.oclc.org/10.1080/10253866.2023.2221656>

Spotswood, F. and Gurrieri, L. (2022). Understanding health inequalities through a practice-oriented 'capabilities' perspective. *Motherhood and leisure time physical activity. Sociology of Health and Illness*, forthcoming.

Phase two KPIs include:

- Provide physical activity courses to enable 15 members of staff to become ambassadors to engage and connect with 200 mothers
- Through partner organisations and children centres engage 500 inactive mothers to help them become more active
- Create, distribute and analyse a monitoring questionnaire
- Observe and report staff delivery of sessions

2.1 Staff Development

In order to enable Children's Centre staff to deliver exercise sessions at Children's Centres (in line with activities identified in the previous section through the co-create day, research and workshops with mothers), it was deemed a qualification would be required for insurance purposes. The idea was to use the educational opportunity to target delivery of basic physical activity type classes and importantly to generate confidence and ideas. Given this was a ground breaking project there was no course directly tailored to Children's Centre Staff. It is worth noting, that from day one the word sport was disregarded as for many women there are negative connotations with sport, and that other modules such a boogie disco could be added.

The sport leader award was adopted as the most suitable qualification, awarded by SLQ, a registered and regulatory awarding body (see <https://www.sportsleaders.org> for more details). The course requires approximately 30 hours to complete, 23 of these is with the tutor. To 'pass' the course there is an assessment which includes observation as well as written tasks (task worksheets).

The project lead recruited and fully brief Maggie Blagrove ,a physical activity practitioner and founder of Open Minds Active (<https://www.openmindsactive.org>), regarding the types of skills Children's Centre staff would most likely need to deliver sessions.

Maggie Blagrove, holds a Master's Degree in International Development and has over 20 years' experience of working in sport in community settings. She is known for having a passion for addressing health inequalities and encouraging people to access the outdoor physical activity. The initial remit was for her to upskill Children Centre staff in order that they would lead physical activity classes at children's centres. While the Sport Leader Course would provide a development opportunity for staff, more broadly it had the potential to broaden the service delivery potential of Children's Centres beyond the length of the project. Potentially, in terms of inactive mothers, it would provide a community-based stepping stone for women with low to no physical activity, or women who do not self-identify as 'sporty' or 'fit' to become more active. As research in the previous section showed, women often have low self-confidence and body image, and this can make taking up physical activity after child-birth even more of a challenge.

Prior to the start of the project the practicalities of such an endeavour were less well understood or defined but, from an exercise delivery point of view, the idea appeared to be both feasible and beneficial. In practice, there exist a number of challenges which made realising the aim of delivering classes at Children's Centres more complex and at times, less feasible. These are discussed below and in section Four.

Like other areas of the project, the Covid-19 pandemic had a profound impact on how the Sport Leader Course was delivered. Given lock-down regulations disallowed face-to-face meetings the first course was delivered online, something Maggie Blagrove suggested, was impossible. It is to her credit that the course proved successful, and that six members of staff gained the qualification. Perhaps the most significant outcome from the initial course was as had been hoped, that by bringing children’s centre staff together to collaborate regarding experiences and ideas it led to additional ‘bolt-on’ courses being developed which were tailored to the requirements of Children’s Centres.

Courses were first run in 2020 during lockdown, for staff from South Bristol Children’s Centres only. The chart below provides an overview of these courses.

Numbers of staff attending courses from South Bristol Children’s Centre
November 2020 & January 2021 Sports Leaders Award (initially on Zoom and later in person)

	Sport Leader	Toddler Yoga	Buggy Walk Leader	Move Together	Boogie Disco
Course 1	3	4	2		
Course 2	3	2	4		
Course 3		1	4		
Total number taking course	6	7	10		

- October 2020 Feb 2021 Sport Leader (Zoom)
- November 2020 Buggy Walk Leader, Redcatch Park (in person)
- April 2021 Move together/Boogie Disco, Inns Court Community Centre (in person)
- 7th July 2021 Toddler Yoga Inns Court Community Centre (in person)
- 8th July 2021 Buggy Walk Leader Victoria Place (in person)

Following the success of these courses, and capacity having been reached, further funding was directed to other Children’s Centres across Bristol (Summer 2022). This led to courses being run across the South, East, North and West Bristol Children’s Centres. Twenty-seven members of staff from these Children’s Centres attended at least one course. Eight members of staff attended two courses, and one member of staff attended three. No “Sport Leader” courses were run following completion of the CSLA course (Feb 2021) as it materialised the Children’s Centre insurance covered delivery of the additional courses.

The following table shows staff who received these awards.

Course	Buggy Walk Leader	Toddler Yoga	Boogie Disco	Move together
Course 1	6	10	8	3
Course 2	4			4
Course 3				1
Total number taking course	10	10	8	8

- 10th Feb 2022 Boogie Disco, Bedminster Children Centre,
- 23rd February 2022 Toddler Yoga, Southmead Children Centre
- 11th March 2022 Move Together, Bedminster Children’s Centre,
- 31st March 2022 Walk Leader Training, Victoria park.

2.2 Reflections on staff education

Reflecting some time later about the courses, the tutor suggested that “in retrospect, the CSLA was a lot for them [Children Centre staff], and the little workshops, with simple bite size things they can do, provided a boost to confidence, are safe, fun, gets them moving.” She also raised the question about future education, and asked that we should explore what are the “realistic expectations about what we want these play workers to do.” However, as noted by the project lead, CSLA was originally deemed necessary for insurance reasons, as it provided a recognised qualification. From a health and safety perspective, it also seems someone leading a physical activity course in a public place should first gain a qualification, as a professional duty of care.

Taking these comments onboard several important insights can be gleaned from looking more closely at the impact of the physical activity education sessions. In the hope that they might prove useful for future types of courses, delivery and projects, two recommendations are described below.

1. Online learning versus face-to-face teaching

Delivering the sport leader course online required the tutor to become more responsive to the needs of the learners (Children’s Centre staff) and rather than sticking rigidly to the course content as she would have done in face-to-face delivery, she adapted delivery. This was in order to counter staff not being able to develop skills such as managing a room, spatial awareness, gaining confidence from being ‘out in front’ where one’s body is on view, and/or practising delivery of a class on peers in a supportive and safe environment. While staff certainly learned a great deal about physical activity, how to risk assess and lead safe classes, there was still a feeling that delivery failed to provide learners with a context to consider and manage their own body awareness, feelings and/or to reduce a lack of confidence from being exposed to standing in front of a group leading a ‘physical’ class.

Recommendation

1. In terms of delivering physical activity education for practitioners, face-to-face opportunities should take precedence over online learning, despite the appeal of online courses being easier to organise and less expensive to run.

2. Co-create and collaborative learning opportunities

Following the initial Sport Leader Course (the only ‘officially accredited’ qualification provided), practitioners worked with the tutor to develop and create activities in a proactive, collaborative and co-creational way. This may be unsurprising given the project lead briefed Maggy Blagrove, and the principle guiding this project has been to form collaborations and share knowledge, which the Tutor notes below:

The non-accredited stuff was led by them... I gave loose structure round boogie disco and they ran with it. They had ideas. For them, that was useful, and I asked them to perform back to me [on] how they would teach it. The energy in the room through non-accredited workshops [went from] “*why are we here?*”, to by the end, it all, making sense, facilitating problem solving.

What the above extract reveals is the importance of bringing staff together to problem solve and explore innovative possibilities and discuss what may be happening in other areas. “Even though we tailored the Sports Leader award to their context they still needed the extra”. The ‘extra’ was time for discussions and reflection related to the specific role of practitioners working in and what they had learned were the specific needs of clients. This point was reiterated by the Bristol Children’s Centre, Deputy Family and Community Locality Manager Knowle:

We came up with the concept of Boogie Disco at the co-create day as there is a group in Bristol delivering this already and they are always oversubscribed. Through talking to the mums about this idea I think that really worked well and was a nice concept and it was easy to do and quite transferable. So you can quite easily set it up in any of the settings, so I think that was a really good idea that came from Bristol Girls Can co-creation day.

The co-create day provided networking opportunities and first sowed the seed of a “boogie disco” which at the time was running at a private venue in east Bristol .

Another example was the April “Buggy Walks” course which, as a way to encourage staff to participate, the tutor suggested the weather would be “tropical”. At the event it snowed, bringing much disruption. However, rather than cancelling the course the tutor invited staff to her home where she facilitated conversations. This informal environment seemed to allow learning and problem solving to flourish:

We have five women in hail and sleet, and they ended up at my house and so I’ve got all these women in my kitchen ... but the learning they got from talking to each other about how they would structure this, and some of the challenges with engaging the mums, was like gold.

Recommendation

1. This may sound counter intuitive in a technologically fast moving 21C world, but it seems that providing education where the aims, objectives and learning arise from conversations between practitioners may prove to be the most fruitful way of developing staff and in this case, supporting physical activity provision to mothers in areas of high health inequalities. This seems especially so for practitioners whose clients (like children’s centre staff) face extremely difficult challenges in their lives and who are not likely to respond to more mainstream physical activity opportunities.

2.3 Attendance & Monitoring

Buggy Walks, Boogie Disco, Move Together and Toddler Yoga were advertised through the Children’s Centres. This was through their Facebook page, word of mouth and included with information sent out from Children’s Centre. The main factors impacting attendance include:

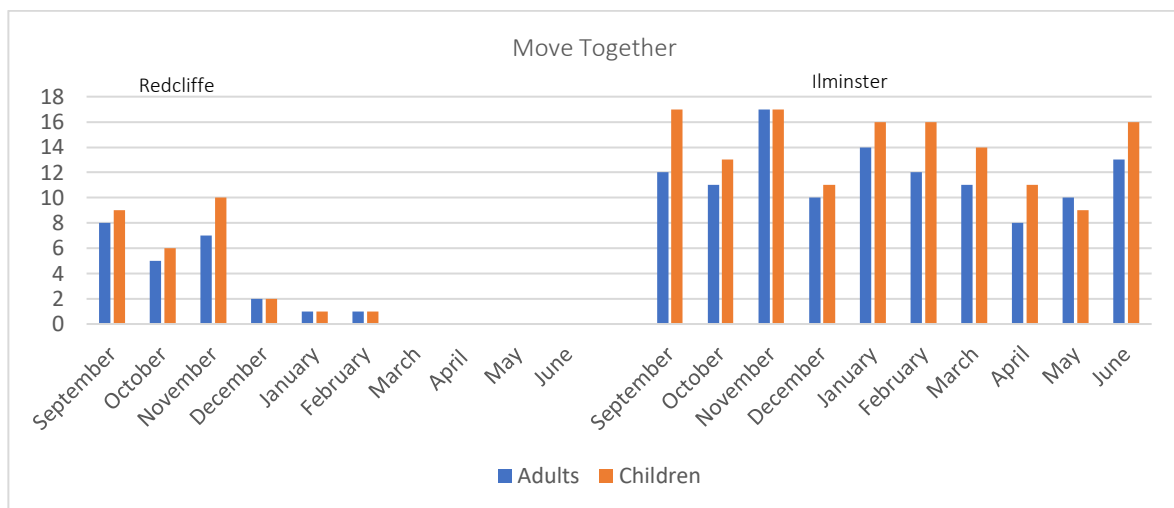
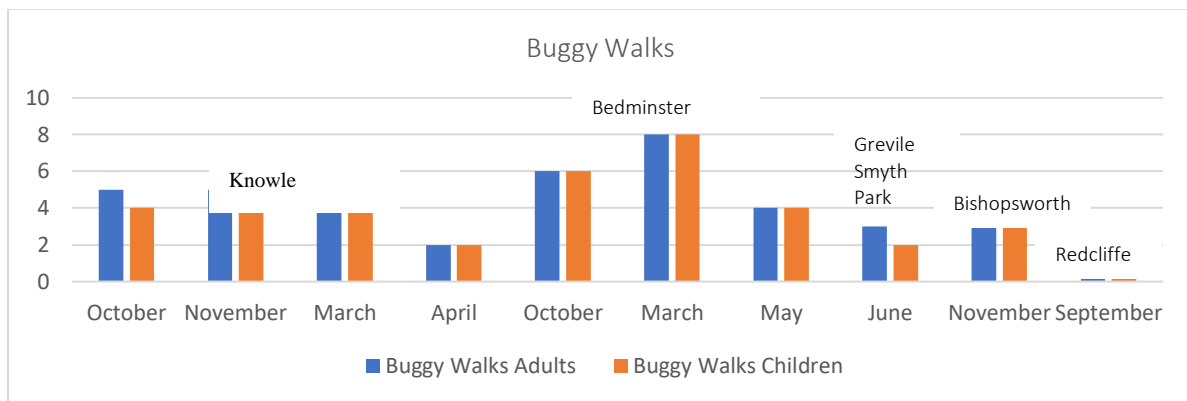
- Inclement weather
- Health and safety limited capacity
- introducing a booking system (due to Covid restrictions) when clients are used to and prefer ‘drop in’ classes
- the physical activity aspect of the sessions were not made clear to mothers on phone at time of booking although posters clearly said for mothers
- Mothers not wanting to commit to a term of classes and not showing up but taking a place
- Sessions not running due to concerns of staff regarding the risk of Covid 19 infection, even when they could legally have delivered the class.

It is important to note that a maximum number of participants changed across different phases of the project due to various Covid 19 regulations (such as no meetings indoors, then ‘rule-of-six’)¹⁴. Reflecting on this point the administrator for South Bristol Children’s Centre offered the following reflections;

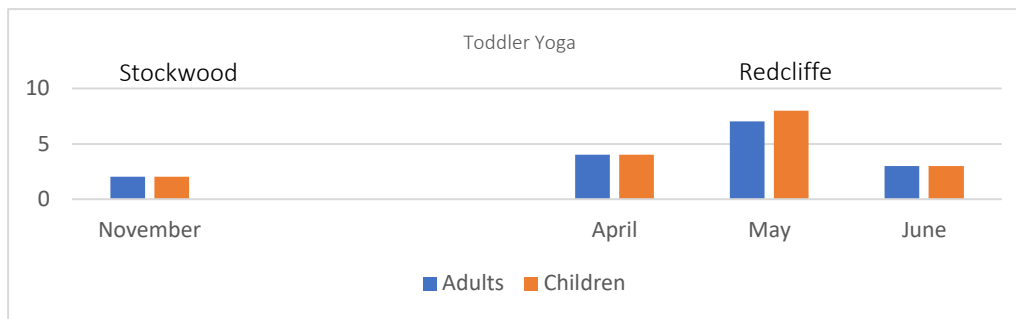
¹⁴ This rule was different for mental health support groups, however, it is a debated point as to whether the open classes are in fact within the “mental health” category.

Because of Covid we needed to do a booking system and keep the number to six people, ...but we haven't had six yet...one week it was really bad weather and no one came, we normally average 3 [buggy walks] but now (6 months later) we're readvertising on Facebook and we now can have up to 30 people.. but we've always found drop in's are better, because people don't want to commit or if they do commit, something comes up and they don't show.

Together there were 351 adult attendances across activities with 410 child attendances. Sessions were held in Knowle, Bedminster, Greville Smyth Park, Bishopsworth, Redcliffe, Illminster, and Stockwood¹⁵.



¹⁵ Catchment areas of attendees, 43 BS1 Redcliffe, 1 BS2 Kingsdown, St Paul's, St Phillip's, St Agnes 1 47 BS3 Bedminster, Southville, Bower Ashton, part of Totterdown, Windmill Hill, 164 BS4 Brislington, Knowle, Knowle West, St Anne's, 6 BS5 Lower Easton, 66 BS13 Bedminster Down, Bishopsworth, Hartcliffe, Withywood, Headley Park, 23BS24 Hengrove, Stockwood, Whitchurch and the number attending were from 10 and 20% LSOA What does that mean?



2.4 Are Mothers becoming more active?

Guidelines for physical activity used by the UK Government are quite precise and move along a continuum that encourages adults to engage in - at a minimum – 150 mins of moderate intensity physical activity per week or at least 75min of vigorous activity¹⁶. The message that increasing cardiovascular health and building strength improves sleep, manages stress, maintains weight, and improves quality of life while reducing risk of Type II Diabetes, cardiovascular disease, depression, joint and back pain and some cancers provide a compelling rationale for governments to ensure that everyone in the population has access to physical activity opportunities and to make investments to this end. A key question arising from service provision therefore must be, are women (and in this case particularly mothers, with children under 5, from areas of highest health inequalities) provided with opportunities to become active enough that their minimum physical activity benefits are reached? And are they being fully resourced to do so?

In what follows we provide commentary on this issue along with evidence regarding peer, evaluator and project lead observations of sessions. Added to this, we present data gleaned from an adapted Physical Activity Questionnaire delivered to a small number of respondents attending first sessions.

Sessions led by practitioners from the Children’s Centre were both peer, evaluator and project lead observed and there is high degree of synergy and agreement between these. However, in some areas, the evaluation observations have been influenced by our background in physical activity research and familiarity of these settings. It’s worth noting that parents may have behaved differently whilst being observed. The following extract, from field notes, provides one reflection on the level of physical intensity witnessed among parents:

During the okiekokie/bird song, no parents actively participated, organisers made movements and gestures and were encouraging, yet most parents sat on the floor in ways that supported their children. The children became more engaged after 10 mins or so, more clapping hands, and when a blanket was put out the babies seemed to take to it like a red rag to a bull, all engaged. Later some of the children went to soft play area, really exploring and climbing, all seemed to really enjoy this. Two parents entered soft play with their little one and supported her explorations. Others parents, while their children climbed and explored, got phones out and sat down. Is it too much to expect that parents will be active here? In this environment? They appear to be here for their children, not their own PA. If not for parents PA, what role is this session playing and is this important? Several of the parents I spoke with had been or were unwell, one mother, for example, was being supported to

¹⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/105454/1/physical-activity-for-adults-and-older-adults.pdf

attend by her partner. Another man was bringing his young child because his wife was unwell. While certainly not the case for all, some of the parents I spoke with had significant challenges in getting here, almost as if getting to the session was the output, not the activity class (evaluation observation, boogie disco 2021).

Taking a step back and looking at the interconnectedness of women's lives and the disruption that poverty, illness and child birth brings (as shown in previous Life History Research), along with high levels of reported poor mental health among clients of the Children's Centre, what was observed is the way these classes play a pivotal "glue" in maintaining contact, reducing isolation, in supporting and valuing physical activity, and in sign-posting small steps or a 'way in' to become more physically active while also setting children on the right lines. For some mothers, just getting to the session is a massive effort worthy of recognition. This point was reiterated by staff:

They [parents] don't come with the expectation to move themselves, there's the embarrassment. Our staff are really good at getting the children up, but maybe don't have the confidence to get the parents up, that has been a bit of a challenge at times. Although, our staff were growing in confidence as the groups went on and have been able to get parents more involved. For us, it's great if the parents have got out of their homes and got here, that for us is an achievement for some of our families on its own. I don't know that is enough movement for Bristol Girls Can, but for us, that was great, you know. They wouldn't normally go out, so they've actually left the house, and got along to a group. It's just huge getting to the group, it's just huge, some families won't even go to the group even if they are supported by their family support worker who they know, they still won't come out. It's such a struggle to leave their homes, so the expectation that they are gonna start and do a 30 min exercise routine when they get to the group is too high. (Deputy Family and Community Locality manager Knowle)

The previous quote raises a number of questions. One about how the classes are advertised and how parents are introduced to them by word of mouth. In the material provided "Move Together" suggests it is for both parents and their children.

A second issue relates to the confidence of staff to overtly state that the class is for parents as well as their children, and how this fact is made more obvious in advertising.

Another issue relates to the expectations regarding physical activity for women who struggle to even leave their homes and if it is reasonable to expect mothers facing the most challenges to attain minimum levels of physical activity? From observations, classes such as "Move Together" do not increase adult physical activity *during* the sessions. However, the environment, and encouragement from staff, along with making small steps to attend the session, is in our opinion the best chance there is for supporting inactive women to take the next step which would be to reach their minimum levels of physical activity intensity. The expectations for these classes, and the activity leader, is to recognise where each woman's current circumstances, and build from there. Moving mothers to the next step may take more time compared with other populations, and (given observations were early in delivery) repeated observations are required.

One final issue of note, the observations included above were of sessions early on in the development of these classes. Recent conversations suggest staff delivering classes have themselves gained more confidence and expertise. Like the mothers, it has been a big step for practitioners to get up and motivate and inspire mothers to be active. Recent informal interviews with staff suggests that parents are increasing in confidence and beginning to join in activities more enthusiastically. As such, while we have no further evidence, there is an argument that change is happening.

So far in this section we have described the educational opportunities that staff participated in and how this led to classes being run at Children's Centres and in local parks. The monitoring forms provided evidence of the numbers of people who attended these classes, where they were run and

the survey provided additional insights. The observations of classes provided evidence that parents are enjoying the classes, feel they are valuable, and with such feedback there is a strong likelihood that they will continue. While it was not possible to interview all parents at sessions, there was agreement between peer, project and evaluator regarding the benefits of the sessions to Parents. This is illustrated in the following comments of mothers at one Boogie Disco session on the 17th March 2022.

'This is my first time at the group. I will definitely come again. It's a good idea having dancing, I do a lot of walking to and from school. It's hard to do the gym when you have children' Parent boogie disco

'Little one loves the music, we come every week, have a sandwich in the café'. parent boogie disco

'Really good group. I was nervous about coming. I have gone to other groups in the past but they haven't worked out. My little one only likes to sit on my lap. The girls noticed this and checked in with me. That's the reason I come back. It's a good structure, I like the dancing at the start. I don't know about Bristol Girls Can. I do feel its an active group, good for both of us have lots of space and good for your mind.' Parent boogie disco

Families took small steps to be active dancing with their children and having fun

Most parents walked to and from group increasing their daily activity One parent shared that the group was good for her wellbeing stating, 'it's good for your mind'. Parents were made aware of other services within the community including 'Buggy Walk' Friendships between parents were building with some parents using the community café to meet in before and after group Peer-observation

Recommendations

1. The full meaning of moving mothers from inactive to taking a small step isn't generally considered. This step is a huge movement for an inactive mother and may therefore take more time compared with other populations. How then, we monitor this part of an individual's journey needs to be given greater attention, recognition and understanding, especially of the sub components involved. This is an area future research might consider exploring.
2. We need to extend our window of expectation during an evaluation regarding how quickly mothers can attain minimum levels of physical activity and recognise supporting a mother to move from no activity to minimum may take longer compared with others groups.

2.5. Learning about who was participating

To understand more about women participating in the classes and their background, interests, and level of physical activity intensity, the project lead created a new online and paper questionnaire specifically to collect the data required for Sport England funders that was intended to be used by women attending **their first session** and then after a **6 month interval** for a review.

It was hoped an online version of the questionnaire could be accessed by a link via mobile phones and ipads that the this would be provided staff. The idea was to use this on the first session attended and to review participants later at 6 months to do a comparison. The project funded the Children's Centre administrator to cover 5 hours a week (for 6 months) do help achieve this aim and this included funding the 6 month review. In practice data collection did not achieve the aims. One problem reported was internet connections did not work so using the ipads became redundant, and not all respondent owned mobile devices. A paper version of the questionnaire therefore was used. Before exploring this further we feel it important to raise the issue of monitoring sessions and data collection.

Monitoring

It is perhaps prudent to begin by noting that monitoring sessions and collecting and analysing data across the project has been problematic, not least because of the Covid pandemic which affected staff health as well as their client's health. It is also worth noting that in our experience having conducted numerous evaluations of physical activity projects¹⁷, most community practitioners and organisations find it difficult to run sessions and collect data at the same time. It takes considerable prior planning, experience and organisation. Organisations often agree that monitoring is required and accept funding for data collection but without experience of what monitoring entails. These difficulties arise in part because collecting data is difficult. While the questionnaire only needed to be filled out on the first BGC session attended thereafter it was just signing a register, in nonetheless (given the often chaotic environment and staff with little expertise in research data collection) is a challenging task. The following two quotes, one from field notes of the evaluation team and one from a member of staff, shed light on this challenge.

When I arrived the practitioners were setting up the room and large speakers for the music. Some parents had arrived early and were already assembled in the café. The atmosphere was slightly muted, but the children seemed impatient and parents seemed keen to get into the class. Once the room was set up the doors were opened and a group of about 15 parents and children were welcomed by practitioners and asked to sign in. Not all did. After the class had started, with lots of noise, music, movement of children, babies crying, and the class leaders shouting instructions, a further 8 (three adults, one with one child, one with two children and one with three) came into the room at different times. The exercise leader noted their arrival by smiling, and while still leading the class asked them to sign the list, again, not all did. Two mothers and little ones left before the end of the class and one toddler stayed playing after the class. (Evaluation field notes)

All the extra bits as well, like the questionnaires were quite challenging, when the girls were running them each week they were welcoming the parents and being ready for the parents, and actually trying to then get the parents to fill in the questionnaire on top of that was tricky and we agreed on 50 [questionnaires] in the end, but I felt like they would have liked more than that but we just tried to get it done

In the end the admin person at the time used to go as a spare person. It's having the capacity to free up somebody as a spare person to go and get that form filled in, but that was the only way we could do it in the end. So it's things like that, and getting caught up in e mails, and being asked for more data and trying to find the time to find that information

Originally it was agreed that 200 questionnaires would be delivered. However, after the project lead recognised this was an unsurmountable hurdle a new target was agreed based on what the Children's Centre believed could be achieved (50 questionnaires) but they were unable to achieve aims for contacting respondents for the six month review. In order to support this aim a further degree of funding was made available, in order to create an additional 5 hours per week for 6 months, this also became an unachievable aim.

Recommendation

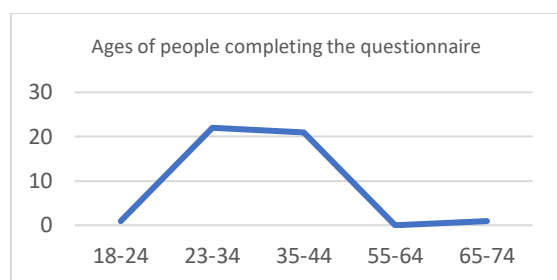
1. Future projects should consider employing a dedicated 'person' at the beginning of the project, whose responsibility it is to log attendance and or to take responsibility for data collection, including attendance, survey and questionnaire distribution and completion.

¹⁷ (Carless & Douglas, 2005, 2009/12, 2012, 2012a; Douglas & Carless 2008, 2008a 2008b, 2010, 2010/11, 2009/12, 2012a, 2013, 2014),

Questionnaire insights

Demographic details

A 31 item questionnaire was developed and used at different venues to elicit information about mothers, their physical activity and health. While 54 forms were completed, only 46 provided accurate and useable data. The questionnaire shows 23 people completed the form in 2021 (1st & 7th June, and 1st Sept) and 23 completed the questionnaire in 2022 (Jan 13th March 1st 3rd, 8th, 10th, 14th, 17th, 31st). One male completed the form, all other information shows it was women who were attending their *first* session.



Age	Response percent	Total number
18-24	1.9%	1
23-34	42.13%	22
35-44	49.38%	21
45-54	13.46%	7
55-64	0%	0
65-74	1.9%	1

Mean 5.73 Variance 0.74, Std Dev 0.86 answered 52

One discrepancy found in the data was between reported birth date (given in one part of the form) and reported age (given in a different part) and these not matching. Errors may be due to poor handwriting, typos, or other data input challenges. Given these issues date of birth data should be viewed with some caution.

In terms of demographic details, 42 (81%) self-identified as White British, 5 as White Other (10%), and 4 (8%) Other Ethnicity (which were noted as Pakistani or Arab). One person preferred not to disclose. When asked about sexual orientation two people preferred not to say, while the remainder (50, 96%) said they are heterosexual. In response to a question about religion 33 (63%) reported to have no religion, 13 (25%) said they were Christian, 3 identified as Muslim (6%) and 3 (6%) preferred not to say. Three respondents self-identified as living with a disability.

Respondents had between 1 and 4 children whose ages ranged from 3 months to 17 years. When asked "are you pregnant or given birth in the past 26 weeks" 50 (96%) of respondents said no and 2 preferred not to say. When asked are you an asylum seeker, 48 (2%) responded no, while 4 chose not to disclose.

Organised Activities

Of the activities offered by This Girl Can the most popular were Move Together (with 64%, 33 women participating) and Boogie Disco (with 88.46%, 46 women attending). These figures suggest that 20% of respondents were participating in both Boogie Disco and Move Together. Five women (9.6%) participated in the Buggy Walks, and none of those surveyed attended Toddler Yoga.

Walking

The length of time given on the questionnaires for walking ranged from, at the upper limit 6 hours per week, to the lower limit of 20mins per week with 94% saying they had walked in the past 7 days. Thirty-two (60%) of these had walked for at least ten minutes, with 73% (36 women) saying it had been intense enough to raise their heart rate. Eleven women (22% of 45) had walked between 3 or 4

days in the previous week. While we have no way to confirm this, the length of walk suggests these regular daily walks of a relatively short duration may have been for a school drop off. Likewise, there is no way to explore whether those who engaged in longer walks used walking as active travel, fitness or/and as a leisure activity.

Cycling

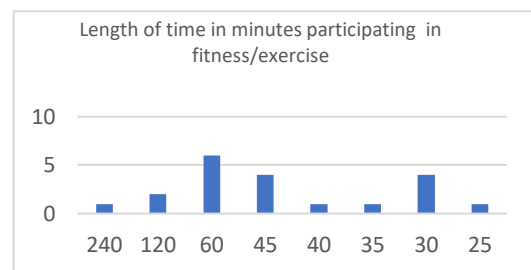
Six of the 52 people who completed the survey had cycled in the previous 7 days (12%). Of these, 2 had cycled on 1 day only, 3 on 2 days of the week, and one woman cycled on 3 days of the week. Two cycled for one hour, one for two hours and one for three hours. It is not clear from the survey what type of cycling this was (leisure, fitness or work). Five out of the 6 women reported the effort was high enough to increase their breathing intensity.

Sport, fitness, dance

In addition to the above physical activities, 20 (38%) of respondents had participated in some type of fitness/exercise activity, with 32 (62%) taking no other exercise in the previous 7 days. Twenty-three of the questionnaires provided further details regarding the number of days these activities took place and for how long. As the following chart shows this ranged from 25mins to 240mins. Of the 26 responses, 15 (58%) reported that the effort used during these activities was enough to increase their breathing rate while 11 (42%) reported no increase.

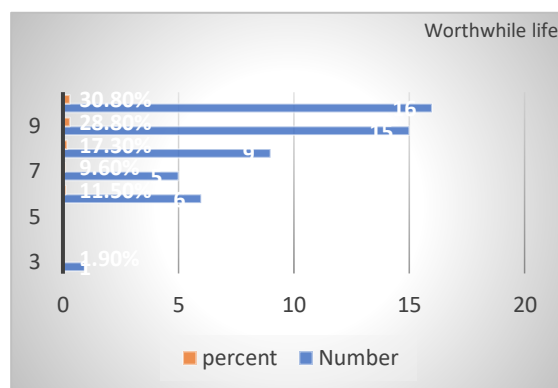
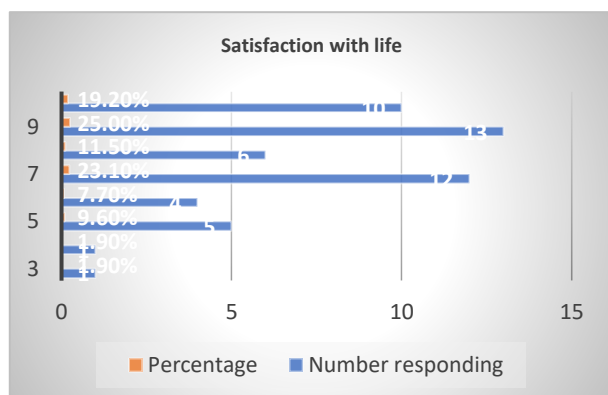
In the past 7 days, on how many days did you do a sport, fitness activity (such as gym or fitness classes), or dance?

Number of days	Number responding	Percentage
Zero days	6	26.9%
1 day	4	17.39%
2 days	7	30.43
3 days	3	13.04%
4 days	2	8.7%
Std 1.4		



Mental Health and Satisfaction with life

The questionnaire provided a snapshot of mental health through asking respondents to rate their level of satisfaction with life on a 10 point Likert scale (0=not at all to 10=completely). The questionnaire also asked respondents for a Likert rating for what extent did they feel that the things they do in life are worthwhile? Responses are shown on the following charts.



Std 1.5 Mean 9.4 52 responded

What might we learn from the questionnaire

The sample is broadly representative of the Knowle demographic in terms of ethnicity and sex. However, given there was one male in the sample it would be inaccurate to state this is what *women* do. Perhaps worryingly, given recent conversations on gender fluidity, the absence of any non-binary, or LGBTQ+ participants in the sample suggests that either there are no LGBTQ+ individuals in the sample (which goes against the trend) or those who fall outside the mainstream may still not feel able or feel confident to identify as such. It also raises questions about support for LGBTQ+ issues within this area. Additionally, would someone who has gone through gender reassignment, as the questionnaire asks, respond openly?

The questionnaire also raises many issues about the motives behind activities. For example, what motivates those who regularly walk and cycle? If these individuals are solely motivated by taking young children to school, would the activity stop once children no longer need to be accompanied?

It is encouraging to note that cycling, sport, fitness and dance appeared to be at a level that was 'hard enough' to increase breathing rate.

It is also encouraging to note that 60% of respondents have a high degree of satisfaction with life. With no respondents saying they were on 0, 1, or 2 categories and only 2 people in the 3 and 4 category. Our caution with these figures lies in the acceptance that many people with poor mental health, living in distress, or with other life challenges, may be unable to get to activity classes and thus they are less likely to be included in these types of questionnaires. Ensuring individuals who are least well with our communities are included and have a voice is beyond these types of questionnaire and survey, yet it is precisely these individuals whom this project sought to include.

2.6 Follow up questionnaire

It was intended to distribute a second follow-up survey to respondents after a six-month interval. The time frame was relaxed given the first survey took longer to gain participants than had been expected. Whilst there was a member of staff in post for 18 months to achieve this aim, she had been unwell and eventually left the organisation. Following this, it became impossible to identify a member of staff who could carry out the task. This led to additional funding being directed to two research assistants known to the lead researcher on the second research project. This data is presented below.

Twenty-five women completed a six-month follow up survey by telephone in 2023, with two interviewers asking questions and completing the survey. There were 17 main questions, and four with sub-questions bringing the total to 29.

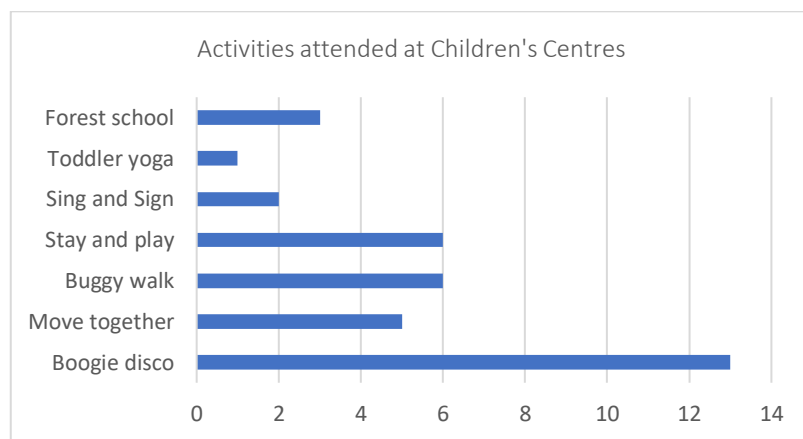
No demographic details were provided regarding ethnicity, sexuality, or disability, marital status, or the number of children in the household. We have no way of exploring how representative this data is compared with the initial data. Date of birth was provided by 23 of the 25 respondents. This showed the average age of respondents to be 36.9 years.

Age	Ages of women in survey 1	Ages of women in survey 2
18-24	1	0
25-34	22	10
35-44	21	7
45-54	4	4
55-64	0	0
65-74	1	0

Organised Activities

The survey showed respondents primary Children’s Centre to be included Hartcliffe, Bishopsworth, Knowle, Inns Court, Ilminster Avenue School, Stockwood, South Bristol and Bedminster Compass point with the largest number (13) women accessing classes at Knowle.

The first survey showed that of the activities offered by This Girl Can the most popular were Move Together and Boogie Disco with 20% of respondents participating in both Boogie Disco and Move Together. Ten percent participated in Buggy Walks and none of those surveyed attended Toddler Yoga. The follow up survey showed the popularity of Boogie Disco remains and that 11 out of the 25 respondents accessed more than one class [each week]. The following charts illustrates the number of respondents in the survey attending each class.



When asked if they attended their classes with their children 13 women responded “yes”. It is recognised that women often have low confidence and attending classes alone can be a barrier to some. With this in mind respondents were asked if they attended classes alone, or with another/other persons. Seven attended classes alone, one with support worker, and another seven with family, friends or parents, six with other children.

When asked about other activities or groups they attended 14 women said they were attending other classes which included Softplay at Bedminster and Brislington, Toddler group, Adventure Babies, Sing and Sign, Bristol (with new-born), Stockwood Stay and Play at St Phillips Marsh and Zion, Baby sensory classes, Scramblers (St Francis Church, Windmill Hill), Tots (Hedley Park Church), Toddler and Parent Yoga, Forest School, other play groups run by local churches, Music with Mother my sessions and Heartbeats, Play group at nursery, Music and Swimming, Music at Hedley Park, Nurturing course at Stockwood Children's Centre, Redcatch Community centre- stay and play group. The diversity and number of additional groups attended by mothers suggest there is both a need for and an interest in activities for mothers with young children. Further, this provides evidence that mothers are proactively looking for opportunities to do things with their children.

How did women learn about activities on offer

When asked about how they learned about what activities were being run, a number of sources were included: Facebook group, timetable, New mothers group at children's centre, Friends and relatives, Health visitor, Children's centre signposted an individual, word of mouth, Whatsapp texts from children's centre, Website, Posters (for example at the bus stop by the Children's Centre and at the Boing soft play) and by making an enquiry at the Children's Centre. This again suggests that the advertising campaign was effective, and that mothers are observant when it comes to physical activity opportunities.

First group

When asked about the first group they attended responses were mainly positive. For example, several respondents mentioned the staff being encouraging, friendly, and attending to the needs of their children, and this was particularly important to a mother with a child with special educational needs. Mothers noted the way staff developed skills due to the types of toys, tasks and activities. Others commented on the quality of the music, equipment and environment. Some respondents valued that it was a walkable distance from their home, with one mother saying "not many places you can take child in a deprived area". Another theme in responses was the potential for socialisation, both for children and mothers, with coffee and biscuits available. For those who participated in the buggy walks a positive factor was being outdoors.

On the less positive side some respondents wanted more variety in the music, more action as they felt physical activity was minimal, and one respondent thought there was too much time devoted to soft play. One respondent said it was not what she was expecting and another found it too busy and crowded. Given there were five different types of activity identified, over seven different locations, other than the classes being fun and enjoyable it would be unfair to read too much into requests to change the sessions based on these responses.

Signage

Of the 23 women who responded to the question "Did you know the sessions were designed as part of Bristol Girls Can to get mothers as well as children moving?" 14 answered "No". That is, half of the respondents thought the sessions were designed for their children and only discovered it was for them (as a mother) and children once they attended the session. Three respondents knew in advance they were attending a class that was for them and their children.

Comments provided by respondents showed eleven had not seen any advertising about Bristol Girls Can. Of those who were aware of the campaign, a variety of different routes were identified including

Online, Local high street, at Children's Centres, on the TV, doctors surgery, nursery, Children's Centre, new mothers group chat, Poster at bus stop, shared posters through WhatsApp group, and Facebook. There are two points worth noting here. The first is that the reach of the campaign, and the use of GP surgeries and posters at bus tops, is effective. The second point is that there is confusion as to who these classes are for, and that currently it's not clear enough for some mothers, if this class is for them, their children, or both.

This raises some interesting questions. It is important that the public link an activity with a brand? How important is it that Bristol City Council or This Girl Can are seen as being responsible for a particular class being run and in ways that those attending are aware and recognise their brand? Responses suggest respondents cared less about who puts an activity on, what their remit is, and how its funded and care more about there being something they can join in. Given that this project and the surveys were completed in the months following the pandemic lock down, it is likely there is an unusually high need for mothers to join in anything that is put on, by any organisation. It is not surprising that respondents were unable to distinguish what organisation or campaign a particular activity (for example, Forest School) is associated with and funded by. This type of information is superfluous to requirements *for a mother*, who is trying to look after a young child and attend classes, attend to their own health, and to run a home.

Increasing Physical Activity

An important reason underpinning the wider This Girl Can campaign has been to increase the frequency, duration and intensity of women's physical activity. To align with such aims, and as an attempt to provide evidence of such this questionnaire was created. However, there are some issues with the robustness of the data provided. For example, out of 25 women surveyed, 14 believed the class they attended was effective in getting them to be physically active (responding excellent or good) while six respondents believed the classes were not at a high enough intensity to improve fitness (responding *unsatisfactory* or *wasn't that intense*). Yet, responses relate to extremely different types of activities (Forrest school, toddler yoga, sign and sing, stay and play, buggy walks, move together and boogie disco), as well as level of fitness of the individual, which impact how physically demanding an activity will be perceived to be. It would be unwise therefore, to make assumptions regarding the degree of intensity of a particular class, and whether it should be increased. Additionally, respondents were commenting on some classes that were not part of This Girl Can Small Steps, but were run by South Bristol Children's Centre.

Motivation and getting mothers more active

Respondents were asked if staff had motivated them during the sessions. Responses are as follows

- Three replied "yes", "or all the time"
- Seven replied "mostly"
- Six replied "sometimes"
- Three responded "Not at all" "The start and end, not during free play" and "Not at all, [it was] for the kids, not for me".

The question and responses do not reveal what types of motivation were used, whether individuals felt they needed to be motivated and also fails to recognise that, for some mothers, the session became hectic when toddlers were given agency to run about and engage with the environment causing mothers to be chasing children rather than engaging in the activities per se. Given the different fitness levels, and that "Small Steps" being aimed at women who have been inactive, the responses illustrate how difficult it is to pitch an activity level or comment on motivation.

Related to the above there were also extremely different opinions regarding what respondents thought it would take to get women to be more active. Four themes characterise responses on this issue and these related to (a) Marketing, (b) Expertise of Staff, (c) Content of classes, and (d) Equipment. A great deal of time and money could be invested in providing additional training and equipment. However, this seems to move away from the small steps idea. If the classes at Children’s Centre provide something for mothers and their children *within* a Children’s Centre space then participants in these classes need to take into consideration that Children’s Centres have limited space (for the class, or storing equipment) and limited time to set-up beforehand and pack-up following delivery, before another completely different session is run in the space.

What some of the comments reveal is that often mothers have unrealistic expectations, don’t notice branding, and fail to read information. In the following comment, from one mother, this point is illustrated.

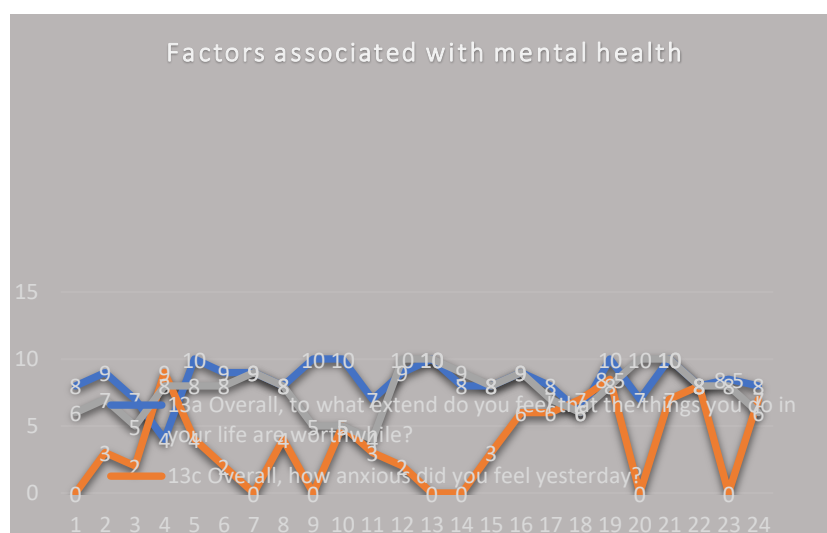
Marketing, wasn’t advertised as much as it could have been, kids class not for parents, although now thinking about it, the class was called Move Together

While it may improve understanding to create a poster which more clearly communicates that classes are for children and their mother, the campaign cannot be held responsible for interpretations that mothers make about who are the intended participants or/and the failure to read a poster.

It might prove useful that parents desiring more active session are also directed to centres that tailor provision to physical activity (for example, sport centres).

Mental health

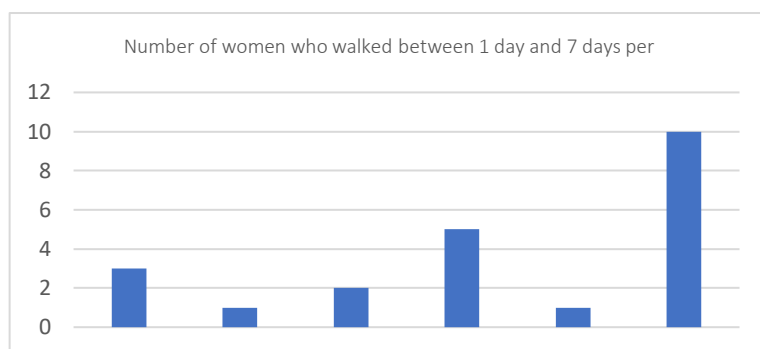
Three questions attempted to explore the psychological state of respondents’ worth, anxiety and happiness. As such, each was asked to rate on a Likert scale (from 1-10 1=low 10=high), *to what extent do you feel that the things you do in your life are worthwhile? Overall, how happy did you feel yesterday? Overall, how anxious did you feel yesterday?* Responses are illustrated on the following chart, with one participant choosing not to respond.



The chart above suggests that for several of the women anxiety, happiness and worth are unrelated. The chart also shows that for some respondents anxiety was high (the day before) but this was unrelated to the individual feeling worth and happiness. A small number of respondents (4, 19, 21, 22, 24) experienced high levels of anxiety the day before but this did not appear to reduce worth or happiness. One of the limitations of this survey is gaining any insight into what are typical causes of anxiety for these mothers, and/or what types of factor contribute to feelings of worth and happiness. For these reasons, it would be unwise to make claims about women from this data. That said, women in this sample appear to have a high degree of satisfaction about their lives being worthwhile, high degree of happiness on the day before data collection while also exhibiting widely extreme levels of anxiety.

Walking

Mirroring the initial survey respondents continue to engage in a high levels of time spent walking, with all respondent saying they had been for a walk in the past week. Of these, 13 believed this was at a high enough level to raise their heart rates.



Eighteen respondents walked for exactly the same walk duration each day, with the duration ranging from between 20-60mins. As in the first survey, the length of walk suggests many of these may have been taking children to school. The duration of three respondents (who walked for different duration) ranged from 20 mins, to 420 mins. Likewise, there is no way to explore whether those who engaged in longer walks used walking as active travel, fitness or/and as a leisure activity.

Cycling

Six of the 52 people who completed the first survey had cycled in the previous 7 days. In the six month follow up two respondents had been cycling in the previous 7 days with one cycling on 4 days of the week with each ride lasting 45mins. The other respondent had participated in a spin class (two classes of 45mins) and both believed the exercise increased their heart rates. The remainder of the sample had not been cycling.

Sport, Fitness, Dance

Eleven respondents had participated in additional sport and fitness classes in the previous week with one naming the activity (netball). The length of duration of these activities/classes was, like earlier responses, extremely varied. For example, two women did sport or exercise on 1 one day for 1 hour, 4 participated on 2 days, (one for two hours, two for 35min, one for 40min, and one for 45 mins). Those who self-identified as participating on 3 days of the week did so for 1 hour (2 persons), and one person each for 30 min 45 min. Half of those responding did not participate in additional physical activity.

Feelings about Physical Activity

When asked about Physical Activity being provided at children centres 12 respondents answered by saying it was "Great" idea and gave no further comment. Twelve respondents provided more detail. Of these, reasons given related to valuing opportunities do something with children, and that it contributes to bonding/building relationships. Other reasons related to the mental health of mothers, and the importance of having opportunities to meet with other mothers. With one mother suggesting that the buggy walks supported mothers needs but not their children's. When asked about their feelings toward physical activity at the moment, ten women were very positive about how they feel towards their body, activity levels appeared to have a sense of achievement for what they were able to do. Other respondents, in contrast, provided further insight into the difficulties women face attempting to be active, and the guilt some feel for not being so.

Much more active, accident 17 years ago resulted in disabilities, became less active but my child keeps me somewhat active, but I'm not THAT active. I'm always at home, I don't go anywhere...I don't feel good about my PA but I feel ok.

I hate doing it, then I also feel bad that I don't do it. I'm nowhere near as active as I used to be before kids, but I'm also tired juggling work, feeding the kids, washing, ironing, squeezing as much as I can into the time I do have.

Not as fit as I used to be, before I had kids I was quite gym committed, now I've got 2 small kids and I'm a single mum to them so I can't go out to the gym when they're asleep because there's no one else to look after them.

I'm not as happy as I used to be with my body, I'm not physically active as I used to be because of my health issues

2.7 Summary

Four out of five key performance indicators identified at the commencement of the project have been met, namely:

- This phase met the objective to provide physical activity courses to enable 15 members of staff to become ambassadors and to engage and connect with 200 mothers
- The objective was met that through partner organisations and Children's Centres to engage 500 inactive mothers,
- A six month review was carried out
- A week 1 and 6 month follow up monitoring questionnaire was created, distributed and analysed
- Observations were made and reported regarding staff delivery of sessions

The project surpassed its aim of enabling 15 members of staff to become ambassadors for physical activity participation. Across Bristol 42 members of staff gained at least one physical activity qualification and 65 courses were delivered tailored to the needs of mothers with children under five.

The new skills and expertise gained by practitioners made it possible to run a variety of classes at Children's Centre venues and in local parks, these included Move Together, Boogie Disco, Buggy Walks and Toddler Yoga. As of December 2022 Move Together and Boogie Disco are still running and additional courses are being planned.

In total 351 adult attendances were noted along with 410 child attendances at sessions held in Knowle, Bedminster, Greville Smyth Park, Bishopsworth, Redcliffe, Illminster Avenue, and Stockwood. These figures also show the project to have surpassed its aim of engaging and connecting with 200 mothers.

Recommendations:

1. In terms of delivering physical activity education for practitioners, face-to-face opportunities should take precedence over online learning, despite the appeal of online courses being easier to organise and less expensive to run. (see 2.2)
2. This may sound counter intuitive in a technologically fast moving 21C world, but it seems that providing education where the aims, objectives and learning arise from conversations between practitioners may prove to be the most fruitful way of developing courses and staff. This is especially so given mothers in areas of high health inequalities have complex and often chaotic lives and who are not likely to respond to more mainstream physical activity opportunities (see 2.2).
- 3: Health provision and recommendations need to extend the window of expectation regarding how quickly mothers can attain mini levels of physical activity and recognise supporting someone to move from "low or no activity" to "minimum levels" may take longer and require more motivation and support compared to how we support and encourage other populations (See 2.4).
- 4: Future projects should consider employing a dedicated 'person' at the beginning of the project, whose responsibility it is to log attendance and or to take responsibility for data collection, including attendance, survey and questionnaires. (2,5)

Phase 3: Communications & Marketing Campaign

The communications and marketing campaign was the third strand to This Girl Can (2019) and was possibly the most complex to understand given the wide range of activities involved. While most of the activities built and followed on from those described in the previous section, at times some parts of the media campaign ran in tandem with service delivery.

The main KPIs for this phase of the project were:

1. To create a steering group composed of mothers with children under five from the catchment areas who would act as consultants, sharing their knowledge and provide insights that would develop key message and campaign aims.
2. To reach 500 inactive mothers through community partners and children centres to promote the offer of BGC funded activity sessions at South Bristol Children's Centres.
3. Reach 225k mothers and women through variety of digital platforms driven by the marketing campaign and paid social media in areas of 10% and 20% highest health inequalities, including our target areas
4. Reach 5k followers on Facebook an increase of 2K
5. Drive 20k page views to the website
6. Recruit 10 inactive and somewhat active mothers for case studies to be used in wider communications campaign
7. Initiate 12k conversations between midwives/health visitors and pre and postnatal women over the coming year. Each contact will receive a postcard directing women back to the Bristol Girls Can website.
8. Continued exposure to campaign by mothers, staff and visitors at existing Bristol Girls Can photography exhibition at St Michaels and Southmead maternity wards over the next year 80k
9. Gain positive media coverage of Bristol Girls Can, the Small Steps campaign, it's aims and the partnership with Children's Centres, researchers and mothers in target areas.

In what follows we provide evidence for how the campaign met its aims, along with insights into some of the challenges that arose and decision-making processes.

The main data used in this section is drawn from the report co-authored by Georgina Gray, external freelance communications consultant and Claire Nichols, project lead.

3.2 Mothers steering group

The marketing and communication campaign began in February 2021 and ran through to June 2021. It built on insights gained from the co-create day and scoping research, as well as insights that were being gained from sessions that had commenced and were being delivered by Children's Centre staff.

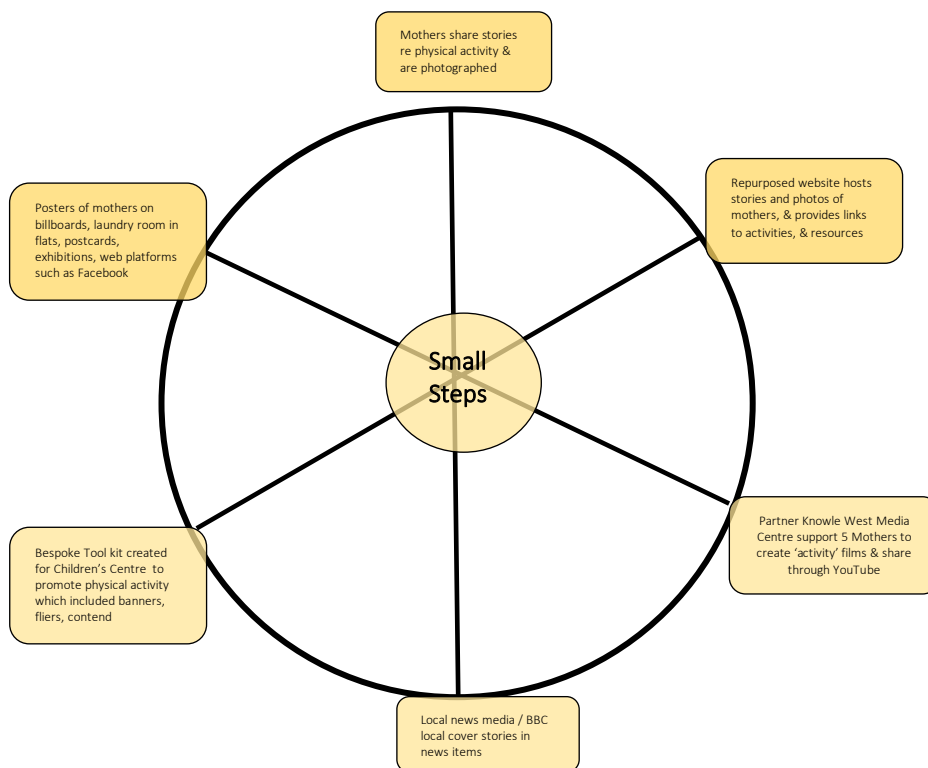
There were two elements vital to this phase of the project (a) commissioning a consultant to drive and create the campaign and (b) to bring together a representative group of women who themselves had children under five who would form a steering group and act as 'expert' consultants. Georgina Gray, a freelance communications consultant was appointed in 2020.

Recruiting mothers for the steering group became a time-consuming task for the project lead and a more difficult challenge than had been expected at the outset of the project. As described in earlier

phases of the project, the role of “mother” includes numerous tasks and responsibilities, and as such there is never “enough time”. It was here that contacts made in earlier phases of the project, and particularly during the research where trust and rapport had been established enabled the project team to garner support. The final group assembled was diverse, both regarding age and ethnicity and to provided a very strong touchstone ensuring issues in mother’s lives were reflected in the ethos and philosophy of the media campaign. Key issues raised from the first steering group on Jan 27th 2021 made it clear that mothers wanted:

*to see people like me and lives like mine.
 Show the kids, the mess and the stress.
 Use where I live and the places I go.
 No gloss, no Photoshop, show the sweat.
 We like to talk to each other, so use word of mouth.
 No pressure. We fit it in where we can, when we’re ready.
 We need to give ourselves a break - some days it’s all too much.*

Taking the above into consideration the consultant first created tentative ideas for a catchphrase/concept name for the campaign which linked with the underpinning philosophy of the project. Again, in collaboration with the steering group of mothers and the project team, several ideas were shared. Among them were; “Good Days”, “Play Time”, “The struggle is real” and “Small Steps”. The merits of each of these were debated at length until finally most of the group agreed that “Small Steps” best reflected the project aims. In this way the small steps message became the hub of the wheel and the campaign activities formed the outer wheel, driving the project forward.



3.3 Generating resources

Over a four months period 19 'somewhat' active mothers of all shapes, sizes and ethnicities, who had been able to accommodate physical activity into their lives, and were living in the target areas were recruited to participate in the campaign and sharing their physical activity stories. Sharing a personal story was a challenge for these women given they were not confident about what they were doing (in terms of physical activity and health) and often included a patchwork of activities (such as skipping, walking and home exercise) depending on what time/schedule/responsibilities allowed. Underpinned by discussions with the steering group, the stories

- Set a tone that was intended to be reassuring and non-judgemental
- Focus on taking the first step, 5, 10, 20 minutes is enough etc
- Showing an understanding of how tough mothering is,
- Recognising how difficult lockdown has been for many,
- Acknowledge barrier and offer support, signposting and inspiration.
- That women's homes were functional, rather than images found in 'ideal' homes magazines
- That women come in all shapes, sizes, abilities and ethnicities, and do not conform to how women are portrayed like air brushed models
- Showing all activity and movement counts
- Guilt free not to beat yourself up if it doesn't happen

From the longer stories shared by mothers, a more concise 300-word first person narrative was written by the consultant. During this time the project lead recruited Jeni Nott, a commercial photographer with 20 years-experience in photography and who had worked on previous campaigns, was commissioned. Her brief was to photograph mothers in ways that evoked the realities of their life, but also the joy of being active. Along with the stories, the photographs were used as the basis of the city-wide campaign. Following photography sessions billboards, posters, postcards, digital slides and flyers were created.

Postcards and posters were used at the following venues/services:

- 2400 postcards and 40 posters to midwifery service at St Michaels and Southmead Hospitals
- 2000 postcards and 112 posters to Children's Centres across city
- 500 postcards 50 posters to social prescribers
- 500 postcards distributed with new birth letters
- 500 postcards and 20 posters at Covid 19 vaccination centres
- 50 posters to Health Visitors who have 20,000 women on their books each year
- 1000 postcards and 40 posters to Healthy Living pharmacies across city
- 35 posters to libraries across city
- 250 postcards 15 posters to leisure centres
- 100 postcards 6 posters to Healthy Living Centres in target areas
- 750 postcards and 50 posters to Food Clubs/Banks across the city
- 12 Billboard posters were used in target areas
- Bus shelter Adshels x 14 were placed in target areas and some city centre sites
- The Flyer was distributed to 6,500 homes in Knowle West through the Knowledge community newsletter

Digital slides were also created from the posters and emailed to 44 GP surgeries. While it was impossible to monitor how these were used the project received positive feedback from several GP practices suggesting that slides had been shared in news items on their social media. Digital slides were also used by Bristol City Council at the Customer Service Point (CSP) on a loop. The estimated footfall at the Customer Service Point (CSP) is 700 visitors per week.

3.4 Exhibitions

Added to the above, photo exhibitions were held at the following venues:

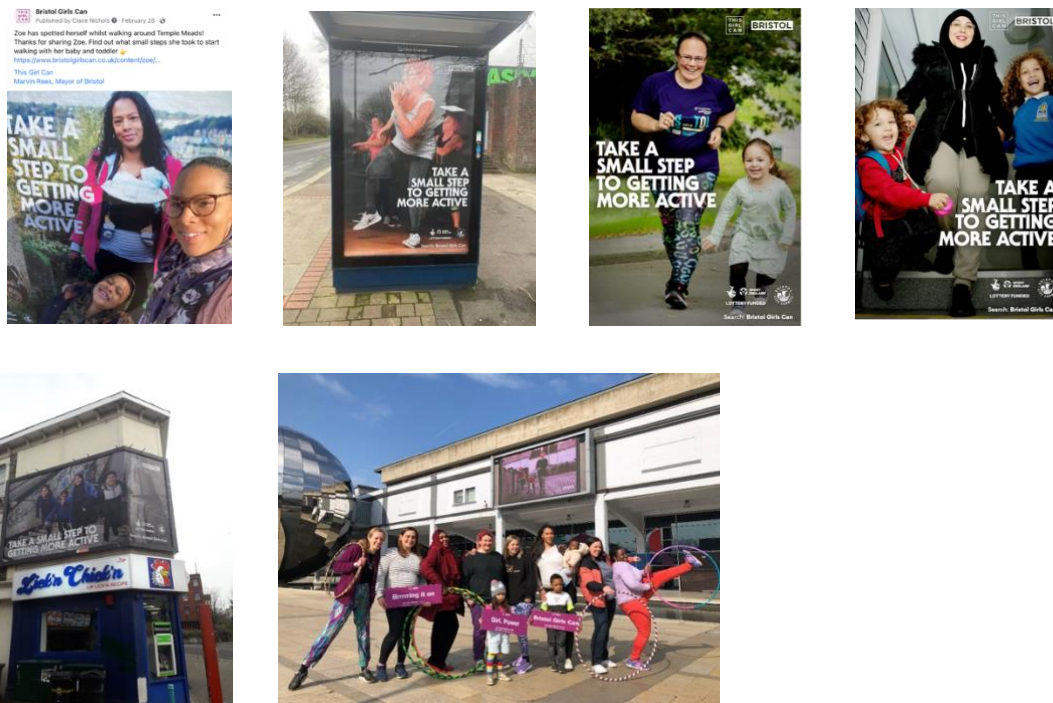
Big Screen Millennium Square in Bristol, a digital exhibition of all photographs with accompanying quote panels were shown (at 2 x per hour) every hour during March and April 2022. Millennium Square estimated total footfall during this period 480K.¹⁸ **This continues to be shown until Sept 2023**

Southmead Hospital Atrium held a temporary exhibition of photos and quotes. The average number of visitors (per day x 7 days) is 700 while the estimated total footfall for the year is 4900 visitors. Prints now have permanent homes in two hospitals, and two Children’s Centres, and the Southmead exhibition has moved to a permanent home in the Women’s and Children’s ward and Cossham Birth Hospital.

Community Laundry rooms: Perhaps an unexpected and innovative location to exhibit a permanent photographic exhibition in 17 Laundry rooms located in the in council flats in Redcliffe and Hartcliffe. The project lead (Claire Nichols) wanted the message to reach women that the campaign had not previously reached. She emailed all the council caretakers and two responded, Redcliffe and Hartcliffe. Claire linked up with Tamadour Saliem, the Volunteers Coordinator and Community Development Practitioner, who helped to put up the photos and also asked the women in the Redcliffe flats via WhatsApp and through conversations what they thought of the exhibitions. It was estimated there is on average of footfall of 7310 per month by residents (1 per week per 100 flats x 17 blocks) with 95% of users of the space being women.

3.5 Billboard Campaign

During February and March 2022 a series of billboards housed posters. The comms officer and project lead identified available sites in target areas and booked them according to availability. Eight billboards were located, in target areas, and 4 in the city centre, as well as 14 bus shelters in target areas. Below are examples of the billboard posters used. The first below is a ‘selfie’ of one of the mothers with her posters, other examples show how they were used on bus shelters, in the Millennium Square event, in the laundry rooms, and the atrium of Southmead Hospital.



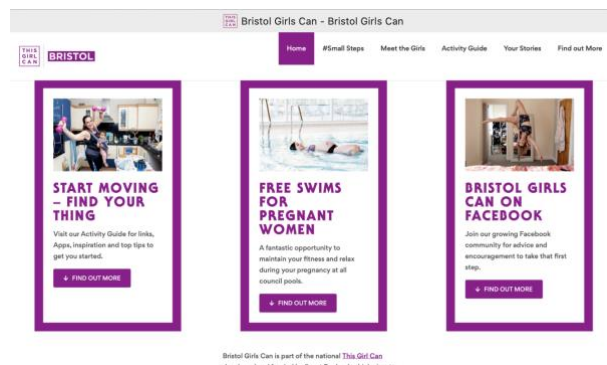
¹⁸ This was due to continue until September but stopped due to a fire. This will resume in Feb 2023 and will continue until September 2023



3.6 Website



The existing web site hosting earlier versions of “Bristol Girls Can” was repurposed to integrate the ethos of the “small steps” campaign (see, <http://www.bristolgirlscan.co.uk>) with images, stories and links. The website provides visitors with six main categories to navigate through the small steps story, these are: Home: #Small Steps: Meet the Girls: Activity Guide: Your Stories: Find out More



- Under “Small Steps” is a description about the campaign along with links to “Meet the Girls”, “Activity Guide” and “Bristol Girls Can” Facebook community.
- Under the “Meet the girls” a drop-down box contains 19 stories from women participating in a variety of physical activities, along with a short, 300 word bite size text that sheds light on their motivations, challenges and meaning making of physical activity as a mother.

Below is an example of these:

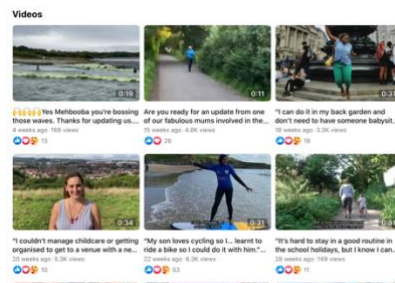


One story example is “Paige and her friend Emily”,

The middle bottom image: Paige and her friend Emily, heading out for a walk in Hartcliffe.

I have 14-month-old daughter who was born in lockdown so getting out of the house for fresh air was so important during that time. I enjoy walking in my local park and sometimes meet with my friend Emily and her daughter who I met at a baby group. It’s hard sometimes to fit in exercise whilst caring for a baby but a walk is an easy way of doing this, not only is it exercise for me, but it also helped get Cora to sleep! If I was feeling down getting out in some green space watching the birds and wildlife really made a difference. My daughter is now walking so I do even more exercise running around with her outside! I started with just one walk, but now I try to do 2 a day if I can. I would say just take it slow, there’s no need to go on really long walks, if all you can do one day is a quick walk it still counts and has a positive impact on your physical and mental wellbeing.

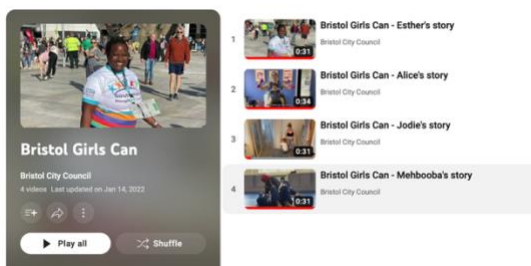
- Under the “your stories” visitors to the site can share and discover additional content. For example, (below) is the link to Facebook pages, and links to keep up to date with classes occurring across Bristol through Facebook.



- Under the drop down box “Activity Guide” is signposting to simple ways to become more active with links to eight different types of activity: post-natal and pregnancy classes, group classes, activities to do with kids, cycling, swimming, walking, jogging and home exercise www.bristolgirlscan.co.uk/activity-guide/. Each activity provides additional links, for example, under “Group Classes” are links to local leisure centres and a find a class near you tool. Under “Walking” is a link to the NHS site where it’s possible to download Active 10 application. Under “Cycling” are links to “Better Bike” the official cycling website for Bristol, Bath & NE Somerset and South Gloucestershire with information about how to start cycling, training, routes and buying a bike, a helpful video and book a learn to ride session. On the same cycling page there is also a link to “Bristol Family Cycling Centre” and to “Bristol Cycling Sisters”, a group of Muslim women supporting women into cycling in their community.
- Under “Find Out More” is background information about the project, Sport England and downloadable pdf.’s of the research <https://www.bristolgirlscan.co.uk/find-out-more/> along with films, documentary and songs created during the research
 “While my children dance” <https://www.youtube.com/watch?v=z-EEzVLu9aU>
 “21st Century Mothers: Making life work available” <https://www.youtube.com/watch?v=KKJYUxpWbAE>
 “Supporting Mothers To Exercise” <https://www.youtube.com/watch?v=06nDwk-YyZl>

3.7 Digital storytelling

After seeing a digital campaign run by the KWMC the comms officer felt that KWMC could assist BGC in recruiting women for the main campaign and in making digital content. Empowering the women to make their own content seemed like a good opportunity and in keeping with the project ethos. However their method of online recruitment was not successful and out of a possible 12 spaces only 4 spaces were taken by women and not all were recruited from KWMC. A lot of additional work was required by the project lead and comms officer to recruit. Knowle West Media Centre helped a small number of mothers to use digital technology as a way to empower them to tell their own stories about physical activity in film. Once participants had been identified they were to be given tuition to enable each to make a 30 second digital film. This was then shared on YouTube and on the BGC FB page.



Video workshops, led by Knowle West Media Centre, supported women in telling their 'small steps' stories digitally. This included filming and action sequences, and carrying out basic editing. Ester, Alice, Jodie and Mehbooba completed films which were uploaded to YouTube on Jan 13th & 14th 2022 and can be found via the following link.

https://www.youtube.com/playlist?list=PLzBMJEVI_oKna-H25oL2FCKf5yInk-iKh

There were a number of challenges recruiting 12 women for the video project during the pandemic and the task proved more time consuming to action than the project team had intended, and ultimately only 4 films were made. These provided a productive contribution for mothers and the project. The 30 second videos were shared via for social media, were used as part of the social media campaign, one film was featured on BBC Points West and they continue to flag up the project and the lives of mothers who participated.

3.8 Support for service delivery at Children's Centre

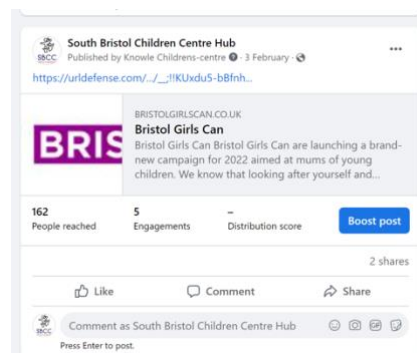
In addition to the stories, media campaign and website development the communication officer in collaboration with the CC's and steering group developed a toolkit of resources that would be suitable for use by Children's Centres in promoting their physical activity classes both online and in poster/banner format. It was hoped that by generating content and resources for social media as well as physical resources (such as fliers and posters) the Children's Centres could augment their own publicity and make a much more powerful impact within their communities. To this end a branded toolkit was designed which linked to the campaign message of "Small Steps" as well as activities run by children's Centres (such as toddler yoga). In collaboration with the steering group and the Children's Centres bespoke characters were created, that reflected the women using the CC's. Five, three-metre-long branded banners were created and placed outside South Bristol Children's Centres promoting the classes to parents (see below). CC's were given the images in the toolkit so that they could make their own posters with the characters.





The above shows posters outside Inns Court, Knowle and Bedminster Children's Centres

Added to the large banner, a flyer promoting Buggy Walks was created and this was distributed with New Birth letters sent to all new mothers in South Bristol (from march – June) reaching 600 new mothers in total. This was in addition to the general flier for the small steps campaign that was distributed. Other fliers promoting Boogie Disco, Move Together and Buggy Walks were placed on South Bristol Childrens Centre and Knowle Childrens Centre Facebook pages. Below are examples of these posts.



Recruitment to sessions is always tricky - a point the South Bristol Children's Centre Administrator illuminated saying;

You have to motivate people, you have to chase them, you have to encourage them and almost hold their hand kind of thing. Which although that's challenging, it's also quite rewarding when they do come along and afterwards they say "actually that's not too bad", or "brilliant thanks so much"... We've learned

that people don't like doing things [getting information] online, they would much prefer a text message, or you ring them or face to face.

For those who regularly use social media a simple task like updating information on a Facebook may not take up much time, however for practitioners who feel clients need face-to-face contact, or a telephone call, attending to such tasks may not seem a good use of time. That said, while agreeing the toolkit was underused the South Bristol Children's Centre, Deputy Family and Community Locality Manager for Knowle believed there were for good reason for this, and its benefit is likely to be realised in the future.

we haven't used them loads, and that's mainly because our groups fill up so quickly anyway, and we always have a general time table for each of the centres with all of the groups on... when we do advertise, we can go back to that tool kit, and use the fliers that were created and are of a similar vein. We are going to be doing toddler yoga in September, and we haven't done that yet, so we're going to use the flier.

In the months following lockdown practitioners were still learning about what activities their clients would like and what would be feasible to run. Moving forward, it appears the toolkit will have an important role to play.

Recommendation: It seems prudent to include the communications consultants in initial workshops / co create activities, in order for a close working relationship to be built and so that realistic ideas about what level increase in numbers might be realistic.

3.9 Coverage of the campaign

The following platforms carried news items of posts about the project.

Facebook: Using a combination of organic posts, boosted posts and ads the number of followers has grown by just over 500 (to 3,537) in an 8-week period of campaigning which is a 17% increase. This is well above the Facebook's average conversion rate of 9.2%.

Knowle West community website featured an article promoting the classes on the <https://www.knowlewest.co.uk/take-a-small-step-to-getting-more-active/> which also appeared in the print version delivered to 6,500 homes in the Filwood ward (10% LSOA area)

Families in Focus newsletter an article in distributed to primary schools across the city.

Feb 2nd – March 30th overall pageviews 3,249 (This includes returning users)

The average number of pageviews for the same time period over the past 3 years is 953 so it can be said that on the new website pageviews are up by 340%. Impacting this figure are the new data protection rules that users must choose (to accept cookies) which may have limited views. For those that haven't accepted the tracking via google is estimated to be between 25-35%. We know that from our Facebook ads alone we have had 3,510 link clicks so the metric of 3,249 pageviews is clearly an underestimate.

There were 9 ad groups in the campaign, with a total of 15 individual ads included across the campaign, as it follows:

- Generic (2 ads: Maroua's story & carousel)
- Walking (2 ads: Kanwal's story & carousel)
- Jogging (2 ads: Carly's story & carousel)
- Home Exercise (3 ads: Jody's story - video - , Esther's story - static post - & generic - carousel)
- Do it with the kids (2 ads: Laura's story & carousel)
- Post natal (1 ad: Zoey's story)

- Free Swims (1 ad: Claire’s story)
- Social Support (1 ad: Charlotte’s story)
- You’re worth it (1 ad: Samantha’s story)

Social media: During the period 02/02/22 - 31/03/2022 there were 112,184 through the projects own organic and paid social media in an 8-week period of campaigning.

- Our organic social media campaign reached 58,890 people through 70 posts. This includes 3 boosted posts which reached 16,888
- Our social media ad campaign reached 53,294.00. It should be noted that all paid social media used a targeted audience of women aged 16-50 living in specified areas of the city.
- New followers: 3537 up from 2947 when the campaign started. A 17% increase.
- Page visits (organic): 1329
- Post engagements(organic): 8797
- Link clicks (organic): 2073
- Video clicks (organic): 303
- BBC Bristol Radio morning show - launch feature interview with Cllr Ellie King and Esther
- BBC Points West - campaign feature and interviews with Cllr King and Esther 2 pm and 6.30 pm shows
- BBC News website - article campaign feature and interviews with Cllr King and Esther <https://www.bbc.co.uk/news/uk-england-bristol-60345228>
- Bristol 365 website - article <https://365bristol.com/story/2022/02/02/bristol-girls-can-launch-campaign-encouraging-mothers-to-get-more-active/13106/>
- The Knowledge - campaign launch feature <https://www.knowlewest.co.uk/new-campaign-supports-mummothers-to-take-small-steps-towards-being-active/>
- The Knowledge - IWD feature <https://www.knowlewest.co.uk/bristol-girls-can-exhibition-launched-to-mark-international-womens-day/>

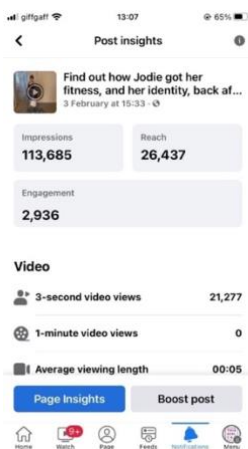
Partner newsletters

- BCC Covid 19 newsletter article
- BCC Housing news article
- WeSport partner newsletter article
- Active Travel newsletter
- Active Pregnancy Foundation Blog <https://www.activepregnancyfoundation.org/post/smallsteps>
- 106 primary schools, nurseries and Children’s Centres were sent a news item and images for their newsletter and social media.



News/events

- Happy International Women’s Day - 338 engagements (video)
- Southmead Hospital exhibition – 628 engagements
- Campaign Launch – 229 engagements



The post with most engagements were those featuring big campaign news/events and those featuring stories and photos of women who took part in the case studies.

User generated content from these women performed particularly well especially when it featured our billboards. Other posts such as quote panels, shout-outs and shares of local activities did not perform so well.

3.10 Monitoring and achieving KPIs

Monitoring

Between 2nd February 2022 and 31st Mar 2022 the total web hits for www.BristolGirlsCan.co.uk were Pageviews overall were 3,149 (including returning users) while unique Pageviews were 2,750 (individual Ip addresses, so are all unique)

Stories of women available on YouTube www.bristolgirlscan.co.uk/meet-the-girls/

Using BGC branded assets (Boosted)	Engagements	Using user generated content from our women (Unboosted)	Engagements
Debbie	338	Charlotte	309
Kim	278	Maroua	278
Samantha	145	Kanwal	187

The table above shows the value of user generated content both in terms of cost (it's free) and engagement by communities in which our women and target audience live. The top performing organic posts featuring stories were those using photos the women had taken themselves - which were then linked to their stories. I would recommend asking our audience and the mothers we have already recruited to provide more content for the next phase of the campaign.

Feedback from Mothers and others participating

From the women who took part in the media campaign the impact on their lives and physical activity included feelings of pride at being involved, and seeing how their involvement would be a catalyst to

inspire other women. There was also sense of achievement which increased exercise motivation. Several said they 'Never imagined' being involved in a project like this. Importantly, and reflecting the wider campaign mothers recognised how their own physical activity was shaping the lives and activity of their children.

I feel really proud to be involved in this campaign... I grew up in Hartcliffe...Since the campaign went live, I have inspired myself to get back out and Jog. I've signed up for the 50 miles in March challenge for charity and managed a 3k on Tuesday. All of the ladies involved in this campaign should be so proud of themselves and what they have achieved. Small steps is all it takes!
Carly Smith

I'm so proud to be part of this campaign... My girls watch me try, struggle, fail...and try again. They see me keep going and not give up, and they see the changes in me. I'm proud that I've been able to give them that - something real and tangible that isn't about body image or fashion: but a real, deep strength and determination that is theirs now too. Laura Jackson

Reflecting on the impact of the exhibitions and images GP surgeries, hospitals which used the images of mothers exercising, Arts Programme Manager at North Bristol NHS Trust commented "This is such a striking exhibition...it's visually arresting as you come into the atrium area." (Donna Baber, Fresh Arts), Likewise Practice Manager Charlotte Keel Health Centre "Brilliant resource I have added this to our screens. Thank you." Jane Isaacs.

Others visiting the website used information for their own newsletters, an example was Jess Waring, School Administrator at Westbury Park Primary School, who put the article in their community news section.

The Community Worker, from Redcliffe, people's views about their laundry had changed and they felt it was a great initiative.

Additional monitoring

The communications and marketing officer suggested working with an external marketing company specialising in targeted post code and segmental marketing. Following the suggestion 'Oggaodoon' were commissioned to support the work of the communications campaign both initially and for a second phase. However, due to new Facebook algorithms the company failed to reach the target audience or target geographical areas. The data that was collected is not reported in this evaluation as it included older men and women 55+ from Bristol as a whole rather than target areas. As a result the contract was terminated and the Bristol City Council communications team were recruited to carry out the second phase of the social media campaign. This ran between July-Oct 2022 (the report is available on request).

3.11 Summary

Data presented above suggest that the campaign reached or surpassed all but two of its KPIs set at the beginning of the project.

- This project fully met its aim to create a steering group composed of mothers with children under five from the catchment areas, to act as consultants.

- It surpassed its aim to reach 500 inactive mothers through community partners and children centres by promoting BGC funded activity sessions at South Bristol Children's Centres and through various resources (bespoke toolkit, branded banners, flyers).
- It surpassed its aim to reach 225k mothers and women through variety of digital platforms driven by the marketing campaign and paid social media in areas of 10% and 20% highest deprivation, including our target areas and places such as bus stops, billboards and in high-rise blocks. High footfall at permanent exhibition sites, digital slides in GP surgeries and BCC Customer Service Point, billboards and adshells in 26 sites across the city, posters and postcards in pharmacies, Children's Centres, food clubs, health and maternity services combined with a reach of over 100K through social media
- The campaign was unable to meet its aim of reaching 5K followers on Facebook. Given the number of followers grew throughout the campaign, and the rate was beyond Facebook's average conversion rate, it seems feasible that this aim was unrealistic.
- The campaign was unable to meet its aim of driving 20k page views to the website. Given views were up by 240% on the previous three years, it seems this aim was also unrealistic. It was difficult to capture this data due to the opt-out option on the council website
- The project surpassed its aim of recruiting 10 inactive and somewhat active mothers for case studies to be used in wider communications campaign, with 18 women being recruited.
- Following conversations with senior midwives about capacity to hold more conversations this aim was revised
- The campaign met its aim to continue to exhibit the 2018 Fit Got Real photography exhibition at St Michaels and Southmead maternity wards, in addition new exhibitions of the recent Small Steps photographs have been installed in five sites in the city including flats, Children's Centres and hospitals.
- The project achieved its aim to gain positive media coverage of Bristol Girls Can, the Small Steps campaign.

Recommendations

1. It seems prudent, in future projects, to include the communications consultant in initial workshops and co-create activities. In this project the lead consultant was briefed on all phases of the project, however, a briefing does not build trust, rapport, or develop a close working relationship with staff from partner organisations. It also fails to ensure that collaborators understand what and how communications and marketing campaigns are likely to increase work loads and expectations.
2. When surveys and monitoring questionnaires are being distributed, it is recommended that there is a question in the monitoring form that asks if mothers if have seen the marketing, and where they have seen it. This recommendation was actioned in the 6 month follow up questionnaire where a question added regarding marketing.
3. There was an overreliance on and expectation that social media 'shout outs' would meet recruitment needs (particularly Facebook). However, this belief was misplaced. Future campaigns need to recognise that social media is not valued by all women. Therefore, investments must be made in communicating via other methods such as activities that building community relationships (for example, by attending events and activities). While more time consuming, it seems they are fruitful for recruitment.
4. Future project should consider how many participants are needed to reflect the diversity of the city, and a range of physical activities.

Section Four: Learning & Legacy

Lest ye forget¹⁹

As with any project, intervention or campaign rarely are there no hitches or points of contention. Rarely, and especially with complex multi-phased projects, is it possible to deliver each phase without there being different points of view or expectations.

Along with these challenges there can be an opportunity to adapt and learn, and this project is no exception. However, it should be mentioned that none of the challenges that were faced by the project team compared to the disruption caused by the Covid 19 pandemic. Maintaining relationships and collaboration were always at the heart of the project as it relied on trust and determination from all partners to bring the project to fruition.

As the timeline on page 11 shows, on March 23rd 2020 the PM ordered people to stay at home and the UK's first national lockdown was introduced. This came only a few weeks after the co-create workshop and as the research projects began to roll out recruitment, and establish relationships. The lockdown caused a total cessation of all planning and activities, made home schooling a necessity and introduced months of hardship and distress for many people. Numerous families became unwell and those still working carried an increased workload while trying to juggle their own family commitments. The Children's Centre staff faced these challenges while also trying to explore how to support mothers, many of whom they knew were already struggling before the pandemic. Other members of the project team were juggling home schooling, as well as changing and demanding expectations from employers.

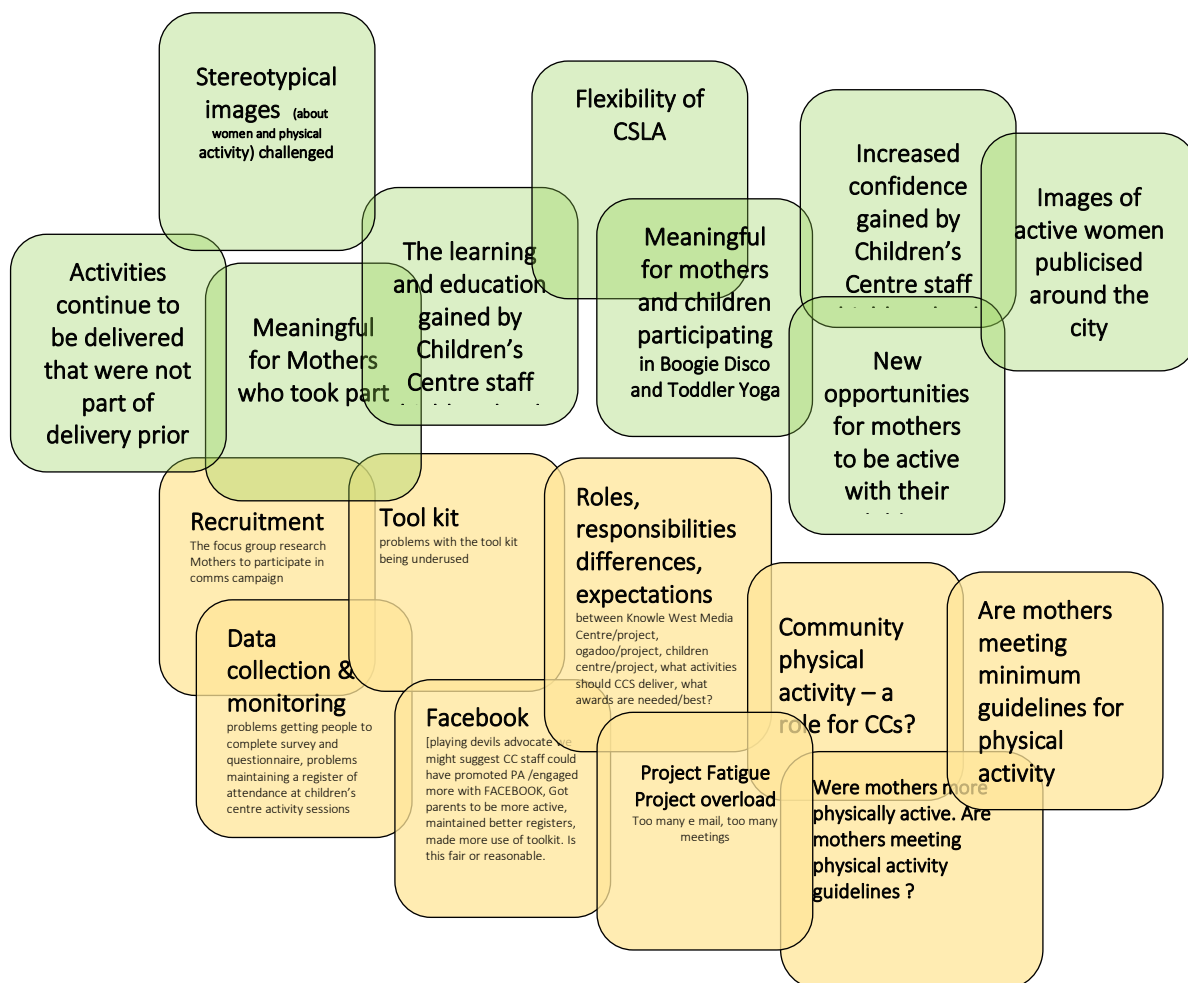
When the first lockdown ended it was followed by months where there was an ease of restrictions only to be followed by another outbreak of the pandemic, and the re-introduction of restrictions of some kind. These introduced a different type of stress for those working on the project as time after time face-to-face events were planned only to be cancelled or to be run virtually. The disappointment, frustration and extra work this caused was immense, and was not something that could have been expected or planned at the start of the project. From the data collection for the research, to the physical activity taster sessions planned for the Thinking Futures Festival of Science, and from staff education to delivery of classes, recruiting mothers for the communications campaign expectations were changed and adapted. The stop-start nature of these phases of the pandemic added hugely to a sense of project fatigue and momentum was lost. During this time some staff left partner organisations causing further disruption and loss of continuity.

The saving grace for the project was that everyone involved seemed determined to bring the project to fruition. While a belief that the aims were valuable is noted, it meant extending the project by several months/years. This meant all those involved incurred additional costs, correspondence and communication, that is, an exponential amount of e-mails, reports, updates, draft plans and (for example) proofs to agree and to check, additional meetings, monitoring and data collection, which at the time of writing has still to be completed. All of those involved at some point experienced a sense of feeling overwhelmed with what was being asked of them. As some sense of 'normality' returned, the project was still running.

¹⁹ Before the term was used in reference to soldiers and war, it was first used in an 1897 Christian poem written by **Rudyard Kipling** called "Recessional", a poem written to commemorate Queen Victoria's Diamond Jubilee.

Perhaps the first point of comment for the evaluation should be to compliment all those involved in this ambitious project who, despite major, ongoing challenges and setbacks, brought the project to fruition and conclusion in a way that met so many key aims, and impacted so many people in a positive way.

Themes taken from issues arising during the course of the project identified some of the lasting legacies as well as problematic issues. These are discussed in the remainder of the report beginning with the project legacy.



4.1 Legacy: The people and organisations involved in the project

In section two responses to Children’s Centre staff from parents illustrated the positive impact of the classes. This positivity and value was also evident in the six-month follow up questionnaire. Comments to staff and in the survey also recognised the types of impact physical activity can have on the mind and mental health. Parents also made it clear that for many mothers, it is the awareness and sensitivity of staff to their individual need that made it possible to attend a class. Earlier sections also drew attention to the important social opportunity the classes create and beyond that, parents found the classes fun.

When Children’s Centre staff were asked to talk about their experiences of the education they reported the learning opportunity had increased knowledge about physical activity and its benefits, provided ideas about how to encourage women to participate and make it fun. Many said it had increased confidence regarding delivery. Thus, it is unsurprising that staff also reported that the education

afforded by the project would be one of *Bristol Girls Can Small Steps* lasting legacies. When summarising what aspects of the project yielded the most effective use of investments Bristol Children's Centre Deputy Family and Community Locality Manager (Knowle) suggested: "It was the opportunity for staff to train in new areas, build expertise and confidence, that they might not have gotten otherwise." Some staff also reported that participating in the educational opportunities delivered by Maggie Blagrove, had also inspired them to become more physically active and to start new physical activities or return to physical activity.

From the women who took part in the media campaign the impact on their lives and physical activity included a sense of pride at being involved and seeing how their involvement in the project had, and potentially would be, a catalyst to inspire other women. Some of these participants have gone on to become physical activity practitioners and others social influencers.

Resources created during the project, such as the research about women from areas of highest health inequalities, our understanding of the impact of the pandemic on mothers, the tool kit, peer reviewed publications and films, also have a life beyond the project.

Together these provide important legacies influencing future physical activity participation. An evaluation film, which was an idea first discussed during the co-create day, provides a flavour of the above, <https://youtu.be/nlUA9ZvfWAs> while also providing an accessible account of the project's impact.

4.2 Expectations

There were a number of instances during this project where collaborators had different expectations and these caused some tension. With the aim of understanding how these might be negated in future projects they are briefly discuss below

As described in section one of this report the philosophy underpinning the project was one of co-creating, collaboration and partnership. Although there were a number of collaborators at different stages of the project the main collaborator or partnership was between Bristol City Council and South Bristol Children's Centre.

Between Children's Centre and project team – Originally the Children's Centre had committed to deliver at least two classes per week (at Redcliffe and Knowle). They developed the four workshop ideas: buggy walks, boogie disco, yoga, and move together with a view to deliver them all. While they were committed to the project there was no capacity to deliver all the activities they had sought training in.

South Bristol Children's Centres provide support to families, often working in areas of high inequalities and among some families who struggle with mental, physical, emotional, or financial difficulties. They provide support to families with children under five with universal groups (such as gym tots, post-natal groups which are open to everyone) targeted work for those who need a little bit more support (for example, rockabye aimed at reducing baby attachment issues), and one-to-one support (often through referral) to support families through difficult times such as housing issues, mental health issues, or isolation). These are the core activities.

It was not an aim of this project that Children's Centres should to take over the role of Sport Centres or sport clubs in communities. The roles are completely different.

The expectations about the amount of groups that we could physically run, we've got so many things that we do at the Children's Centres, and so many things we have to do as well. We've looked at it for September and what we've done is we've said *right each Children's Centre run one physical group*. Whereas, Knowle where

trying to run more than that, and it felt like the expectations that we should do more and its quite challenging alongside all the other groups that we have to run for our service (Bristol Children's Centre, Deputy family and Community Locality Manager).

Initially, and serendipitously for the project, the Children's Centre administrator was able to devote time to the project. This was because a) part of her role was manning the reception and the lockdown temporarily removed a need for a receptionist, b) she had only been in post a few days so her capacity was not established, c) she self-identified as "sporty" and was highly motivated to support activities. As time progressed, and with the return of face-to-face possibilities, this 'spare' capacity evaporated resulting in the investments made by this member of staff becoming something that was 'voluntary'.

In response, extra funding was made available to support the administrator for the data collection of these activities and for the Deputy Manager to work additional hours outside her normal part-time hours to respond to emails and come to meetings etc. However, when the administrator became unwell and took sick leave and then later left the organisation there were no 'spare' people to fulfil these duties.

While the Covid 19 pandemic can be seen as partly responsible, there was also a sense that, throughout the project there was always too much for the Children's Centre staff to do for the project, and what they were often asked to do went beyond their normal working practices. The Children's Centre had over committed to staff engage in new learning, to lead classes, promote physical activity more proactively and to monitor attendance more closely than they had been used to. After several months of working during the pandemic (when the staff were overloaded with soaring caseloads) the expectations of the Small Steps and Bristol Girls can resulted in an "overwhelm" or "project fatigue". The children's centre staff were not alone, everyone involved in the project had gone beyond what they had expected to contribute. Due to the covid 19 pandemic the project had well over run its May 2021 end date. Aware of this, the project lead felt it was not appropriate to put any additional pressure on the Children's Centre staff in order to complete data collection as required by Sport England. Rather, she looked to explore what could be achieved, if anything.

Recommendation

Running physical activity sessions is outside of the organisation's core aims and objectives. At best, upskilling staff to become aware of the benefits of physical activity (both for themselves as well as clients), providing proactive educational opportunities for staff that relate to issues and challenges practitioners face and providing some physical activity that fits in with the ethos of the Children's Centres, is a realistic outcome for this project as well as an important legacy. Importantly, these types of educational opportunities should be continued.

Monitoring:

Added to these issues is the challenging area of distributing and completing surveys and monitoring forms. These are always required by funders of these types of projects yet the actual data collection often falls on volunteers, or staff who are leading sessions and juggling the need to support/encourage and attend to mothers, young children and an environment of chaos with no research experience.

If accuracy in data collection is a project requirement there is a need to rethink how physical activity sessions are monitored. A dedicated individual who understands research and data collection would provide much better information about participants and the level of their physical activity and mental health.

4.3 . Recruitment

There had been an expectation from the comms lead that one collaborator (Knowle West Media Centre) could play a major role in identifying mothers to participate in the project and particularly to the communication campaign. This did not happen. There was also an expectation that recruitment would be successful via social media; this had small success.

This led the project lead and communications lead to take a more proactive role in recruitment.

We both ended up going to food clubs and activity sessions over the summer months. At the events the Children Centre staff helped us by signposting and introducing several potential participants. Recruitment was planned to start earlier in the year and was in the comms objectives but due to poor uptake of recruitment from KWMC and other areas of work taking longer than expected recruitment was delayed and additional help was needed.

By making the effort to get out and meet mothers, the project lead and comms lead were able to explain to mothers what the project was about and why mothers participating would be vital to its success. These relationships seemed to play a vital role in the decision of mothers to become 'case studies'. It could be argued that the role of project lead doesn't include recruitment. However, future projects may benefit from budgeting to fund a project person to fulfil these types of face-to-face activities. In other words, when an 'official' person shows up to events in the area, meets people and explains what lies at the heart of a project, there is a great deal of trust and good will communicated which ultimately is tied to the projects success.

This example provided a clear indication of how important it is to build trust and rapport with mothers ahead of involvement. Future projects would do well to learn from this that it is important for the project team to be out in the community, or create a role where the overseer of the project meets mothers.

Appendices

Table 1 Summary Life History Findings

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 PA 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 Deterioration in physical and mental health of her children
Eufrasia	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

Survey for South Bristol Children’s Centre

Dear parents

South Bristol Children’s Centres (Family Services) would like to know more about how families in our area are finding life at the moment, and how the Family Services can best support you. **If you have children under 5 and live in South Bristol** you can help the Family Services tailor our services and support by answering the following questions.

Note: This research is being done with the University of Bristol and has been approved by the School of Management ethics committee. If you have any concerns about the research you can email management-ethicscommittee@bristol.ac.uk. For questions about this survey please email lil.bowers@bristol-schools.uk.

The survey should take about 5 minutes and all answers will be kept confidential and reported anonymously. [Insert prize draw info here]. Thank you for your time!

<p>Section 1: About your family Question Type of answer Comments Are you male or female? Tick/click box - male, female</p> <p>How many children do you have under the age of 5? Tick/click box 1, 2, 3, 4, 5 etc. If none, the survey should then say ‘Thank you for your time.</p> <p>We only need parents with children under 5 to answer this survey at the moment’. The survey should then close. What is your postcode? Free text Compulsory</p>	<p>Section 2. Life in Lockdown Question Type of answer Comments or questions Would you say life has changed for you as a result of lockdown?</p> <p>Not changed at all, Mostly unchanged, The same, Changed a bit, Changed a lot Likert scale (evenly distributed scale)</p> <p>Would you say life is harder or easier for you as a result of lockdown Much harder, A bit harder, Neither harder nor easier, A bit easier, Much easier Likert scale</p> <p>As a parent, how well do you feel you have coped during lockdown? I’m coping really well, I’m coping, I’m coping as I normally do, I’m not coping, I’m not coping at all well Likert scale</p> <p>What have been the main challenges for you during lockdown?</p> <p>Select as many as you like: Homeschooling, My work situation, My partner’s work situation, Money issues, Health issues, Mental health issues, Parenting challenges, Relationship challenges, Substance/alcohol tick as many as they like.</p> <p>Which of these has been the greatest challenge? Select one of the options: Homeschooling My work situation My partner’s work situation Money issues Health issues Mental health issues Parenting challenges Relationship challenges Substance/alcohol only 1 choice</p> <p>Have there been any positive changes to your life as a result of lockdown? Tick/click box: No positive changes Spending more time with the children Spending more time with my partner Being more active Being less busy Spending less money Feeling connected with my community Learning new ways of communicating Gained new skills</p> <p>We would like to know how you feel about the end of ‘lockdown’:</p> <p>Please rank the following in terms of how concerned you are, with 1 being ‘I am not concerned’ and 5 being ‘I am very concerned’:</p> <p>Sending my children back to school. Attending face-to-face community groups.</p>
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	<p>Having face-to-face appointments (e.g. health visitor, family support worker). Mixing with friends and family. Daily shopping and other errands. 1 – I am not concerned 2 – I am very concerned Scale 1 – 5 with only 1 and 5 labelled</p>
<p>Section 3: Physical activity</p> <p>Would you describe yourself as ‘physically active’ before lockdown? Yes No If ‘no’ then skip to question 15 If you answered yes to question 12:</p> <p>What type of activities did you do before lockdown that got you sweaty and/or red in the face? Gym swimming Running Cycling Home exercise Team sport Individual sport Walking Other (free text) More than one is fine How often per week were you physically active before lockdown (in sessions of 30 minutes at a time, that made you red in the face/sweaty)? 6 times a week or more 4 or 5 times a week 2 or 3 times a week Once a week Less than once a week One option only How have you been physically active during lockdown (select as many as apply) With the children outside With the children inside On my own outside On my own inside Using online classes, online support or online resources I haven’t been physically active More than 1 option is fine How much physical activity are you doing a week during lockdown (of 30 minutes at a time, that makes you red in the face/sweaty)? 6 times a week or more 4 or 5 times a week 2 or 3 times a week Once a week Less than once a week One option only How physically active have your children been during lockdown? Much less than before Somewhat less than before About the same as before Somewhat more than before Much more than before Likert scale</p>	<p>Section 3: Physical activity</p> <p>Would you describe yourself as ‘physically active’ before lockdown? Yes No If ‘no’ then skip to question 15 If you answered yes to question 12:</p> <p>What type of activities did you do before lockdown that got you sweaty and/or red in the face? Gym swimming Running Cycling Home exercise Team sport Individual sport Walking Other (free text) More than one is fine How often per week were you physically active before lockdown (in sessions of 30 minutes at a time, that made you red in the face/sweaty)? 6 times a week or more 4 or 5 times a week 2 or 3 times a week Once a week Less than once a week One option only How have you been physically active during lockdown (select as many as apply) With the children outside With the children inside On my own outside On my own inside Using online classes, online support or online resources I haven’t been physically active More than 1 option is fine How much physical activity are you doing a week during lockdown (of 30 minutes at a time, that makes you red in the face/sweaty)? 6 times a week or more 4 or 5 times a week 2 or 3 times a week Once a week Less than once a week One option only How physically active have your children been during lockdown? Much less than before Somewhat less than before About the same as before Somewhat more than before Much more than before Likert scale</p>
<p>Section 3: Physical activity</p> <p>Would you describe yourself as ‘physically active’ before lockdown? Yes No</p>	

If 'no' then skip to question 15

If you answered yes to question 12:

What type of activities did you do before lockdown that got you sweaty and/or red in the face?

Gym

swimming

Running

Cycling

Home exercise

Team sport

Individual sport

Walking

Other (free text)

More than one is fine

How often per week were you physically active before lockdown (in sessions of 30 minutes at a time, that made you red in the face/sweaty)?

6 times a week or more

4 or 5 times a week

2 or 3 times a week

Once a week

Less than once a week

One option only

How have you been physically active during lockdown (select as many as apply)

With the children outside

With the children inside

On my own outside

On my own inside

Using online classes, online support or online resources

I haven't been physically active

More than 1 option is fine

How much physical activity are you doing a week during lockdown (of 30 minutes at a time, that makes you red in the face/sweaty)?

6 times a week or more

4 or 5 times a week

2 or 3 times a week

Once a week

Less than once a week

One option only

How physically active have your children been during lockdown?

Much less than before

Somewhat less than before

About the same as before

Somewhat more than before Much more than before

Likert scale

Questions asked in the six month follow up telephone survey:

Q1. Background Name

Q2. DOB

Q3. Postcode

Q4. Primary Children Centre

Q5. Activities attended at CC

Q6. Other classes with child attended

Q1. How did you first find out about these sessions?

Q2 Where did you go for the session?

Q3 Did anybody go with you?

Q4 What did you think of the session(s)?

Q5 Did you know the sessions were designed as part of Bristol Girls Can to get mothers as well as children moving?

Q6 Have you seen the Bristol Girls Can Campaign posters around?

Q7 What do you think about the idea of including physical activity sessions at the children's centre for mothers to do with their children?

Q8 In your own words, how active were you during the session?

Q9 How long were you generally active for across the sessions?

Q10 Overall, how good do you think the class was in getting you active?

Q11 Did the staff motivate you to be active during the sessions?

Q12 How could we improve these sessions to get you more active?

Q13 Overall, how satisfied are you with your life nowadays?

13a Overall, to what extent do you feel that the thing you do in your life are worthwhile?

13b Overall, how happy did you feel yesterday?

13c Overall, how anxious did you feel yesterday?

Q14 In the past 7 days, have you done a continuous walk lasting at least 10 minutes?

14a [If yes] In the past 7 days, on how many days did you do a walk lasting at least ten minutes?

- 14b [If yes] How much time did you usually spend walking on each day that you did the activity?
- 14c [If yes] Was the effort you put into walking usually enough to raise your breathing rate?
- Q15 In the past 7 days, have you done a cycle ride?
- 15a [If yes] In the past 7 days, on how many days did you do a cycle ride?
- 15b [If yes] How much time did you usually spend cycling on each day that you did the activity?
- 15c [If yes] Was the effort you put into cycling usually enough to raise your breathing rate?
- Q16 In the past 7 days, have you done sport, fitness activity (such as gym or fitness classes), or dance?
- 16a [If yes] In the past 7 days, on how many days did you do a sport, fitness activity (such as gym or fitness classes), or dance?
- 16b [If yes] How much time did you usually spend doing sport, fitness activities, or dance on each day that you did the activity?
- 16c [If yes] Was the effort you put into doing sport, fitness activities, or dance usually enough to raise your breathing rate?
- Q17 Final question: How are you feeling about physical activity at the moment? Why?

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