



Phase 1 research report

Bristol Girls Can: Mothers in Bristol South and 'leisure time' physical activity – ready or not?

Funded by Sport England

“I don’t want to be the knackered donkey at the back”



By Fiona Spotswood in collaboration with project manager, Claire Nichols

Fiona.spotswood@bristol.ac.uk

School of Management, University of Bristol

With thanks to Tara Miran and Tracey Robinson

The project was managed by Claire Nichols on behalf of Bristol City Council.

Research funded by Sport England in partnership with Bristol City Council,
commissioned by Claire Nichols.

Glossary

Ethnography: observation for research; to watch (and sometimes take part in) an activity and to write reflections on what is happening in the form of fieldnotes.

I: Interviewer

LTPA: Leisure time physical activity (physical activity that happens during the normal course of everyday life, not from groups, classes or leisure time activity)

PA: Physical Activity

Qualitative research: Research involving verbal or written data, not data that is numerical or measurement based. Qualitative research explores people's everyday lives, their experiences, perceptions, feelings and thoughts.

R: Respondent

Contents

Executive Summary	4
Background and methodology	4
Survey.....	5
Online interviews	5
Survey findings	7
Qualitative research findings	8
BRISTOL GIRLS CAN SCOPING RESEARCH PHASE 1	13
1.0 Background and research objectives	13
2.0 Research methodology	14
Survey.....	15
Online interviews	15
3.0 Survey findings	18
4.0 Online semi-structured interview findings	20
4.1 Mothering and LTPA	21
4.2 Experience of lockdown	25
4.3 Post-lockdown relationship with LTPA	30
5.0 Physical activity support in the future: Bristol Girls Can	37
CONCLUSION	49

Executive Summary

Background and methodology

Social marketing is a behaviour change approach that draws on the tools and techniques of marketing to engage fully with segmented audiences through detailed understanding of their lives, to create and offer targeted offerings that are positioned to appeal and to support the target audience in achieving sustained changes to their habits and lifestyles. Social marketing always starts with in depth research with the target audience, in this case mothers in South Bristol. The research is designed to understand where the target audience is 'now' in relation to the goal behaviours of the social marketing programme, and in relation to the problem behaviours we are seeking to shape and change. The goal behaviour of the Bristol Girls Can community (mid-stream) programme is for inactive mothers, or those not regularly engaging in leisure time physical activity (LTPA) in South Bristol to engage in enjoyable regular leisure time physical activity. We hope to reshape their relationship with physical activity by partnering with the Children's Centres, which are trusted places with trusted people (staff) who have established relationships with the target community.

The research will create actionable insights that can feed into the collaborative programme development stages of Bristol Girls Can and the overall communications campaign that will be Bristol wide (although also targeting the more deprived areas). Actionable insights are themed in section 5.0 in terms of the social marketing 4Ps: how we overcome the 'price' (i.e. psychological, emotional, esteem costs) that participants face in taking part in our offer; the 'product' (the physical activity offers we are proposing to run in collaboration with the Bristol South Children's Centres); the 'place' (channels and physical places) through which our offer is delivered; and the 'promotion' elements that will engage with and appeal to our target audience.

The scoping research for Bristol Girls Can will involve three phases:

Phase 1: Survey and online interviews "to explore everyday life during and in the wake of the first lockdown (from April 2020)"; "to explore the relationship mothers in South Bristol have with physical activity in the context of the pandemic and related

restrictions”; “to explore ideas for the Children’s Centres’ Bristol Girls Can physical activity offering”.

Phase 2: Online interviews with participants who registered and took part in the week of activity taster sessions in November 2020.

Phase 3: online interviews with BAME mothers in South Bristol and active BAME mothers as cultural experts.

Phase 1 Survey

The survey was distributed online and via food clubs during September and October 2020 to capture the feelings of mothers towards the end of lockdown, towards engaging in physical activity and how they had coped during lockdown. Online distribution of the survey only produced 6 responses. Paper surveys were distributed and manually input into Survey Monkey. There were 55 responses in total (54 women). This small sample size does not allow for statistical analysis, but provides a useful insight into the feelings of a wider sample than the qualitative part of the research at the point when lockdown was just easing. The findings are not representative as the sample is not a probability sample.

A key purpose for the survey as a mechanism for inviting volunteers to take part in online interviews. 13 participants were successfully interviewed in September/October as a result.

Phase 1 Online interviews

13 online interviews were completed using Bluejeans (an encrypted, ethically compliant online interviewing platform). Interviews were semi-structured, following an interview guide that was collaboratively produced by the research team and Bristol City Council/Bristol Girls Can. Interviews lasted between 40 and 100 minutes and produced a total of approximately 123,000 words of transcription (about 250 pages of typed transcript).

The interview guide explored four areas: everyday routines, experience of lockdown, relationship with PA and ideas for Bristol Girls Can.

The target sample was mothers in the most deprived areas of South Bristol. We were particularly interested in mothers of pre-school children and children at primary

school, and particularly interested in those who lived in the lowest socio-economic areas of South Bristol. Participants were recruited via the survey, which was distributed online and in paper format via the food clubs associated with the target area Children's Centres. Due to COVID-19 restrictions, face to face recruitment was not possible. Screening using mapping technology (arcGIS) was used to identify participant postcodes that matched the 10 and 20% most deprived areas of South Bristol (as per sample table below).

Area of deprivation	Local Children's Centre	Currently engaging in LTPA	Pseudonym	Demographic details
no	Bishopsworth	yes	Andrea	Married, 2 daughters (4yrs and 16m) White British
Yes – 10% most deprived	Knowle West	no	Josie	Married, 2 daughters (4yrs and 17m), husband has multiple disabilities, older daughter has disabilities White British
Yes – 20% most deprived	Knowle West	yes	Clara	Lives with partner, 2 children – daughter (2yrs), son (8yrs) White British
Yes -20% most deprived	Bishopsworth	no	Fran	Lives with partner and 10 month old son White British
Yes – 10% most deprived	Hartcliffe	no	Vanessa	Single mother of 2yr old son and 3month old daughter. White British
Yes – 10% most deprived	Knowle West	no	Rebecca	Married, 2 children (3 months and 15 months) White British
No	Stockwood	no	Diana	Married, 2 children (son, 4, daughter 10 months) White British Out of target area
Yes – 10% most deprived	Redcliffe and Compass Point	no	Laura	Single mother, son (16yrs), daughter (16 months). Laura has some disabilities. White British

Yes – 10% most deprived	Knowle West	no	Jemima	Single mother, 3 children (4, 12 and 14, oldest is a son). White Polish
no	Knowle West	no	Amma	Single mother, 1 daughter with special needs and 1 school age son. Non-White British Out of target area
Yes – 10% most deprived	Knowle West	no	Dora	Lives with partner and son (14, with special needs) and daughter (5 months). White British
no	Compass Point	no	Rhoda	Single mother with 2 sons (1 lives with her – 2 year old) White British Out of target area
no	Compass Point	yes	Tia	Single mother, 18month old son. White British Out of target area

Four participants are included in this research who live just out of our area, and not in the 10 or 20% most deprived postcodes in the UK. However, their data has been included because they are living with limited socio-economic resources and their experiences are very much in line with the experiences of those participants in the target areas.

This report summarises findings from phase 1.

Survey findings

Overall, findings suggest that 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 to reach the target audience, using Facebook, email and word of mouth. 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.

Qualitative research findings

There are four areas explored in the qualitative findings: mothers' existing relationship with leisure time physical activity; their experience of lockdown; their post-lockdown relationship with LTPA and their perspectives on Bristol Girls Can social marketing programme of support.

i. **Mothering and LTPA**

Analysis of participant accounts suggests that rather than thinking about a single lockdown that shapes and contextualises the mothers' lives and relationship with LTPA, our participants have experienced two significant experiences of locking down apparent in participant accounts. When women become mothers, they experience a locking down of their routines and freedoms as everyday lives become child-centred. Women felt active and able with time for themselves, and their lives were considered much easier, whereas as mothers their lives are constrained. As Amma puts it, "[having children is] life changing. I'm not the person I was before in many ways. It's all consuming. It doesn't stop. It's constant". She adds, when thinking about leisure time physical activity and reflecting on all the classes she used to enjoy, that now "it's just too hard". Pre-COVID, most of the women would describe themselves as active during the course of their everyday lives but also they commented that they'd like more time for themselves, and more time for leisure including physical activity. They did not consider themselves fit, healthy or strong.

In addition to the all-consuming nature of motherhood and mothering, an important context for their relationship with, and readiness for, physical activity, is the mothers' relationships with their bodies. Collectively, the 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. This embodied experience of motherhood also contextualises the limited ways that our participants had engaged with LTPA since they have become mothers. As Rhoda notes: "I should be proud with the fact that I have waddled my butt into [the gym] to start my journey because I'm doing something about it, which is what I want to do but yeah, it's just that sort of no, because I feel like all the skinny people are gonna stare at me and they're gonna judge me...".

ii. Experience of lockdown

Our participants reflections about lockdown can be summarised into four key areas: disruption and uncertainty; fear; disconnection and claustrophobia; and feelings of unhealthiness.

People tend to feel settled when there are routines that structure their lives and that do not require too much conscious thought to engage with. When these routines become unsettled and disrupted, as they did as a result of lockdown, considerable effort is required to understand, create and engage in new routines, and we find this process difficult, unsettling and draining. As Clara noted, “[lockdown] wasn’t good for me at all”.

This feeling of uncertainty and disruption was 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 compounds a sense of claustrophobia from spending so much time with their families. As Jemima explained, “You sort of wake up and go, ‘if I have to stare at these four walls and your face one more day I am gonna go insane”.

Participants felt especially unhealthy as a result of lockdown, having been moving less and eating poorly in many cases. Some explained this as feeling like ‘history repeating itself’ after pregnancies and mothering newborns where movement was restricted and their weight increased. Some described having acquired a ‘lockdown belly’ and others explained that even when they were able to get moving again when the restrictions eased, they had stopped wanting to be active, or felt unable to do physical activity due to feeling unfit and ‘lazy’

iii. Post-Covid relationship with LTPA

Our participants were not engaged with the government’s campaign for ‘Better Health’ to more effectively reduce the risk of complications as a result of COVID-19. However, there was some desire to engage in physical activity now. A need to get more active generally was expressed in the interviews. Participants recognised that

being active would improve mental health, would mean time for themselves, would be enjoyable and a way to 'blow off steam' in a stressful and anxiety-ridden life, and a way to connect with others.

However, in the context of these 'desires' for LTPA and the difficulties and constraints that motherhood inherently poses to LTPA participation, there was a sense that participants blamed themselves for their lack of LTPA. 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). The level of agency required for this shaping, with the complexity and connections that mothers navigate everyday, is unrealistic. However, participants tended to responsabilise their lack of physical activity and to distance themselves from physical activity and physically active people. They saw LTPA as unreachable and unrealistic. They classed physically active people as organised, happy, disciplined, 'part of something' and committed; and themselves as lazy, as having 'let myself go', as 'needing to get control' or 'sort myself out', as not as fit as they 'should' be, as lacking in motivation, as 'old' and 'sad'.

When thinking about engaging in LTPA more regularly in formal settings, mothers also experience considerable anxiety and nervousness. Particularly, there was a general sense of trepidation amongst our participants in terms of engaging in formal LTPA or any 'new' groups. As well as being wary of who might be there, participants were highly self-conscious about their bodies and their physicality, *i.e.* how they were able to move and take part. The women were worried about not being fit and not 'looking the part'. Clara talked about how she couldn't take part in the class 'Boogie Fit' because "they're all really slim and athletic and look really fit to begin with, I don't want to go and do it, because I'll be like the knackered donkey at the back" (Clara). This nervousness and anxiety existed before COVID-19 but has been compounded by an additional layer of fear and difficulty brought by the pandemic, pushing participants further away from the possibility of enjoyable group physical activity.

iv. LTPA support in the future

We asked participants what kind of group physical activity sessions or classes would appeal, how to promote it, and how to overcome the barriers and concerns (the 'price' or 'costs') they discussed in the interviews and summarised above. The social

marketing '4Ps' is a useful framework for thinking about the elements that Bristol Girls Can needs to bring together in providing the right kind of support and appealing offer for our target audience.

Place: Participants noted that the Children's Centres felt like 'safe' and trusted places. However, online delivery of LTPA 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. The privacy of one's own home is also appealing when engaging in physical activity. However, online is not for everyone and can be distracting, there can be problems such as connection (data) and it can be limited in that it will not be as effective in providing social interaction, fun and the child-free time that participants also desired.

Most participants mentioned the appeal of childfree time through LTPA that could not easily be experienced when children are present. However, some also noted how LTPA with children could be a fun activity. There was no perfect time of day for sessions, but avoiding morning and afternoon hotspots caused by school/childcare runs was recommended.

Promotions: The tone of communications was noted as highly important. LTPA should be promoted as fun and social rather than about the 'health benefits' or being too 'exercisey'. Also, LTPA sessions must be promoted as welcoming non-experts. One participant noted she used to go to sessions for older people "because I felt it was a little bit gentler, a little bit less pressure. I thought, 'I can't go in a room with a load of fit 20-year-olds who are doing Zumba,' because I just won't be able to cope, and then I'm going to feel rubbish about myself, because here's somebody doing all this and I can't do it. Do you know what I mean?" (Josie).

Session leaders are an important part of the promotions and product offerings. Participants explained that they need to be approachable, 'normal', welcoming and understanding about the 'situation' of mothers in the area. It was also recommended that they are available to answer questions in advance of sessions and share photos of what the session would look like, to allay participant fears.

The emphasis on a welcoming, 'normal' and non-expert tone carried through to the suggested messages and images in the communications campaign that will

accompany the Children's Centres community offering and spread across Bristol (although be targeted principally in the lower socio-economic areas). Participants emphasised the need for 'real people' in visual materials; 'no glamour models'. Variety of size, ethnicity and mobility was also important for our participants when thinking about the visible bodies in communications materials. Presenting LTPA as accessible and for 'people like me' was viewed as crucial for appealing to mothers in Bristol South.

Social media, and particularly Facebook, were noted as a vital communications channels. Participants noted that they had found out about many of the existing LTPA groups and sessions on Facebook, especially local buying and selling groups. Furthermore, the social media affordances of Facebook were considered important, and participants noted the support and interactions via Facebook and other social media platforms that had supported their participation in, and the group cohesion of, other activities they had been part of during lockdown (e.g. church, children's groups). Word of mouth for communications and recommendations will be vital for Bristol Girls Can and can be facilitated online through social media.

Next steps

The final set of 'product offerings' forming the community arm of Bristol Girls Can, targeting mothers in Bristol South, will be developed through further co-creation with mothers in the area, and in partnership with the Children's Centres. Children's Centres staff are already being trained in the Community Sports Leader Award. Co-creation workshops will take place to discuss the findings from this and the next phase of the research and develop the communications campaign and physical activity sessions ('product offering') from Bristol Girls Can for the target audience.

Bristol Girls Can Scoping Research Phase 1

1.0 Background and research objectives

Social marketing is a behaviour change approach that draws on the tools and techniques of marketing to engage fully with segmented audiences through detailed understanding of their lives, to create and offer targeted offerings that are positioned to appeal and to support the target audience in achieving sustained changes to their habits and lifestyles. Social marketing always starts with in depth research with the target audience, in this case mothers in South Bristol. The research is designed to understand where the target audience is 'now' in relation to the goal behaviours of the social marketing programme, and in relation to the problem behaviours we are seeking to shape and change. The goal behaviour of the Bristol Girls Can community (mid-stream) programme is for inactive mothers, or those not regularly engaging in leisure time physical activity (LTPA) in South Bristol to engage in enjoyable regular leisure time physical activity. We hope to reshape their relationship with physical activity by partnering with the Children's Centres, which are trusted places with trusted people (staff) who have established relationships with the target community.

The research will create actionable insights that can feed into the collaborative programme development stages of Bristol Girls Can and the overall communications campaign that will be Bristol wide (although also targeting the more deprived areas). Actionable insights are themed in section 5.0 in terms of the social marketing 4Ps: how we overcome the 'price' (i.e. psychological, emotional, esteem costs) that participants face in taking part in our offer; the 'product' (the physical activity offers we are proposing to run in collaboration with the Bristol South Children's Centres); the 'place' (channels and physical places) through which our offer is delivered; and the 'promotion' elements that will engage with and appeal to our target audience.

The original research that as planned before the COVID-19 pandemic included interviews and focus groups. The initial plan involved 16 research hours with 40 participants through a combination of focus groups and interviews. COVID-19 disrupted these plans and a three-phase research process has been developed and adapted over the course of 2020/21 as stakeholders settled into new routines within

the limitations imposed by the pandemic. The new plan involves 30-35 research hours across three phases, with 30-35 participants.

The research reported here from phase 1 was undertaken by a collaborative team of researchers:

- Fiona Spotswood (Senior Lecturer in Marketing, University of Bristol School of Management)
- Tara Miran (research assistant, University of Bristol)
- Tracey Robinson (South Bristol Children's Centres)

With additional thanks to the wider Children's Centres team and Claire Nichols at Bristol City Council. This research is funded by Sport England as part of This Girl Can. For more details about the project please contact Fiona Spotswood.

The research received ethical approval from the University of Bristol School of Management ethics committee.

2.0 Research methodology

As noted, the new research comprises two phases:

Phase 1: Survey and online interviews “to explore everyday life during and in the wake of the first lockdown (from April 2020)”; “to explore the relationship mothers in South Bristol have with physical activity in the context of the pandemic and related restrictions”; “to explore ideas for the Children's Centres' Bristol Girls Can physical activity offering”

Phase 2: Online retrospective interviews after the week of taster physical activity and PA-related sessions that will be offered as part of the 'Thinking Futures' social science festival, supported by the Public Engagement team at the University of Bristol. This research will take place in November/December 2020 and will be entirely online due to the lockdown measures in place. Additional targeted online interviews may be conducted in December (n=9).

Phase 3: Online interviews with BAME mothers in Bristol South, including 3 interviews with physically active community leaders in the South Bristol Somali Community and 4/5 interviews with mothers from BAME communities in South Bristol who are not active.

This report summarises findings from Phase 1.

Survey

A survey was distributed online and via food clubs during September and October 2020 to capture the feelings of mothers towards the end of lockdown, towards engaging in physical activity and how they had coped during lockdown. Online distribution of the survey only produced 6 responses. Paper surveys were therefore distributed and manually input into Survey Monkey. There were 55 responses in total from this approach but over half were from Knowle West. This small and unequal sample does not allow for statistical analysis, but provides a useful insight into the feelings of a wider sample than the qualitative part of the research. The findings are not representative as the sample is not a probability sample.

A key purpose for the survey as a mechanism for inviting volunteers to take part in online interviews. Recruitment via the planned face to face format was impossible due to COVID-19 restrictions. The survey was distributed online and in paper format via the food clubs associated with the target area Children's Centres. Screening using mapping technology (arcGIS) was used to identify volunteer participant postcodes that matched the 10 and 20% most deprived areas of South Bristol. Four participants are included in this research who live just out of our area, and not in the 10 or 20% most deprived postcodes in the UK. However, their data has been included because they are living with limited socio-economic resources and their experiences are very much in line with the experiences of those participants in the target areas.

Online interviews

13 online interviews were completed using BlueJeans (an encrypted, ethically compliant online interviewing platform). Interviews were semi-structured, following an interview guide that was collaboratively produced by the research team and Bristol City Council/Bristol Girls Can. Interviews lasted between 40 and 100 minutes and produced approximately 123,000 words of transcription (about 250 pages of typed transcript).

The interview guide explored four areas: mothers' everyday routines, their experience of lockdown, relationship with LTPA and ideas for encouraging and supporting mothering in South Bristol to become regularly physically active.

The sample was mothers in South Bristol. We were particularly interested in mothers of pre-school children and children at primary school, and particularly interested in those who lived in the lowest socio-economic areas of South Bristol in the target geographic areas. Recruitment and screening using mapping technology (ARCGIS) was used to identify participant postcodes that matched the 10 and 20% most deprived areas of South Bristol (as per sample table below). However, given the limitations on recruitment through volunteers who had completed the survey, not all the participants were from the more deprived areas. Six participants lived in the 10% most deprived areas of South Bristol, two in the 20% most deprived and five just outside these areas. There are four participants in the sample who are outside the project's target area, but their findings have been included because a) they were recruited via the food clubs and are living in socio-economic circumstances that align with the target group b) their data supports and contextualises that of the other participants

Participants received £25 amazon voucher for their time.

Table 1: Sample Table for phase 1 research

Area of deprivation	Local Children's Centre	Currently engaging in LTPA	Pseudonym	Demographic details
no	Bishopsworth	yes	Andrea	Married, 2 daughters (4yrs and 16m) White British
Yes – 10% most deprived	Knowle West	no	Josie	Married, 2 daughters (4yrs and 17m), husband has multiple disabilities, older daughter has disabilities White British
Yes – 20% most deprived	Knowle West	yes	Clara	Lives with partner, 2 children – daughter (2yrs), son (8yrs) White British
Yes -20% most deprived	Bishopsworth	no	Fran	Lives with partner and 10 month old son White British

Yes – 10% most deprived	Hartcliffe	no	Vanessa	Single mother of 2yr old son and 3month old daughter. White British
Yes – 10% most deprived	Knowle West	no	Rebecca	Married, 2 children (3 months and 15 months) White British
No	Stockwood	no	Diana	Married, 2 children (son, 4, daughter 10 months) White British Out of target area
Yes – 10% most deprived	Redcliffe and Compass Point	no	Laura	Single mother, son (16yrs), daughter (16 months). Laura has some disabilities. White British
Yes – 10% most deprived	Knowle West	no	Jemima	Single mother, 3 children (4, 12 and 14, oldest is a son). White Polish
no	Knowle West	no	Amma	Single mother, 1 daughter with special needs and 1 school age son. Non-White British Out of target area
Yes – 10% most deprived	Knowle West	no	Dora	Lives with partner and son (14, with special needs) and daughter (5 months). White British
no	Compass Point	no	Rhoda	Single mother with 2 sons (1 lives with her – 2 year old) White British Out of target area
no	Compass Point	yes	Tia	Single mother, 18month old son. White British Out of target area

Data were transcribed by a trusted supplier and analysed using NVIVO12 by the lead researcher (Fiona Spotswood). Thematic analysis was used to identify patterns and themes that illuminate actionable insights that can inform the Bristol Girls Can social marketing programme. These findings form the bulk of this report. The final section (5.0) provides an overview of the opportunities and recommendations for

Bristol Girls Can in how they offer support for the target group to engage in regular LTPA.

There are limitations to online interviewing. Sometimes it is beneficial for the quality of qualitative data to be in physical proximity with research participants; to look them in the eye, to mirror body language and absorb and interpret the subtle shifts in physicality that happen during the course of sensitive and difficult conversations. Furthermore, some interviews can be, and indeed were, disrupted in minor ways by failings of technology. However, there are also significant benefits to online interviewing, as were experienced during this research. These include that the interviews could easily be conducted with children present, which meant that six single mothers were recruited when normally this group is difficult to recruit for research. Also, it was possible to adhere to COVID-19 constraints and all times. Furthermore, timings were more flexible and it was possible to arrange interviews at times that best suited the interviewees, e.g. evenings. Finally, it became important that the bodies of researchers were not visible from the shoulders down, which avoided social comparison and socially desirable responding during conversations about body image, physical activity participation and fitness. Several participants noted how common video calling had become in their lives with family and friends, so the interviewer had not asked them to do something new or unfamiliar.

A crucial limitation of the research generally was its capacity to recruit those who are hardest to reach and most disengaged with community groups, physical activity and other offerings, particularly from vulnerable populations and non-British families in the south of Bristol. The recruitment mechanism for this research relied on volunteers coming forward via the survey, *i.e.* through their existing relationship with the Children's Centre. As such, the least engaged families have naturally been excluded.

3.0 Survey findings

The survey responses totalled 55, with 1 male and 54 female responses. Half of responses had one child under five, a third had two and seven respondents had no children. Over half (53%) were from the Knowle West area, 16% from the Redcliffe area and the rest from Hartcliffe (5.5%), Bishopsworth (9%) and Stockwood (5.5%).

The first set of questions asked about life during the large lockdown that started in April 2020. No respondents thought life had not changed, and most (over two thirds) thought life had changed a lot or a bit. About a quarter thought not much had changed as a result.

In terms of lockdown, half of respondents thought life had got a lot harder. Almost a quarter thought it had got a bit harder and 20% thought it was neither harder nor easier. However, only a small number (7 respondents) admitted to not coping well. Respondents noted that the main challenges of lockdown were home schooling, mental health and parenting challenges. Almost 70% felt positive about lockdown having created the opportunity to spend more time with their children and almost a third were enjoying spending more time with their partner. A quarter were enjoying spending less money.

The next bank of questions asked about physical activity before and during lockdown. 69% self-reported as having been physically active before lockdown, and the vast majority were active through walking (64%), with small numbers swimming, cycling, running and taking part in home exercise (almost a quarter). However, over a third were active less than once a week, although 20% claimed to be active 6 times a week or more.

During lockdown, respondents were mostly active with children outside or inside, but nearly 40% said they had not been physically active during lockdown. Around 45% said they were active less than once a week for a session of 30 minutes in a way that made their heart pump faster. That is an increase from 33%. Interestingly, children were reported to be much less active during lockdown than beforehand.

The final set of questions related to respondents' relationship and use of their local Children's Centre. The majority of respondents had used Food Clubs before lockdown (over 50%), which reflects how respondents were recruited (face to face, often in Food Club queues). 20% did not use any Children's Centre services before lockdown, whereas nearly 40% used community groups like stay and play. During lockdown, also reflecting the recruitment processes for the survey's completion, nearly 70% had used Food Clubs and only 21% had received no support. Around 15% had received telephone calls. 9% had accessed the Facebook feed from the Children's Centre Family Service. However, over two thirds were unaware what

online services or support the Children's Centre were offering during lockdown. Most of the respondents were in need of access to outside play areas or were asking for organised and led walks during lockdown.

Facebook and email were the most popular suggestions for communicating events and support to local families, and a third suggested telephone calls to be a useful mechanism.

Overall, findings suggest that 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 to reach the target audience, using Facebook, email and word of mouth. 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.

4.0 Online semi-structured interview findings

The qualitative data analysis section explored the following:

- participants' everyday lives and their relationship with LTPA since and prior to motherhood
- participants' experience of lockdown and emerging relationship with LTPA
- how LTPA should best be supported going forward.

The research findings primarily focus on leisure time physical activity (LTPA) because research findings identify the overall wellbeing benefits of mothers engaging in physical activity for leisure rather than relying on physical activity that is incidental and a by-product of everyday activities such as child and home caring. Although this incidental physical activity is important for contributing to overall physical activity levels, mothers find that engaging in leisure time physical activity is more holistically beneficial and supports their mental as well as physical wellbeing, providing time 'out' and something for themselves. The goals of Bristol Girls Can are to support women and mothers in strengthening their relationship and regular, enjoyable participation in leisure time physical activity.

4.1 Mothering and LTPA

Analysis of participant accounts suggests that rather than thinking about a single lockdown that shapes and contextualises the mothers' lives and relationship with LTPA, our participants have experienced two significant experiences of locking down. The first lockdown is a collective experience that happened after becoming mothers. This shift was characterised by a move from relatively unconstrained personal agency to an everyday routine organised around the demands of mothering. Clara explains what life was like before and after she had children:

“so I used to have to go and stay overnight in Wales, quite often I'd go to London or go to Birmingham – I'd move around quite a bit, so I think at one point it was like one or two nights a week I stayed away from home, but yeah I used to go out to gigs and just do whatever as and when. Whatever my money allowed me to do, that's what I went off and did whereas when children – not that I don't go out, but nowhere like in the same way” (Clara).

When women become mothers, they experience a locking down of their routines and freedoms as everyday lives become child-centred. Women felt active and able with time for themselves, and their lives were considered much easier, whereas as mothers their lives are constrained. The intensity and all-consuming nature of mothering is exhausting, draining and immovable: “it's life changing. I'm not the person I was before in many ways. It's all consuming. It doesn't stop. It's constant” (Amma). Amma goes on to explain how mothering has made it impossible to continue her career due to the constant intensity of juggling two children with different needs:

“My youngest has special needs so it means that I am spending a lot more time with her and bearing in mind I've also got a son who also needs my time but differently. It's trying to... make them both feel equally loved and equally special and all that. It's changed a lot. It's changed in terms of like even employment. It was just impossible to continue my job and look after my daughter. I've gone from earning and going out every day to a job and seeing people... to just sort of yeah being a stay at home and it's everything that comes with that. It's not really a respected job”.

However, mothers describe children as the most important people in their lives, and mothering as “rewarding” and a “good swap” for the exhaustion. Comments about the exhaustion and constraint of mothering are statements of fact, not complaints, as Jemima explains: “having children is a miracle and I’m really happy that I have them but I know I could do more things like develop myself, find a different and better job” (Jemima)

This first locking down, in motherhood, has a particular impact of mothers’ relationship with their bodies, and on their relationship with leisure time physical activity. Physical activity for leisure becomes ‘difficult’ whilst engaging in all the activities that encompass mothering, as Diana explains:

“I used to go to the gym a lot. I used to...Before I had children I worked full-time and then after work was my time, so I’d go to the gym, I’d meet up with friends for coffee. Um, me and my husband would just go out for dinner. Yeah, that was sort of before. Before we had children” (Diana).

Diana lives out of our target area, but her daily struggles of mothering align with those mothers in our target geographic area.

As a mother, everyday routines are structured around children’s lives, and leisure time physical activity is readily pushed out. As Rebecca neatly summarises: “I think I used to do a lot more [physical activity] before I had the children. Because now I’ve got them like 24/7 so I don’t really go out and do exercise as such. I take them out quite a lot. But yeah, I think I was more active before”.

Many of the women we interviewed told a similar story:

“There was points where I used to do capoeira and belly dancing. I find group activities where there’s a start time and a finish time really hard to get to. It’s too much organising and childcare and stuff to do it. Even things like yoga. It’s just difficult. Unless it’s in the day at the right time, when they’re both at school and nursery, which probably won’t happen anymore, I guess. I don’t know classes will run anymore. Things like that, it’s just too hard. For me, more of a solitary activity” (Amma)

When mothers are working in paid employment as well, the lack of time available for leisure time PA is compounded. Rebecca works and was asked what she struggled to fit in to her week (before the lockdown). She answered as follows:

“A lot of exercise really. Because I wasn’t taking [my son] out as much because I was back to working and then by the time, I got home it was like six o’clock so it was too late to even think about taking him home. It was time for tea, get him in bed and then bath him, yeah”.

Her routine was focused on her young child and her job and there was little room or energy for anything else.

By the evening, mothers have little energy or motivation to engage in LTPA. As such, the only PA that many of them engage in is incidental activity in the course of everyday activities, particularly at the weekend. For example, Clara notes her main PA is the walking around she does at the weekend during the course of family time, but she finds this insufficient and unsatisfying, as many others also mentioned:

“So sometimes honestly I’ve struggled to fit in physical activity. Especially if the weather’s bad and when it gets dark and because the days I’m working it’s literally we get up, we get ready and I feel like I have to make an effort... So I would say much as we go for walks at weekends, so I am active then, so it’s good that I’m moving around, we walk to playgroup – with the exception of walking to swimming because I’m generally always late so I have to go fast – I’m not doing moderate strenuous activity, I’m not getting my heart rate up, so even find weeks where I’m walking around quite a lot, it’s not necessarily the moderate strenuous activity... ”(Clara)

Most of the women commented that they’d like more time for themselves, and more time for leisure including physical activity.

Many participants described themselves as active in the course of their everyday lives pre-COVID-19 but in fact do no leisure time physical activity for themselves. They feel active because they are tired from home and caring responsibilities. As Vanessa put it when asked when she does her physical activity, “It’s called running round after a two and a half year old... With having a little one already you have to make sure you’re watching them constantly”.

4.1.1 *Mothering bodies*

The experiences of mothering and of lockdown can be helpfully illuminated by highlighting how they are inscribed on the bodies of our participants. As much as bodies are tools for taking part in different behaviours, they are shaped by those repeated behaviours as well. They become inscribed with the socio-cultural and political conditions in which our lives are led. For example, although a few participants were proud of their bodies for what they had achieved in carrying and birthing their children, our participants most often described how mothering has changed their bodies and how they feel about them:

I: How do you feel about your body?

R: Since having my son I hate my body (Tia).

Tia also describes how motherhood has changed her body in a dramatic, everyday way. She describes herself as ‘strained’ “mentally, physically, I mean he still doesn’t sleep through the night so I’m strained every day...”

For many, one of the significant ways motherhood has become ‘embodied’ is through an unwelcome increase in their weight. Dora describes feeling better about her body when she was pregnant than as a mother:

“I felt better when I was pregnant than I do now. I couldn’t eat much when I was pregnant because I had bad acid reflux, so I actually weighed less nine months pregnant than I did before I was pregnant. So now I’ve had her, and I don’t have anything pressing on my stomach, I have put on weight. I need to lose some weight”

Several of the mothers also experience motherhood as an embodied experience of physical limitation, pain and immobility due to disability and illness. They feel their bodies fail them on a daily basis, as Vanessa notes: “I hate my body. My body lets me down all the time because of the health issues”.

In terms of physical activity, this embodied experience of dissatisfaction and dissonance when it comes to their bodies means that our participants related to physical activity in a negative way. They felt self-conscious, limited and failing.

Rhoda's account explains the self-consciousness and poor self-confidence that our participants recounted:

“I will run down a road with thousands of people but I won't go to a gym where's there's a couple of people because I'm like, don't watch me... I get everyone's on a different part of their journey at the gym and you've got some and they're really muscly and they're a size zero and there's me waddling in with all me flab going. I should be proud with the fact that I have waddled my butt into there to start my journey because I'm doing something about it, which is what I want to do but yeah, it's just that sort of no, because I feel like all the skinny people are gonna stare at me and they're gonna judge me...” (Rhoda).

Mothers feel judged, self-conscious and that they are failures because their bodies are not what they want or had hoped for. Rhoda added that she “used to go running on my own but now I feel like perhaps I should have a group of us going and then it's like well if anyone else is going running I don't want to be the one to let everyone down so I think yeah, it has, it's sort of changed... almost sort of like... it sounds silly but wanting someone to hold my hand and go with me”. Rhoda, like other participants, has experienced a change in the way she engages with LTPA that has been mediated by changes in her body.

Whereas bodies used to feel like tools in the enactment of busy lives, now, the mothers expressed a sense that their bodies are not their own; almost 'owned' by their children. They described the demands children place on their bodies, in terms of breastfeeding, cuddling and soothing, co-sleeping and caring but also in terms of pregnancies having caused injuries, prolapse, pain and stiffness.

4.2 Experience of lockdown

The second 'locking down' the mothers recounted in the interviews relates to the restrictions imposed on their lives by COVID-19, and particularly the long 'lockdown' starting in April 2020. This shift in their everyday routines compacted existing relationships with their bodies, with mothering and with physical activity. Dora explains the the double lockdown by describing her friend, who “can't go out... she's got a [daughter with special needs] as well, so she could hardly go out before lockdown. Now she can't go out at all”. Similarly, Rhoda describes lockdown as

“history repeating itself” because just like when she had her baby she was unable to get out to exercise, the lack of freedom created by lockdown has created the same situation for her.

Our participants reflections about lockdown can be summarised into four key areas: the disruption and uncertainty; the fear; disconnection and claustrophobia; and feelings of unhealthiness.

4.2.1 Disruption and uncertainty

Mothers described lockdown as disruptive and full of feelings of uncertainty: “it’s just been really weird” (Amma). Vanessa describes it as “awful” because “everything just stopped so abruptly”, later emphasising through repetition that “It’s all stopped, all of it” (referring to the groups and classes she would attend with her children). Josie describes how difficult it was because she “had nothing to do with [my daughter]”, adding that “All the stuff I would normally do, like take her to the park... And suddenly we couldn’t access them. So, she had a really difficult time. And it’s been really tiring. Both of us were ‘urgh’. ‘Knackered’ is the term. Feel a bit fried, kind of thing”.

Clara noted that the uncertainty about how long lockdown would last was particularly difficult to handle:

“I hated it, wasn’t good for me at all. It was alright, I could put up with the first couple of weeks and when they started with ‘it’s going to be another three weeks, it’s going to be another four weeks’, I’d rather they said from the get go it’s going to be three months, rather than stretching it, stretching it – I didn’t like it. I found the first ten weeks really hard because my job went into overdrive...”

People feel settled when there are routines that structure their lives and that do not require too much conscious thought to engage with. When these routines become unsettled and disrupted, considerable effort is required to understand, create and engage in new routines, and we find this process difficult, unsettling and draining. As Clara noted, “it wasn’t good for me at all”.

4.2.2 Fear

Infusing the uncertainty of the disrupted routes was also the fear associated with the pandemic. Josie described the positive side of having fewer people around when she walked her dogs, but also the fear that was at the back of her mind 'all the time':

"I could go out, walk my dogs in peace and not be bothered by anybody. I really liked that. Then in the next breath, it's quite frightening. [My husband is] classed as vulnerable, so that makes things a little bit more wary, and that's in the back of your mind all the time" (Josie).

Most of the participants experienced fear and anxiety, reflecting on how this had coloured their everyday experience of lockdown by making them fearful to go out and do things even when it became possible:

"we used to do something every day, whether it was going to meet somebody or go for a walk or go to explore somewhere or go and find something new, meet someone for coffee and then obviously we didn't do that for so long, that when we could start going out a bit more and that you could go to parks and you could sit down, I just didn't want to do it. It was really strange, so luckily [my husband] was working from home, so the first couple of times we went out, he came with us and everything, but now we've still not gone to the supermarket or anything like that" (Andrea)

Jemima described neatly the contrasting emotions of lockdown; feeling disconnected and disrupted but also fearful of going back to doing the simple things she missed:

"Yeah, I suppose the kind of meeting up with friends and even though it's maybe baby groups and stuff, you're still socialising, so those things and I used to quite enjoy going even if it's only to like Asda shopping. I used to quite enjoy going out and actually with all this it got me to a point where I didn't really want to go out at all. I really prolonged it and when I did go out I'd try and get as much as possible so I wouldn't have to go out again. Now I'm kind of just getting back into it a bit, but yeah I got to a point where I got really anxious and I just didn't want to go out, where I'd got so used to staying in".

4.2.3 *Disconnection and claustrophobia*

In the quote above, Jemima mentions missing meeting up with friends. Many participants also noted that lockdown made them feel lost and disconnected, missing the everyday interaction with people outside their family. This was compounded by feeling stifled by the repetition of family life. Vanessa simply notes “I feel more isolated” now. Dora explains that “Obviously – it’s just, there’s nothing to do. You make reasons to go out. You make reasons to go to the shop because you just want to go out. You can’t see people...” (Dora).

Participants reflected on the creative ways they would overcome feelings of disconnectedness from friends. Josie explained that “when we did the clap for carers, I literally would walk down, [my friend would] hang out her window, so we’d clap together whilst chatting. Her from the top floor flat and me stood on the pavement underneath... And every time you go to your bin or something, everyone wants conversation... Rather than running back in quick because you’ve got so much to do. But everyone’s stood there, ‘How are you getting on?’ Everyone wanted human interaction”.

Clara describes this sense of isolation and disconnection in more depth, and adding that in addition to the disconnection and isolation from people there is a layer of claustrophobia from spending so much time with those inside the household, from whom there is no break:

“Obviously both the children, well you know yourself, both the children were at home, so trying to work – it just felt there was no downtime, it was literally – I am doing that now, I’m either at work or at home with the kids – but I don’t know, I think if you’re just in the house all the time and because you couldn’t go and see anyone, nothing was open, not even the play parks and that I found really difficult, not having the play parks open. But no, I wasn’t a fan of lockdown” (Clara).

Other participants noted how this sense of claustrophobia as a result of lockdown intensified their already intense home and childcaring routine:

“You’ve had enough of it. You sort of wake up and go, if I have to stare at these four walls and your face one more day I am gonna go insane. But

obviously you love each other and no-one's gonna come to harm. You're just like I just need to see someone else's face (Jemima)"

Rebecca noted that although she misses seeing friends, it is the children's routine she misses most because she has been constantly in demand with her two pre-schoolers. She doesn't have time to do her hair or shower: "Everything goes crazy and they just rely on you". Furthermore, the lack of children's activities has had an ongoing impact on children's behaviour in some cases:

"Over lockdown she's got really clingy. When we started to see people again, and even now, she just doesn't want me to put her on the floor, she clings on to me. If I do put her on the floor before she's ready, she'll start crying... She's missed all that social interaction that she really needed. So, I'm hoping at some point we can get her some, really, because she needs it" (Josie).

For many of our participants, these experiences of lockdown have triggered a deterioration in their mental health, particularly where there was a history of depression or anxiety. One participant noted that her anxieties have "just gone crazy". Others described how they have lost enjoyment in anything, feeling unenthused about life generally.

Several participants noted how different their experience of lockdown was in comparison to their male partners, many of whom were leaving the house for work and not responsible for as much or any child and home caring practices.

4.2.4 Unhealthy lockdown bodies

An important context for the aims of Bristol Girls Can is how participants felt about their bodies after lockdown. Our participants described feeling unhealthier and more sedentary as a result of lockdown. Rhoda describes putting on so much weight she had to go and buy bigger jeans during lockdown. She describes a cycle of weight gain during pregnancy, and adds that the first COVID-19 lockdown has made her feel like 'history is repeating itself' because she is putting weight on again due to being so inactive:

"my eldest son got to a certain age and then I could get back into [physical activity] and I feel like history's repeating in the fact that I was active then I got pregnant and then I ballooned from a size 8 to a size 18. I then got down to a

10/12 and then I got pregnant again [laughs] and now I'm back at 16 and I know it's, it's kind of getting me down..." (Rhoda)

She further explains how "the weight has slowly gone back on and then COVID came and it's very quickly gone on. I think that was just binging and making cakes and cheesecakes and all sorts, anything..."

Similarly, Josie describes her "lockdown belly":

I: Are there any other activities that you like to do, that you'd like to have a go at if you had the chance?

R: I would definitely like to do more physical activity. We've all got lockdown bellies, as I call them. Stuck at home, not really doing much, overindulgence, lots of cake and biscuits. I suppose – it's difficult. I'm trying to think what I'd like to do. It's difficult... (Josie).

Rhoda describes how all the incidental physical activity she was doing before lockdown has diminished, and now that she is able to get out and about more, she finds she doesn't have the energy or fitness in the same way:

"We're not as active [now, post-lockdown]. Definitely not as active. We're more in the house. I don't drive so we would be walking everywhere and I would be walking miles and miles. It'd be fine and obviously going out and other people to talk to and to play with, things like that, and now we're very much in the house and I have noticed that if someone goes, 'Oh well let's meet up...' at such and such a place, I would walk there, I would run there and it'd be fine and now I'm like, that's ages I don't wanna walk that far. Let's get a bus. So I know definitely on me it has made me lazy. I'm quite openly about that yeah, it's that laziness, just like 'ugh' so I'd like to get back out there... I'd like to fit into my clothes again. That'd be nice".

4.3 Post-lockdown relationship with LTPA

The government's campaign 'Better Health' has been based on the premise that people have seen the first lockdown as a chance to 'reset' their routines and 'wake up' to the need to be healthy and lose weight in the fight against COVID-19:

“It will tap into the zeitgeist of people’s *desire to reset their relationship with their diet and exercise regimes* after four months of lockdown, which have seen some people get fitter but a lot more people eat more than usual while they’ve been at home”ⁱ (emphasis added).

However, most of our participants are disconnected from current affairs, news and government messaging. None mentioned physical activity in the context of COVID-19 or the government campaign. Their physical inactivity and dissatisfaction with their sedentary lifestyles and inactive bodies were considered a personal not collective or public health challenge or goal:

“I’ve got to be brutally honest, I didn’t really listen to much of anything [the government] were saying. I watched a couple [of press conferences], and I was, ‘Do you know what? This is just bothering my anxiety too much.’ And I literally stopped watching the news. I actually deleted the BBC news app from my phone and I haven’t reinstalled it, because I’ve been so much better not having horrible headlines shoved in my face every three minutes” (Josie).

The government’s messages about losing weight, increasing PA/LTPA and eating more healthily have not resonated with our target audience. Nonetheless, lockdown did create an opportunity to shift routines and habits for some. For example, some mothers reflected on the positive sides of the disruption that lockdown created. Amma explained that although lockdown was very tough, it did provide a positive opportunity to enjoy quality family time:

“Eventually I feel like we’ve had the good days. We’ve baked together or we cooked together or we’d go for walks. Go on walks and little things like that” (Amma).

Similarly, Laura noted that spending more time with her children was a bonus of lockdown:

“Having children at home it’s quite good because you can spend more time with them” because when they’re at school there isn’t so much quality family time. “They’re going to school after they are going to do clubs so it’s like I’m not seeing them very often I haven’t got contact with them as I would like to have. Now I have more time with them that is good” (Laura)

However, Laura adds that there is a balance to this, and that now her children are also “unable to have the activities sitting being bored in their rooms being on their consoles for the whole day it’s not good for all of us”.

Some of our respondents reflected on having engaged in creative hobbies on lockdown such as drawing or sewing, and how they enjoyed getting creative with children. Others noted that they have been able to do some physical activity on lockdown that would not otherwise have been possible. Clara managed to do more cycling because the roads were quieter, and also did some online classes that she is keen to keep up with. Diana, who doesn’t live in our target group, started the couch to 5k so she could “get an hour to myself”.

The few participants who were active during lockdown described how much this had helped their mental health. Amma does not live in the target areas of deprivation, although has limited socio-economic resources and is a single mother. She explains how her children’s father encouraged to get out, see the world and walk and that calmed her during her lowest and most fearful points in lockdown:

“To be honest, the beginning part [of lockdown] was just really scary. I was really scared. I didn’t want to go out at all, for anything. For nothing. I was getting shopping delivered. I was just like, no we’re staying in. The first half was just terrifying. It was just horrible but then after, I think I went out one day. Their dad was like, no you actually need to leave. You actually need to go for a one-hour walk, just to go out and see the world. After I did that, it did calm me down a bit. I started making an effort to take them out. Just on their own to local parks and green spaces. Then that changed my mindset” (Amma).

Although most of our participants were relatively inactive and did very little or no leisure time PA, one of our participants had begun the ‘couch to 5k’ running programme during lockdown in order to carve out a bit of ‘me time’ for herself during the intensity of mothering during lockdown:

“Yeah, time for me I think, but that’s why one of the reasons I took up doing the couch to 5K, because it gets me out the house and it’s a bit of time for me and yeah I’ve just really enjoyed it, so I think I’m going to be doing that a bit

more. But just my own time you know, because by the time you know obviously morning they wake up and you're straight on it..." (Andrea)

4.3.1 *Recognising it is time to get active*

Although most of our participants were not active during lockdown, there was a nascent sense across the interviews that the sedentary nature of lockdown has triggered a need, or even a 'craving' for LTPA. Although socially desirable responding may have coloured some of the responses, most of the participants noted how dissatisfied they were with their current activity levels. Rhoda does not live in the target area and made a point of saying "I'm very passionate about getting back into [physical activity]". However, Jemima is in the target group and noted that she also "would like to have time to go to the gym. I'd like to have my own time a routine like every Wednesday I go to the gym or going to the swimming pool, enjoying time for myself" (Jemima). Vanessa, also in the target group, notes that PA – and particularly group walking - is a way that mothers can blow off steam after the stresses of lockdown:

"A lot of single mums in my area use the mum's groups because I think it's our way of blowing off steam to be honest".

For Vanessa, her desire to do PA is infused with her experience of stress and mental health challenges but also a chance to connect with others in a safe way. Similarly, Josie was asked what she was looking forward to and described her desire to get active to do something for herself in a way that is not as easy or nourishing with her children present:

"I think it's doing something specifically myself. So, going swimming, going cycling, walking the dog, something like that. In my mind, I seem to have it pigeon-holed for just me. [When I'm walking with the children] I feel I have to watch them all the time. Both of them would happily run in the road and not think about it. So, the entire time – you feel more frantic, I suppose, because you're concentrating on a million things". That's what it's like with them (Josie).

Participants recognised the mental wellbeing benefits of LTPA, an understanding that has been particularly enhanced through their experience of constraint and restriction on lockdown:

“I do like to walk, I do, and I did find that actually that it kind of helps my mental health as well and a lot of time I probably wouldn't. just getting out, even for Twenty minutes it's just, you don't realise, but you go out and come back and actually you feel a lot better and if it wasn't for the dogs, I probably wouldn't have gone a lot of times, so yeah it was just nice” (Laura).

Similarly, Rhoda describes what LTPA means to her, including the mental and emotional benefits on top of the physical and appearance-based:

“Um, anything to sort of help you stay fitter physically, mentally. Um, emotionally at times as well... Something that's keeping your blood pumping and the calories off”.

4.3.2 *Blaming themselves for inactivity*

However, an important context to the desire to do physical activity is the way our participants responsibilised their lack of engagement, blaming themselves. There was a sense throughout participant accounts that regular LTPA feels out of reach simply due to the fact of being a mother. As a reminder, Amma's quote below neatly summarises the difficulties that the participants faced in incorporating leisure time PA into their lives before COVID-19. Single mother Amma was asked what she struggles to 'fit in' in her normal weekly routine:

“I guess I always feel like I haven't got time to do 'me stuff'. Yeah, so like I don't really – I don't – I do a lot but I always feel like I could do more for me. I was going to the gym maybe three to four times a week [before children]. But then I also like to, in my spare time, when I have spare time, make clothes and stuff like that. I just feel like things like that always get pushed to the wayside. Like reading, I might be able to get some in before I fall asleep or that sort of thing...” (Amma).

The sense here 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. The level of agency required for this shaping, with the complexity and connections that mothers navigate everyday, is unrealistic. However, despite the collectively experience and inherent difficulties that participants faced in incorporating LTPA in their everyday lives, many tended to responsibilise their lack of physical activity and to distance

themselves from physical activity and physically active people. They saw PA as unreachable and unrealistic. They classed physically active people as organised, happy, disciplined, 'part of something' and committed; and themselves as lazy, as having 'let myself go', as 'needing to get control' or 'sort myself out', as not as fit as they 'should' be, as lacking in motivation, as 'old' and 'sad'. We asked Tia what physical activity 'means' and she answered "It means improving like physical health. Not being lazy". Later, she gives her reasons for not being active: "I'm not happy about it, feel like I could do a bit more but it's just finding the time and the motivation really". Even Amma, in the quote above, explains that "I feel like I could do more for me", blaming herself for not finding the time. The women's lack of LTPA is viewed as their responsibility and a personal failing.

4.3.3 Nervousness about getting involved in LTPA

When thinking about engaging in LTPA more regularly in formal settings, mothers experience considerable anxiety and nervousness. Particularly, there was a general sense of trepidation amongst our participants in terms of engaging in formal LTPA or any 'new' groups. As one participant noted, she would never go to a group if she didn't know who would be there, particularly if there might be people out of her area. She explained, "how do I know there's not someone that's not very nice or someone that's a weirdo?" (Vanessa). Similarly, other participants suggested that a group could be set up as 'closed' so that the participants always stayed the same.

Other anxieties stemmed from feelings towards their bodies and their physicality. Rhoda was interested in running groups, Pilates, yoga, spinning and group exercise but even though she reported a drive to get active again and is not in the target geographic area, noted that last time she went to a gym she was 16, confident and "a size 6, which might have something to do with it". Now, although she fancies giving spin a try, adding with a laugh that "I don't know how I'd get on in a spin class [laughs]" (Rhoda). Similarly, Clara explained that clubs or classes where everyone is 'fit looking' would put her off:

"I would like to run in a group of women who are really welcoming and friendly and I think they have someone at the back and they've got women of all abilities, so that would make me feel more confident of going there...mixed ages and mixed sizes and mixed abilities. Whereas when I see Boogie Fit,

they're all really slim and athletic and look really fit to begin with, I don't want to go and do it, because I'll be like the knackered donkey at the back" (Clara).

One participant also explained the constant pressure she feels as a mother which contextualises the nervousness they feel about getting involved in PA:

"My friends, we've spoken about this before. I think especially as a mother, there is a lot of pressure to do all the right things. You must feed them this, and you must feed them that way, and you must look amazing all the time. There's this almost a socially collective image of the perfect mother. And I feel like we do it to ourselves as well, which is crazy. Why am I bullying myself like this? But it's so common when I talk to my friends. They all feel the same. So, if there's that image of flat, toned tummy, perfect hair and teeth and make up all the time, oh, and the children are fed organic this, that and the other, and I'm still carrying the four-year-old round in a sling while breastfeeding them. It's just so much pressure. And there's a lot of self-doubt in what I would say is my peer group. There's a lot of, 'I'm doing this wrong. I can't do this. I'm failing'. I think a lot of people feel like that. So somewhere that's informal, and it's, 'Do you know what, we're going to get together, we're going to do this, and we're going to feel better about ourselves,' that's the kind of thing that we want. To know that we're not the only one with a wobbly belly who gets out of breath running up the stairs" (Josie).

The women feel they do not live up to expectations and feel the pressure, and physical activity is a source of pressure and failure along with other aspects of everyday life for mothers. As is explored later, these societal expectations about desirable, fashionable and attractive women's body shapes are compounded by visible bodies in fitness and social marketing.

The women have lost their self-confidence about trying and being able to accomplish physical activity, which is compounded by fears relating to COVID-19, as Amma explains:

"I've stopped going to the gym. I need to cancel my membership. I just don't feel confident going. I haven't found the time but I just don't feel confident

about being in that space around different people that are sweating and breathing heavily and stuff. Yeah. That's definitely gone" (Amma).

This multi-layered anxiety about engaging in formal LTPA is compounded by the uncertainty they are still facing about the future. There remains a strong sense of worry about what the future will entail, as Rhoda explains:

I: How are you feeling about the next few months as we go forward?

R: Um I think I've definitely tried not to have too higher hopes on anything. I don't really think my thoughts have changed on anything 'cause I've not been there going, 'Oh we can start going out, it's amazing!' and stuff like that. I have just been going, 'And we're gonna go back into lockdown... Yeah, just not really got high hopes of anything... I think I'm a bit disappointed over Christmas.

Overlaying the desires and need for physical activity, time to themselves and socialising, people are not looking forward to anything, or not letting themselves look forward, and living in fear of constantly disappointing themselves and their children with cancelled events, celebrations and social occasions.

5.0 Physical activity support in the future: Bristol Girls Can

In the context of the desires, constraints and experiences reported in our participants' accounts, we asked participants what physical activity groups and sessions they are aware of, what appeals, what would not appeal and what encouragement might support them and other mothers to get involved in regular LTPA sessions in their area. These insights will help inform a social marketing mix for Bristol Girls Can that includes co-created product offerings (physical activity offers), promotions and messaging, communications channels and delivery channels.

5.1 What would appeal?

In broad terms, there was a desire for a) high energy, fun, 'calorie-burning' activities, and equally a demand for b) relaxing, self-care, strengthening and stretching forms of activity.

Table 2: Appealing LTP activities mentioned

Yoga “because a lot of the mums that I know are pretty stressed” (Vanessa)
Swimming
Dance
Aerobics
Dance fitness
Zumba
Circuits
Joe-Wicks type thing “because everyone loved that didn’t they” (Andrea)
Short “little exercises like HIIT” because “you always feel as though you’ve done something... you want to be able to feel... like good for it afterwards” (Andrea)
Martha Steward stretching with babies present
Tennis club
Body pump
Outside circuits
Pilates
Running
Trampoline exercises
Walking group

5.2 Delivery

Interviews explored what kinds of places physical activity sessions could be offered in. The Children’s Centres were viewed as safe, familiar and supportive; and an ideal place for physical activity groups, particularly in the context of collective nervousness, anxiety and fear:

I: What would make you trust something to maybe give it a go or be attracted to this class?

R: Probably the place where they are organising this. If it's a familiar place, a place that people know about or heard about it would make me go and try. The opinion of different people if they'd heard about this place and if it's good or you are going to make progress in an activity (Jemima).

Similarly, Diana noted that she would trust the Children's Centre:

I: Okay. Where do you trust locally that you would see a poster and you would trust it?

R: Probably the children's centre. If I knew it was up there I would trust what was happening up there. The health centre, so the local doctors, the library, places like that. If I saw it in there then I'd think actually it's a trusted (Diana).

5.2.1 Online

Some of the women noted that online delivery of physical activity sessions was appealing because it offered them flexibility to fit PA into their everyday routines more easily:

“What I found encouraging, and I know my friends did as well, like Joe, when he did it on YouTube. And Oti did dance. I did that quite a few times. [My daughter] stood behind me spinning around in her own little world, but I had a whale of a time. Because it was on YouTube, you can easily do stuff like that in the house when the kids are doing something else or just being themselves around you. I felt that was quite accessible for me. I didn't even have to brush my hair if I didn't want to (Andrea).

Similarly, Josie mentioned how much she had been surprised by the appeal of online classes:

I: Pre-lockdown, the thought of doing an online exercise class –

R: It sounded crazy. I would have gone, 'No! I want to be there. No, I won't be motivated, I won't do it'. But now...

I: Do you think people are more up for that now, generally? People you know?

R: People I know are, yes. One of my friends is completely obsessed with Joe Wicks, and even does dress-up Friday (Josie).

Laura describes the appeal of having an app that means you can do PA sessions in private and in your own time:

“I quite like that and things in the home, you know like you can download apps and stuff, things you could do in private. Whenever you can fit it in, it could be in the morning, the afternoon, like ten minutes or something you can fit in quite easily”.

Other interviewees mentioned having taken part in Kyra Pro, Health Leads, Gym Tears, which are all online workout apps or feeds. Interviewees also recounted getting involved in online delivery of group sessions from beyond LTPA, including children’s groups, church groups and family conversations on zoom or similar. However, for others, the online delivery of sessions just wasn’t the same as face to face, particularly for children: “your child doesn’t really interact I don’t think the same” (Jemima). One of our participants relied on mobile data at home so couldn’t join in with a fun online class she’d heard of because she didn’t have the home internet connection she would need. Another participant, Tia, noted that she finds it very difficult to concentrate at home on online sessions.

5.2.2 Routines, timings and delivery

Participants were asked how physical activity sessions could be designed to be most convenient and appealing for local mothers. The overall sense was that caring for children and ‘mothering’ as a set of tasks and activities are the most important things in mothers’ lives, no matter how much they desire their own time, physical activity and leisure. Clashing LTPA sessions with inherently difficult hotspots in mothers’ everyday lives will be problematic (e.g. bed time, school run, nap times). Jemima noted that it was important to avoid the time after school when “mums [are] wanting to spend time with their children or take them to clubs instead of doing something for themselves”. She added that it is important to think about the age and routines of children when planning provision. A few participants mentioned that times between 9 and 3 are viable times. However, several participants noted the difficulties in identifying a time of day that would be universally appealing to mothers and ‘fit’ the

very specific routines they encounter each day as a result of their home and childcaring responsibilities:

“In order for me to be free I think afternoons would work better for me. There’s so many variables and things to take into account and I know a lot of mums might be evening would be better because kids might be in bed”... (Rhoda)

Universally, participants acknowledged how much more LTPA means, and how much more enjoyable it is, when children are not present. Jemima noted that she would love to start doing regular PA but as a single mother if that means “trying to take the children” then “obviously I have to look after them not thinking about myself and having pleasure”. Similarly, Tia noted that in terms of starting some PA, “I want to do something where my son’s not there, in the nicest way possible”. That said, participants also noted how much they enjoy spending time with their children and would relish the chance to incorporate quality family time into physical activity.

Childcare is clearly a sticking point for activity sessions for mothers with limited childcare options. Although classes with children present are potentially necessary, and might be designed to enable mothers to engage in a fun activity with their child as well as getting physically active, one mother (Rhoda) also had the following idea:

“I’ve been to some groups and it’s been split so that half the group have done the class and the other half have looked after and played with all the kids which pretty much they play with themselves and then we’ve swapped”.

A variety of timings, childcare options and asynchronous activities is clearly the only way to meet each mother’s needs.

5.3 *Communications*

5.3.1 *Tone*

Participants had strong opinions about the tone that communications and promotions should take for the Bristol Girls Can project PA offerings. In the context of the disconnection, uncertainty and constraint compounded by COVID-19, women noted the appeal of fun and social physical activity rather than a programme that emphasises the health or physical benefits. Josie noted that connecting with other adults would be a major draw for her: “But really for me, it’s just to point it towards that, it’s going to make you feel better, but you can also make these great friends

and be with other adults at the same time. The social side would really attract me. Especially now, because there *is* no social side, really” (Josie). She added that “What attracts me is not just going to do loads of exercise, but the fact that you’re going to get to chat to other people. It’s like, ‘Stretch and Chat’, or something. I’d be, ‘Oh, that sounds good’. It also makes it sounds a little less informal, which takes out the pressure (Josie). Similarly, Rhoda emphasised the need for fun:

I: What do you think keeps people going to groups? What appeals?

R: I think fun things. I personally like high energy fun groups and things especially if the people around you and stuff and are having a laugh and things.

In this context, our participants noted that the things that would put them off going back to a LTPA session would be if they found the class boring, or if it felt too much like ‘exercise’. Others mentioned the barriers of cost, practical reasons like not being able to find childcare or not being able to commit to a whole term of sessions.

Secondly, social expectations about ability and appearance were noted as crucial to overcome in promotions and communications. Participants collectively emphasised that physical activity provision would need to be positioned as open to ‘non-experts’ and not just for those who are ‘fit looking’. Sessions need to be seen as approachable and without pressure of having to perform in an expected way. Josie explained that she used to be attracted to classes with older people “because I felt it was a little bit gentler, a little bit less pressure. I thought, ‘I can’t go in a room with a load of fit 20-year-olds who are doing Zumba,’ because I just won’t be able to cope, and then I’m going to feel rubbish about myself, because here’s somebody doing all this and I can’t do it. Do you know what I mean?” (Josie). Similarly, Rebecca noted she would like to join a running club but that “it’s purely the price that puts me off. I know they all have matching T-shirts and I’m like, but you could have just like a running group that nobody has to have a T-shirt. Why charge people when running’s free?” The ‘costs’, Rebecca notes, are financial but also psychological costs of not feeling like a ‘proper’ runner with the right kit and experience.

Relatedly, several of our participants had mobility and health issues, and there was a sense that it is important to emphasise in promotional materials that all bodies are welcome, no matter how they move and what their mobility level is:

I Is there anything else in an advertising campaign if you saw it or read it that you'd find encouraging?

R: Yes, no judgement. It would be basically saying no one is going to be judgmental, what size you are, who you are, what your mobility is (Josie).

5.3.2 *Session leaders*

Our participants described having little confidence in their bodies and they worked to distance themselves from their image of 'fit' and 'physically active' people that are propagated by marketing images from the fitness industry. They expressed wariness of physical activity that was for 'experts', that demanded skills, expertise, or an appearance or equipment they did not have. In this sense, the session leaders of Bristol Girls Can offerings were also viewed as vital for providing a sense and tone of safety, to reduce perceived pressure and create an open and welcoming environment. Participants noted that sessions leaders have to be approachable and 'normal', as Josie notes:

“what makes it approachable is if the person is approachable. It's just a normal person like me (Josie).

Josie further added a story about a session leader that would repel her:

“They call it boot camp. And I'm 'Oh, my God, no!' That's been going on for ages. I've seen them. And I'm, 'No, not a chance'. And there's a fit bloke jogging them all around, and I'm, 'Jesus, no!' That just turns me right off” (Josie).

Jemima also noted that the session leader has to understand the “situation of mothers and children who knows their needs”.

Our participants also noted that sessions leaders could offer specific support to help participants overcome their anxiety. Some noted that sessions leaders should be local, and that pictures of the session 'set up' should be shared in advance to allay anxieties. Some suggested a question and answer session before a class:

“I think it would be nice if maybe they did a like a question and answer session with the person that’s taking the class. That you would be nice. I quite like to know a face before I turn up somewhere. That makes me feel a bit better about it. So, yeah, getting a bit more information before you start, being able to ask the questions like ‘what do I need to bring?... They’re the things that worry me, it’s do I have to take anything, do I not? Like what should I be wearing? Yeah” (Diana)

5.3.5 Messages

As previously noted, some of the anxiety about engaging in LTPA for our participants came from their perception of physically active people from fitness marketing and other physical activity social marketing. They feel they come up short against the expectation they understand:

“I think about it [starting PA] and then it kind of panics me a little bit because I’m not very good in new social situations and some of our local gyms are... you’re just a bit wary of being there just because these people are super fit!... Where are the normal people?” (Dora)

As such, many participants suggested that a vital part of promoting physical activity sessions should be the type of people and messages that feature in the overall campaign. Rhoda, for example, said that the campaign should feature “real people I guess. I know it sounds so stupid to say real people. Everyone in an advert is a real person but... no glamour models please. Something welcoming and open-armed...” She added “I’ll tell you what would encourage me. To have people like me on the billboard”. Many other participants made the same comments and furthermore that a variety of visible bodies in promotional materials is vital. Amma’s comment sums up a lot of this sentiment:

“Variety. I would not want to see another skinny, blonde woman who looks like she doesn’t eat on a billboard. I just find that like, ugh... I want to see like a variety of women. I want to see women who are big. Big women. Bodies shapes. I want to see different backgrounds. Different cultures. Different skin colours. I want to see women in headscarves working out. Women if they feel comfortable in little shorts working out. I don’t want it to be like, I’m skinny. I’m

thin and I've always been this way and I'm pretending that I work out"
(Amma).

The projection of 'normal' people with normal bodies in campaigns materials was also mentioned by Josie:

"I'll tell you what would encourage me. To have people like me on the billboard, not – the big thing with gyms and stuff, they always have someone who's really fit already on the posters and stuff. So, you need a real woman with real tummy and whatever, in just a baggy t-shirt and her old trainers, with her hair everywhere".

Others noted the importance of having pictures of people having fun and socialising in communications material. One suggested Bristol Girls Can "Say there's like a cup of tea or something. Tea and a biscuit or something tends to get people through doors" (Dora).

We asked participants what message they would 'put on a billboard' for the Bristol Girls Can campaign. The range of answers is below:

Table 6: Billboard messages

To have 'people like me on a billboard' – a real woman "with a real tummy... in just a baggy t-shirt and her old trainers, with her hair everywhere" (Dora)

Just pointing out that "it's going to make you feel better, and you can also make these great friends and be with other adults at the same time – especially now, because there is no social side, really" (Josie)

"it's not necessarily about how you look it's about how you feel. Yeah. I think there's too much emphasis on how things are going to make you look. If you feel good, you look good" (Amma)

"women, different ages, different ethnicities, different able bodies, disabled bodies, different ages" (Clara)

"Maybe something is better than nothing. Just generally in life something is better than nothing, so if you want to read your book but you can only read two pages, don't beat yourself up, because you've done something and

that's better than nothing and if you're doing exercises and you only do five minutes it doesn't matter because something is better than nothing" (Clara).

"it would be nice to see just women like doing things like hoovering and housework, just to get in your head that actually physical activity isn't just playing basketball or going to a swimming pool or going to a gym, actually you can just do it in your house, it's just activity. I think I'd like to see that" (Clara).

"It's not as bad as it seems!" (Dora)

"No frills, if you know what I mean. It's real. You can – not associate with it, but you know it's not all fake" (Dora).

"Probably like everyone can, like no matter your background, your size, your fitness. Like come and have fun. Do it for you" (Josie).

"Join us you have nothing to lose" (Jemima).

"[laughter] Anything is possible". (Tia)

"All ages and mobilities welcome. That would say to me if I saw that I'd think, well I'm not getting any younger and I've not got very good mobility sometimes, I can still do it" (Vanessa).

5.3.3 Communications channels

To explore how best to communicate with potential participants, we asked participants what physical activity sessions and groups they had heard about:

Table 3: Physical Activity Groups 'I have heard of'

Bounce-fit (trampolining)
This Mum Runs
Southville Running Club
Walking group that meets at Morrisons Hartcliffe

Trails for kids over the summer holidays
Dance with kids – with Svetlana
Local running group
BMX track with BMXercise
Hengrove gym “provides most things”
Family cycling centre
Popsugar – online workouts like Zumba or Bollywood dancing
Kyra Pro
Mumdance
Workouts under the Eastgate overpass – seen them on Facebook
Bootcamp in Knowle Health Park

We also asked participants for their opinions on how best to communicate with mothers in South Bristol. One participant noted that “I don’t know how I hear about of these things to be honest. Things always pass my radar” (Amma), but most provided quite a list of ways they find out what’s going on. The most important was Facebook, as Rhoda noted: “I keep saying Facebook – I feel like sometimes Facebook is like the only way to get things out there”. Similarly, Tia said “the main place is Facebook”. The following local Facebook groups were mentioned:

Table 4: Local Facebook groups mentioned as important for communications in South Bristol

South Bristol Children’s Centre group on FB
BS14 Facebook page – BS14 Connect
This Girl Can

Bedminster Down Facebook group
BS3 Connect
Windmill and Knowle West Alliance “If it’s in Knowle West, definitely by the alliance page, because loads of people are on that Facebook page and it gets shared” (Clara).
Windmill Hill and Victoria Park
Via personal Facebook friends
Hengrove and Whitchurch selling page
GP surgery Facebook pages
This Girl Can Facebook (but Dora noted that “you put your post code in, don’t you, to see if anything’s happening? But nothing came up at the moment”).

A few participants also mentioned Instagram.

Although social media was clearly important for information and local knowledge, word of mouth was also emphasised so that you could trust the information, especially “someone that’s done [the physical activity session] before” (Tia).

In terms of social, interactive media, some participants noted the way social media had helped them with group activities beyond physical activity, by facilitating communication that supported their ongoing participation. They shared ideas, and followed the suggestion of others. The online community interaction was an important part of their participation.

Interestingly, only one participant mentioned she would google local activities.

Moving on to non-social media, the following non-digital mechanisms for promotion were mentioned in the interviews:

Table 5: Recommended offline communications methods

Posters ‘in the community’
Through the Children’s Centre “Probably the children’s centre. If I knew it was up there I would trust what was happening up there” (DS)

South Bristol Hub
Through gyms
The Zion
In local windows and local shops
Health Centre
Local doctor's
Library
At toddler groups and pre-schools
Filwood Community Centre
Poster in the street
At Breathing Space
Local shop
Knowle West Alliance

Participants felt that viewing posters and flyers in the local community was an important way of becoming aware of local events and activities.

Finally, it is worth noting that one participant suggested offering 'a freebie' to get local mothers interested, adding that "people round here like freebies" (Vanessa). Most mothers suggested word of mouth and personal recommendation would be the best way of promoting and getting the word out, particularly at existing groups and via Whatsapp.

Conclusion

Obesity and PA are important priorities for public health in relation to societal wellbeing, and particularly in relation to COVID-19. Boris Johnson's experiences as a COVID-19 patient inspired his launch of 'Better Health'. This campaign includes a number of interventions that provide information and triggers for people to 'wake up'

and lose weight to help prevent serious consequences of COVID-19. Our research has identified potentially serious limitations of such an approach, that is not targeted, and fails to account for the particular socio-cultural contexts and experiences of lockdown facing different groups of people.

Using a careful segmentation approach, our research for Bristol Girls Can has highlighted the specific context of engaging in leisure time physical activity for mothers in deprived areas of South Bristol as they emerge from the first lockdown of the COVID-19 pandemic and go in and out of future lockdowns and uncertainty. We have identified that the COVID-19 restrictions compounded some aspects of an existing set of anxieties about physical activity and a set of practical, psychological, socio-cultural and emotional restrictions that amount to women feeling distanced from the possibility that leisure time physical activity is accessible to them. A targeted approach drawing on insights from this research will allow Bristol Girls Can to more effectively engage with their target audience and avoid a sense that LTPA remains irrelevant, unreachable and not for 'people like me'.

Research has identified that due to the context of the first long lockdown starting in April 2020, mothers in South Bristol have a desire to get active. They expressed their appreciation for movement and physicality in the outdoors and their feelings of disconnection, isolation, poor mental health and unhealthiness that they recognised could be addressed through engaging in regular physical activity. Drawing on this insights and participants reflections on their pre-existing relationship with LTPA as well as their knowledge of how best to engage with the local community, a number of important suggestions about the 'product', 'place' and 'promotion' for the Bristol Girls Can physical activity offering are suggested. These are provided in the context for the numerous costs or 'price' that engaging in regular LTPA poses for mothers in South Bristol.

Future research is required to further explore:

- The perspectives of women from ethnic groups and communities that have not been included in this research
- Further perspectives from women in the Redcliffe area
- The perspectives of women who have tried taster physical activity sessions held at the Children's Centres in South Bristol as part of the piloting and project development for Bristol Girls Can.

ⁱ <https://www.theguardian.com/society/2020/jul/25/boris-johnson-to-unveil-10m-ad-campaign-to-cut-obesity-in-england>.