



Phase 2 research report

Bristol Girls Can: Exploring a 'healthy' relationship with physical activity for fun

Funded by Sport England

“I’m really committed to it and quite happy to give it ago [but], well, if I need to miss it I need to miss it”



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Background

This report explores the findings from phase 2 of the Bristol Girls Can social marketing scoping research, funded by Sport England. Bristol Girls Can is a Bristol City Council project (for more information please contact Fiona Spotswood). This research phase focused on understanding experiences and insights from participants who registered and took part in some of the taster physical activity sessions put on over the course of a week in November 2020. These sessions included a 'Stretch and Destress' session (repeated at different times) and a 'Groovy Tots' session, also repeated. The sessions were lead by a trained instructor with an expertise in women's health and wellbeing, Laura Gibb, but hosted and organised by Bristol South Children's Centre staff. The taster sessions were part of, and funded by, the Thinking Futures social science festival, kindly supported by the University of Bristol Public Engagement Team.

The sessions in the taster week were unfortunately reduced in number and scope at the last minute due to the nationally imposed 'lockdown', and only online events were able to go ahead. Initially, buggy walks and face to face versions of 'Groovy Tots' and 'Stretch and Destress' sessions were also planned. Rather, all sessions were online, run in a webinar format, meaning participants could not be seen by each other or the instructor, but the session was 'live' (not pre-recorded). In total, there were 35 registrations for the events across the course of the week.

Glossary

Throughout this report 'LTPA' is used to denote 'leisure time physical activity'. This refers to exercise or physical activity done during leisure time and not as part of incidental daily practices (e.g. walking to school or to the shops). To support a healthy lifelong participation in physically active practices, the focus of Bristol Girls Can is to strengthen the relationship that mothers who are not currently active in Bristol South have with leisure time physical activity as well as increasing overall physical activity from 'not active' to 'some activity' (30 minutes a week).

Other important terms used:

Lower SES: Lower socio-economic status

Higher SES: Higher socio-economic status

Low activity: Rarely meeting the government guidelines of 30 minutes per day five days per week

Active: Mostly meeting the government physical activity guidelines

Inactive: Not meeting government physical activity guidelines

Lockdown: The strongest set of restrictions imposed by the UK government during the COVID-19 pandemic, involving only essential time outside the home and no leisure facilities (e.g. all gyms, swimming pools and community centres closed).

I: Interviewer

R: Respondent

BGC: Bristol Girls Can

Executive Summary

Methodology

With ethical clearance from the University of Bristol, nine women were interviewed online using a semi-structured qualitative methodology. The women were all mothers who had participated in at least one Thinking Futures taster physical activity session during the November taster week. They had provided consent via the booking process to be contacted by the researcher. Three of the nine participants were in the target group (most deprived areas of South Bristol) and inactive. One woman was BME. Two of the three target group participants were inactive, whereas four of the seven non target group participants were active or somewhat active.

The interview guide explored:

- Experience of lockdown and feelings towards the pandemic
- Experience of LTPA before and after becoming a mother
- Readiness and feelings towards LTPA now
- Experience of the taster session and consultation on Bristol Girls Can

Although experiences of mothering and the pandemic were much in line between this phase of the research and phase 1, the purpose of this research phase evolved

to become a useful comparison between the relationship with LTPA held by our target audience of inactive mothers in the most deprived areas, and those of mothers with a healthier relationship with LTPA living in less socio-economically derived circumstances. This has enabled us to build a picture of what a 'healthy' relationship with LTPA means and how best to support it.

Findings

- a. Experiences and feelings towards the pandemic
 - Fear: Mothers describe the pandemic as continuing to be 'horrific'. There are new stresses and strains, such as managing children's expectations about play dates after school, managing self-isolation when school classes are sent home (which means no outside time at all), and managing the ongoing worry about family safety.
 - Gendered experience: Mothers describe the constraints they feel as primary carers of pre-school children and how male partners who are working from home have flexibility to, for example 'pop to the shop' or take up running that they simply don't have.
 - Disruption: The lack of leisure facilities has impact mothers' experience of returning to physical activity after having had a baby, or after the first long lockdown. Mothers are struggling to find activities to engage their children.
 - Isolation: Participants felt that the pandemic had particularly impacted mothers because they rely so heavily on social support and this had been taken away.
 - Feeling unhealthy: Mothers reported feeling unhealthy and lethargic, and fatigued.
- b. Responses to the government's 'Better Health campaign

Respondents noted how the sentiment of the campaign, to take a 'fresh start' from lockdown and get active to 'fight' COVID-19 did not ring true or reflect their own lives. They didn't recognise themselves in the campaign, felt the COVID-19 context of getting active to be irrelevant to their own struggles, and also noted a lack of trust in the government and suggested they aren't the right messengers. Mothers did not want to be made to feel guilty when LTPA is so difficult to fit into their everyday lives.

c. Mothering and LTPA

In line with previous research, mothers found their everyday practices to be overwhelming and leave little time or energy for anything else. LTPA readily gets pushed out. Mothers have internalised the desire to be with their children all the time. It feels wrong to leave them, especially for leisure.

d. COVID-19 and LTPA

Layered on top of the challenges of participating in LTPA as mothers, our participants note the particular challenges that COVID-19 restrictions have created for LTPA. For example, home exercising is often only successful with the support of another adult to help out. Some participants had had a positive experience of home workouts using online services (e.g. Joe Wicks), whereas others found there was just 'something missing' from that experience. Participants noted that the closure of gyms and other leisure facilities had impacted their intentions to get active.

e. Socio-economic differences

The sample in phase 2 included mostly higher SES women who had a healthier, 'stronger' relationship with LTPA. This provided an important opportunity to explore differences in their relationship with LTPA and those of lower SES women from phase 1 (and phase 2) with a less robust relationship. These women described LTPA as being an established part of their lives, and it had been a leisure activity for them during childhoods, teens and beyond. It was an expectation these mothers would continue LTPA through pregnancy and into motherhood. They work at their commitment, make arrangements and can come across as 'determined'. This contrasts with those for whom LTPA fizzled out during pregnancy or in motherhood, with little support for it to continue, and for whom LTPA had never played much of a role.

There were four main characteristics of their healthy relationship with LTPA:

- Expectations that self-care is important

Mothers with a healthy relationship with LTPA expected self-care to form part of their routines, whether or not that included LTPA.

- Relaxed approach to LTPA

These mothers were committed to LTPA, but relaxed if life 'got in the way'. They avoided feelings of guilt and self-blame if they could not participate.

- Separation of body image and LTPA

These mothers associated LTPA with fun, achievement and challenge and not with bodily improvement. They felt contented with their bodies and focused on what they could do, not how they looked.

- LTPA for fun, not for competition

These mothers described the fun, playful side of LTPA, and did not worry about being good at it or competing with or against an ideal. They were not worried about looking or acting a certain way whilst taking part.

f. Co-creating Bristol Girls Can

Discussions focused on experiences of the taster sessions as well as ideas and plans for Bristol Girls Can; offering physical activity sessions that would appeal to the least active (inactive) mothers in South Bristol with the most barriers to participation, and with the poorest relationship with LTPA. Key findings are as follows:

- The Children's Centres are the ideal partner and will allow sessions to be familiar, reducing anxiety about participation.
- Participants requested more clarity about what the sessions would entail in advance. Many participants noted they didn't feel they understood quite what would be happening.
- Participants would prefer interaction in online sessions enabled, although the text chat was welcomed.
- Participants would prefer classes to be available after the event by download.
- Face to face is preferable (and buggy walks were repeatedly mentioned as a popular option).
- Participants would prefer music (all participants were non-Muslim)
- Keeping sessions local, even online, was preferred to enable group cohesion and set up future social opportunities.
- Some participants noted that it would be preferable if the instructor could provide feedback on participant movements.

- Participants noted they would prefer to be given the choice as to whether or not they could be seen (although one noted she liked not being able to see others, or be seen).
- Sessions felt familiar, like other Children's Centre sessions.
- There was 'no pressure', which was welcomed. Participants did not feel like they had to 'be good' or that their children would cause disruption.
- The instructor had excellent energy and explained the movements well.
- The level of movements required was appropriate.
- Booking was easy.
- Participants enjoyed the possibility of doing something without children (if partners were on hand), although many also noted that it was welcomed to have an activity for their children, as this had been missed during lockdown.
- Participants noted the class was a chance to carve out time for yourself and made them realise it was possible to do something active at home.

Discussions also focused on creating effective and appropriate, targeted communications. Key ideas from the discussions are as follows:

- Promotions need to include simple, 'normal' language and images of 'everyday people', like 'normal mums'.
- A key strategy needs to be encourage word of mouth amongst mothers so they recruit each other to sessions.
- Communications needs to encourage word of mouth amongst existing stakeholders who have relationships with the hardest to reach mothers, e.g. midwives, health visitors and children's centre staff.
- Social media will be an important tool for creating a community of physical activity champions in the target neighbourhoods.
- Social media is an important tool for social support, already used by mothers.
- A list of vital stakeholders for the communications campaign includes schools, breastfeeding support groups, health visitors, NCT and midwives.

Methodology

Ethical clearance from the University of Bristol School of Management ethics committee was granted to observe Thinking Futures taster physical activity sessions (and to take field notes) and to interview participants via a questionnaire and via qualitative semi-structured interviewing online. These methods were permitted pending informed consent from all participants. Consent was received for observation from almost all, but not all, participants, so observation of the online taster sessions did not go ahead. Rather, qualitative online interviewing became the sole source of data collection from this phase, with nine taster session participants volunteering to be contacted and interviewed after they had taken part in the one or more taster sessions.

The following table shows the number of bookings for the taster sessions during the festival week:



Table 1: Bookings:

Class	Date	Time	Registrations
Stretch and destress	Nov 11 th	Am	0
	Nov 12 th	Am	5
	Nov 12 th	Pm	5
Groovy tots	Nov 12 th		6 plus one child per adult
	Nov 13 th		8 plus one child per adult
Total adults and children	38		

Table 2 illustrates the actual attendees:

Table 2: Attendees

Class	Date	Time	Registrations
Stretch and destress	Nov 11 th	Am	0
	Nov 12 th	Am	5
	Nov 12 th	Pm	5
Groovy tots	Nov 12 th		4 plus one child per adult
	Nov 13 th		4 plus one child per adult
Total adults and children	26		

Figure 1: The flyer for the taster sessions

**Want to try some new,
friendly and fun exercise
classes for beginners with
your local Children's Centre?**

Join us for **FREE** activities for mothers in South Bristol



Throughout **9-13 November** we are offering bite-sized exercise online sessions so you can try out different activities and see what you like.

- All sessions delivered on Zoom
- Short, relaxed taster sessions
- Qualified, friendly instructors
 - No pressure to take part
 - No special clothes, skills or equipment required (just wear something comfy)
- All sessions are for **BEGINNERS!**

It's time to do something for yourself!

To book or find out more call, text or email Tracey:
07920 416161 tracey.robinson@bristol-schools.uk

All questions are welcome

By registering for this event you consent to sharing of your name and contacts details with South Bristol Children's Centres and University of Bristol. This information will be used to record your attendance and for NHS Track and Trace. You may be invited to take part in some research about the taster sessions. Taking part in the research is voluntary and will be fully explained.
This leaflet is available in other languages on request.

Registrations for the taster sessions was managed via the Children's Centre, with Tracey Robinson receiving enquiries, managing booking and communicating zoom log in information to registered women. At the point of booking, she asked the women's permission to pass on their data to the research partner (Dr Fiona Spotswood), having explained the purpose and process of the research. For those who had granted permission, Fiona then made contact to arrange and conduct an online qualitative semi-structured interview.

Table 3: Sample table for phase 2

Pseudonym	Area of deprivation	Notes	Children	Activity status
Kate	Yes - 20%	Single mother. Target group	2, aged 5 and 2	Inactive

Ruby	Yes - 20%	Married. Target group.	3, aged 8, 5 and 18m	inactive
Tara	no	Husband unemployed, she's on mat leave and is a radiographer. Very active prior to lockdown. BAME. Outside target group	2, aged 2 and 5	Inactive
Jenny	no	On mat leave, walking but not back to other LTPA yet. 6 month old baby. Target group	1, aged 6 months	Somewhat/low active
Alma	no	Started C25k on lockdown 1. 2 children, 1 pre-school one reception, husband works full time from home. Outside target group	2	Somewhat active
Amie	no	Teacher. Already returned to a LTPA routine. 1 baby (gave birth during lockdown 1) Outside target group	1	Active
Beth	no	Doctor on maternity leave. 1 baby (gave birth during lockdown 1). Outside target group	1	Active
Edith	no	On maternity leave, loves playing tennis Outside target group	1	Active
Tamsin	no	Actuary on maternity leave with first baby. BAME, disabilities. Outside target group	1	Inactive

Interviews were conducted online via a video conferencing facility. Interviews followed an interview guide that included four key areas of discussion, guided via open questions and follow up, probing questions:

- Experience of lockdown and feelings towards the pandemic
- Experience of LTPA before and after becoming a mother

- Readiness and feelings towards LTPA now
- Experience of the taster session and consultation on Bristol Girls Can

In this round of interviews, participants were provided with a brief overview of known socioeconomic patterning of LTPA and insight into the way COVID-19 has affected mothers' LTPA participation. Participants were also shown the ['Better Health'](#) government obesity campaign video to explore and co-create ideas for communicating with and engaging the target audience.

Audio was stripped from the video and transcripts were created either through automated transcription (in Teams) or through a trusted third party transcriber. All names have been changed. All data has been securely stored on a password protected university drive. Only anonymised data will be made available in the form of reports and academic journal articles.

The research findings have been presented back to a group of mothers in the target area as part of the co-creation and consultation part of Bristol Girls Can. Research has been presented, discussed, and actionable insights for the Bristol Girls Can activity and communications strategies have been developed and refined.

Findings

The sample is characterised by a difference in socio-economic status between the women. Those in the lower SES had notably different relationships with LTPA than those in the higher that reinforced findings from phase 1 (where the sample was predominantly lower SES, low activity mothers). The higher SES participants of the Thinking Futures taster sessions in phase 2 had a pre-existing strong relationship with LTPA, and this provided valuable insight into the differences between the two groups. Many of the participants from the higher SES group were on maternity leave, searching for a way to fit LTPA back into their newly emerging weekly routine with their first baby.

The findings first explore the women's feelings towards the pandemic and the second lockdown (which had just commenced when the research took place, after several months of increased freedom), and these experiences are concurrent with findings from phase 1. Findings then delve into the key differences in the

participants' relationships with LTPA in the past as well as now, and their experiences of the taster sessions themselves. Here, findings compare the higher and lower SES participants' perspectives by way of considering how Bristol Girls Can can shape women's relationship with LTPA in the target group and help support them to foster a healthier relationship with LTPA like those higher SES we interviewed and attracted to the taster sessions. The end of this report focuses on findings from the research that specifically feed into the Bristol Girls Can activity and communications strategies. The conclusion synthesises key themes from phase one and two.

1.0 Feelings towards the pandemic (Nov 2020)

1.1 Fear

No matter their socio-economic circumstances, participants continued to describe the pandemic as 'still just horrific' in this phase of the research. The schools were open at this point, but vulnerable to classes being sent home. Alma described the difficulties of self-isolating with her 4 and 19 month old daughters after her reception year child was sent home from school after a positive case. Alma's older daughter had been in close contact with someone with COVID-19 and she describes how horrible that feels:

"Since the since it all started in March, we've done everything that we should have, you know. And we've kept the kids away from harm. You know, as much as we think we can, or we have, you know, we followed [the rules]. You know, we've seen people separately. We stayed in groups of six or less. We've not mixed in various things. So obviously then have her in contact with someone at school was just horrible, you know".

Alma's husband was working from home but not flexible enough to help look after the 4 year old while she walked with the younger sibling. The day of the interview was their first day out and she describes how they had "taken off to Ashton Court for a big blast" which was a nice relief. Alma explains that people are worried for her children's safety:

"Unfortunately there was a, um, Bristol Evening Post article about the area where I live being the worst in the country or something. Or definitely in Bristol

anyway. So it just... that scares me even more nearly because we've been staying local, but... you know, those people are getting it right here..." (Alma).

Despite following the rules, she feels like the pandemic is raging all around her and putting her family at risk. She also describes her children as 'looking grey' because the weather is so bad you can "only go in the garden for so long".

Also feeling fearful, Tara notes that she is back to work soon but has been at home for so long it has shaken her confidence and it feels 'horrible':

"I need to build my confidence back. As I said, is. Is wearing a mask is one of the issues like it still impacting me because its... I don't know how to describe it. Yes horrible yeah... Yeah, it's very, very difficult, stressful".

Ruby's level of fear is also still high.

I: Do you feel panicky or scared?

R: Yes, most days. When the girls went back to school that was a big deal. I was very very scared about that, so we – I might be being over the top but before our school said, you have to wear a mask, I was wearing one. I felt like the leper but I wore a mask, Esme's pram, the top bit comes all the way down so that was always down and the girls aren't allowed to touch her or go anywhere near her until we're home, I come in and then the girls go straight into, they come in the porch and then to the left to the utility room and shower so they go in there, dump everything, strip off, straight in the shower and everything goes in the machine and then we leave everything of their school stuff there until the next morning. That's the only thing I thought I could control, yes. So, bless them, by day three they were like, 'again? Another clean Mum?'

The same sense of fear remained for Tara, who still doesn't feel comfortable going out: "it's very strange and it's really. It's very stressful to be honest. I still don't feel comfortable to go out". She describes how days and days go by without her leaving their flat. Tara is a higher SES participant.

1.2 Gendered experience of the pandemic – ‘it’s different for men’

Alma describes her gendered experience of isolating in the pandemic. She doesn’t work, and her partner works full time at home. This affords him flexibility and freedoms that her caring responsibilities do not allow:

“it is different for men. Definitely different because he come out and he'll say, oh, I'm just going to pop up the shop and get my something and I'm like ‘right, so you can be off to the shop. I'm not!’ But it's just, it's just the privilege of being able to come out and say I'm just going to go like that, but I haven't been able to do that for like two weeks. You know, I think because he doesn't need to worry about that kind of thing, you know? I couldn't just pop up the shop because I have Mattie at home” (Alma).

Alma feels frustrated and claustrophobic, also noted by Ruby who had three children at home during lockdown:

“I miss just being able to go, ‘oh I’m going to pop to blah blah’ or ‘I’m going to go for a walk here and I know there’s a coffee shop there and Esme can feed the ducks,’ do you know what I mean, things like that, just like, oh” (Ruby).

Alma also notes that is also unable to do anything for herself with her small children around, as they will disrupt this. She receives no support from her husband because he is working:

“Again, I don't think in less you're in that situation you realize how confining that is. You know that you I can't just say to him you know the kids are in this like room. I can't just go and sort something out. I've just gotta be here, and it was so frustrating because I think ‘I'll get my laptop, I'll do some coursework, I'll do some work’, but then as soon as they see my laptop they're, like, ‘oh!’, and they'll come over and want to... so I can't even, you know, it's just one of those things. If I sat here and did nothing they would take no notice of me whatsoever” (Alma).

Alma’s husband has flexibility, just as Edith’s husband did. She describes how he took up running during the lockdown 1.0.

1.3 Disruption

Layered on top of these experiences is the sheer disruption it has caused, highlighted in previous rounds of this research. Beth describes the disruption the second lockdown has caused, particularly to her attempts to re-establish a LTPA routine.

I: Yeah okay and what about now this lockdown, has it affected you?

R: Yeah, yeah, it's a frustration. Lots of classes had started up again and even those that had, there were some who seemed to have waited such a long time to really wait and make sure that they were definitely able to restart for good and be Covid secure and all that kind of stuff. So it was after the half term, like the second half of the term lots of new classes started up that I'd signed up for (Beth).

Beth has found the disruption frustrating. For Tamsin, the disruption has had serious implications in the way she's been able to manage her chronic health condition. The disruption was to the physio services that help with her multiple sclerosis, and during pregnancy (in lockdown) she felt isolated and abandoned.

"I felt like a lot of things were now out of control and there was being told what I needed to do. But at the same time, like the wellbeing services the pregnancy, the physio services through pregnancy had all just disappeared or stopped because no one really knew what was going on. So I found that quite difficult" (Tamsin).

In strong terms, Jenny explains that "I've struggled with [lockdown] and I feel like – part of me some days thinks I've been robbed of my maternity... I was saying to Lee yesterday – I was like, 'If someone has a baby when we come out of all of this, am I gonna look at them and think, "They're doing all the things that I wanted to do and I could never do"?"

For those with older children, the disruption has been particularly harshly felt as parents also have to manage their children's frustration at their disrupted routines as well as their own expectations:

“So, they [the children] miss going out and about and going to the parks and things like that, because that’s what we used to do. Way home from school, go to the park, go for a – you know, so they miss that” (Ruby).

1.4 Isolation and loss of support

Many respondents opened up about how isolated they felt. For some this was compounded for some by pregnancies that took place during lockdown, limiting still further their capacity to socialise with friends (because pregnant women were considered a vulnerable group). For Jenny, having a baby during the pandemic has been isolating and adds that “it feels like things are just 10 times harder” during lockdown.

“It was like – for mums I think we’re the most affected because it’s like your lifeline’s been pulled away because you’re not supposed to now see anyone. You can’t really go into anyone else’s house. So, it feels like your just sat in on your own. I can do a walk with someone which I’ve been doing but that’s a bit weather-dependent” (Jenny).

Jenny is missing connection and craving social support, and has been grateful for the Children’s Centre groups.

“But yeah. I have found it very hard. I found that Rockabye group very good at the beginning because there was a space at the beginning where you could just talk openly in the group about how you felt and we did that for six weeks and that was actually really good because you realised that you weren’t the only one feeling the way you were feeling and so I felt like that got me through the first month of lockdown. Six weeks of lockdown. That was really good. Then we obviously got a WhatsApp group and everybody’s like – you kind of really miss it. It felt like it was a lifeline and then when it stopped it was almost like you missed that sort of connection” (Jenny).

Although there were groups and classes running online for new mums, Beth added that doing classes and groups online is “just not the same”, echoing the general sense that face to face interactions and support and missed. Similarly, Edith had plans for all sorts of classes and activities on her maternity leave but none of it could come off. Furthermore, family hasn’t been able to help out, and grandparents have

missed up on large chunks of their new grandchildren's early days. Tamsin, who was pregnant and had her first baby during lockdown, sums this up by simply saying "I felt very trapped. I guess it was partly because of lockdown and partly because of pregnancy, but it just made it all very difficult". Lockdown has created a layer of isolation and disruption on top of an already emotionally charged time in a new mother's life.

It wasn't just new mums who experienced loneliness. Kate, mother of two, also noted how lonely lockdown made her feel:

"That was really difficult because my youngest was due to start nursery in April – obviously, that couldn't happen. My eldest had to finish going to school, so I was trying to concentrate on making sure he was doing schoolwork. I found it really lonely at the same time. I had my boys at home, but you don't talk to anyone – you don't see anybody – you're stressing, thinking that they've got to be doing their schoolwork" (Kate).

Ruby was lucky and had her husband around to help during the lockdown. She reflects that although she coped well, that was predominantly because he was there to help. "I don't think I could have done three on my own for all that time" (Ruby). However, she adds that she felt like she had no other support. She couldn't ring her Mum, Dad or friends and ask them to pop round to give her a hand. "It felt like that [support network] was all stripped away, all of it, just suddenly disappeared. I found that quite hard" (Ruby).

1.5 Stress and fatigue

In line with previous findings, the women in this phase of research reflected on the stresses of having children at home so much as a result of the pandemic. Some had support from husband or partners, but others were predominantly coping with childcare and homeschooling alone, which has created stress and fatigue. Amie describes this as "pandemic fatigue".

Ruby had support, which meant she was mostly able to cope:

"Well home schooling was full-on. I was very thankful that Jake was home, my husband, because otherwise it just wouldn't of happened so I did home schooling in the morning and he had the baby and then we took it in turns".

Nevertheless, Ruby notes that some days she feels like she can't 'do' the hard work the pandemic has required. It's exhausting:

"Everything feels a bit hard work and sometimes there are days where you think, well I can't do hard work today" (Ruby).

Stress has come from other directions as well as claustrophobia and disruption. Ruby describes the stresses of explaining the pandemic to her children "[my daughter] was like 'why did a person eat a bat?' and also coping with turning down requests for playdates when the children had gone back to school:

"Then by week three, the girls were like, 'oh can we have playdates?' Because that's what we normally would do, can we go to the park? Can we go for a walk to the woods [with a friend]? And I have to keep saying no. No, no, we're going home, and they get so upset, because school is normal-ish so 'why can't I see my friends? Why can't we go?'..."

Similarly, Kate reflected: "I think it's hard for [the children] because they have got used to seeing their friends and then, you have to try and then say, 'you can't see your friends', and you've got to try and explain, 'there's a virus, but you're safe – we're keeping you safe.' I found it quite a testing time and mental health as well – I was so down but stressing over the smallest thing. I never had any patience" (Kate). The stress and fatigue is palpable.

For Jenny, a key coping mechanism was getting out for a daily walk her new (first) baby, reminiscent of phase 1 research findings that mothers felt keenly the value of movement and being outdoors in the context of lockdown:

"It's like, I've been trying every day to get out and do a walk, just for my mental health to think that at least I've walked around the block kind of thing and you know, that you've had a bit of exercise" (Jenny).

1.6 Feeling unhealthy

Similar to phase 1 findings, some of the mothers in this stage noted how unhealthy lockdown had made them feel. Alma describes feelings of lethargy and unhealthiness. She was asked "So how so how are you feeling about your health and energy levels?":

“And yeah, you get lethargic definitely and you just don't get that whole. I can't be bothered attitude, you know, just getting bothered, but um. And I especially when we weren't doing anything, I'm just not getting dressed. You know, I think it's hard enough to put on clean pyjamas, you know. So I think as soon as you put a bra on or like proper clothes on you feel you can do something. But when you just think what's the point? You know. So I think it definitely makes you feel a bit like that...”

Kate made a similar comment:

“I found in lockdown, you got into your own bubble and, most days, I thought, ‘what's the point in getting dressed? What's the point in getting ready?’ If it was just me, I probably would have just stayed in...” (Kate)

Ruby describes trying Joe Wicks and says “he killed me”. She only did it once as it was too hard, leaving the physical activity to her husband. Similarly, Kate noted how unfit she and her son had become when she tried Joe Wicks:

“I was not up for that – that was hard work”. She added that “I think [lockdown] did have a massive impact – not so much on me, but on my eldest. We were walking, but I think we were eating a lot during lockdown, and that was due to boredom as well”.

Kate ended up “feeling terrible because I felt like I'd put on so much weight during lockdown just because we were... You couldn't really go shopping – I wasn't taking my kids shopping. I couldn't get all of the things that I wanted at the shops, so we were just eating a lot of processed... chicken nuggets and chips, for example. Even with the walking, I don't feel that we got... I didn't do as much as I should have been doing, because it is just small walks. I wouldn't say that was exercise – I think it was more so for the kids” (Kate).

2.0 Responses to the Government's 'Better Health campaign

An important part of the research in phase 1 was asking participants to reflect on the government's physical activity campaign that forms part of the Better Health campaign. The sentiment is that people can use lockdown as a fresh start, to reset the clock and ‘wake up shake up’ to getting active because being healthy, slim and active is the best way to fight COVID-19. Asking participants what they thought of the

government’s campaign has provided insights into how best to inspire, engage and communicate our message around LTPA and how we should be aiming to make our target audience feel to better support their relationship with LTPA, specifically in the context of the pandemic. However, it is important to recognise that not all of the insights here are from our target group. Those that are in the target group are in bold:

<p>The people in the campaign need to be ‘recognisable’</p>	<p>“It didn’t show, it didn’t show me it didn’t show like. Somebody. They seemed old, maybe older, I’m not. I don’t think it would make me wanna go and get fitter” (Alma)</p> <p>“And if felt very men heavy as well, I don’t know if it was” (Ruby).</p> <p>“There isn’t any kids in that advert either” (Kate).</p>
<p>LTPA shouldn’t be just for fighting COVID-19.</p>	<p>“It wouldn’t be because of what’s going on. Definitely not. It’s something that they need to be concentrating on anyway, you know... I don’t know, but they should be getting fit anyway. You should be fit all the time, not just because COVID is here” (Alma)</p>
<p>LTPA in the context of COVID-19 feels irrelevant</p>	<p>“I don’t think me being healthier would affect any of that” (Alma).</p> <p>I: Have you thought about your health and fitness in the context of COVID?</p> <p>R: No, not really, no no, I haven’t met anybody who said yes (Edith).</p> <p>“I don’t feel like I’m in one of those vulnerable positions that if I got hit with Covid-19, that you know I would need to get fitter to fight it off or anything like that” (Beth).</p> <p>For Edith, the campaign just doesn’t make her feel anything. “I didn’t make me want to go out and do stuff. I didn’t really think anything”.</p>



<p>The government aren't the right messenger</p>	<p>"I only saw Boris walking up a hill saying something and I laughed" (Ruby).</p> <p>People have turned off from watching the news because it is so scary:</p> <p>"I know enough of the rules to know what I should and shouldn't do but I don't watch it, because it is just – it just feels like it scares you into things, gives the fear of God into you and I am a comfort eater so I got to work very hard to not go down the rabbit hole of eating everything and anything, so I have to cut things out that trigger that, do you know what I mean? And that advert there, that would just be like, 'well see you later, I'm going to all the naughty places.' [laughs] That's not encouraging me to go to the gym or go for a walk" (Ruby).</p> <p>For Tamsin, the government have closed gyms but kept restaurants open, so have lost credibility as a messenger.</p> <p>"I don't really understand the government's response. It's sort of like. The sense of saying we need to be healthier but at the same time shutting gyms and stuff, but allowing us to go out and eat, if that makes no sense. So it's, I don't quite get it, but at the same time, OK, maybe allowed us to go out for exercise right at the beginning. So maybe some people thought. Well, this is my only opportunity to go outside, so I'll do more exercise. But I don't think it's reset anything. I don't think people who didn't do exercise or many people who didn't do excess again and now go out and doing exercise" (Tamsin).</p>
<p>Stop making me feel guilty – "that's not going to make me want to get</p>	<p>Ruby explained that a responsabilising approach would just make people feel bad and that losing weight isn't the answer to everything:</p>

<p>healthier, that's going to make me want to go and eat cake"</p>	<p>I: What are your thoughts when you see that?</p> <p>R: Whoa – I thought they're just making you feel bad. Like, you're fat, it's not good for you, stop eating cake and chips and eat an orange. And if you slip up, get on with it. Try again. [laughs]</p> <p>I: And what about the whole, fighting COVID; lose weight to fight COVID?</p> <p>R: Yes, to be honest it's like any time you go to the doctors and you say you've got something wrong, the amount of times it's like, 'oh it's because you're overweight.' And you just think sometimes, it's actually not because I'm overweight, yes, I might be, but I have a headache or – do you know what I mean? And I think sometimes people say, 'are you overweight' that's just a line they use to cover everything. And I just think, 'well no, it's not always about – you can't just blame that.' I'm not saying sometimes it's not but, yes. And I felt like, it's scaring you. You get COVID, you're going to die because you're fat, so hurry up and do something about it before you get it and then you die. Oh well, thanks for that... Yes. Well, that's not going to make me want to get healthier, that's going to make me want to go and eat cake" (Ruby).</p>
<p>The message is too simple – it is vital to understand the everyday life of mothers</p>	<p>Jenny recognises the poignancy of the government video and reflects that should want do more but is frazzled.</p> <p>"But, yeah. That's quite poignant isn't it that video? If I didn't feel so frazzled I think that – and I hadn't have had a baby – I think that probably that would have hit home probably a bit harder and that you would have perhaps tried to do one thing a week. Like a bit of exercise" (Jenny).</p>

	<p>She adds that the people designing the campaign really don't understand the complexity and difficult of mothering; that doing exercise might be helpful, but the practicalities are so tricky:</p> <p>“And they've taken away your support. They've taken away your support network. I think the one thing I found really hard was even going to wee. Going to the toilet. Because no-one can hold your baby while you're doing that. And it's just like all of those things that would have been completely normal, they don't – I suppose it's because they're not living and breathing it. They're putting out an ad campaign and they're like, 'To beat COVID you've got to be doing exercise and eating healthy and you've got to be finding time for yourself' and it's a bit like, 'What happens if you haven't got that time?... What happens if you've had no help, no support all day? No-one's even been able to hold your baby while you have a cup of tea or have a shower. So, it's like two different camps to a certain degree’” (Jenny)</p> <p>“I think it's good that they are trying to get the message out there, but they're not really taking into consideration everybody's lifestyle...” (Kate)</p>
<p>The message isn't backed up with practical offering</p>	<p>Tamsin pointed out that the campaign doesn't offer practical advice but simply makes people feel guilty by putting 'the onus' on you:</p> <p>“I think for me it's as if the initial ask fails. It's your fault, but also, if you get cancer you're wasting your chances, um... you need to go out and get fit. It doesn't really help you find a club or find something to do. If you get me and I think that's something. What people have most difficulties</p>

with it's finding the time and finding the money, and it's not really suggesting [what you could do]" (Tamsin).

3.0 Mothering and LTPA

Irrespective of the pandemic and of socio-economic status, mothers described how their everyday lives are organised wholly around their children and how mother practices dominate their daily routine and dictate everything that it is possible for mothers to achieve. The interviews began with an overview of known statistics and research about mothers and LTPA, showing that lower SES mothers do far less than other parents and other mothers:

"I don't think I'm really that surprised to be honest. I think it. I mean, I think it's harder for women get back into doing things. I think they end up doing, obviously 'cause they most of the time they got their maternity leave, then that then being responsible for the childcare. Most of the time there is harder to arrange alternative childcare to go and do different exercises and stuff" (Edith).

This reflection was supported by personal experiences, shared when participants were asked what her daily routine is like. Ruby explains it is dominated by the school run:

"Well, yes, school run, as I'm sure you can imagine, getting three children up, ready, my husband is more of a morning person than me so he gets up first while I kind of stir and try and come to the world. So he gets them up and gives them breakfast and then the big two, are okay-ish with getting ready but they need a lot of encouragement and then I get the baby ready and then yes, breakfast, teeth, hair, coats on, all that takes long, as I'm sure and hoping it does in your house, not just mine. And then out the door..." (Ruby).

Furthermore, her evenings are not her 'own' because of her children's poor sleep. She was asked if she has any time to herself, and laughs at the thought:

"[laughs] Not really, no. Because my husband has changed jobs now, he's at home a little bit more in the evenings where he wasn't before but sadly my big

two are terrible at going to sleep. The baby is brilliant. But the big two are not. Because one of the taster things was half-past seven til eight, but we're doing a parenting course, or trying to do a parenting course, on that night. So, I couldn't do it, I was gutted, because I thought, well that time is perfect. Jake could have the children, but there we go".

Ruby, like so many women, stopped paid employment to have the time and energy for childcare:

"I was working in the church doing counselling that type of thing. Yes, so I stopped that and I don't think I'll go back to anything until Esme goes to nursery and see where we are then" (Ruby).

Ruby notes through her question to the interviewer (who also has three children) that this is a shared experience managing the routines and demands of multiple children. At any one time, mothers are engaged in dressing, feeding, encouraging, cajoling, supporting, loving, preparing, managing and leading. These practices are predatory and easily push out LTPA.

For those participants who had only recently become mothers, the way their everyday lives are wholly organised around the children was the most startling change:

"My whole world literally [changed when I had a baby], nothing is the same. Well yes so I'm obviously not at work, we're in the house an awful lot because of lockdown and so forth. I get far less sleep, well I say I get far less sleep, I get a continual lack of sleep whereas I was quite used to doing night shifts, so it's a different type of sleep deprivation. So it's a grogginess that just has lasted five and a half months, rather than a short sharp burst and then you recover from it. Life revolves around my little one now, so it's not about when I can do things when I want to, it's about what works for her" (Beth).

3.1 The impossibility of LTPA

The domination of caring practices over mothers' free time obviously has a lasting impact on the way they engage in LTPA. For example Tara describes having children as "every change" and laments that she is "not fit any more", but rather feels

exhausted by 8pm. She explains “To be honest I’m shut down”. Ruby explains how her life has changed so dramatically as well:

“So yes, before I had Esme and heavily pregnant I used to go the local gym and I loved it but yes, so can’t fit that in anywhere and obviously not happening in this world that we’re in but I did enjoy it when I went so if there was something like that on an evening again, then I would try and make that, like, something I did” (Ruby).

Ruby used to love the way going to the gym made her feel, but the impossibility of LTPA in motherhood meant it wasn’t possible, and although she missed it at the beginning, she has become used to the impossibility of it:

I: When you had Esme, you didn’t go back to the gym?

R: No. Well, I didn’t have anyone to have Esme so... (Ruby)

For Kate, too, her second baby meant the end of doing ‘anything’ for herself: “I fell pregnant with my second son, and I just haven’t done anything since then”. Even though her mum works as a personal trainer, having two small boys means LTPA for her is an impossibility:

“as soon as I get five minutes, I’m doing housework or shopping – you don’t actually do anything for yourself. It was actually after the first lockdown, my Mum works for a gym – she’s trained as a personal trainer – and I actually signed up to the gym, and I said to her, I can come up with her, I can do it on the nights that she’s working – you never get that chance. It would have been a Tuesday and a Friday, but I just... By the time I’ve done everything with the boys in the day, or in the house, or anything like that, I just don’t have the time to do it – I don’t feel like doing any of it, to be honest”.

For Edith, although she herself enjoys LTPA and is getting back to it after her baby, she explains that for mothers in her community, participating is just so hard she can understand why people ‘wouldn’t bother’:

“The main thing is probably childcare or... I think 'cause it just it just takes so long to get organized, to do anything with the child... It’d just be easier just to not bother” (Edith).

Edith explains that getting children ready, organising breastfeeding and so on, it takes energy and causes problems with getting out the door.

Jenny notes that she had just been discussing the impossibility of LTPA with her boyfriend:

“I was only chatting to my boyfriend yesterday and we were sort of saying about how your – not your time’s not your own but just about things that you did before. If you wanted to go to the gym or wanted to go to Zumba class or... Things that you wanted to do, you could just do. Your time was your own. Now it’s a bit like, what time’s Lee gonna be home from work?” (Jenny)

Jenny notes that for mothers, LTPA is the first thing to get pushed to one side:

“I would think that probably exercise is probably the first thing that gets pushed to one side. It’s like could I shower and wash...? Like, could I have a bath and wash my hair or can I go out for a run? I think people would be like, ‘I haven’t washed my hair for a couple of days. I’d sooner have a bath and wash my hair.’ It is those little pockets of time are so precious that it’s probably the first thing that goes unless you’ve got that extra little bit of help and support to pick up the other things really”.

Kate agrees with this, noting that for a lot of people “they don’t even think about [LTPA]. They just think, ‘it’s not part of my routine already.’ There’ll be a time where your kids are all grown up and there’s time for it” (Kate).

Kate also reflects that finding the time to exercise and then shower as well is impossible with children:

“What happens? You go and do your physical activity, you come home, you’re really sweaty, the kids are there. You’ve then got to try and then make time to have showers and do whatever, and it doesn’t work. In an idea world, brilliant – have an hour or Two doing your exercise, then come back, have a shower, you’re fresh, you can then start doing whatever you need to do around the house with the kids, but it doesn’t work like that – there’s all these different things”.

In line with findings from previous research, respondents noted how they had internalised the need to be with children and the disposition towards LTPA that it was not an appropriate fit with mothering. Kate, for example, has the support of her ex but has internalised a need to be with her children and does not feel that doing LTPA for herself is something she should be doing:

“I don’t like leaving them. I like to be around at bedtime. I feel that I’m the main person who should be responsible for them so, any time that I do get to myself, I don’t feel like it should be spent doing exercise, when really... probably should! I end up doing washing, or tidying up the house, or thinking about Christmas, and things like that” (Kate).

Tara simply noted that “Being a mum is a big responsibility, so sometimes I think we forget about ourselves” (Tara)

4.0 COVID-19 and LTPA

Layered on top of the challenges of participating in LTPA as mothers, our participants all note the particular challenges that COVID-19 restrictions have created for LTPA, even if they are in the higher SES group. For example, home exercising is often only successful with the support of another adult to help out. As Alma notes, it’s hard to accomplish exercise with children present when her husband isn’t available to help:

“You know its been half term and not obviously we've been... isolating and like Tilly's been here so I haven't. I haven't done it for the last two weeks, just 'cause I haven't had the time while it fitted in with all of them. So I was trying to do it while Marion was asleep. But then Stan would be in a meeting, you know? So it was. Yeah, just couldn't couldn't get it done” (Alma)

However, she has been doing a lot of Joe Wicks and is using an app to track her fitness and weight loss goals. “It’s just sort of 20 minutes of here and it really yeah it makes a difference. It makes me feel better as well” (Alma).

Tamsin’s experience of home exercise has not been nearly as positive. She explains that there is something missing for her:

“I've tried doing yoga at home before and I just I don't know there's something missing, but I don't really. Yeah, it's not for everyone. Is it? Some people don't seem to mind. I think it's really like getting your head in the right place. It's sort of like I'm stuck in the living room all day anyway, so to actually have to do yoga in that room again, you're not able to really switch off and just focus on that” (Tamsin).

The closing of leisure facilities has made LTPA during COVID-19 very difficult for some participants:

“I thought ‘I'm gonna go swimming and I was going to do like pregnancy, yoga and all different stuff like that’ and obviously didn't end up enough to do any of that” (Edith).

“I would say that it's more that it's affected not being able to access stuff, so swimming we would have definitely been swimming. We have gym membership that was cancelled, well not cancelled, but it's an annual membership which has been postponed for several months, so we haven't been able to access that” (Beth)

“I suppose it's quite sad because we'd started swimming and I was doing Two baby groups a week with him and it feels like now he's not doing any of that and I suppose those were things that were making you get out as well” (Jenny).

“To be honest, without even the physical activity, I was still in a couple of groups and everything stopped because of COVID, so even just getting out on the socialising side of things, you haven't been able to do that because of the COVID pandemic. With gyms closing, you don't have a chance to do anything” (Jenny).

Furthermore, for Jenny, the lack of facilities has meant her boyfriend has become really unfit and she hasn't been able to regain her fitness as she'd hoped:

“Before that he was very active. He played squash two or three times a week so I think he's really feeling unfit because he's – because I know that – I think probably if this hadn't have happened with lockdown I probably would have been like, ‘Ooh. You go and play squash tonight’ and then the next night it

might be like, ‘Well, you can go and do a Zumba class and I’ll have [our son]. So, it’s kind of like – but it feels like all those things that were normality have almost been stripped” (Jenny).

Kate, who is in the target audience, noted too that she has struggled with her fitness and wellbeing as a result of the facilities not being available during lockdown:

“I wanted to look at swimming because I had a few issues with my joints. I found that I was getting quite bad sciatica, and I had seen the Physio before lockdown, and they said, ‘try going swimming’, because it’s a good source of exercise – it’s not something that you’re pushing yourself at – you can work up to it – and then, lockdown happened... I couldn’t do any of the swimming. Then, you were able to go swimming, but then, there was an issue with the local swimming – I think they stopped it, or you couldn’t go at certain times. In that respect, I wanted to build myself up, but I was struggling with the walking and I thought, ‘I don’t want to over-do it because I’ve still got to look after the kids” (Kate).

Jenny is also in the target audience. For her, it was the lack of support that meant her planned return to running did not go to plan:

“I’ve found that having a baby in lockdown has been very sort of isolating as well because it’s not like I can... I probably would have said to my mum like, ‘If you have him for an extra hour longer then I could go for a run or...’ You know, all the things that would be available to you, it feels like have been removed from you” (Jenny).

5.0 Socio-economic and socio-cultural differences

Experiences of LTPA in the context of the pandemic and mothering, to a large extent, are shared amongst women. However, there are some key differences in the underlying relationship our respondents have with LTPA that shape their readiness to engage in LTPA in an online environment and as we move toward a post-pandemic era. These differences were patterned socio-economically.

5.1 LTPA an established part of life

For some (mostly higher SES respondents), LTPA had always been an established part of everyday life; enjoyable and normal. For example for Tara, before lockdown, “I was doing a yoga at home myself and I was going to gym basically every day like another yeah every day”. Similarly, although Tamsin has MS, she has worked throughout her life at ways of ensuring LTPA is part of her life. It has been an ongoing project because it is so core to who she is:

“I tend to go through like waves that sort of stuff [LTPA], and it's quite hard to join a team or a group because of my MS because you can end up letting people down quite a lot, so it's quite nice to socialize and be in team games and team sports and stuff, but when I'm like... you're missing quite a lot, or your coordination isn't right on that day. It's quite frustrating and you feel like you're letting teams down, so... And I think a couple of years ago I sort of moved to exercising on my own, so like sort of doing weights or going out for a run. I quite liked cycling. Yeah so a couple of years ago I did for an MS Charity a guided JOGLE [John O'Groats to Lands End], it was so brilliant”.

Beth and her husband spent a lot of time “rushing about” mountain biking before they had their first baby:

“My husband and I are both quite sporty, so actually a lot of our spare time was running and mountain biking and stuff like that. We've got big groups of friends, but we got together slightly later in life, so we've got two sort of separate big groups of friends, rather than merged friends. So we would spend a lot of weekends going off and seeing friends and my group of friends are mainly from Uni and are sort of climbing club based. So there were always lots of activity, whereas husband's friends are more city folk, so yes that's kind of what we would do at the weekends” (Beth).

Similarly, Edith use to play tennis, do spin classes and yoga from work. For these participants, LTPA was just ‘what they did’.

To a large extent, this positive relationship with LTPA can be traced back to our participants' upbringing. Many, and particularly those from higher SES backgrounds,

described upbringings that included LTPA in various forms. Tamsin, for example, was sporty despite her healthy problems:

“So when I was younger, I guess when I was younger I used to do gymnastics and then and swimming” (Tamsin)

For Amie, being active was normal growing up and led to her active travel to work and enjoyment of LTPA:

“I didn't learn to drive until University because I didn't need it. I could walk it, get a bus, and then I cycle everywhere. So I started cycling to work as an adult and then when I was teaching I use to do zumba or something like that. So I'd always make sure I was doing exercise Two or three times a week. I've just always done it. And holidays have been like let's walk all day and I love swimming and things like that. So yeah, I've always been pretty active” (Amie).

Similarly, for Edith, a keen tennis player, her family background is one where playing sports is the norm:

“My sister plays tennis my mum used to play basketball in when she was younger. That was here like main sport - basketball, netball. She's she doesn't play anymore but she's still quite active. She does like yoga and like gym - goes to the gym and there's like gym class fitness classes mainly so stuff that she does. Now my dad, my dad's always played sporty, used used to play football, rugby cricket. I mean 72 now and he stopped playing cricket a couple of years ago. So I think we've always been pretty sporty in our family really” (Edith).

These stories are in stark contrast with Ruby, for example, a lower SES respondent. She explained that “My upbringing and whatever, wasn't very exercise focused at all, so I had to kind of work it out myself and what I liked and what I don't like” (Ruby).

5.2 Expectations about the continuation of LTPA

For the higher SES participants who had LTPA ingrained in their lives throughout childhood and into adulthood, there was a palpable sense of determination and rigidity in how they approached pregnancy and motherhood. They were fixed about

ensuring their engagement in LTPA would continue, although the pandemic may have disrupted this. Jenny, for example, comments that had it not been for lockdown (2.0) she would have asked her mum to have her new baby for a while so she could “go for a run or something”, implying how normative LTPA is for her.

For Beth, for example, fitting LTPA as a new mum in is wholly normative. It is something that always happened and will continue to happen, even if she can't manage time on her own for more intensive exercise:

I: At the moment how physically active do you think you are, how many times a week are you getting your thirty minutes?

R: Every day.

I: Every day.

R: Yeah, because even if I can't manage time on my own which would be more intense activity, I go out with her in the buggy every day walking, so yeah definitely.

Being active is simply an expectation and a natural part of these women's weekly routine.

Amie's determination and expectations about continuing LTPA as a parent are clear:

“I mean I kind of decided right. I'm going to lose weight so I can get pregnant. Then I got pregnant in January but carried on 'cause I was still going to the gym and then just got advice from them. So I upped it. I sort of went three times a week to be fair and I just cycling or within what was recommended within the 1st trimester and then literally I hit 2nd trimester and that was lockdown. I couldn't go to work in the school. The schools closed on that Friday and then Joe Wicks started on Monday. So I did every single PE with Joe in the morning because of lockdown and Manny was going to work” (Amie).

Amie's approach to LTPA during pregnancy was mirrored during lockdown:

“I had a pretty rigorous routine which involves about two bits of exercise a day in the proper serious lockdown” (Amie).

This contrasts with lower SES participant Ruby, whose regular gym participation fizzled out due to a lack of support from her husband, who worked long hours, and the fatigue she felt when she did have time available: “evenings, bedtimes, were just me. So yes, so by the time we’ve done bedtime and you’re done for the day, you’ve had it”. Ruby has three children in comparison to Amie’s one, which also contextualises the rigorous determination to continue that she exhibits.

5.3 Negotiation, support and planning to fit LTPA in

For many active mothers, achieving a routine that includes LTPA requires negotiation and planning, as well the expectation that it will happen. Beth was very sporty before having her baby and although took her time getting back to LTPA, only finds the time now through careful planning and the support of her husband:

“I was fairly cautious about restarting vigorous exercise after child birth, because my sister had gone through terrible pelvic floor issues and stuff, so I expected the worse, but actually have come through with it really feeling quite unscathed actually. So eight weeks I started jogging, but the sort of inhibitory issue has been time, so we do try that my husband has Ellie twice a week for an hour before he starts work and that’s my two hours a week to go off and have ‘me time’ and generally I try and go for a jog or a bike ride and squeeze in the shower before taking her back” (Beth).

Edith also had her husband on hand so she could do the online taster:

“because my husband could look after our child. Yeah she was asleep, but in case she was not asleep. He could be on hand”.

This negotiation and planning is easier for the mothers who have LTPA firmly lodged in their lives and who have partners that are available and supportive. That is, it was mainly possible for our higher SES participants. For Alma, LTPA is a recent addition to her weekly routine, just about manageable through negotiation with her husband:

“So that but you know, we get sort of pencil in a few times in the week and he said ‘look, you got an hour you can go and do something’, so that was nice” (Alma).

She notes that she went “for walk and has been trying to get back into my running so sort of starting the couch to 5K again. I’m sort of halfway through again”. Alma notes, however, that she finds every reason not to go running, although enjoys it when she does.

6.0 Contextualising a healthy relationship with LTPA

The majority of respondents in this phase of the research had a healthy, sustained and sustainable relationship with LTPA and were not in our target audience.

Interrogating the data illuminates underlying mechanisms for this as a) an expectation that self-care is important b) a relaxed approach to routine LTPA, c) a separation of LTPA and body image and d) a focus on the ‘fun’ of LTPA.

Edith epitomises the implications of having a healthy relationship with LTPA. She had a ‘rough’ pregnancy, feeling sick and exhausted, but at 15 weeks post-birth has begun playing tennis again, which was a regular part of her weekly routine prior to her pregnancy.

“I was I just before this second lock down, I just started playing tennis again. I’ve been, I’d only managed it twice, but I was sort of getting back into it, so I hope, so hopefully we get to do that again soon. And that was kind of back on the agenda, and I sort of started to think about like, oh, what other things can I do?” (Edith)

She explains that this is the ‘longest’ she’s ever not played tennis. It was a settled part of her routine. Furthermore, she barely thinks about LTPA, it’s just something she does. “I probably haven’t thought about it that much to be honest”. This shows the inertia of settled physically active routines and the ideal for mothers – establishing LTPA as a regular, unreflexive and expected part of their lives.

6.1 Expectation that self-care is important

For the women for whom LTPA was established, settled and routine, there was a sense that self-care and time for ‘self’ away from mothering is an important part of normal everyday life. Amie describes her ‘headstrong’ commitment to self-care during lockdown:

“[During lockdown] I made sure I was communicating with people, doing exercise and made sure I was noticing, doing crafts, doing all the kind of things that make you healthy. And I really controlled what I was eating. So I actually was fitter and healthier then in trimester two than I've ever been in a very long time, so I actually found it quite empowering in a weird kind of way because I reconnected with a lot of people, but I think I was very headstrong to do that” (Amie).

Like Amie but with a baby, Jenny describes her plans during lockdown, which involve structuring her week around activities that boost her own mood and alleviate feelings of isolation:

“So, I'm really looking forward to the [buggy walk]. That's tomorrow and then I've got a walk with an NCT friend on Wednesday and I've been – I've booked a call in with two people I used to work with on Thursday so I'm trying to like make myself do – or have things planned whereas before I didn't have that and it would just be like Groundhog Day every day. Whereas it feels a little bit more like even though you can't physically do anything it feels like you have got little things to look forward to” (Jenny).

Jenny is not doing a lot of leisure time physical activity but with her new baby has already registered for an online meditation group, indicating how important she considers 'self care' to be in her weekly routine:

“If I get out once a day then I'm getting some steps in and I'm clearing my mind.' Out and about and you're getting fresh air and a bit of vitamin D. I have just registered to do a meditation – just an online meditation that I used to go to before – I used to go to a group so I have just registered to do that online. I just think it's about trying to find a balance isn't it really? In the situation that we are in. But I think I would quite like to go and do something a bit more physically active” (Jenny).

Similarly, Tara structures yoga or meditation into her routine: “So I tried to do at least half an hour give some time to myself to exercise like yoga or meditation that was used to do it before all this lockdown stuff”

This routine self-care comes in contrast with mothers who have little or no time for themselves in the week, perhaps because they are single mothers or lack support. A lack of self-care becomes easily normalised and engulfed in a sense of what appropriate 'good' mothering 'should' be like; that mothers should give 100% of themselves to their children all the time. For example Kate, a single mum, explains how she has no time or energy for self-care like LTPA:

"I just... By the time I've done everything with the boys in the day, or in the house, or anything like that, I just don't have the time to do it – I don't feel like doing any of it, to be honest".

6.2 Feeling relaxed about LTPA

A second pillar of a healthy relationship with LTPA for our participants was the relaxed but fixed way that LTPA featured in their weekly routine. The majority of participants in this round of research were relaxed about LTPA, and their relationship with it was less emotionally fraught and guilt-laden than in the phase 1 research. They realised they have to relax, because caring practices and routines dominate their lives:

"Yeah and I suppose if it works timing wise it's got to work with the routine that you've got, but the problem is the baby's routine changes from week to week to week, so you can't have a time that suits everybody" (Beth).

However, this relaxation does not mar the permanence of LTPA in that routine. LTPA is 'fixed' as a feature of their lives, but there has to be day to day 'flex':

"I'm really committed to it and quite happy to give it ago and now [but], well if I need to miss it I need to miss it but I am really going to try" (Amie).

As a result, these participants are in control of their relationship with LTPA and it is not something they feel guilty about or pressurised to do:

"I haven't put too much pressure on myself. I did want to go to Aquarobics and then when I felt I was ready to go back and I thought I could squeeze that in" (Tamsin).

Particularly the new mums talked about giving themselves a 'break' about taking part in their planned or desired LTPA; to 'back off' emotionally from it and let things unfold naturally as their bodies allowed:

"[After I had my baby] I very quickly realized I needed to rest. No, don't do it. And then it was going to be two weeks, then four weeks and six weeks and I think it was around... well, last week eight weeks I kind of went. Now I'm ready to do things now. And I am pushing myself. I am pushing myself" (Amie).

LTPA is not a chore for Amie, but rather something she is in control of, that she actively brings into her life when it's the right time. She doesn't feel enslaved to LTPA or emotionally fraught about participating in it:

"But yeah, it is quite hard but I think it totally changed my pregnancy so I'm really committed to it and quite happy to give it ago and now that I haven't got the same pressure on myself like that when I was in the pregnant. Then, I'd got to do it every single day and I'd even make up the ones I missed whereas now I'm like... Well if I need to miss it I need to miss it but I am really going to try and the other thing that I found really helpful in lock down and I'm doing the same now... in lockdown, I do it at 9:00 o'clock because that it was something to get up for whereas otherwise if I wouldn't I didn't have a reason to start my day" (Amie).

Amie's relationship with LTPA is settled because she is not worried it will disappear. It's part of the fabric of her life.

This settled, controlled and relaxed relationship with LTPA contrasts with the mothers who feel guilty for not doing LTPA and feel torn because they also feel they don't want to leave their children to do something for themselves. Kate notes:

"I found [lockdown] a testing time and mental health as well – I was so down but stressing over the smallest thing. I never had any patience. We tried doing the Joe Wick's Workout in the morning, and my eldest was not up for that – I was not up for that – that was hard work" (Kate).

Kate is hard on herself for failing to achieve LTPA, adding that she knows she "should" and suggesting it is her own 'fault' for not doing more despite being a single

mother of two young children. She translates her own tiredness into laziness and dismisses the challenges of her daily caring practices:

“I always said, ‘I’m going to do it’, and I just never did. I just don’t have the... I do have the time, I don’t make time to do it – I know that. I’m tired – that is the only thing that I can put it down to – I’m tired, and I can’t be bothered most days. I chase after the boys. That’s not physical activity for me – that’s just being ‘Mum-duty’. I may get hot and bothered when I’m doing the housework, but that’s just something... you’re not pushing yourself, and that’s the thing that I think physical activity is – it’s something that you’re pushing yourself to do” (Kate).

6.3 Separation of body image and LTPA

The third pillar of a healthy relationship with LTPA that became apparent from this research was the way participants managed to separate their engagement in LTPA from their body image. A good example is Edith, who loves playing tennis. She has attempted other forms of LTPA in the past such as going to the gym ‘to lose weight’ but didn’t enjoy it. She plays tennis because it’s fun and affords opportunities to socialise, and fits the family expectations she grew up with about a balanced weekly routine.

“It’s always been like, well, ‘that’s my Tennis Club, that’s fun’. It’s the one thing I like. I did join the gym a few times and I’ve been like ‘oh I need to lose weight or need to do this’. But I’ve never managed that. I think yeah, because it’s not as enjoyable. I’ve just never really stuck with it. I would say I think yeah, I played tennis and stuff is for fun. It does make me carry on doing it” (Edith).

For the women who had recently had babies and had a healthy relationship with LTPA, they tended to understand their post-pregnancy body as temporary:

“I look in the mirror. I look at my tummy and I think ‘oh wow’, but I’m kind of thinking I’m doing something about it, but I can see it’s not me and I think in my head I’m thinking this is temporary” (Amie).

Furthermore, within this healthy LTPA relationship, bodies tend to be viewed as more functional and capable than emotionally laden symbols of success, beauty, gender or womanhood. Amie is case in point:

“I've never been. sounds ridiculous, I've never been a thin person. I love drinking. I love eating. The exercise I do, it's to keep me at kind of happy plateau rather than really actually lose weight... You know, I'm very happy with how I am. I know that I could lose some weight, but the main thing I've always done is kept a really basic level of what I call a basic level of fitness” (Amie).

“I remember in the Easter when I was about 20 weeks [pregnant]. I walked 10 miles one day because because it was Easter Holidays and I wanted to, and it was a lovely day and it was only about August that I realized that we perhaps one of the reasons why I hadn't had so many aches and pains and I could still walk a couple of miles a day was because I had done all the physical activity and I had a fit, healthy body to begin with, so it wasn't adding a pregnancy into something that was already struggling and I was really grateful”...(Amie).

“Even the midwives when I gave birth, they're like, oh, you can still set up. I was like, yeah, 'cause I could! I could! I still have a lot strength through my stomach, you know. He was born in 49 minutes 'cause I was like ‘we're getting the baby out’. But by the time they'd done the epidural, but that was a different story. They had to induce me at 37 weeks. When it came to pushing, I was very able to do it. I'm strong. I'm going to do this; so it has been a kind of mental thing and when I had her” (Amie).

There is, however, a tendency for even women with a healthy relationship with their bodies and LTPA to slip into the gendered imperative to ‘slim’ or to fit their bodies into the socially constructed ideal of beauty. For Alma, she still feels the imperative to lose weight, although has managed through her enjoyment of running to resist the Slimming World approach to calorie counting and regular weigh-ins that made her feel terrible:

“I was doing Slimming World before. But I just found it was like beating yourself up all the time. And then I just thought, well why am I doing this

because I feel good with my running, and everything was getting looser but I wasn't showing on the scale so I was beating myself up because that wouldn't happen. But actually I was feeling really good as well so I thought well, I'm stopping. That's ridiculous" (Alma).

Alma reflects that women always "beat ourselves up" for the way they look, although for her, losing weight is more about feeling healthy. She describes how there is far less pressure for men, but for women there's a constant pressure about fitting back in your clothes after pregnancy:

"I think there's all this, especially having children, this pressure. You know 'everyone gets back into their clothes' and you think like 'most people don't' but you always see the people that do and I think like there's never any...um, worry I suppose, with men or whatever that they would need to worry about that, you know, because they just either don't care or, you know they won't say like, oh God, look at him with his tummy or whatever you know. I mean, people just don't do that. But then you know, like yeah there's pressure about women and what women should look like" (Alma)

Overall, our participants' natural separation between body image and LTPA means they are able to focus on enjoying physical activity for the way it feels; for the challenge of a long walk, for feeling strong and healthy or for the fun of a tennis game. In contrast, participants for whom body image and LTPA are entangle, struggle to pull apart the two ideas, and are left with a concept of LTPA that involves 'looking' fit to an ideal that is unrealistic and unattainable. This creates barriers to their participation and mars their relationship with LTPA. For example, Kate admits always feeling that everyone else is healthier and can 'do it', and this is wrapped up with the way she feels about her body:

R: I hate [my body]. I'm always in leggings – always trying to cover my belly because I know that there's a lot of loose skin where I've had the children – I don't like my body at all.

I: Does that affect how you would feel about physical activity, or getting involved in something?

R: I always feel that everybody else... and this is just me – I know it's not true – but I always feel that I'm going to go into a place where everyone else is a lot healthier, they can do it, I'm going to struggle – they'll look at me and think, 'oh, God, what's she doing here?' I think a lot of it is just self-confidence. The thought of having to go somewhere and have people see me – it just puts me off" (Kate).

Similarly, Ruby explains that when she used to go to the gym, she used to go at quiet times and even then the experience possible because there were people with different body shapes so it felt like she fitted in (suggesting she felt her body shape would not be appropriate in a gym environment otherwise):

"Everyone in the gym was kind of, they're all there for that reason. I was nervous about going in the gym but I didn't run in the gym and I tried to make sure I went when I knew it was going to be quiet times and a couple of times when I did go, there were people in there, of all different shapes and sizes, and I remember going in there, I can't remember what you call it now, but there was an Asian lady there and had a full kind of, get-up on and she was on the running machine, and just thought, fair play. Like, well you can do that, I can have a go. Like, so it just, it felt really inclusive and that you know, no matter what was going on – I mean you had the bodybuilders and all that in one corner but generally there was just Joe Bloggs so yes. So, it felt, I felt like I kind of could go in there and do what I wanted to do and no one was watching or laughing or you know – well they might have been but I didn't notice. [laughter]" (Ruby)

Having no one 'watching and laughing' was very important to Ruby. Even though she felt included in the gym environment, that inclusion was clearly fragile and dependent on other people also looking 'different' from her expectations about fit and physically active people. Indeed, Ruby asserts through another anecdote that she feels her body isn't 'right' to do LTPA:

R: I know in my head, the first thought is, 'oh I need to be looking fit to be able to do exercise, so I've got to get fit before I do it.

I: Is that what you think?

R: That's the thought that comes in my head. Like, I need to look like I'm fit before I can do anything so I got to get ready for – it's warped, but yes. [laughter] And I have sadly, massive boobs, so I can't run because that – no. So I walk but I can't walk too fast because they move and you know, after a while it's just not comfortable or pleasant so there is that kind of, in the back of your mind, you know, that makes me feel sad that I – even if and when I think, 'oh and I'm going to go and do this' I have that in the back of my mind, you know, I feel subconscious about my boobs especially, but my boobs and they're moving and everyone else's stay still and mine are jiggling everywhere. So yes, and I have that in - stress in my head already and I remember, I saw a bigger lady, similar to me, jogging down the road and I remember just being amazed, thinking, 'wow, fair play. Like, you're a bigger lady, jogging down the road,' I would not do that. [laughter]" (Ruby)

Ruby feels that 'everyone else' has a body appropriate for exercise but her gendered, mothering body is not. Recently, she was 'amazed' when she sees other women the same shape as herself going running. Furthermore, she laughs about the impossibility of her own ability to run. Although she enjoyed the gym, this is not possible now. Now, she has positioned herself as a sedentary mother:

"I am not trying to sound mean but it just took me aback because I just thought, I would never do that. Like, I'd only do that if I was like, you know, a size eight. Then I look like I'd be running down the road. No no no. And I've seen this thing sometimes where it says, 'if you see me running, run; because it's something really bad.' [laughter]" (Ruby)

Ruby describes a meme to make a joke and align herself with a non-physically activity identity.

Similarly, it is clear that Kate feels that LTPA is out of reach for her because she doesn't live up to the imagined ideal of 'looking well':

R: It sounds silly, but I think nobody's fat who does physical activity – they look well. They don't look overweight – they look after their self, and they're happy. That's the only way I can think of it, really.

I: Would you describe yourself as physically active?

R: Not at all (Kate)

Corroborating this collective sense of physical legitimacy, all the phase 2 participants were asked what they thought the ‘general impression’ people had of physical activity and physically active people:

I: I’m asking everybody to tell me what physically active people are like. What do you think they said?

R: Yes, skinnier yeah skinny and young and jumping around I expect and I think that is definitely the case [that people will have answered like that] (Alma).

Alma understands that there is a sense of expectation about what kinds of bodies can legitimately be ‘physically active’.

These are powerful, and shared, understandings about LTPA that you have to ‘look’ a certain way to be able to take part in LTPA. For mothers who feel dissatisfied with their physical appearance, this shift away from body functionality to body image in the context of LTPA provides a powerful barrier.

6.4 LTPA is fun

The final pillar of a healthy relationship with LTPA apparent in these data is the focus on the fun side of LTPA. Participants relished the challenge of LTPA, enjoyed how it made them feel and recounted stories of ‘brilliant’ and ‘amazing’ LTPA experiences:

“[When I was teaching] I got to go into the gym and so I started using doing a lot of weights and things like that. Last year I did this brilliant thing where you do virtual training. So I'd sign up to do 25 or 50 miles of running or swimming or cycling. And I did a different one every month as a different challenge face. It was absolutely amazing. I mean at one point I actually swam a ridiculous 20 miles in February 'cause I was, I remember, swimming 2 miles in one hit. I think the 20 miles in a 28 day month. So I found that really motivating” (Amie).

Alma explained the way running opens up the opportunity to face and overcome challenges:

I: How did you feel when you are doing your running on the couch to 5k?
Actually physically doing it halfway around a run.

R: It took a lot to get me out, when like your legs are feeling tight like it just feels like it's the longest thing. But as soon as you start you feel, well I feel amazing like when I've done it, 'cause I didn't think I couldn't do it. Obviously it starts off so it's small intervals in it so it's really steady and the program works. It's brilliant..." (Alma)

There was a sense of enjoyment and fun in the stories the active participants were telling, because of their own embodied enjoyment of LTPA. However, they all understood clearly that amongst mothers generally there was a considerable amount of collective anxiety about LTPA. For example, Tamsin could understand the anxiety women feel about taking part in LTPA and not being able to keep up or be 'good enough':

"It's scary going to a new group and you always think they're going to be people who are a lot better than you and you're gonna be behind and it's getting over that hurdle that there's a big thing. And yeah, yeah, when you're a mother. You don't have that time or you can't put in as much time into that form of exercise as someone else who doesn't have children would be able to, so you sort of feel like you're on, on the back step. You're sort of lower down there. Yeah, yeah, so you're yeah, you can't compete as it were" (Tamsin).

Similarly, Ruby explains that even when she was going to the gym she was anxious about 'doing it wrong': "Yes. And you've got the worry of, am I going to do it wrong?" Tamsin and Ruby recognise there are anxieties about being able enough to take part and being held accountable to a collective imagined ideal.

During the interview, Beth, a doctor on maternity leave, was told that "the people I'm talking to [are telling me] they don't feel able to join in because they don't have the skills, they don't have the body, they don't have the expertise and they feel extremely self-conscious. Does that surprise you?":

"It doesn't surprise me if we're talking about a certain sociodemographic, yeah because I suppose if you're obese and you've never accessed exercise and you do just see you'll have a really skewed view on people wearing all the gear and out running and that's a fraction of people who are actually active or

even what you see you influence television and social media, there's a lot of bloggers" (Beth).

Beth identifies that without embodied LTPA experiences, the images and associations mothers have of LTPA can come from 'bloggers', influencers on social media and television. This can 'skew' the impress of LTPA and physically active people, and present a view that everyone taking part is able, skilful and an 'expert'. This sense of collectively imagined experts, rather than people taking part for fun, was also noted by Tamsin, who has a clear perception of the 'sort' of people who go to gyms:

"I know gyms are meant to be for everybody but I rarely see like people who aren't super fit or strong or super. You know or just like looks like the average person who's a bit? He was a bit more weight than usual or who stops mid class 'cause they can't do something" (Tamsin).

Summing up the anxiety she feels towards LTPA, Kate explains how she feels self-conscious about joining in with group physical activity, although notes that groups might be 'what is needed' to make people realise that they aren't being watched or judged:

"I tried 'Hips, Tums, and Bums', which I did enjoy, but I just got really.... I don't like going to a class where there's lots of people.... I was really self-conscious with groups... [but] I think groups are needed – you need somebody to push you and to give some sort of focus, and take the edge off you, where you think people are just looking at you – they're actually not, they're there for their self".

The next part of the report identifies particular insights from the conversations with participants about the taster sessions specifically. Participants were invited to comment as 'experts' in their communities about the proposed Bristol Girls Can plan; working with Bristol South Children's Centres to develop activities targeting mothers of young children in the most socio-economically deprived parts of the area.

Co-creating Bristol Girls Can

7.0 Partnership with Children's Centres

As per the last round of research, it is easily concluded that the Children's Centres are an appropriate and excellent partner for BGC, as a welcoming, warm and community facility familiar with mothers:

"I think [the Children's Centres are] a good hub because if that's your target audience and you really do want the new mums, it's a place that you're familiar with because well for me that was where my midwife appointments were, so pre-baby I'd never heard of the place or been there, but at least I was familiar with where it was and the Children's Centre do run other things. So out of lockdown time, they have classes and all sort of little bits going on, so yeah definitely it would be a good place and they've got big rooms, you know logistically it would be a sensible place to have it" (Beth).

Furthermore, for the most anxious participants, the Children's Centre staff were the right people to lead LTPA sessions:

- I: If it had been a face-to-face session in the Children's Centre with the Children's Centre staff... would you have given that a go? If we'd been allowed to do it?
- R: I probably would have because I know the staff at the Children's Centre, and I know they're non-judgmental – they are amazing. They make you feel at ease – they don't push you to do anything that you don't want. If it was anywhere else, I probably wouldn't have (Kate).

Similarly, Jenny had been feeling anxious throughout the pandemic, but has found support via the Children's Centres:

"I have been very anxious throughout this whole time but it's quite good because there's going to be Two other girls on that buggy walk that I met through a group right back at the beginning of first lockdown. I did a Rockabye group and they're from that. So, that will be really nice. They'll be there tomorrow [at the buggy walk]" (Jenny)

Another key benefit of partnering with the Children's Centres is that mothers already associate Children's Centre activities with meeting other mothers for collective support, and this is something that women are particularly craving at the moment because of the pandemic. Edith noted that her primary reason for signing up to the taster was that "there's not been that much in the way of classes and things going on because of COVID, so...". Edith adds later that hers has meant she's been in touch with a "wide base of people".

The Children's Centres are also local and convenient, which is a bonus for mothers in deprived areas, often who have limited access to a car. Edith noted, for example, that Children's Centres are "quite convenient. You don't normally have to go too far away from where you live, for how far is the children Centre for me so easy walk".

7.1 SMS insights

Tracey Robinson at Knowle Children's Centre has received some SMS feedback from 55 existing Knowle Children's Centre users about future Children's Centre 'exercise' classes run by Children's Centre staff. She texted the question as follows:

"Would you be interested in regular exercise classes run by children's centre staff?"

The received answers were as follows:

- Yes Just mums – 4
- Yes with kids – 14
- Interested in both - 15
- Not interested – 2

1 person would only be interested in this is face to face and 3 people asked if there would be a free creche. There were 16 non-responses.

8.0 Insights about the taster sessions

8.1 Improvements, reflection and learning

Table 4 provides synthesised insights about the taster sessions, focusing on reflections and learning for improvements. These insights come from all participants in the taster sessions.

Table 4: Improvements, reflection and learning from the taster sessions

Reflection or learning	Evidence
<p>Participants requested more clarity about what the sessions would entail in advance. Many participants noted they didn't feel they understood quite what would be happening.</p>	<ul style="list-style-type: none"> • “I must admit that I didn't know if I was going to be joining in to the groovy tots. As such, I thought it was just me, but actually when it was I thought, well, I can do this as well! Maybe it's sort of focus on it for them, um, and then the child can join in as well?” (Alma) • “Anyway, so I didn't know it was just going to be a webinar and also I didn't get any information about what it was actually going to be beforehand... so I could have prepared and got stuff out and made a bit more space if I'd known that that's what was going to be happening” (Beth) • Beth adds that she doesn't think people will be put off if they are pre-warned that although no equipment is necessary, if participants do have a roll mat they could get that ready, “and even I had the sense to get a bottle of water or something, it wasn't like physically demanding like that, but if you're breastfeeding you just need to be keeping your hydration up, so just little reminders like that would kind of be helpful”. • “I didn't know whether all three sessions were the same or whether like as in should I sign up for all three because I can or are they all exactly repeats and the person I was emailing didn't know either” (Beth). • Ruby also didn't really understand what 'Groovy Tots' was and though it was just for the baby, although she was “joining in, trying to encourage”. • Jenny (who has a three month old) “didn't realise that the Groovy Tots was like for probably more like toddlers”. • Jenny didn't realise she wouldn't be able to be seen, which would have allayed her anxieties: “Also, I didn't know that was gonna be like that so I think probably I wouldn't have been as anxious logging in if I'd have known that” (Jenny).
<p>Consider enabling interaction</p>	<ul style="list-style-type: none"> • The classes were set up with no interaction between people. Although that worked for some, for others it felt like a shame for the children at least that there was no possibility to see other children:

	<ul style="list-style-type: none"> • “I thought it was a shame that Esme couldn’t see other little people doing things and to be honest I didn’t know that’s how it was going to set up so, first of all, I thought I’d done something wrong. And then I slowly twigged that actually, ‘oh, you’re not meant to see everybody else, you’re meant just to see her.’ So, Esme got bored but she’s one and a half so you know, yes” (Ruby).
<p>Consider making the classes available afterwards</p>	<ul style="list-style-type: none"> • “And maybe do it so that it could be sort of. They can either join in there or it could be like a pre-recorded thing. So then they can sort of do it. As in, when you know when their child naps at some point, they must go to sleep. And if it was like it was just half an hour, wasn’t it? So it could be...” (Alma)
<p>Face to face is preferable</p>	<ul style="list-style-type: none"> • “Some classes have been converted to Zoom, but it’s just not the same” (Beth). • Jenny worries about her baby becoming so familiar with screens so young: “I think it’s been really weird on Grayson because he sees a screen now and he hears that ring and he gets really excited. It feels like instead of sitting in a room with other children he’s looking at a screen and I kind of – there’s part of me worries about... That’s why the groups were so nice because he’s looking at other children and it’s like, there’s another baby. You know?” (Jenny)
<p>Keeping sessions local for post-lockdown social support</p>	<ul style="list-style-type: none"> • Zoom classes can of course be opened up to wider geographical areas, but respondents noted how important it is to get to know local mothers, allowing for easy meet ups and walks, playdates and socialising. • “With our NCT group there wasn’t anything this side of town so they paired us with the nearest sort of group. It’s a good 20-minute drive and so the girls will be like, ‘Who wants a walk this afternoon?’ and it’s like – well, for me it’s not a walk it’s a – I’ve got to prep, get in the car and drive and so... You see sort of mums with older children that obviously – and they’re walking around the park. You think, ‘Oh. It would be quite nice if I knew somebody that was quite local.’ You could be like, ‘I’m just popping out do you fancy a walk?’ More spontaneous” (Jenny).

<p>Consider including music in the sessions</p>	<ul style="list-style-type: none"> • “The only thing I think she missed was a bit of music. There was no – and Esme loves music so I was a bit surprised there wasn’t any music kind of going on to help entice them a bit more because halfway through she was like, ‘ohhh.’ [laughter] She is one and a half as well, so...” (Ruby)
<p>Instructor feedback</p>	<ul style="list-style-type: none"> • Edith made the point that the instructor couldn’t see participation in the Stretch and Destress so therefore couldn’t feed back on technique: • “She couldn’t see us. So if we were doing it wrong or whatever, she won’t be able to see that we were doing it wrong... it felt quite impersonal, it just felt weird that she couldn’t see what we were doing” (Edith). • Kate commented that it would have been good if the instructor had had a ‘tot’ with her, to show that “nothing ever goes to plan”: • I don’t know if this was possible for her but, because it was ‘Groovy Tots’, I think it would have been good for her to have had a tot with her to try, because then it would have showed us that nothing ever goes to plan – we can’t keep up with everything – but I don’t know if that’s possible. That was my immediate thought – if we’re all doing it with our little ones, maybe it would have been good to see something like that.
<p>Consider letting participants chose whether or not they can be seen.</p>	<p>There were mixed feelings about being able to see other participants. Jenny liked it:</p> <p>“No. it was quite weird. What was quite nice – well, I don’t know if it was quite nice or not. I suppose I thought with all the other Zoom classes that I’ve done through lockdown, you saw everyone else so I was thinking, ‘Oh. There’s gonna be...’ but it wasn’t it was just the lady and you and that almost was quite nice. It was a bit different. Everything else you could see everybody else in the group. It was quite nice that you didn’t”.</p> <p>“Yeah. But I suppose it was quite nice because it felt like – if you’re jumping around and you’re not doing things right or you haven’t got the right clothes on or – I don’t know – if you haven’t washed your hair. If you’re actually sat doing it in your pyjamas. Sometimes</p>

	<p>everybody's got to see everyone else's home and it looks like a bit of an intrusion doesn't it? So I think part of it – that was quite nice. Also, I didn't know that was gonna be like that so I think probably I wouldn't have been as anxious logging in if I'd have known that".</p> <p>However, for Kate, being able to be seen by others was the thing she was most nervous about:</p> <p>I: Was there anything you worried about before the group?</p> <p>R: Just that I was going to be seen on video. That was literally it.</p> <p>I: When it said in the flyer that no-one would be able to see you, was that helpful?</p> <p>R: It was, but it's just in your head. You think, 'who can actually see this?' Just because it's technology, you think, 'who can see me?' It was definitely useful to actually have that in the flyer (Kate).</p>
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8.2 Positive feedback about online taster sessions

Overall, the feedback about the sessions was overwhelmingly positive. A key part of the feedback was the mothers were finding that the taster session provided a trigger get back to participating in LTPA more in the future, partly because they enjoyed the feeling of the session so much, and partly because it made them realise how it was possible to carve out some time for themselves in their busy days:

"It was just a lot of releasing of tension. To be honest I didn't realize how tense my body had become. Yeah, so that was quite interesting, but it sort of spurred me on and it was like, well, if I was able to do 10/15 minutes... OK, I didn't manage to do the of whole thing, but I should be looking out in the future to try and get a little bit of time for me to do some form of exercise"
(Tamsin).

A range of positive comments from the research are listed below with select supporting quotes. The target audience participants are denoted in bold.

Table 5: Positive feedback about taster sessions

Technology platform	“But what I liked about how the other sessions worked was that you couldn't see everybody and they couldn't see you (Alma).
Sessions were similar to other children's activities, so familiar	“I think that was really good because... it was like they were watching someone doing on CBeebies or something so we did it, whereas I think with the sing and sign maybe that was me. I was watching on the laptop. There's so many things going on, it was just really stressful” (Alma).
There was no pressure	<p>“Marion just didn't want to do it. It just felt like.... No pressure, you know, if they didn't do it and they ran off then I could still do it. I was still doing some of it and Mattie did it with me” (Alma).</p> <p>“Having somebody say that it's baby friendly, if the babies are upset or they need feeding, you're welcome to just do what you need with them. That really takes the pressure off that I need to keep my baby quiet. So just feeling relaxed from that perspective I think is a massive factor. The last thing you want is for an instructor to be saying 'why is your baby crying', which the Buggy Fit person does, it's like because they cry” (Beth).</p> <p>“I liked it 'cause it was quite gentle exercise and it didn't feel like there was too much pressure” (Tamsin).</p>
Interactivity	“We could send a message in so she sort of said if any other animals that we were doing from the animal moves. So that was really good. And I think because I put 'Mattie would like...' then she obviously said, 'oh Mattie, you've chosen the caterpillar', so yes, so that was really good. It was like interactive as well...” (Alma).
Instructor	<p>“Yeah, no the instructor was really good. I think she explained everything really well and she spent enough time on everything” (Alma).</p> <p>“I think like she was really good. She explained everything sort of thoroughly and she was quite upbeat and bouncy and kind of – it just kind of felt normal. And she was very sort of likeable” (Jenny).</p> <p>“I think the instructor having some good energy and being fun. I think that's of all the classes that I've gone to, the instructor can just make such a difference” (Beth).</p>
Booking procedures	“I think the booking was fine. It was just set on email and that was really good. Just click the link and that's fine. Then yeah no it was really good” (Alma).

	<p>“I just emailed the lady and she sent me the zoom code. Yeah, it was really easy” (Edith).</p>
<p>Level</p>	<p>“but no I enjoyed it, yeah sort of very accessible, very appropriate postnatally. I’d done pregnancy pilates, so it was quite nice because there was lots of opening up of the upper body and that kind of stuff, so yeah it was a nice session, I enjoyed it” (Beth).</p>
<p>An opportunity to do something without children</p>	<p>COVID has meant for some that partners are working from home, or at least at home more in the evenings, providing the possibility that mothers might do online classes without children, as Ruby noted:</p> <p>“So now he is home, he’s home about 6ish, in my mind, I’ve been thinking for a few weeks now, like, well maybe I could like, find something online to do or something” (Ruby).</p> <p>Edith chose the time of her taster so that her husband was on hand to help out if her baby woke up.</p>
<p>An opportunity to ‘carve out’ time for yourself</p>	<p>As Jenny noted, the online sessions provided an opportunity to carve out a bit of time for yourself for some ‘light relief’. She did the stretch class with her boyfriend:</p> <p>“I said to Lee – I said, ‘Do you want to do it with me? It’s only 30 minutes.’ I said, ‘I don’t know what it’s going to be like.’ But actually do you know what it was really good. It was good from the point of view that one, we did something together and Two, it just meant that we made 30 minutes for ourselves and we actually... We did it and then at the end it was like, ‘That was 30 minutes that wasn’t that difficult’ and actually you felt loads better just for making that time for yourself whereas it’s quite easy to be like, ‘Oh, I’ll just... I’ve got this, this, and this to do. I won’t do that 30 minutes’... you sort of get in that cycle and you don’t do anything to kind of help yourself really” (Jenny).</p> <p>Another respondent reflected that half an hour was the right length of time and made her feel that it wasn’t ‘impossible’ to fit something in.</p> <p>A few respondents noted that having a set time scheduled was important for them, and that a recording wouldn’t work as well. It is hard to carve out time at home to exercise with so many competing activities.</p> <p>“Yeah. I found... I think it’s quite easy to sign up for classes that you can just view like at any time, but... There was a baby group this time that I just didn’t do that. She was like, ‘You can have access to it... my page and there’ll be videos on there.’ Because I find if you’ve got a slot and you have to try and hit</p>

	<p>that slot you make yourself – you make yourself do that. Whereas if you’ve just got videos that you need to just log on to and do at any point, I found with some of the baby groups I was just like, ‘Oh. He’s asleep’ you just wouldn’t make it work. Whereas I think it’s good if you’ve got time to log into something” (Jenny).</p>
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8.3 Communications and engagement

The following table specifically synthesises insights from the research about communications that will help inform the BGC campaign. Target audience participants are denoted in bold.

Table 6: Insights about communications

<p>Tone of promotions</p>	<p>Alma suggests that some sessions could be identified as ‘physical activity’ for people who want to do something for themselves, but for other sessions they should be promoted as active classes with children, to avoid putting off women who are not active:</p> <p>“If people don’t do any activity for whatever reason, that might not necessarily be something that they would start... because it wasn’t articulated about the class that it was active. No, I just think maybe because they were doing it with their children. Maybe I don’t know. Maybe if people wanna get fit then they wanna focus on themselves... if there was sort of like I don’t know, Bums and Tums or whatever, you know something like that that would appeal more if you wanted to try and focus on yourself” (Alma).</p> <p>On the other hand, Jenny signed up to Groovy Tots because she thought it was something aimed at children but “it was actually quite good that I jumped around the room. That kind of made me think, ‘Actually I’ve just done some stretching and jumping around.’ It was a bit of a nice way to start the day really for 30 minutes. So, yeah. It’s been a bit of an eye-opener really” (Jenny).</p> <p>Ruby liked ‘stretch and destress’ – “I like the wording. I thought, well I need to destress and I can’t remember the last time I stretched so”.</p> <p>Beth explains that using technical or complicated language can be off putting:</p>
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	<p>“I think using words that – how do I say it? Just simplifying words, like not Pilates, like that, is really - because it’s true, if I would have saw that, I would have been like, ‘oh that’s proper and I don’t know what I’m doing.’ Whereas when I read the other bit I was like, ‘oh yes.’ So, I think sometimes it’s using words that people will understand and not fancy words or, yes – and sometimes I think, oh maybe I’m a bit too – I don’t know what the word is, I don’t know. Not bright enough because I can read these words but sometimes it just puts you off” (Ruby).</p> <p>Edith noted that images should include “like everyday people like, not people that looked super skinny or like super fit people that just look like normal. Mums” (Edith)</p>
<p>Facilitating word of mouth amongst mothers</p>	<p>Personal recommendations and reassurance will be essential to support any central communications in BGC. This needs to be specifically requested (and rewarded?) Most mothers are on ‘mum’ WhatsApp groups:</p> <p>“I did say to a couple of the mums but I don’t know whether they did look at it or not, but um, we’ve got like a mums WhatsApp groups. I said something about what we’re doing but I’m not sure if anyone actually did it. They didn’t say...” (Alma)</p> <p>Alma adds to this that active participants could be asked to seek out those who are less likely to come forward and act to encourage (like a champions programme):</p> <p>“The problem is with any of those kind of things is that you’re gonna get the people that want to be doing something. Involved. Because, you know, I would. I’m that type of person that I actively look for stuff so I know what’s happening or I like to get involved with stuff, that kind of thing. We’re going to get people that either don’t want to or are nervous, you know, and they won’t won’t do it so, um? I don’t really know how you would, you know. I think word of mouth works really well so you know, I would say to like if I knew there was someone particularly that needed it, then I would pass on that information to them” (Alma).</p> <p>Beth had shared the flyer with people she knew, but hadn’t thought about sharing beyond friends in the local area:</p> <p>“Yeah, I have forwarded the flyer to, well so all the Bedminster Zoom mummies knew about it anyway because they’d all had the email, There’s a girl who did the dance mums thing and I actually went for a very gentle jog with her last week and I mentioned that oh I’d got this email through</p>



	<p>with loads of availabilities, classes and stuff. So I forwarded it to her, but I don't think, I suppose I could have shared it with my NCT group. I often don't think about sharing the Bedminster stuff with them because they're not in the area, most of them, but if it's stuff that's online then there's no reason why they couldn't" (Beth).</p> <p>Ruby explained she would have told her friends about it on the school run, or in the absence of that then "I would text them, Whatsapp, I would do that".</p> <p>Word of mouth via other groups was recognised as important in some of the advice Kate was providing. She explained how in all groups there are people who feel out of place and are on their own, and talking to these people has made her aware that everyone feels like that. It's important to bring them in and talk to them.</p> <p>"Going for a walk as a group, having a chat, and then going into a field and doing some star-jumps – all together – and then going back. There's no pressure, and you're already speaking to those people. Every group that I've been to, there's always been somebody that is sat there on their own, and you end up talking to them, and you realise that, actually, they're feeling a lot of what you're feeling anyway" (Kate).</p> <p>Drawing on mothers' ability to work as a community and support each other will be important.</p>
<p>Word of mouth communications</p>	<p>Beth and others (e.g. Edith) heard about the taster sessions via her local Children's Centre co-ordinator, which she is already familiar with and involved with:</p> <p>"So xxx is one of the Bedminster Children Centre co-ordinators and she's the person who's been running the Zoom groups that I was part of, so she's got my email contact from there and so she'd been emailing out these it was like a Bedminster Children's Centre newsletter and alongside it it had flyers and there was quite a lot of information and lots of different sessions that were being offered and that was part of it".</p> <p>Ruby had the same experience, hearing about the taster sessions from an existing Children's Centre contact:</p> <p>"I didn't get a flier, I got a text from xxx, so, me and Esme do sing and sign on a Saturday morning and the lady from that sends out the links every week and she sent me a message saying, 'will you be interested in da da da da?' So, I said, 'oh yes.' And then she sent me the link"</p>

<p>Social media for communications</p>	<p>A lot of participants heard about the taster sessions via Facebook.</p> <p>“On Facebook, I think so yeah. Facebook ad and I thought, oh yeah, we'll do that (Alma).</p> <p>Similarly, Edith finds the Children’s Centre Facebook page useful, and was signposted to it from a letter. “I looked on their Facebook page. The one for the Children Center. That's how I found out about the classes and stuff that I've signed up for, which I found pretty useful. I think they're in the very first thing that I got from the Children Centre was the leaflet through the post. And then I think it's signposted you to look on the Facebook page, yeah? Which was a lot easier” (Edith).</p> <p>Tara noted that if she ever gets five minutes she has a look on Facebook at the Children’s Centre page to “see what’s happening there”.</p> <p>However, Ruby noted that she is on the Children’s Centre Facebook page but doesn’t see much on there:</p> <p>I: And are you on the children’s centre Facebook page?</p> <p>R: Yes.</p> <p>I: So, you do see stuff on there. You find that useful?</p> <p>R: Not very often, I don’t know why, but yes. Was it on there?</p> <p>I: Yes.</p> <p>She adds that she doesn’t look on Facebook that much because “the world is scaring me and social media doesn’t help” (Ruby)</p>
<p>Social media for social support</p>	<p>Tamsin noted that “If it's like someone you trust, you're more likely to go and do some exercise with them or where they work or whatever”. In the absence of ‘real world’ classes, social media is noted as vital for recreating social support to encourage women to participate. There were plenty of examples in the data about women overcoming the pressure and expectations that mothers feel in relation to LTPA is a key imperative for Bristol Girls Can.</p> <p>I: What about the Children’s Centre, have you used them and been in contact with them during lockdown the whole time?</p> <p>R: So my health visitor seems to be really proactive. So she was one of the people that initiated the we called it Bedminster New Mums Zoom and so once a week she was probably three or four months old by the time that got going. But I was invited to join a Zoom session with other young</p>

new mums and yeah so we did that on a weekly basis and then once restrictions eased then we met up and went for a buggy walk and yeah it was good actually, because although I've done NCT for some reason my NCT group mainly live up in Clifton and Redland, so having the people who are very much on my doorstep is nice because we've got a little WhatsApp group and quite often people will just say oh we're just popping to the park, anyone want to come and join and those sorts of things are nice, so yeah good support from that perspective" (Beth).

Alma noted that she has found the Couch 2 5k Facebook community a great support for changing her associations with what 'runners' are like:

"Like you know and that's one good thing. I'm on the couch to 5K group on Facebook. It gives me like give me a kick bum really but it's "all kinds of everybody" and like they're saying I'm 60 and I'm doing it or I'm 16 stone and I can do it you know and I just am I kind you know I need to lose weight but I knew I could - I did it and I thought like. Yeah, I don't want. I think if I can get it then anyone can do it really, but it does take that whole getting out there first. Well it took me ages to even buy leggings. I was worried about how fast I was going, and I think in the end I just thought why does it matter – like, it doesn't. You know people are running and they're doing sort of like 55 minute miles, whatever. And I was like 13 or something, it doesn't matter that, you know, like it doesn't, It doesn't matter. But I think yeah, lots of people don't feel like that, you know. And lots of people would worry about running and that they should be that thin. You know that kind of thing".

Similarly, Beth noted how supportive a 'local mums' WhatsApp group had been in getting her out and about with her new baby:

"So having the people who are very much on my doorstep is nice because we've got a little WhatsApp group and quite often people will just say oh we're just popping to the park, anyone want to come and join and those sorts of things are nice, so yeah good support from that perspective" (Beth).

Jenny also noted that her WhatsApp group for Rockabye was a source of great support and she really missed it when it ended.

Jenny noted how important the group support can be from a workplace or social group in persuading people into joining in with a class or activity. Without that, the social media support and piggybacking existing social groups will be vital in creating momentum:

	<p>“It’s kind of – I suppose it’s – that’s been really tough and then – friends motivating. You know, you go to work and someone would be like, ‘Oh, shall we do that class after work?’ I think connections – human connections between everybody and the way that you would sort of maybe go with someone else because you’d overheard someone say something”.</p>
<p>Project communications stakeholders</p>	<p>Various stakeholders were noted during the discussions, including midwives, schools and NCT:</p> <p>“Yes. So, in terms of promoting it, in all honesty in – I think put it in the schools but schools’ newsletters, that type of thing, because I would easily know, I don’t know, maybe eight mums today I could tell you, that would do it. So, I just think actually, if you get anything in the school that would be great” (Ruby)</p> <p>Kate made the same comment – that as soon as children are in schools, mothers don’t take their children to so many groups so don’t see what’s going on.</p> <p>Edith noted that she found out about the Children’s Centre from health visitors, another important stakeholder group for BGC:</p> <p>“I didn’t even know anything about the children centers at all until after I got like a leaflet. From there, I think the health visitor or someone sent me the information stuff about it” (Edith).</p> <p>Jenny heard about Rockabye through her local breastfeeding support group.</p>

8.4 LTPA with children

The final section explores participants’ reflections about exercising at home with children, versus engaging in physical activity without children. The context of COVID-19 makes the reality of engaging in childfree leisure time of any sort particularly challenging, but also creates a backdrop of women craving time to themselves. Findings from across the participants were similar so separate SES participants are not differentiated. Understandably, some of the women admitted wanting classes just for them (“If it was a class for me, that would be perfect” (Ruby)). Others noted that exercising at home can just become “climb on mummy time” (Kate). In fact, for Kate, the taster session itself did not work out as planned because her toddler would not participate:

I: What did you actually take part in?

R: None of it. That's being completely honest. I watched it to see what was going on, but Logan, my youngest, just seemed to want to run around, and I couldn't do any of it. I had it on, and I was trying to show him what was happening. I was trying to get him to understand what was going on, and it just was not happening.

I: It was the 'Groovy Tots' was it that you were attempting?

R: Watched it and, at the start, I think they were doing some stretching, and I tried to get him to do that with me and, in the end, it ended up with him sat on my lap, just watching it. He would run off, and I'd have to go and get him, and then I'd come back and try and get him to watch some more and do some more. It just did not work out. In all honesty, I couldn't participate in any of it, but I did watch it (Kate).

Kate would like to try the class again without her child:

"I would probably like to do one without my child, and then one with, just because at least I get the opportunity to try. With him, it's hit-and-miss – you know, yourself, what a two-year-old is like – one minute, they want to participate, but I think my eldest would have probably enjoyed it a little bit more" (Kate).

However, for Kate, who is a single mum, being able to take part in the class at home is a bonus for her. She described it as "Time for [me] without the worry of childcare" and added that "there's no pressure to do it away from the kids". Similarly, Tamsin only managed to take part in 15 minutes of the class before her baby started crying but "it was better than nothing and it was quite enjoyable to be honest, and it, it was just showed me how I guess tense I am and how I haven't really done much exercise recently" (Tamsin). So although there are limitations to exercising at home, there were also positives for participants about taking part with children.

Furthermore, many of the women also noted that having the Children's Centre offering at this point as a child-inclusive activity is in itself particularly appealing, given that finding activities to entertain children is particularly problematic:

“That [the children could join in] was mainly what appealed. It was like something to do! Yeah, no, it's definitely something I would do with Marion. I think it was really good. I was all hot and bothered so that was good. But yeah, it was good that Mattie could be there and join in as well” (Alma).

“It was really good and even like say Marion at 19 months she'd be up for it. You know she was doing it all and everything, so it's good” (Alma).

“As soon as I'd seen that there was something that I could do with my youngest, that really appealed to me, and maybe that would appeal to other people – I don't know” (Kate)

Ruby noted the same:

“I was excited [when I saw the Children's Centre were offering something]. Like, yes, I was just like, 'oh good.' I was excited for Esme as well to be able to do – because when I had the other two, we were always at the children's centre, like, doing different groups and things and I think it did them good. So, Esme's not had that so I was happy they were putting on something that she could try and yes, so I was just like, especially the evening slot, yes, I just thought, I want to do it”.

Alma adds that encouraging her children to get involved also helps because during lockdown she has had concerns about how much physical activity they are really doing.

For Kate, she feels self-conscious about taking part in LTPA, so doing something with her children mean it took the pressure off herself a bit:

R: I thought about it before and it would be nice to have somewhere that you could go with your kids – like the 'Groovy Tots'... that was hard work.

I: I'm looking forward to hearing about that!

R: To be able to do something with your kids as well – I think it helps, because it takes the focus off you a little bit.

For mothers of younger children and babies, it was a relief in fact not to have to bundle them up and get out of the house, which can require hours of preparation

“It’d just be easier just to not bother” (Edith)) and felt more relaxed because they could be near their babies in a familiar space:

“Ellie was with me in the room and that makes a big difference because like this if she’s close to me, she’s at an age where she can happily just sort of sit and play and I can do my own thing, whereas I found I did try a Buggy Fit class which was out in the park and they sit in a buggy and she just cried the whole time, she didn’t like that situation” (Beth).

Edith highlighted the importance of having a range of timings available to mothers could choose the ones that fit their own circumstances.

Conclusions and recommendations

Drawing together findings from phase one and two of the Bristol Girls Can, it is possible able to identify four key themes that underpin our understanding of where mothers are in terms of their relationship with LTPA, their readiness to participate and what shifts need to occur in order to that relationship with LTPA to be strengthened so that regular, enjoyable LTPA becomes a possibility.

a. LTPA should be part of everyday life

Higher SES women with a stronger relationship with LTPA find that although it might not be easy, and might take some planning and negotiation, LTPA is ‘just something you do’ and a normal part of everyday life. This often came from a family history of activity and sport, and was supported by having supportive partners, gym memberships, club memberships and so on. However, it was also an accepted disposition towards how their time should be spent as mothers. Although challenging, LTPA was accepted and expected as a normal part of life. For example, Amie notes that she is active every day “because even if I can’t manage time on my own which would be more intense activity, I go out with her in the buggy every day walking, so yeah definitely”. LTPA is routine.

Most of the participants in phase 1 of our research and three of the participants in phase 2 had a poorer overall relationship with LTPA. They felt that LTPA was out of reach, not for people who looked like them, that they weren’t ‘good’ enough or skilled enough to take part and that time to themselves for self-care was not prioritised or

expected. An example in this phase of research is Ruby, who notes that “the first thought is, ‘oh I need to be looking fit to be able to do exercise’, so I’ve got to get fit before I do it”.

It is important to nurture an expectation that mothers can have time for themselves for self-care and leisure and also be good mothers. However, it is important not to simplify this message, as the difficulties of achieving time away from caring practices is difficult for mothers, often requires the support of others and emotionally fraught.

a. Be committed but relax

The women with a stronger relationship with LTPA were relaxed about fitting LTPA into their lives. They realised they have to be, because caring practices dominate, but also that this does not mar their commitment to a physically active routine. LTPA is ‘fixed’, but there has to be day to day ‘flex’. Some of the respondents described giving themselves a ‘break’ about taking part in their planned or desired LTPA; to ‘back off’ emotionally from it and let things unfold naturally in the context of mothering.

“I’m really committed to it and quite happy to give it ago and now [but], well if I need to miss it I need to miss it but I am really going to try” (Amie).

This is in contrast with those participants who responsabilise their low LTPA levels and blame themselves for not prioritising it, for ‘allowing’ life to get in the way. Kate, for example, blames herself for not fitting LTPA in:

“I always said, ‘I’m going to do it’, and I just never did. I just don’t have the... I do have the time, I don’t make time to do it – I know that. I’m tired – that is the only thing that I can put it down to – I’m tired, and I can’t be bothered most days” (Kate)

LTPA for women like Kate is wrapped up with feelings of guilt, self-blame and failure.

BGC needs to present LTPA as normal, expected and routine for all mothers, but something that may not happen because mothering is dominant and unpredictable. It is important not to oversimplify the message and to open up the possibility of LTPA whilst acknowledging the challenges.

b. Exercising is for anybody, for fun. No pressure!

Women with a strong relationship with LTPA manage to successfully separate LTPA from physical appearance and body image, and from ideas of perfection and having to be experts.

Women who had a relaxed relationship with LTPA tended to focus on the way it made them feel, rather than the way it made them look. Edith's comment is a good example of this. For her, LTPA has always been "like, well, that's my Tennis Club, that's fun. It's the one thing I like. I did join the gym a few times and I've been like 'oh I need to lose weight or need to do this'. But I've never managed that. I think yeah, because it's not as enjoyable".

In contrast, the women with poorer relationships with LTPA (particularly in phase 1) were concerned that there might be things in a class or session they wouldn't have the skills for, and feel out of place. There were concerns about not looking right, feeling right and not being able to keep up. Kate notes that "I tried 'Hips, Tums, and Bums', which I did enjoy, but I just got really.... I don't like going to a class where there's lots of people.... I was really self-conscious with groups..." She adds that "It sounds silly, but I think nobody's fat who does physical activity – they look well. They don't look overweight – they look after their self, and they're happy". She distances herself from people who do LTPA. She feels they are different, better or 'other'.

In the interviews, interviewees discussed how in the BGC campaign material there should be "like everyday people like, not people that looked super skinny or like super fit people that just look like normal. Mums" (Edith) Furthermore, as Jenny noted, it is important to create a tone based on 'fun' rather than competition or about looking perfect:

"I think if people go and have a bit of fun then they'll come back because it's not taken too seriously and it's not like – it's not like you – what's the word? You're trying to look at someone else and think, 'Oh. That person's perfect and I don't look like that and therefore...' it's not a place to judge it's just a place to go and kind of – have a bit of fun, I suppose".

Kate added when discussing the tone of the campaign that "Maybe starting off simple [is important]":

“With different classes you have beginners, expert classes, or whatever. Maybe having it so that people know that all people can go along, there’s not any particular person that needs to be in that class. There’s no limit to what you can do – no restrictions” (Kate).

She also highlights how important it is that participants know there is no pressure:

“It’s also knowing that you can stop at any point, so, say you would go, and you were actually a little bit overwhelmed by it, you could just take that breather to the side, and then go back to it – it’s not like a school classroom, where you’ve got to take part for a whole session. I think that’s another important thing – just making people aware that nobody is going to judge you – just do at your own pace and each week, or whenever it will be done, it will get easier” (Kate).

Tamsin sums up this approach:

“It’s really difficult because you want to convey a message which says there’s no pressure. It’s available for all” (Tamsin).

c. LTPA helps me feel like me

The various positive feelings and experiences of LTPA are important stories to tell in the BGC campaign; and each feeling builds a picture of LTPA providing an opportunity for our participants to reclaim themselves. Firstly, there are obviously inherent positive feelings associated with LTPA. Jenny reflects about the taster session that it ‘set her up for the day’:

“So that one was sort of stretches and jumping around and it just felt like that sort of got you set up for the day. It was like doing 10 star jumps. You know they say – is it Japan that they make them do star jumps and things at the beginning of the day? It kind of felt like quite motivational” (Jenny).

However, for Ruby, it was particularly the child free environment of the gym that gave her headspace and a chance to feel good:

I: And you liked the gym?

R: Yes. And I didn’t think I would but I did actually.

I: What did you like about it?

R: Having that space, having no children [laughs] love them. But yes, just having space and it did make me feel good, it did make me feel good. You hear people say that, you know, 'oh it's cheesy' or 'urgh, no' but it did, and when I had to stop, I did miss – I missed it more in the beginning, missed not being able to go and do it and, yes, so... (Ruby)

Similarly, Tamsin reflected that part of the appeal of LTPA for her is “being taken out of a situation and having time with yourself, socializing people and just I guess there's an element of learning something new and becoming better at something and that's what I like about sports or regulated or like, yeah, physical”. She repeats this point later in the interview:

“To me, looking after my child, although is hard work, or will be hard work, it's not. It's not sort of exercise. You need that time and with other people I guess it's separating yourself from being a mum to actually being yourself. I guess” (Tamsin).

For some, the reason it feels good might be the fact that doing LTPA feels like ‘reclaiming’ their bodies. Women who were successfully fitting LTPA into their daily routines at the time of the interview, (often after having had a break from it during pregnancy and early motherhood), reflected how it make them feel like themselves again, a way reclaiming their bodies from their children.

I: Yeah and how does that feel getting out for those jogs?

R: Oh, I feel like I'm back to being me again and not just a mummy and a milk machine (Beth).

For Jenny, her taster session allowed her to connect with herself:

“I think it's like – it's fun. That would be the key word. Or something for you. Like, find your own headspace. To do something fun and something that just makes you – well, connect in with yourself” (Jenny).

For Jenny, the taster ‘stretch and destress’ session felt great because it was just 30 minutes ‘for her’ and she could feel the stiffness getting stretched away:

“I do feel like when we did that stress and de-stress it was so nice because I had my back – when I realised when we were doing it and we’re stretching I was like, ‘Oh my God. I knew that I felt stiff but this is like...’ It was almost like a horrible but nice pain. I think that was really nice just to just do 30 minutes and it felt like you had just done 30 minutes for you. Even though it was just stretching and – yeah. I think... I don’t think you sometimes realise until you stop and you tune in with your body. You just maybe carry – you carry things. You carry aches and pains in your body”.

She did the class with her boyfriend and that provided a nice chance for her to spend time with him:

“Because Lee was home I said, ‘It’s on now. I’m gonna do it. Do you want to do 30 minutes?’ and it felt like that was quite good ‘cause it was actually quite nice to do something together and I really enjoyed that. It was kind of a mix of yoga and kind of just listening to your body”.

For the women who gave up LTPA when they had children, there is a sense (particularly from phase 1 interviews) they have not been able to move their bodies with the freedom and joyfulness that they could. They are disappointed in their bodies and feel let down. They don’t recognise themselves and their physical form has been taken over by mothering. Being able to take part in LTPA again would feel like restoring a relationship with mothers’ bodies as much as with LTPA. However, emphasising the positive feelings that LTPA can bring is limiting if those messages are not nuanced and tempered with an understanding of the challenges, anxieties, temporalities of mothering that shape the possibility and impossibility of LTPA. COVID-19 lockdowns and restrictions have further exacerbated and already fragile relationship between mothers and LTPA by injecting fear, anxiety, claustrophobia, isolation and stress into their everyday lives.