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Us Girls Alive  
Final Evaluation Report  
December 2015

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## Acknowledgements

The authors would like to thank the project funders (Department of Health: Health and Social Care Volunteering Fund), project managers (StreetGames) and Us Girls Alive project delivery team and participants for their on-going support and involvement in evaluation activities.

In addition, we thank Mary Winter (formerly British Heart Foundation National Centre for Physical Activity and Health) for her contribution to the evaluation of the Us Girls Alive project between January 2013 and May 2015.

## Suggested Citation

Knox, E.C.L. & Adams, E.J. (2015) 'Us Girls Alive' Final Evaluation Report. BHF National Centre for Physical Activity and Health, National Centre for Sport and Exercise Medicine, Loughborough University, Loughborough, UK.

## Executive Summary

Individuals in lower socioeconomic groups tend to have shorter life spans, lower levels of physical activity, higher levels of obesity and tobacco use, poorer mental health and an increased risk of diseases like cardiovascular disease and cancer than those from high socioeconomic classes. In young people under the age of 25 years, a high proportion of individuals are not active at the recommended levels and activity levels decline further with age, especially in girls and young women. Physical activity is a low cost intervention which helps close the gap between some of these health inequalities as it can help to reduce the risk of developing non-communicable disease and improve self-esteem. Furthermore, physical activity and social engagement provide a potential opportunity for young women to improve their mental and physical health and wellbeing. By investigating what appeals specifically to girls and young women in lower socioeconomic areas, programme leaders are better able to tailor physical activity and health and well-being programmes to effectively engage with those in this high risk group.

The overall aim of Us Girls Alive was to empower young women from deprived areas to take a mentoring and leadership role within their existing sporting groups to help promote health and wellbeing in their peer group. A total of 31 Us Girls Alive Clubs were established in 19 areas of England. 'Motivators' (peer volunteers) were recruited from the young women attending the Clubs and provided with training to support them in their role. Activities were arranged by the Motivators who were supported by the Club leads to use and build on the strengths and assets already present in their community. A wide variety of activities were delivered including sports and physical activities, educational sessions relating to other areas of health promotion e.g. sexual health and alcohol consumption and social activities.

## Evaluation

An evaluation of Us Girls Alive was conducted by the British Heart Foundation National Centre for Physical Activity and Health (BHFNC) at Loughborough University. The main aim of the evaluation was to understand how a peer group volunteer-led programme can be used to encourage healthy lifestyle improvements in young women from deprived areas. The specific evaluation objectives were to:

1. identify the key components required to successfully deliver a volunteer-led social programme for supporting young women to make healthy lifestyle choices
2. identify the strengths, challenges and opportunities of the volunteer-led approach
3. learn about the project's degree of integration with other health services, contribution to national policy and effectiveness in tackling inequalities
4. learn about participants' experiences of the programme and benefits to them and their local communities
5. assess the change in physical activity and health and well-being of young women.

A mixed methods approach was used to collect data to assess the evaluation objectives including:

- interviews and focus groups with Motivators
- interviews with Club leads
- interviews with other stakeholders, e.g., Public Health leads and StreetGames coordinators
- surveys with participants and Motivators at two time points (baseline and twelve months).

The purpose of this report is to detail the evaluation conducted and outline the learning captured in relation to the evaluation objectives.

## Lessons learnt and recommendations

### Objective 1: Key components of a successful volunteer-led social programme for improved health

- Motivators have an array of expectations regarding their Motivator role. The Motivator role should be flexible to enable young women to develop at a rate with which they are comfortable.
- It may be useful for Clubs to use a number of existing volunteers initially to act as role models for new volunteers.
- There is no one quality that makes an effective Motivator. Having a variety of personalities and skills at disposal may be the key to positive volunteer-led Clubs. Motivators also need time to adjust into their role. In many instances, becoming a volunteer may introduce more responsibility and structure to an individuals' life than they have ever had before. This can be very positive but also overwhelming, extra support should be provided during the early stages to help accommodate this life transition.
- Some volunteers see the opportunity as a stepping stone to qualifications and employment whilst others see it as a way to be involved in a friendly support network. A wide variety of formal and informal training and qualifications which appeal to a range of personalities and goals should be offered as an incentive to both Motivators and other Club participants.

### Objective 2: Strengths, challenges and opportunities of the volunteer-led approach

- Motivators and Club leads perceive there to be a great deal of added value to participants as a result of receiving advice, instruction and support from their peers.
- Even when strong support is provided it is not always easy for Motivators to deal with challenging issues. Clubs should offer as much training as possible to prepare Motivators for this element of the role. Further, due to changing local contexts Clubs may need

more support when dealing with the difficult issues which arise when working with young people in deprived areas.

- The volunteer experience was an overwhelmingly positive one for the Motivators and a number went on to secure paid employment at their respective Clubs.
- This type of programme can boost the confidence of young women in disadvantaged areas which empowers them to take on challenges which they previously thought they were incapable of.

### Objective 3: Integration with other health services, contribution to national policy and effect on tackling inequalities

- Through their involvement with Us Girls Alive session, young women have been linked into a wide variety of health and youth services. It is difficult for Clubs to know the extent and impact of this as these young women are likely to then move on from the Club.
- There is no evidence that the programme has influenced national policy. It is possible that there has not been enough time for this to be evidenced.
- The project was successful at reaching the target audience of disadvantaged and inactive young women and at increasing their access to opportunities. It was often noted that the Clubs were very intimate and members did not want them to grow in number. To maximise their impact on their region Clubs need to devise plans to bring more members in without unsettling those already attending.
- For some Clubs, clearer messages about what the Club is and what it strives for would assist recruitment and the policy impact of the project.
- Future projects should make it a prerequisite to funding that Clubs commit to attend a number of shared learning events during and after the project has finished to share experiences and ideas and to develop wider partnerships.

### Objective 4: Experiences of the programme and benefits to participants and their communities

- Setting targets and celebrating achievements was important for maintaining interest in the Clubs. It also created more positive experiences for participants and provided a channel through which to share those experiences with the community.
- The Doorstep Advisor role generally worked very well in supporting Clubs to come up with ideas to engage the target audience.
- Us Girls Alive developed a number of committed and competent volunteers and a number of these volunteers also volunteered at other community projects or for other community services.
- This demographic is unlikely to seek information on important health topics such as sexual health, smoking, alcohol, mental health and drug use. The Clubs provided a safe environment in which young women can learn about such things and take a decision to improve their related behaviours.

### Objective 5: Impact on physical activity, health and wellbeing of young women

- It was a challenge to monitor progress within this population due to the low response rates to evaluation surveys. Future projects should consider alternative methods of collecting evaluation data to enable better measurement of health and wellbeing outcomes.
- While increases in physical activity cannot be demonstrated due to the low response rates to the follow-up surveys, qualitative data suggests that the Clubs were highly successful in encouraging young women to try new physical activities.
- Qualitative evidence also suggests that the Clubs have had a very positive effect on the health and wellbeing of both the Motivators and the young women attending them. Many individuals have overcome substantial personal challenges as a result of their association with Us Girls Alive and this should be celebrated. For this individual level impact to be translated into public health gains, the Clubs need to reach more people.
- Confidence is an important factor for this demographic and should be addressed in future projects.
- For benefits to be sustained in the long-term a sustainability plan or exit strategy is needed. Club leads vary widely in their confidence to continue sustaining their Clubs beyond the end of this funding. It would be useful to provide additional support to Clubs to assess their options moving forward and develop clear sustainability plans.



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## 1. Introduction

Individuals in lower socioeconomic groups tend to have shorter life spans, lower levels of physical activity, higher levels of obesity and tobacco use, poorer mental health and an increased risk of diseases like cardiovascular disease and cancer than those from high socioeconomic classes<sup>1,2</sup>. In young people under the age of 25 years, a high proportion of individuals are not active at the recommended levels and activity levels decline further with age, especially in girls and young women<sup>3</sup>. Physical activity is a low cost intervention which helps close the gap between some of these health inequalities as it can help to reduce the risk of developing non-communicable disease and improve self-esteem. Furthermore, physical activity and social engagement provide a potential opportunity for young women to improve their mental and physical health and wellbeing. By investigating what appeals specifically to girls and young women in lower socioeconomic areas, programme leaders are better able to tailor physical activity and health and well-being programmes to effectively engage with those in this high risk group.

The Active Women Consortium is made up of 64 organisations which aim to bring about a dramatic impact on young women's sports participation in the most disadvantaged areas of England. Us Girls is the public face of this consortium, which was initially funded by Sport England and led by StreetGames. StreetGames is a national charity dedicated to developing sport and providing opportunities to those who live in the 20% most deprived communities in the UK, whilst also working to improve public health, reduce crime and combat social exclusion. Through the original 'Us Girls' programme, 46 projects delivered female only sporting activities across 60 areas in England. Evaluation of this project found it to be a success and a major contribution to achieving equity in Doorstep Sport<sup>4</sup>. In order to build on this project it was identified that a range of different services and support were required. As a result Us Girls became a core project delivered by StreetGames and the Us Girls Alive programme was conceived to provide fun, inclusive and informative activities which mix social events with wider health improvement (of which physical activity could be a major element). The programme aimed to use Motivators (peer volunteers) in response to findings that many young women are resilient, have strong networks of friends and a desire to get involved but need support and encouragement from their peers to take up a healthy lifestyle.

The overall aim of Us Girls Alive was to empower young women from deprived areas to take a mentoring and leadership role within their existing sporting groups to help promote health and wellbeing in their peer group.

<sup>1</sup> Townsend, N., Bhatnagar, P., Wilkins, E., Wickramasinghe, K., Tayner, M. (2015) Cardiovascular disease statistics, 2015. British Heart Foundation, London, UK.

<sup>2</sup> Marmot, M., (2010) 'Fair Society, Healthy Lives' Strategic review of Health Inequalities in England post-2010. The Marmot Review, UK.

<sup>3</sup> Health & Social Care Information Centre (2013) Health Survey for England 2012. Health & Social Care Information Centre, Leeds

<sup>4</sup> Hills, L., Maitland, A., & Croston, A. (2013) Us Girls: Engaging young women from disadvantaged communities in sport. An independent evaluation by Brunel University on behalf of StreetGames.



## 1.1 Overview of Us Girls Alive

Us Girls Alive is a StreetGames programme designed to improve the health and wellbeing of girls and young women through Clubs run by young, female volunteers called Motivators. The programme was funded for three years from November 2012 with a grant from the Department of Health 'Health and Social Care Volunteering Fund' to improve public health. The intention was to set up 30 new Lifestyle and Wellbeing Clubs around England, training one hundred and twenty 16-25 year old female volunteers and attracting around six hundred 16-25 female participants.

It was planned that there would be two Clubs in each of 15 locations: Liverpool, Manchester, Wigan, Newcastle, North Tyneside, Hastings, Birmingham, Chorley, Middlesbrough, Nottingham, Stoke, Lincoln, Penzance, Hammersmith and Thanet. Each Club employed a Club lead who was based in a local organisation such as the local council. Clubs were also required to have four volunteer Motivators who were recruited from the young women attending the sessions. These Motivators are offered training opportunities to equip them to ultimately set up and run Lifestyle and Wellbeing Clubs. Each Club delivered its own programme of activities with physical activities such as Zumba, keep-fit and netball being delivered alongside other activities such as healthy cooking sessions, hair and beauty, educational activities related to safe drinking and sexual health, and social activities. Activities were arranged by the Motivators who were supported by the Club leads to use and build on the strengths and assets already present in their community. The Clubs were intended to be self-managed and self-sustaining.

## 1.2 Aims of Us Girls Alive

The overall aims of Us Girls Alive were to:

1. provide 16-25 year old women living in deprived areas with opportunities for sport, physical activities and health-related services
2. identify, train and support young women to volunteer as Motivators
3. evidence sustainable, replicable and affordable behaviour change which results in improvements in health and wellbeing.

The project also aimed to integrate into emerging public health commissioning structures and systems by creating new pathways into health services for young women.

## 1.3 Us Girls Alive Clubs

The project was delivered in two phases. In total, 31 Us Girls Alive Clubs were established in 19 areas (Table 1.1). It was initially envisaged that each area would set up two Clubs but this was flexible depending upon local need and capacity.

Table 1.1 Project clubs

Phase 1 Clubs (Oct 2012 - Sept 2014)		
Project	Number of clubs	Region
Hastings	2	London & South East
Hammersmith & Fulham	2	London & South East
Middlesbrough FC in the Community	2	North East
Chorley	2	North West
Wigan	2	North West
Liverpool	2	North West
Manchester	2	North West
Stoke-on-Trent	2	West Midlands
Phase 2 Clubs (Oct 2013 - Sept 2015)		
Project	Number of clubs	Region
Child UK, Hertfordshire	1	East
Milton Keynes College	1	East
Thanet	2	London & South East
Hat-Trick, Newcastle	1	North East
Northumberland Clubs for Young People	1	North East
TyneMet College, North Tyneside	1*	North East
Trelya, Penzance	2	South West
FITCAP, Birmingham	1	West Midlands
Maddisons, Walsall	2	West Midlands
East Riding	2	Yorkshire
Warren of Hull	1	Yorkshire

*\*This project did not receive funding from the project but has joined the programme with support from the national team, a number of resources and shared learning.*

## 2. Evaluation of Us Girls Alive

The British Heart Foundation National Centre for Physical Activity and Health (BHFNC) was commissioned by StreetGames to evaluate the Us Girls Alive project.

### 2.1 Evaluation aims and objectives

The main aim of this evaluation was to understand how a peer group volunteer-led programme can be used to encourage healthy lifestyle improvements in young women from deprived areas.

The specific evaluation objectives were to:

1. identify the key components required to successfully deliver a volunteer-led social programme for supporting young women to make healthy lifestyle choices
2. identify the strengths, challenges and opportunities of the volunteer-led approach
3. learn about the project's degree of integration with other health services, contribution to national policy and effectiveness in tackling inequalities
4. learn about participants' experiences of the programme and benefits to them and their local communities

5. assess the change in physical activity and health and well-being of young women.

## 2.2 Evaluation methods

A summary of key evaluation activities and timelines is provided in Table 2.1. A mixed methods approach was used to collect data to assess the evaluation objectives including:

- interviews and focus groups with Motivators
- interviews with Club leads
- interviews with other stakeholders, e.g., Public Health leads and StreetGames coordinators
- surveys with participants and Motivators at two time points (baseline and twelve months).

### Quantitative methods

#### Us Girls Alive survey

A baseline and 12 month follow-up survey was conducted in each phase of the project to assess the impact of the programme on the physical activity levels, health, well-being and healthy lifestyle choices of young women. The indicators assessed and the measurement tools used are outlined in Appendix 1 (Table A1).

Both the Motivators and club members were invited to take part in this survey which used mostly closed response questions. Baseline surveys were distributed at an Us Girls Alive session during the first week of each Club. While the original intention was that each new club member would fill in the baseline survey on the first occasion they attended a club event, participants tended to fill in the surveys as a club activity on a specific night. This is a limitation as it resulted in low numbers of surveys being completed and may have resulted in a biased sample.

Participants who completed the baseline survey were entered into a prize draw to win one of three £10 gift vouchers. A total of six prizes were awarded (three in each phase). All participants who completed the baseline survey and met the inclusion criteria were invited to take part in the survey again at follow-up, regardless of their continued involvement in the Us Girls Alive programme. In phase 1, participants were sent a paper version of the follow-up survey directly to their home address along with a pre-addressed freepost envelope in which to return the survey. Club leads were also informed as to which young women were sent the survey and asked to prompt the young women to complete and return it. In some cases the Club leads handed out a paper version to the young women at a Club session.

Table 2.1 Evaluation activities and timelines

	2012		2013												2014												2015												
	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	
<b>Surveys with Participants</b>		X	X																																				
Baseline survey Phase 1			X	X	X	X																																	
Follow-up survey Phase 1																X	X	X	X	X																			
Baseline survey Phase 2												X	X	X	X																								
Follow-up survey Phase 2																								X	X	X	X	X											
<b>Qualitative evaluation</b>																																							
Interview Doorstep Advisor																			X																	X			
Motivator Interviews Phase 1												X										X																	
Club coordinator Phase 1												X										X																	
Motivator Interviews Phase 2																							X				X		X										
Stakeholder interviews Ph2																							X																
Club coordinator Phase 2																							X				X		X										
<b>Reports</b>																																							
Interim reports													X											X															
Final report																																						X	

Due to the low response rate to follow-up surveys in phase 1, data collection methods for the follow-up survey in phase 2 were amended as follows:

1. An online version of the survey was made available. Young women who provided an email address were sent an email with a direct link to the survey. They were also sent a reminder email one week later. In between the initial email and the reminder email, they were also sent a paper version of the survey.
2. Young women who did not provide an email address were sent a paper version in the post along with a pre-addressed freepost envelope in which to return the survey.
3. All Club leads were informed as to which young women were sent an email with the survey link, and which were sent the paper version of the survey, and were asked to prompt the young women to complete them.
4. A generic incentive was added in that **all** young women who completed and returned the follow-up survey were sent a £10 gift voucher.

### Session records and attendance

Data on numbers of clubs, sessions, participants (and demographic information), attendees per session, Motivators engaged and training/new qualifications achieved were submitted to StreetGames on a quarterly basis. A summary of the findings were provided to the evaluation team for inclusion in this report (see section 3.5).

### Interviews with stakeholders

Interviews and focus groups were conducted with a subset of clubs to gain a more in-depth understanding of delivery, participation and impact of the project (Table 2.2). The original intention was to collect qualitative data from five different regions/Clubs. Due to the low survey response rates, one additional Club was recruited to take part in the qualitative evaluation. As part of the Phase One evaluation, Clubs in Stoke and Chorley were visited in September 2013 and again in June 2014 (Chorley) and August 2014 (Stoke). A site visit was also made to Middlesbrough in October 2014. As part of the Phase Two evaluation, Clubs in Newcastle and North Tyneside were visited in October 2014 and again in August 2015. A site visit was also made to Thanet in January 2015. Site visits were scheduled to occur on a day the Club was scheduled to run in order to minimise the impact on the Motivators' and Club members' time.

**Table 2.2** Timeframe for case study Club visits

Phase	Area	End of year 1	End of year 2	Other
1	Chorley	X	X	
1	Stoke	X	X	
1	Middlesbrough		X	
2	North Tyneside	X	X	
2	Newcastle	X	X	
2	Thanet			X (18 months)

A number of individual and group meetings were conducted with the providers of the Us Girls Alive Clubs, local stakeholders and participants. Semi-structured interview schedules were used in order to guide the conversations, and the discussions lasted between 30-60 minutes. Interviews and focus groups were recorded with agreement from participants.

During the first visit to each Club the following interviews/focus groups were conducted:

- interviews and focus groups with Motivators
- interviews with Club leads
- interviews with external stakeholders, e.g., local Public Health leads and StreetGames coordinators within the council.

While we endeavoured to speak with participants during the case study visits, after a number of failed attempts to collect any data we did not pursue this line of enquiry further.

During the second visit a further focus group/interview was conducted with Motivators and Club leads. In most cases the interviews and focus groups were conducted with the same individuals at both time points as there was limited turnover of Motivators or Club leads.

Interviews were also conducted with three StreetGames coordinators involved with programme delivery to gain a more detailed understanding of how the project was being managed and delivered at a national level and to identify challenges and successes. A further interview was conducted with two of the project leads at StreetGames in September 2015.

A Doorstep Sports Advisor was responsible for providing immediate support to the Clubs, for instance regarding ideas for workshops or arranging health sessions. Two interviews were conducted with this individual, the first in June 2014 and the second in October 2015.

### 2.3 Data analysis and reporting

Survey data collection was completed in April 2015. Paper-based participant surveys were entered onto SurveyMonkey and where appropriate merged with data collected through the online survey (follow-up only). Descriptive analyses were conducted to present the findings from the baseline and follow-up surveys.

Data on sessions and attendance were recorded by StreetGames throughout the duration of Us Girls Alive. A summary of the key findings was provided to the evaluation team on 27<sup>th</sup> November 2015 for inclusion in this report.

Interviews and focus group data were transcribed using an independent administrator. Transcripts were critically read and reviewed to identify key themes.

### Key indicators: sports and physical activity data

For the purpose of this report the following key indicators are reported:

- proportion of participants engaging in any sport or physical activity at baseline and at 12 months
- proportion of participants meeting physical activity guidelines at baseline and at 12 months
- minutes engaged in sport/physical activity each week at baseline and at 12 months.

Due to the low numbers of participants with baseline and follow-up data, the findings should be interpreted with caution. A statistical analysis has not been conducted due to the small sample size.

### 2.4 Ethical approval

Ethical approval for this evaluation was obtained from Loughborough University Ethical Advisory Board (reference: R12-P182). All stakeholders who were interviewed gave written, informed consent prior to each focus group or interview.

## 3. Results

### 3.1 Survey responses

A total of 146 participants provided baseline data of which 52 (35.6%) were from Phase One clubs and 94 (64.4%) were from Phase Two Clubs. The distribution of surveys from each area is provided in Table 3.1. A large proportion of baseline data was provided by members of the Stoke Club (30.8%).

**Table 3.1** Distribution of baseline surveys across Club areas

Area	n	%
Chorley	14	9.6
East Birmingham	9	6.2
Hammersmith	3	2.1
Hastings	7	4.8
Liverpool	6	4.1
Manchester	8	5.5
Middlesbrough	4	2.7
Newcastle-upon-Tyne	11	7.5
North Tyneside	10	6.8
Penzance	10	6.8
Stoke	45	30.8
Thanet	2	1.4
Wigan	17	11.6
<b>TOTAL</b>	<b>146</b>	

### 3.2 Participant characteristics

Whilst the majority of women fell within the 16-25 age group, Clubs were flexible with this rule with the youngest participant being nine and the oldest being 28. Survey respondents had an average age of  $17.8 \pm 3.4$ , 90.4% were of white ethnicity, 17.8% had no formal qualifications and 63.0% were single. Over a third of respondents (35.0%) had previously attended Us Girls activities.

Two thirds (67.9%) reported themselves to be in fair to good health and 12.2% reported having a long-term disability or illness. Nine of the young women were carers for a child, eight for a sibling, one for a grandparent and 11 were carers for a parent. Three of these young women were carers for more than one family member. Just over a third (36.3%) of participants had accessed mental health services in the 12 months before completing the baseline survey.

### 3.3 Baseline findings

#### Mental wellbeing

Table 3.2 shows how participants responded to wellbeing items relating to their experiences over the two weeks prior to completing the questionnaire. Participants reported generally being able to make up their own mind about things with 85.1% reporting 'at least some of the time'. Participants were less likely to report being relaxed or dealing well with problems (with 71.6% and 72.9% respectively, reporting 'at least some of the time').

**Table 3.2** Self-reported experiences over the previous two weeks

	All of the time	Often	Some of the time	Rarely	None of the time
	%	%	%	%	%
Optimistic	6.4	30.5	38.3	17.0	7.8
Useful	3.5	34.8	39.7	13.5	8.5
Relaxed	9.9	27.0	34.8	22.0	6.4
Dealing with problems well	10.0	26.4	36.4	17.1	10.0
Thinking clearly	10.3	29.4	35.3	21.3	3.7
Close to others	18.6	35.7	27.1	21.3	4.3
Able to make up own mind about things	29.1	34.8	22.0	10.6	3.5

Table 3.3 presents participants responses to items relating to their feelings at the time of completing the survey. Participant's most positive responses were that they felt that others respected and admired them. Their most negative responses were that they were generally not satisfied with how their body looked.



**Table 3.3** Self-reported state feelings

	Extremely	Very much	Somewhat	A little bit	Not at all
	%	%	%	%	%
Worried about whether I am regarded as a success or failure	6.3	9.0	25.0	38.2	21.5
Feel satisfied with the way my body looks	4.1	7.6	23.4	32.4	32.4
Feel that others respect and admire me	39.2	12.6	32.2	35.7	16.1
Dissatisfied with my weight	17.2	17.2	23.4	23.4	18.6
Feel self-conscious	15.9	22.8	22.8	24.1	14.5
Feel displeased with myself	9.7	11.1	27.8	29.2	22.2
Feel good about myself	6.3	14.6	31.9	34.7	12.5
Pleased with my appearance	5.6	9.0	27.1	31.9	26.4
Worried about what other people think of me	10.3	20.0	23.4	22.8	23.4
Feel inferior to others	3.6	10.9	29.0	22.5	34.1
Feel unattractive	13.9	16.0	15.3	33.3	21.5
Feel concerned about the impression I am making	6.9	9.7	33.3	25.0	25.0
Worried about looking foolish	10.4	6.3	26.4	25.7	31.3

### Physical activity and sport

Table 3.4 presents participants self-reported engagement with sport and physical activity. Walking was the most frequently engaged in physical activity and each session tended to be long (82 minutes on average). Cycling was the activity least frequently engaged in however individual sessions were longer than the other sports/physical activities (98.9 minutes on average). Fitness-based activities such as activity classes and individual sports such as badminton were the most commonly engaged in sports with 45.4% and 46.9% engaging at least once in the previous month. Results from the single item physical activity measure show that only 29.2% of participants met physical activity guidelines<sup>5</sup>.

<sup>5</sup> Department of Health (2011) Start Active, Stay Active: a report on physical activity from the four home countries' Chief Medical Officers. London: Department of Health.

**Table 3.4 Self-reported engagement with sport and physical activities**

Sport/physical activity	≥4 times a week	1-3 times a week	1-3 times in the last 4 weeks	None	Duration of session
	%	%	%	%	Mean minutes ±standard deviation
Dance	4.7	16.3	12.5	66.7	41.9 ±85.5
Fitness	5.4	23.1	16.9	54.6	34.1 ±64.2
Individual sport/activity	6.2	23.5	17.2	53.1	35.2 ±65.0
Team sport/activity	4.0	15.2	14.4	66.4	32.2 ±73.6
Walking	51.5	16.7	18.1	13.6	82.0 ±106.4
Cycling	3.3	1.6	12.4	82.6	98.9 ±92.3

### 3.4 Twelve month follow-up findings

Only 29 follow-up surveys were returned. From this, one participant stated that they no longer attended the Club as they did not have time but failed to complete any questions. This participant was excluded from the analyses leaving a final sample of 28 respondents. Further, only eight Clubs had participants who provided follow-up data. The following results should therefore be interpreted with caution.

Just over half (53.6%) of respondents were still attending their Us Girls Alive Club but these participants were very committed and tended to attend all or most sessions. Those who were no longer attending cited changes in their personal life as being the main reason for this. Two fifths (42.9%) of respondents were Motivators (83.3% of Motivators still attended their club) and 50% of these had either been offered or received training for this role.

Yoga and Zumba were the physical activities most commonly undertaken at the Clubs. Some Clubs also supported discussions on smoking cessation (46.4%), alcohol consumption (64.3%), drug misuse (25.0%), sexual health (46.4%), nutrition/food (82.1%), weight management (46.4%) and mental health (46.4%).

#### Mental wellbeing

As shown in Table 3.5 participants reported generally being able to make up their own mind about things with 89.3% reporting at least 'some of the time'. Participants also still reported difficulties relaxing with only 64.2% stating that they were relaxed at least 'some of the time'.

**Table 3.5** Self-reported experiences over the two weeks previous to the 12 month follow-up

	All of the time	Often	Some of the time	Rarely	None of the time
	%	%	%	%	%
Optimistic	10.7	57.1	17.9	14.3	0.0
Useful	14.3	39.3	25.0	14.3	7.1
Relaxed	10.7	21.4	32.1	32.1	3.6
Dealing with problems well	0.0	35.7	42.9	17.9	3.6
Thinking clearly	3.6	46.4	17.9	25.0	7.1
Close to others	10.7	57.1	28.6	0.0	3.6
Able to make up own mind about things	17.9	50.0	21.4	10.7	0.0

As shown in Table 3.6, state feelings showed no evidence of improvement. Participants reported especially negative feelings towards the way their body looks (17.9% reporting ‘not at all’) and reported feeling unattractive (14.3% reporting ‘extremely’).

**Table 3.6** Self-reported state feelings at 12 month follow-up

	Extremely	Very much	Somewhat	A little bit	Not at all
	%	%	%	%	%
Worried about whether I am regarded as a success or failure	7.1	10.7	32.1	28.6	21.4
Feel satisfied with the way my body looks	7.1	0.0	42.9	32.1	17.9
Feel that others respect and admire me	7.1	17.9	60.7	14.3	0.0
Dissatisfied with my weight	21.4	17.9	25.0	21.4	14.3
Feel self-conscious	14.3	17.9	32.1	25.0	10.7
Feel displeased with myself	14.3	10.7	42.9	10.7	21.4
Feel good about myself	7.1	25.0	32.1	28.6	7.1
Pleased with my appearance	7.1	21.4	39.3	28.6	3.6
Worried about what other people think of me	14.3	14.3	7.1	32.1	28.6
Feel inferior to others	7.1	3.6	35.7	28.6	21.4
Feel unattractive	14.3	7.1	32.1	32.1	14.3
Feel concerned about the impression I am making	10.7	7.1	25.0	21.4	35.7
Worried about looking foolish	7.1	28.6	3.6	28.6	32.1

### Physical activity and sport

Table 3.7 presents participants self-reported engagement with sport and physical activity at follow-up. Walking remained the most popular activity though the length of reported sessions was shorter (37 minutes on average). Similarly, cycling remained the activity least frequently engaged in and individual sessions were also reported to be shorter in duration at just three minutes on average. Fitness based activities such as activity classes and individual sports such as badminton were the most commonly engaged in sports with 51.9% and 57.7% engaging at least once in the previous month. Results from the single item physical activity measure also show that 25% of participants met physical activity guidelines. Due to the low response rate at follow-up it was not possible to evidence any change in physical activity levels and therefore firm conclusions cannot be made.

**Table 3.7 Self-reported engagement with sport & physical activities at 12 month follow-up**

Sport/physical activity	≥4 times a week	1-3 times a week	1-3 times in the last 4 weeks	None	Duration of session
	%	%	%	%	Mean minutes ±standard deviation
Dance	4.0	0.0	28.0	68.0	30.4 ±68.3
Fitness	3.7	18.5	29.6	48.1	41.2 ±48.3
Individual sport/activity	11.5	19.2	26.9	42.3	41.8 ±54.1
Team sport/activity	3.8	11.5	15.4	69.2	16.6 ±41.4
Walking	30.7	26.9	7.7	34.6	37.0 ±47.7
Cycling	0.0	7.7	3.8	88.5	2.5 ±12.2

### 3.5 Session records and attendance

In total, 451 volunteers became Us Girls Motivators and 5,155 participants took part in the programme (n=3,546 aged 16-25; n=1,609 other ages). Most club sessions lasted on average one hour and 1,222 sessions were delivered during the programme.

### 3.6 Stakeholder interviews

#### 3.6.1 Club lead perspectives

Club lead interviews were transcribed and critically explored to identify key themes. The themes identified are discussed in detail below.

## Barriers

Club leads faced a number of barriers one of which was coming up with fresh ideas to interest a diverse target group which spanned different cultural backgrounds, a broad age range and an array of interests. Leads got around these issues by seeking support from their doorstep advisor and providing a wide variety of activities. They also reported that setting targets such as to run a specific race and celebrating when targets were reached was an effective strategy to help deal with this: *“good things to have like as targets and then you’ve doing a celebration as well so we always do a celebration event at the end so you will tend, they’ll come back because there’s still stuff to look forward to”*.

A few of the Clubs faced logistical challenges in that they were initially located out of the town centre requiring many participants to travel or that they lacked facilities to run physical activity sessions: *“it is still quite territorial and people don’t seem to come outside of the area do they if it’s too far”*. Clubs also referred to lacking support as a result of local Youth Services being closed.

Recruiting and training Motivators was challenging for some Clubs. Some leads reported that they initially lacked volunteers for the role and that Motivators lacked commitment during the first year: *“we’re lacking commitment from the motivators, some Us Girls sessions I’ll turn up and the motivators won’t be there at all and there’ll be nobody there”*.

The most commonly reported challenge was not knowing from one week to the next how many or which girls would attend sessions. Challenges around maintaining attendance following holiday periods or when Clubs ran less frequently than one time per week were also cited: *“the girls will tell you what they want to do but at this time of year it’s pointless ‘cos they’ll not come, even if you put it on they’ll not come”*. One way in which this issue was tackled was by giving the young women free passes to use at a local leisure centre.

## Developing volunteers

Central to the role of all Club leads was developing young women to gain volunteering experience. Club leads were all very passionate about assisting Us Girls Alive participants in becoming Motivators and gaining personal and professional development in this role, but also about developing volunteers generally as part of their wider organisational role: *“we’ve got like other people who are now coming on board and want to like volunteer and kind of give back, do you know what I mean? And see them grow and develop, that would be the big thing for me”*. While it was envisaged that Club leads would reduce their involvement with Us Girls Alive and hand over lead responsibility to the Motivators, this generally did not take place. One of the main reasons for this was that leads did not want to overburden their Motivators who they recognised had a number of personal issues and commitments of their own: *“[Motivator has] got a lot going on in her life at the minute and a couple of the other motivators, I think like some of the girls are like up and down, so I think we’re almost there but I just don’t think they’re quite ready”*.

Club leads identified young women who were suitable to be Motivators from those attending the Us Girls Alive club but also brought existing volunteers from within their organisation to be Motivators. This was because it was felt that individuals who already had the skills to be volunteers could both act as role models to the other Motivators and provide extra support to the Club lead whilst other Motivators were being identified: *“I think you do need a couple from outside, a couple of volunteers that perhaps are a little bit older and mature”*. A number of Motivators also went on to secure paid employment with the Club alongside the Motivator role.

### Advantages of Motivators

Club leads emphasised that the Motivator role was pivotal to the success of the Clubs. The Motivators were able to form unique relationships with the other participants due to them being separate from those in authority.

### Supporting those facing difficult issues

Many of the young women attending the Us Girls Alive Clubs were facing very challenging issues in their personal lives. Whilst some of the leads had previous experience working in this context, others had not. In some instances, leads did have prior experience but closures to local services meant they had to seek alternative support. This presented a large challenge to these leads at first as they had to learn how to act very quickly. Despite the difficulties, all leads reported feeling supported in addressing issues and were much more comfortable at knowing when to refer and to whom by the end of the programme: *“girls are enclosing this information to us which was kind of leaving us in a position where we’ve not dealt with this kind of situation before so it was a case of making contact with the likes of [Organisation name] and letting them know that we had these conversations”*.

### Successes

While Club leads reported that attendance at the Clubs was generally lower than they had hoped for, they identified that the young women who did attend had done so regularly over the two year period suggesting that positive behavioural changes were being maintained: *“managed to keep them coming back for two years which is like a pretty good feat like I’d rather that, that’s she got a really good cohort of people and she’s worked with them for two years rather than having like loads and you don’t see them again”*. The clubs also appear to have been successful at engaging their target group and encouraging improved health behaviours amongst a challenging demographic: *“her mam even rang me and said, “How on earth did you get [participant] to go to a running group?”*.

The Clubs show evidence of wider benefits to young women from a variety of backgrounds. For instance, young women attending university have built confidence at the Clubs to flourish in their studies and others have gained the skills needed to go into employment: *“she just had a job interview today and she was actually successful, there were two of them that got an interview today and two of them were successful”*.

The good work done by the Clubs has also been recognised externally. For instance, through national volunteering awards and by other community stakeholders: *“we had the head of the new service and also the police come in to a session and I had the most glowing report about what the motivators were doing”*.

### Sustainability

All of the Club leads interviewed believed that their Club would continue to have a positive influence on its community beyond the end of the programme. However, no Club had a clear sustainability plan with all of them hoping to secure funding to prolong the Club from another source: *“Small pots, if worse comes to the worse small pots, we’re quite good at finding small pots”*. Club leads generally felt that the Club would always have to remain free to participants as the target population could not pay: *“girls who are in with housing associations it’s a bit hard ‘cos I know for a fact they wouldn’t be able to afford to come”*.

Whilst Clubs felt generally well supported by StreetGames for the duration of the programme, they did feel that more assistance and advice could have been provided around exit strategies and building an infrastructure to sustain the Clubs after the funding ended: *“if they know it’s ending for me it would have been nice to go out to the projects and say right okay, your club is successful, could we do this, could you do that?”*.

It was noted by Club leads (and Motivators) that the young women attending the sessions did not like it when new people joined as they wanted the Club to remain ‘for them’. This could present a challenge to growing the Club and reaching larger numbers of individuals which could threaten its long term sustainability: *“the girls didn’t want anybody else in the group so there was no-one else to motivate into the sessions”*.

### Improvements

Club leads felt that more training in youth work could be provided, especially given collapses in local youth services: *“the kind of support that we need is the youth work side, you can’t really do that on a national level, it’s got to be more on a local level in terms of working with partners and making sure like the right policies, procedures are in place”*.

It was also suggested that the Clubs could have been more strongly promoted in the beginning for instance via a launch event or open day. The Club leads would also have liked more opportunities to meet up with each other to share ideas and support.

### 3.6.2 Motivator’s Perspectives

Motivator interviews were transcribed and critically explored to identify key themes. The themes identified are discussed in detail below.

#### Responsibilities

It was evident from the Motivator interviews that the role of the Motivator was not what had been originally envisaged. The majority of Motivators played a much less formal role and did not assume a lead role in running their Club. Instead they acted as a role model



for the other girls, being the first to take part in activities and encouraging young women to join up/continue taking part: *“you sit and talk to them and say ‘well why are you afraid of it, why don’t you want to do it’ and kind of try and talk them back into it really. It’s like just try and help them out”*. This was largely enacted informally through actions such as sending text messages or organising group visits to the gym. Some were also responsible for promoting their Club, engaging the community and recruiting participants e.g. at local colleges and schools, on social media or going out to summer fayres and local youth services. They are an important source of emotional support for the other girls: *“it just gives them like someone to talk to if they’re a bit upset about something or if they don’t want to do something”*.

With regards to how the Motivators felt about their role, there was a divide between those who wanted to do more; *“I feel like I want to push myself forward”* and those who did not want added responsibilities.

### Benefits

Becoming a Motivator has helped the girls to grow in confidence: *“I think it just gives you like a little bit more confidence as well to do it, cos everyone’s coming up to you and asking like ‘what’s happening’ and stuff like that”*. Further, it also offered an escape for some from the troubles they were facing in their lives and they were able to turn some of the negative feelings they held about themselves or other situations into positives: *“it helps, it’s made us realise all that different stuff, like it’s not such a bad place”*.

Some of the Motivators expressed a desire to be involved in sport in their future career and so saw the benefits of Us Girls Alive to their own personal development and to their community: *“I would love to be a coach when I’m older this is like just my first steps”*.

Finally, all of the Motivators were involved in Us Girls Alive for one main reason, they enjoyed it. They enjoyed being involved in the sessions, they enjoyed being around the other girls and they enjoyed having a position of responsibility: *“I love being given responsibility to do things and if this is a way of doing that then that’s brilliant and it’s learning isn’t it?”*

### Barriers

Many of the girls reported struggling with personal issues which ranged from psychological challenges such as having low confidence and self-esteem or not being able to trust people, to challenges in their personal life for instance with relationships or family unrest. The case study provided below provides a prime example of a Motivator who overcame a number of personal issues through her involvement with Us Girls Alive.

Many of the Motivators also had a number of other priorities such as, studying at school or university and employment which competed for their time: *“I’m at university so that is my priority rather than like coming to here”*.



Other challenges concerned getting the other girls who were reluctant because of cultural reasons, religion, lacking appropriate clothing or just not wanting to, to take part in activities: *“we did that one in Clayton Brook, and there were like some girls that were like trying to convince people not to do it, saying, ‘Don’t do it, it’s not cool to do it’.* They also felt it was more difficult to recruit participants because what the Club was and did was not *“black and white”*: *“if motivators were given almost like a bullet pointed list of what Us Girls was all about we could sell it a bit easier, instead of like, well sometimes we do this, sometimes we do that”.*

### Case Study: Ashleigh - Motivator, North Tyneside

Ashleigh has come a very long way in her volunteer journey. When she first became involved with North Tyneside she was going through a number of challenging issues in her personal life which included family breakdown, an eating disorder and homelessness. After two years of being a participant on North Tyneside projects, Ashleigh was encouraged to volunteer for the service. The transition was not an easy one and to begin with Ashleigh struggled with the commitment needed to thrive. She lacked trust, was difficult to talk to and was often abrasive. Ashleigh could behave erratically and once tried to walk 120 miles home from a residential trip because she had ‘had enough’. Despite these obstacles the Club lead realised the potential in Ashleigh and persisted in pushing for her to develop as a volunteer. This belief in Ashleigh alongside her being moved from sheltered accommodation into her own flat was huge turning points in her life and her development. She grasped the opportunities and in a short period of time her attitude changed. She began to listen, she understood and she started to trust others. Around this time Us Girls Alive launched and Ashleigh experienced another positive step in her life. About her very first session Ashleigh stated: *“I finally found somewhere that I belonged. All the girls were lovely and I felt I could relax and just be me”.* Her confidence visibly grew and she became more responsible. She had developed so positively that she was given the role as Motivator and from this moment she hasn’t looked back. She has now recovered from her eating disorder, living happily in her own flat, trained as a Level 3 Youth Worker and is now employed full time as a Youth and Support worker. Ashleigh is now involved in a wide range of activities helping others in the community. She has spoken at events around sexual health, campaigned about mental health education, supports the Children’s Council and even dressed up as the Easter Bunny for North Tyneside’s ‘Ban Boredom’ campaign. She is always working to help Club members for instance by traveling across the borough to ensure that girls who need it have a ‘friend’ to go to the gym with, going above and beyond what is expected. Most importantly, she is now confident, bubbly and always has a smile on her face. Ashleigh has the ability to make a change. She is an inspiring and wonderful role model to all peers.

### Qualities of a Motivator

The Motivators were asked to report what characteristics they felt were important for a person to be an effective Motivator. Many of the young women felt that it was important to be a patient listener: *“like really listening to them, not just like kind of listening but waiting for your turn to talk”* and to be *“willing to always do stuff”* and to have empathy with the other young women: *“we’re not any form of authority as well, you know, we’re not a teacher, we’re not here to judge you, we’re the same as you”*. A sense of humour was also deemed important as it endeared the Motivators to the other young women and made sessions more enjoyable: *“having a smile on your face and I think just being able to have a laugh and just be really approachable for the girls, I just generally crack loads of jokes”*.

For many of the Motivators these qualities were not necessarily ones that they had always possessed. In fact, many reported having bad attitudes and lacking most of the qualities they had reported as being important when they first started as Motivators: *“I wouldn’t have said I was an approachable person at all, my attitude was really bad”*. One Motivator even reported not taking the role seriously at first but all had ultimately completely embraced the role and developed the qualities needed to be effective.

### Supporting those facing difficult issues

As a result of their close relationship with the young women attending the Clubs, the Motivators often acted as confidants. Motivators demonstrated maturity in their handling of what could sometimes be really difficult issues. They felt that Club participants benefited from being able to share their negative experiences with a Motivator rather than a Club lead and were generally happy to take on this responsibility: *“I think even just saying it out loud to somebody can help sometimes but it’s one of them, you’re there if they want you to be and you’re not if that’s what they want as well”*.

The confidant role could also present a challenge to Motivators in terms of whether they should disclose information to the Club leads. It is important to note that the Motivators all reported feeling well supported by their Club leads and very serious issues were always reported upwards to be handled appropriately, but at times Motivators had to make tough judgements about when to break and when to preserve confidentiality and trust of Club participants: *“can I tell them that, can I not tell them that?... I think everyone gets mixed up on the boundaries of Motivators and what they can do because you’ve developed such close friendships with people”*.

While many training courses had been offered to the Motivators, a few reported wanting more training opportunities which better equipped them to respond to the challenging information they could receive from the Club participants: *“if they’ve got a problem like how to address it and how to talk to it kind of thing, ‘cos like some of like the situations they’ve been through I’ve never even been through”*.

### Improvements

The Motivators suggested a number of ways to improve Us Girls Alive. They were very attracted to opportunities to gain qualifications and felt that offering some sort of qualification to themselves and participants rather than incentives would attract more young women to sessions.

It was also suggested that the Clubs should run weekly during term-times *“because people wouldn’t be confused, was it this week, is it next week?”* and should be stopped during the summer holidays when attendance was very low. Indeed, many of the Clubs did change the timing of their Clubs in this way in response to local needs.

The final suggestion was to provide Motivators with a clear *“bullet pointed list of what Us Girls was all about we could sell it a bit easier”*.

### Physical activity

Both Motivator and Club lead interviews revealed that careful planning went into deciding which physical activities the young women would be introduced to during their Clubs and what format they would take. Clubs mostly selected the activities after consulting those who attended the Club, though equipment and budget restraints also often influenced the final decision: *“we’ll ask them what they enjoy and then we’ll base the session around that kind of sport that they want to do”*. This has led to a wide range of physical activities being offered to the young women such as, archery, Zumba, Pilates, running, walking, dodgeball, Spinning, Boxercise, badminton, ice-skating, rugby, boxing, netball, rock climbing, table tennis and many more. The activities have been delivered by the Club lead and Motivators at the Club and in external venues such as local leisure centres, and some activities have been delivered by external coaches. Further, physical activities were sandwiched between other types of activities so that girls would not be dissuaded from attending subsequent sessions if they really didn’t want to do a particular physical activity: *“It’s always yoga and smoothies”*.

The Clubs promoted general health over physical activity specifically and encouraged a holistic approach. A number of sessions have been delivered such as alcohol awareness, confidence building, healthy eating, anti-smoking, leadership, Bollywood, self-esteem workshops, sexual health, body image, relaxation and mental health.

### 3.6.3 Other stakeholder’s perspectives

#### Volunteering

Us Girls Alive was seen as providing a platform for volunteering such as supporting social run groups or encouraging people to attend Clubs, which is less formal than coaching, leadership and other types of roles which are typically recognised in sport. The type of volunteering that has been recognised by Us Girls Alive has helped to develop the pathway of volunteering in sport: *“they [the Clubs] were probably the ones that identified it, that actually the girls aren’t really volunteering in the way that we thought they would, the*

*girls are running a social, running a Facebook group, whatever it might be*". It had also become apparent that two years was not sufficient time for the Motivators to become skilled and confident enough to assume more responsibility. Further, there was a high turnover of Motivators suggesting that the journey for many Motivators lasted only one year but during that time they gained many skills enabling them to then deal with life changes such as going to college etc. Us Girls Alive Motivators were all given a volunteer diary to record all of the voluntary activities that they engaged in. This made them feel valued as part of the project.

### Challenges

Us Girls Alive was primarily a health and wellbeing project, however, the organisations selected to set up Us Girls Alive clubs were mainly experienced only in sport and physical activity. As a result many of the Clubs struggled at first with setting up health and wellbeing sessions: *"for some of the sports organisations this was a real challenge because they just weren't used to identifying and bringing in those types of services"*. Some of the organisations were also challenged by the limited detail of the mandate of the project which offered them flexibility but lacked the structure and direction they were accustomed to: *"for quite a lot of them it was quite a sort of scary idea because we were basically saying, look, it's over to you"*. Further, some of the Clubs did not know what the barriers were to young women engaging in sport or physical activity in their area although they did make efforts to conduct research into this when the project began: *"we're not quite sure what the barrier is or, a lot of those sessions are delivered at a leisure centre, sports leisure centre so like we're trying to review it and find out what the barrier is, why you know, aren't these girls engaging with sport and how can we implement a new strategy to kind of address that"*.

It has been difficult to bring Clubs together to share learnings and insights because they are geographically so dispersed: *"Some people wanted one day, ten until two, so they could travel there but not really early and travel home again, some people wanted an overnight thing, some wanted two days, like someone needed Birmingham only, someone else wanted South of England"*.

Another challenge perceived by stakeholders was finding an appropriate level of contact with the Clubs which encouraged Clubs to be self-sufficient but still enabled project leads to be well enough informed to capture data and make changes when needed: *"if you are actually promoting independence, you've got to accept you will lose control"*.

### Sustainability

Interviewees felt that giving organisations small budgets forced them to be both more innovative and more proactive in engaging appropriate partners. Subsequently they were more efficient at using their funding. It was also felt that the nature of the groups as discreet and intimate would assist sustainability because they could be *"self-perpetuating"* and *"[participants] can then move on and create space for more people to come in"*.

Stakeholders expressed a desire for robust evaluations of their projects to be conducted to enable them to continually adjust and improve what they deliver.

#### 4. Lessons learnt and recommendations

This section outlines the lessons learnt from the project in relation to the evaluation objectives.

##### Objective 1: Key components of a successful volunteer-led social programme for improved health

- Motivators have an array of expectations regarding their Motivator role. The Motivator role should be flexible to enable young women to develop at a rate with which they are comfortable.
- It may be useful for Clubs to use a number of existing volunteers initially to act as role models for new volunteers.
- There is no one quality that makes an effective Motivator. Having a variety of personalities and skills at disposal may be the key to positive volunteer-led Clubs. Motivators also need time to adjust into their role. In many instances, becoming a volunteer may introduce more responsibility and structure to an individuals' life than they have ever had before. This can be very positive but also overwhelming, extra support should be provided during the early stages to help accommodate this life transition.
- Some volunteers see the opportunity as a stepping stone to qualifications and employment whilst others see it as a way to be involved in a friendly support network. A wide variety of formal and informal training and qualifications which appeal to a range of personalities and goals should be offered as an incentive to both Motivators and other Club participants.

##### Objective 2: Strengths, challenges and opportunities of the volunteer-led approach

- Motivators and Club leads perceive there to be a great deal of added value to participants as a result of receiving advice, instruction and support from their peers.
- Even when strong support is provided it is not always easy for Motivators to deal with challenging issues. Clubs should offer as much training as possible to prepare Motivators for this element of the role. Further, due to changing local contexts Clubs may need more support when dealing with the difficult issues which arise when working with young people in deprived areas.
- The volunteer experience was an overwhelmingly positive one for the Motivators and a number went on to secure paid employment at their respective Clubs.
- This type of programme can boost the confidence of young women in disadvantaged areas which empowers them to take on challenges which they previously thought they were incapable of.

### Objective 3: Integration with other health services, contribution to national policy and effect on tackling inequalities

- Through their involvement with Us Girls Alive session, young women have been linked into a wide variety of health and youth services. It is difficult for Clubs to know the extent and impact of this as these young women are likely to then move on from the Club.
- There is no evidence that the programme has influenced national policy. It is possible that there has not been enough time for this to be evidenced.
- The project was successful at reaching the target audience of disadvantaged and inactive young women and at increasing their access to opportunities. It was often noted that the Clubs were very intimate and members did not want them to grow in number. To maximise their impact on their region Clubs need to devise plans to bring more members in without unsettling those already attending.
- For some Clubs, clearer messages about what the Club is and what it strives for would assist recruitment and the policy impact of the project.
- Future projects should make it a prerequisite to funding that Clubs commit to attend a number of shared learning events during and after the project has finished to share experiences and ideas and to develop wider partnerships.

### Objective 4: Experiences of the programme and benefits to participants and their communities

- Setting targets and celebrating achievements was important for maintaining interest in the Clubs. It also created more positive experiences for participants and provided a channel through which to share those experiences with the community.
- The Doorstep Advisor role generally worked very well in supporting Clubs to come up with ideas to engage the target audience.
- Us Girls Alive developed a number of committed and competent volunteers and a number of these individuals also volunteered at other community projects or for other community services.
- This demographic is unlikely to seek information on important health topics such as sexual health, smoking, alcohol, mental health and drug use. The Clubs provided a safe environment in which young women can learn about such things and take a decision to improve their related behaviours.

### Objective 5: Impact on physical activity, health and wellbeing of young women

- It was a challenge to monitor progress within this population due to the low response rates to evaluation surveys. Future projects should consider alternative methods of collecting evaluation data to enable better measurement of health and wellbeing outcomes.



- While increases in physical activity cannot be demonstrated due to the low response rates to the follow-up surveys, qualitative data suggests that the Clubs were highly successful in encouraging young women to try new physical activities.
- Qualitative evidence also suggests that the Clubs have had a very positive effect on the health and wellbeing of both the Motivators and the young women attending them. Many individuals have overcome substantial personal challenges as a result of their association with Us Girls Alive and this should be celebrated. For this individual level impact to be translated into public health gains, the Clubs need to reach more people.
- Confidence is an important factor for this demographic and should be addressed in future projects.
- For benefits to be sustained in the long-term a sustainability plan or exit strategy is needed. Club leads vary widely in their confidence to continue sustaining their Clubs beyond the end of this funding. It would be useful to provide additional support to Clubs to assess their options moving forward and develop clear sustainability plans.

## Appendix 1.

**Table A1.** Indicators and sources for the baseline and follow-up survey

Section	Example Indicators	Essential/ desirable	Source
1 - About you	Age Sex Ethnicity Measure of socio-economic status Marital status Children in household	E	Standard surveys
2 - General health	% with good/excellent health		Standard surveys
3 - Mental well-being	% positive mental health	E	Warwick-Edinburgh Mental Wellbeing Scale Short Form
4 - Self-esteem	Social self-esteem Physical/appearance self-esteem	E	Self Evaluation and Social Support (SESS)
5 - Sport and Physical activity	% engaging in any sport/physical activity  % meeting physical activity recommendations	E	EPAQ2 Physical Activity Questionnaire  Single Item Measure for Physical Activity





Published by  
British Heart Foundation National Centre for Physical Activity  
and Health (BHfNC), Loughborough University  
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