

An evaluation of the Core Fit pilot  
programme for children and over 50s  
in Cheshire East



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The [Institute of Cultural Capital](http://iccliverpool.ac.uk/) is a strategic collaboration between the University of Liverpool and Liverpool John Moores University. The academic research institute conducts research which aims to consider a cultural society for all, shifting the general perception that ‘culture’ is simply about ideas and artefacts, or venues and performances, but is more about everything we do together ([www.http://iccliverpool.ac.uk/](http://iccliverpool.ac.uk/)).

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# Executive Summary

The Core Fit pilot programme has been delivered to approximately 3,600 children in 28 schools across the Cheshire East area during the eighteen months of its pilot phase. A further 200 adults aged over 50 have also attended sessions held in a range of community venues. The Core Fit programme was developed in order to make both children and adults more active and to develop good posture habits and better body balance to prevent future back and other health related problems.

Core Fit for Kids is a specially designed fitness package aimed at 8, 9, 10 and 11 year olds (years 4, 5 and 6) which establishes a baseline fitness of core strength and flexibility. The sessions are delivered by two fully trained physiotherapists over a six-week period in primary schools. Core Fit also delivers a community-based over 50s session across the Cheshire East area, lasting between half an hour and an hour.

Following the Core Fit sessions, children were able to better perform basic balances and postures, and correctly hold these for up to 30 seconds. Children reported better knowledge in healthiness, what that constitutes, and about their own exercise habits. Many had consequently improved their physical activity levels since attending Core Fit. As well as physical activity levels improving, child mental health and wellbeing changed, with an average 3.4 point improvement in wellbeing scores when comparing before and after WEMWBs scores. This highlights that the programme has an impact on both the physical but also overall wellbeing of the children.

For adults, the Core Fit programme works well to support improvements in both physical ability and fitness levels. Attendees reported greater mobility which enabled them to live more independently and enjoy greater socialisation through the community-centred focus of the sessions. For many, the increased mobility had directly affected their own health, with improvements reported in those with serious, long-term conditions including COPD, atrial fibrillation and heart conditions. The gentle pace of the sessions mean that attendees can join in as they wish and for many, they were able to build up their strength and balance week by week. Many attended with family or friends and friendships were also borne among class members. The sessions were social in nature and therefore helped provide many of the class with a focus in their week and reduced social isolation.

There were very few barriers reported by those engaging with the researcher. The only issued centred around communication between schools and the Core Fit team,

specifically around use of halls or sessions not running due to prior school arrangements. However, in general, the Core Fit team had positive working relationships with teaching and senior staff in the schools, so much so that some schools had approached the team to deliver further sessions to different classes or year groups.

The evaluation included a value for money aspect and calculated a social return on investment for both the child and adults Core Fit sessions, which balances the actual investment in the programme with the subjective cost savings made as a result of the impacts gained by engagement with the programme.

Cheshire East Council funded the Core Fit pilot programme at a direct cost of £56,016.00 to deliver the child element of the programme, and a further £13,700 for the community-based over 50s sessions.

During the pilot phase, the Core Fit sessions in schools cost approximately £6 per child per session based on 42 in a class; and £8 for a class of 30. Over the course of a six-week programme, this equates to £36 per person in a class of 42 and £48 for a class of 30.

The evaluation found that the main outcomes reported by both child and adult Core Fit attendees were related to general health and wellbeing improvements: increased knowledge about the body, exercise and wellbeing; greater mobility and fitness; and potential longer term impacts in cost savings to society, the NHS and local authority.

The SROI found that both Core Fit for kids and Core Fit for over 50s returned a value far greater than the cost of delivering the service. The range of social value was between **£12.56** for adults and **£16.98** for children in potential cost savings to individuals, the wider community and the NHS and local authorities: for every £1 input into Core Fit, between £12.56 and £16.98 was returned in social value.

While Core Fit delivers a unique programme to both children and adults, a number of recommendations were made: including: learning should be embedded into schools' curriculum; expansion to other year groups in schools; greater longitudinal data in both children and adults sessions; and greater development of the mental wellbeing that was reported by adults and evidenced in children.

## Background

With a population of 373,000, Cheshire East is a relatively new large borough, covering the eastern part of the historic county of Cheshire, North West of England. The borough is bounded by Cheshire West and Chester to the west, Warrington and the Manchester conurbation to the north, Shropshire and the North Staffordshire conurbation of Stoke-on-Trent and Newcastle-under-Lyme to the south, with the Peak District National Park to the east.



Cheshire East has a lower than average proportion of both male and females in all age groups from 15 to 34 and a higher than average proportion of residents over the age of 40. The relatively low proportion of people of working age and relatively high proportion of older people has implications for both housing and health population needs.

The health of people in Cheshire East is varied: deprivation is lower than average, however around 12% (7,700) of children live in poverty. Life expectancy for both men and women is higher than the England average, although in the most deprived areas of the borough the figure is nine years lower for men and seven for women (health profiles, 2015).

# Context

*“The UK is currently facing an inactivity epidemic, with 29 per cent of people in England classed as physically inactive. This seems only set to rise as we see a continued growth of sedentary lifestyles, nowhere is this more apparent than in the case of children.*

*Children today are less fit and active than the generations before them. Previous research suggests that the average 10-year-old in 1998 could beat 95% of youngsters in 2008 in running tests, and further statistics show that children’s activity levels are continuing to fall.*

*Inactivity is the fourth largest cause of disease and disability, and directly contributes to one in every six deaths in the UK. As well as protecting against these dangers, being physically active every day is vital for the healthy growth and development of school-age children” (Challenge, undated).*

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A range of associated health conditions are associated with inactivity, including back pain (Picavet and Schuit, 2003) and many studies have highlighted the extent of back pain in children, with prevalence estimated at up to 50% (e.g. Jones et al. 2004, Kovacs et al. 2003, Roth-Isigkeit et al. 2003, Watson et al. 2002). Although the exact number is not known, evidence shows there is a gradual increase of suffering with age (Harreby et al. 1997, Adams et al. 1999, Salminen et al. 1995), and as such back pain is a current major public health issue (Kemper and Tholen, 2004).

Exercise has also been proven to have benefits for mental and emotional health. Physical activity immediately boosts the brain’s dopamine, norepinephrine, and serotonin levels, which can especially benefit children’s focus and attention. Exercise has also been proven to reduce depression and anxiety and can support higher levels of self-esteem, improved sleep, increases in energy, stronger resilience and regular exercise can also boost the immune system (Robinson, Segal and Smith, 2016).

In a bid to prevent future health problems, in both adults and children, the Core Fit programme was developed in order to make both children and adults more active and to develop good posture habits and better body balance to prevent future back and other health related problems.



# Core Fit for Kids

Core Fit for Kids is a specially designed fitness package aimed at 8, 9, 10 and 11 year olds (years 4, 5 and 6) which establishes a baseline fitness of core strength and flexibility. The sessions are delivered by two fully trained physiotherapists over a six-week period in primary schools. Core Fit aims to remove body imbalances from an early age in children. The sessions instill correct body movement using physiotherapy-based exercise in a bid to promote better body balance. The children are encouraged to take ownership of their own fitness, learning what they need to be strong, flexible and balanced for all activities of life. Children are also taught about general health and wellbeing as well as core fitness and are encouraged to take control and assess their own posture and biomechanics. Better balance and understanding about the body and fitness may help reduce the chances of back problems including lower back pain in later life.

**Session one:** The session starts with a power point presentation delivered by a fully trained physiotherapist which gives an introduction to fitness and being healthy. The session encourages discussion around core strength, flexibility, correct movement, posture and balance (proprioceptive balance, difference between left and right side of body and front and back). The session involves discussion around developing core strength and balancing both sides of the body and fitness to prevent growth problem of injury now and in later life. The sessions stress the need to be active, whether sporty in nature or not. The children engage in spotting incorrect movement and discuss implications for future health. The second half of the session gives children the opportunity to practice some basic exercises while assessing baseline activity levels.

**Session two:** The class is divided into two each working specific fitness based on correct movement and physiotherapy-based activities. Squats, lunges, small knee bends, and specific balances are conducted while standing, and further work on building core strength and flexibility are carried out on mats where correct movements can be practiced. There is also fun cardiac work out that are low effort but effective in developing correct movement. Discussions from the first session continue, where children are encouraged to take onus of their fitness and health.

**Session three:** Children continue to develop balance and movement. Basic questions determine children's understanding of the core themes of the sessions and encouragement is given among the class to continue at home and elsewhere in the school. At this stage, the physiotherapist can identify if any children need further physiotherapy support and assistance.



**Session four and five:** This session is built around working with the school's PE coordinator or PE instructor. The class is split into groups of ten and each has the opportunity to demonstrate balance and movements and to have the rest of the group assess and correct if necessary.

**Session six:** Final assessments are carried out to determine how the children have developed over the six weeks. Any child who has been identified as needing further help will be offered a further physiotherapist assessment.

## Core Fit Over 50s



Core Fit is also delivering a community-based over 50s session across the Cheshire East area. Successful sessions have already been delivered and completed in The Gables, Nantwich; Calvary Church, Macclesfield; and Welcome café at the Longridge Estate, Knutsford. Sessions are being delivered across Crewe, Wilmslow and Middlewich as well as in village halls in Elworth, Weston and Worleston.

These community-based sessions are informal and relaxed and last between half an hour and an hour. Chairs are set out in rows in each venue. Attendees wear a mixture of sportswear and training shoes or comfortable clothes including jeans and joggers with normal shoes. The group sessions are typically set to music which is a mixture of classic 50s – 70s pop and rock n roll music and more contemporary faster beat songs. The sessions give a full balanced body work out, starting with simple stretches and building up more intense stretching and moving off the chair for those able to stand and confident of moving unaided.

The sessions include a gentle warm up before focusing on strength, flexibility and joint range of movement, involving all parts of the body. The session also incorporates aspects of meditation and relaxation so that the work out involves both mind and body health, supporting overall wellbeing.

The class is fun, it starts sitting with a gentle warm up to music. Then physiotherapy exercises based on strength, flexibility and joint range of movement are performed to music all designed to encourage correct movement patterns. The class does progress to standing only when participants feel confident. The Core Fit class also incorporates breathing, balance, hand dexterity and mind health. It encourages a positive attitude to physical and mental health.



## Methods

This evaluation uses a mixed methods approach to evidence the impacts of the Core Fit programme, understanding: who it affects, how it affects them, the impact of engagement in the sessions, both physically, emotionally and mentally while determining the value created as a result of this work. This evaluation and analysis uses a combination of qualitative, quantitative and financial information to estimate the amount of benefit, and associated 'value' created by the Core Fit programme, as delivered to children and adults separately. Such methods allow for the measurement and capture of outcomes that occur as a direct result of taking part in Core Fit. These outcomes can be intangible and hard to measure, however the employed methodology allows impact to be measured and valued where immediate and longitudinal results are not always possible. This evaluation also enables consideration of the wider impacts of such community programmes on the areas they thrive in. The evaluation includes a social return on investment (SROI), a framework to assess evidence gained by the evaluation in terms of value creation and extent of impact by measuring and accounting for improvements in wellbeing by incorporating social, environmental and economic costs and benefits. The SROI ratio also helps commissioners and professionals to understand how value has been created. This is not to compare, but to demonstrate what value the programme has and what this may mean for wider society.

The evaluation findings support the SROI process by identifying what changes have occurred to those taking part in the Core Fit programme, charting the potential impacts this has on fitness, mobility, as well as mental health, wellbeing and behaviour changes. The SROI calculates that for every one pound on money put into the programme, a certain amount of pounds is returned in social value: £X:£X.

The research involved a series of phases, which are mapped out below.

Initially, a **scoping exercise** was undertaken by the principal researcher with the support of project commissioners with the aim of identifying and clarifying what the evaluation would involve, who the key stakeholders were, and what the analysis would measure and how. This scoping exercise took the form of meetings with commissioners and colleagues at Cheshire East's Children and Family Services together with Partnerships and Communities teams. This stage of the research set out the purpose, background, resources, activities and timescales for the evaluation. A number of key stakeholders were identified for inclusion in the

research, and recruitment and the best approaches to engage with them during the first phase of the research was also discussed and agreed upon.

This section outlines the research conducted as part of the evaluation of the Core Fit programme.

**A rapid literature review** was conducted to understand more about the links between physical activity and core fitness in children and potential outcomes related to educational attainment and health and wellbeing.

**A range of engagement activities** were organised for all key stakeholders including interviews, pre and post questionnaires, a health survey and the WEMWBs mental health and wellbeing survey. A total of 261 people have engaged with the research including: Cheshire East Council staff, Core Fit staff, teachers, headteachers, pupils and adult Core Fit attendees.

Adult Core Fit	
Adult interviews (attendees)	27
Core Fit and Council staff	6
Adult Core Fit attendee questionnaires	7
Adult Core Fit attendee case studies	2
Adult Core Fit attendee focus group	4 in all total of 52 (22; 10; 4;16;)
Adult Core fit session observations	4 (Elworth; Weston Church, Worleston (x2))
Total adult involvement:	94

Child Core Fit	
Schools data collected	19
School case studies	6 (two intakes at one school)
LA School staff interviews	6
LA School surveys	11
Child WEMWBS pre and post questionnaires	150
Child completion questionnaire	109
School Core Fit programme observations	7
Total child involvement:	276

All adults and children participating in Core Fit sessions with the researcher in attendance were invited to take part in the research. For Core Fit Over 50s sessions,

a total of 94 adults engaged with the researcher from three community-based sessions at Elworth, Weston and Worleston. A range of methods were used as part of the mixed methods approach, including case studies, interviews, focus group and survey. Three weekly sessions were observed at Elworth, Weston and Worleston. A total of 16 schools were involved in the research from across the Cheshire East area. Seven of these were further selected to complete in further research involving **questionnaires** – including primary schools in: Byley, Mablins Lane (two cohorts), St Mary’s, Edleston (two cohorts), Manor Park and Vine Tree. These schools were asked to complete a WEMWBS survey (see box 1) at the beginning and end of the six-week Core Fit programme, as well as completing an end of programme questionnaire, which covered their experiences of Core Fit and exercise levels. Participants were asked about their enjoyment of the programme, their learning and whether they felt their exercise levels had increased, decreased or stayed the same since starting Core Fit. Children were also asked what types of activity they participated in outside the classroom, and how often.

Box 1: WEMWBS

The Warwick-Edinburgh Mental Well-being scale (WEMWBS) was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. This tool has been validated for use in face-to-face interviews and showed good content validity.<sup>[2]</sup>

WEMWBS was originally devised as a 14 item scale with five response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. There is also now a short-form WEMWBS, which asks seven questions again using a five item response scale (none of the time, rarely, some of the time, often, all of the time):

I’ve been feeling optimistic about the  
future I’ve been feeling useful  
I’ve been feeling relaxed  
I’ve been dealing with problems well

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<sup>[2]</sup> Stewart-Brown S (2007). The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5, 63.

I've been thinking clearly  
I've been feeling close to other people  
I've been able to make up my own mind about things

More details about WEMWBS can be found at:

[http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/.](http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/)

All questionnaire and school survey data was input and analysed using Microsoft Excel spreadsheets.

Further follow-up and in-depth **interviews** were conducted among individuals involved in commissioning the Core Fit programme. This involved gaining more information on role, involvement with Core Fit and their perceived impacts and value of the programme. Interviews also took place with headteachers, PE staff and class teachers as well the Core Fit manager and session leaders.

A further **focus group** was held among adult attendees at three adult sessions, conducted at the end of their session, where they were asked to consider what they had gained from the sessions, if anything had subsequently changed in their lives and what they were planning to do next, and whether they would attend future sessions. Specific questions related to the impact of the sessions on their own physical ability and health and wellbeing.

**Observations** were also conducted at the seven case study schools where the researcher made notes on each of the session format, children's engagement with the tutors and their apparent enjoyment of the session.

Overall, 262 individuals were engaged in the research, using one or more methods (children were asked to complete two questionnaires in all).

**Secondary analysis** A range of data is collected by Core Fit, including results of fitness tests taken in the first and last week of schools' Core Fit sessions. This data was transferred to Microsoft Excel and analysed as part of this evaluation.

**Ethical approval** was granted by the LJMU Research Ethics Committee (reference 16/ICC/001).

All participants who agreed to take part in the evaluation were provided with a participant information sheet explaining the purpose of the process evaluation/taking part in the focus group. Verbal consent was gained before the interview/focus group commenced. Participants were assured of their voluntary participation, confidentiality and it was explained to them that they could avoid answering questions they were not comfortable with as well as withdraw their consent at any time.





# Social return on investment

This section specifically sets out the methodology for the SROI, which involves mapping the outcomes, evidencing outcomes, establishing impact and finally, calculating the final SROI ration using an impact map.

## **Mapping outcomes (stakeholder engagement and mapping outcomes)**

Between January and March 2016, four SROI focus groups were held with attendees at three Core Fit adult sessions to establish what had changed for them as a result of being part of the programme. The focus groups also explored what participants' experiences of Core Fit were, what impact it had on their lives and what changes may have occurred as a result.

Focus group attendees were also asked specific social value related questions, including:

What is the value of that specific outcome to you?

What are you able to do differently or what can you do now that you couldn't before?

If the project was not in place, what would you have to do to achieve the same level of change?

Key outcomes were identified as a result of the focus groups and these are transferred onto an impact map, which helps to calculate the SROI ratio.

### **Outcome(s)**

*The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change. SROI Network (2012)*

## **Evidencing outcomes and assigning a value (proxy values)**

Once analysis of all data as part of the evaluation had been completed, a number of impact outcomes were identified. These included:

For child Core Fit sessions (see table 1 in SROI section): improvements in wellbeing, participating in more sport/exercise than before, improved knowledge, and promotion of better health in the long term.

For adult Core Fit sessions (see table 2 in SROI section): Improved mobility, increase in mild activity levels, more socialised and included in society, improvements in health and wellbeing and associated knowledge.

Indicators and proxy values for the outcomes were informed through the focus groups as well as looking at proxy measures provided by a number of data sources.

### **Impact**

*The difference between the outcome for participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last. SROI Network (2012)*

### **Establishing impact (deadweight and attribution)**

To further establish the impact that can be attributed to the Core Fit programme, it was necessary to determine:

How likely it is the change would have happened anyway (deadweight); and If any other projects/services/organisations/people helped to bring about the change (attribution).

When looking to establish deadweight and attribution, there are a number of aspects to consider:

### **Deadweight**

#### **Deadweight**

*A measure of the amount of outcome that would have happened even if the activity had not taken place. SROI Network (2012)*

How much has it changed by? (what was the level before the project, what is the level now?)

What are the chances that the change would have happened anyway if the project was not in place?

### **Attribution**

#### **Attribution**

*An assessment of how much of the outcome was caused by the contribution of other organisations or people. SROI Network (2012)*

What other organisations/services/projects/people have helped bring about this change? How much have they contributed to the change?

What proportion of the change is due to the project only?

Did or will the contribution from other organisations/ services/ projects/ people change with time?

Levels of *deadweight* were collected from a number of national and regional data sources, while levels of *attribution* were collected through discussion with the service users/volunteers during the focus groups.

### ***Impact map and calculating the SROI***

The results of the engagement activities with both adults and children separately (including focus groups, questionnaires and fitness data) were brought together and input into an impact map and calculated using separate spreadsheets for child and adult Core Fit sessions. The impact map is a pre-prepared Microsoft Excel spreadsheet separated into the different stakeholder groups vertically, and the inputs and outcomes horizontally. Formulas are inserted into the spreadsheet to calculate the impact value for each indicator, taking into account quantity (the number of people experiencing the change) and impact (quantity times financial proxy, less deadweight and attribution). The impact value of each indicator for all stakeholder groups is totalled and the present value of the project determined. The SROI is conducted by calculating the ratio of return by dividing the present value of the project impact (the total value of the benefits) by the total value of investment.

A sensitivity analysis was carried out where assumptions were made or discrepancies were found in order to assess the robustness of the impact map. This involves adjusting the variables under question and examining the effect on the overall SROI result.

Financial information relating to project delivery costs were given by Cheshire East and used to establish the value of all the inputs covering the evaluation period. When looking at the quantities used in the impact map, estimates derived from the engagement activities were used – some as actual numbers or as representative samples.

# Findings

## Core Fit in primary schools

### Core Fit school data analysis

Over the last eighteen months, more than 3,000 children have received Core Fit sessions in their primary schools across Cheshire East. Of the 16 pilot schools that have been evaluated as part of this report, a total of 793 children have completed sessions (since March 2015) and a further 18 schools received sessions between January and April 2016, with around 400 children taking part.

### Secondary data

Basic data is currently collected by the session trainers which includes baseline and end information on a range of core fitness tests including ability to successfully do: squats, small knee bends, quads stretch, bridges, hamstring stretches, and prone all fours test.

Further data collected at the end of the sessions include questions on understanding of general health and fitness, whether the children were more likely to do exercise after the sessions and whether they enjoyed the Core Fit sessions.

A total of 19 groups from 16 schools have been included in this evaluation, including: Byley, Calveley, Wynbury, Bridgemere, Edleston Road, Holmes Chapel, Mablins Lane, Manor Park, Millfields, St Mary's, Sandbach, Wyche, Scholar Green, Sound, Stapley Broad Lane and Vine Tree primary schools.

The data, collected by Core Fit, includes baseline data collected on week one assessing the children's core fitness using a number of basic postures includes squats, knee bends, balancing, bridges, hamstring stretches and prone all fours. In 0all 19 school sessions, significant increases were made in the numbers of children successfully completing the physical core tests. Average percentage increases ranged from 16% to 49% difference when comparing start and end results for a range of exercises including squat, lunge, hamstring stretch, prone all fours (left and right), bridge, balance (left and right), quads and small knee bend (left and right). The greatest changes were seen in the ability to hold a squat – with the majority (84%) of pupils in one class able to complete the test at the end of the six-week session compared with 10% at the beginning. Similarly, in one school, balance on the right improved by 72%, with just 21% able to complete the task at the start of the session, and 93% by the end.

All pupils surveyed (100%, n=110) stated they enjoyed the Core Fit sessions. Similar numbers (77%-100%) also stated that they were aware that they were responsible for their own healthiness. Following the sessions, the pupils' knowledge had also improved, with most children remembering the four components of being fit and healthy (balance, posture, strength/core, and flexibility/stretching). When asked if they were more likely to exercise from now onwards, the majority (83% - 100%) stated they would.

### **WEMWBs surveys**

A total of six schools completed WEMWBs questionnaires at the beginning and end of the Core Fit session (140 pre, and 97 post). Of these, 97 could be paired – where there was both a pre and post questionnaire. At the start of the sessions, four schools' data resulted in a WEMWBs average score of 51.6. The average response given to each of the 14 positively worded statements were at the lower end of the scale, recording mainly rarely or none of the time responses. On completion of the programme, this has shifted to mainly positive scores recording 'mostly', 'some of the time' or 'all of the time' responses, and an average overall score of 55. This totals a significant change of 3.4 score points (with an improvement score range 3.6 – 10.7). In one school, the score had decreased slightly (by 1.7%), however, this did not affect the overall average for the four schools collecting WEMWBs data. Generally, in research terms, a 3-point increase in the WEMWBs score when comparing pre and post questionnaires is deemed statistically significant and a demonstrator of improvements in health and wellbeing overall.

### **Research session observations**

Over a six-week period there were noticeable behavioural improvements week on week as children's attention levels improved and activity levels increased. The session leaders follow the same format for each school, however how it is delivered depends on the size of group and the behaviour of the pupils. The Core Fit team manage unruly behaviour well and are clear to set out discipline in the group – consequently, the classes engage all pupils and every pupil reported enjoying the sessions, many stating they found it fun.

Over the weeks, it was often those children who experienced most difficulty in joining in at the very first lesson showed the most improvement. With support and encouragement of the session leaders, any challenging or disruptive behaviour was well managed and it was clear to see the children's increased in confidence and they began to fully integrate with the sessions. Less sporty children who typical has stated they were less active to start with, showed great improvements too.

The children showed obvious enthusiasm and enjoyment of the sessions, and during music-based aerobic workouts children's heart rates were clearly raised. During the first session many children showed tiredness after a few minutes' of exercise, but over the weeks their speed, agility and fitness had improved and in one class, no one reported any tiredness at their sixth session work out.

All children showed improvements – with less than half of each class being able to perform a series of balance tests at the start of their six-week session and more than half to most being able to complete at the end. Children demonstrated during classes and in the final session, that they were able to remember the four main aims of the sessions – balance, core strength, flexibility and posture. The sessions promoted team work and as individuals; pupils supported each other to develop their balance and core strength.

The Core Fit sessions tended to work better with smaller classes of up to 15 children. However, slightly larger classes worked well where there was a large hall for the children to spread out.

The structure of each session meant that children were engaged, focused and enthused in their learning. Where Power Point presentations were used, this was followed by practical learning to support what they had been taught in the classroom. Props such as a skeleton to highlight how muscles work also worked to add another element to the learning experience. Core Fit session leaders actively engaged with children, offering the chance to answer questions, discuss responses and highlight their knowledge.

The sessions instil that exercise and physical activity is fun: that raising your heartbeat for benefits of healthiness can be achieved without specifically participating in sports. For example, dog walking, walking to school, climbing stairs and playing outdoor games are all activities that the children learned can be healthy along with a balanced diet.

During some of the first sessions, classes were not ready for the Core Fit sessions and children were not in sports kit and were still in uniform. This was quickly dealt with and on all occasions, the following week children were prepared and appropriately dressed for their class. On such occasions, this was dealt with by the Core Fit team who liaised directly with teachers. Any issues that came up during the Core Fit session delivery were very quickly addressed and there were good working relationships between the Core Fit team, teaching staff and in most cases, the school headteacher, and PE coordinator. The schools actively supported the Core Fit team and were quick to mention the improvements they had seen. In some

schools, the teachers took a very proactive approach to the learning and took part in the sessions themselves, encouraging children to work together and separately when appropriate. This also had the added advantage that teachers were also learning and could reinforce knowledge outside the context of the sports hall.

## **School surveys**

Cheshire East council distributed an emotional health and wellbeing survey during the Autumn term 2015. The survey aimed to understand what approaches and activities were undertaken in primary schools to support children to make positive healthy choices and improvements in health and wellbeing. A total of eight primary schools responded as well as two companies responsible for delivering services to schools. The schools reported that there are a wide range of approaches offered including those run externally and internally. Some schools stated they offered specific for vulnerable children and their families which included: access to an education outreach worker who was able to offer swift and timely intervention; an extended transition to High Schools for Year five and six pupils through SENCO and EOW.

Play therapy runs in two schools as part of Cheshire Play Therapy Service, delivering approximately 30 hours' each year which supports children with more complex needs, and includes supporting with integration, focus and concentration and building on academic performance. Music therapy sessions also runs in one school with the aim of developing emotional wellbeing through music. The sessions are mainly accessed by children with Autism conditions, profound and multiple learning disabilities and those with challenging behaviours. The school reports that the children enjoy the sessions and through communication and interaction with the therapist, they are relaxed, responsive and calmer after the sessions.

Children with specific behavioural or have disabilities are supported by a range of approaches. These can include Riding for the Disabled in one school which is offered one morning a week for up to five children. This builds the child's physical core strength and balance and increases self-confidence. In one school, emotional needs are met on an individual or group basis. This supports the children to recognise their own emotions and enables them to be more able to express their feelings while developing strategies to overcome challenging behaviour. Jigsaw support is also given to children who need social support. Many schools also use social stories for children with significant emotional and social difficulties. This is conducted one-to-one with teaching assistants supported by the SENCO.



Several schools use the Boxall Profile framework Nurture groups for the assessment of children with social, emotional and behavioural difficulties. The Boxall Profile provides a framework for the precise assessment of children with social, emotional and/or behavioural difficulties (SEBD) and who may be less successful in school than their peers. The profile supports teachers to plan focused intervention for children who may experience difficulties in school. The profile provides the teacher with insights and suggests points of entry into the child's world, considering what is behind a child's behaviour. The Nurture group runs in two schools; one offering two half-day sessions and the other one afternoon a week. The sessions are delivered by trained teaching assistants to around ten to 15 pupils. The sessions highlight the importance of social environments and relationships and offer an opportunity to learn early nurturing experiences some children and young people lack, giving them the skills to do well at school, make friends and deal more confidently and calmly with stressors in life.

The schools report that through the framework, barriers to learning are being reduced for some. Assessments are conducted at beginning and end to ascertain progression.

Several schools have specific anti-bullying strategies and approaches, including ambassadors who have been trained through the Diana Award. The KiVa bullying prevention has been introduced in one school, funded by the Alsager Community Trust. As these interventions are new to the schools, it is too early to assess their impact.

As part of the emotional health and wellbeing agenda, many schools have a range of fitness, PE or exercise-based session. These include: Core Fit balance fitness and agility; Crew Alex Club in which half hour circuit training sessions are offered to less engaged/inactive children, which has shown to increase the children's interest in exercise. One school runs a Change4life club, which is led by pupil sports ambassadors during one lunchtime a week. This has led to varying successes, among increased activity for some children. Swimming takes place in many schools and specific after school clubs include Chongi Thai boxing, archery, netball, football, tennis, indoor athletics, gymnastics and cheerleading. Phys Kids also runs in some schools, led by trained members of teaching staff, it encourages 15 minutes' of fun physical activity at the end of lunchtime. This has been reported to have an impact on afternoon learning and impacts upon children's confidence, self-esteem and happiness.

The two service providers who responded to the council's survey, stated that they run a national programme of school games competitions through many schools.

This develops the children's gross and fine motor skills as well as hand eye coordination, fitness levels and emotional wellbeing. The School Games Maker Programme encourages pupils to take a leadership role to develop competitions in their school, supporting the development of leadership skills, confidence, organizational and social skills as well as competitive drive. This has reported positive impacts on behavior and attendance and punctuality.

Future programmes being offered within the schools include developing safety champions which are matched with anti-bullying ambassadors to further raise the e safety message with both children and parents. Sessions on eating healthily will look at self-esteem and self-image as well as parenting skills/classes to empower them to have positive relationships with their children. Schools stated they are developing play therapy and one school wants to run yoga/pilates sessions to develop children's abilities to cope with stress.

In Spring 2016, a further survey was sent to all schools which had completed a programme of Core Fit sessions. Three responses were returned (by evaluation date) and have been included in this evaluation. Due to the small number of responses, the findings here are limited. The support given by Core Fit to the schools during the sessions was said to be excellent, very good and okay. The Core Fit activities were deemed very good in all surveys. The level of learning and enjoyment was excellent (2) and very good (1). Further comments included that the sessions ran to time. One respondent stated they would like the length of the programme to be extended to include more than the commissioned six weeks. They felt that children needed more exercise and the programme had helped to make children more active using a range of activities. It was felt that the children had enjoyed the Core Fit Sessions and they had learned more about fitness and completion of certain exercises. One respondent said they would like staff to be more involved in the programme by offering CPD opportunities.

The above surveys highlight that schools, and children, have enjoyed the Core Fit programme, which aligns with schools' policies on physical activity and learning about the body and healthiness. Where possible, schools have rebooked with Core Fit to continue to deliver to the same class or another year group. Funding of the programme is the greatest concern of schools, who are happy to continue with the Core Fit as it does not place financial burden on their school budget.

### **Core Fit programme completion surveys**

All case study schools (seven cohorts from six schools) were given surveys to complete at the end of the Core Fit programme. A total of 109 surveys were completed. All 24

children stated they had enjoyed the programme. The vast majority (95%) also stated that they believed they were healthy. Over a third (40%) of children said they exercised daily; a quarter (25%) twice weekly and a fifth (21%) on a weekly basis. 12% said they exercised between three and six times a week. Since completing the Core Fit programme, 43% of children said they would exercise more as a result of the Core Fit programme and half (50%) stated they would exercise the same amount in the future. When asked what types of exercise they did before the Core Fit programme, responses were mainly sports-based exercises such as football, swimming, netball, running etc. However, afterwards, the children demonstrated their knowledge of what classes as exercise by adding further physical activity to this list, including rollerblading, walking the dog, walking to school, riding a bike and dance. Knowledge of what needs to be done to maintain health and fitness was also demonstrated in survey responses, with many children commenting that they needed to exercise to be fit and healthy and to do this regularly and on each side of the body to ensure balance and fitness.

*“If you don’t exercise, you get pains”.*

*“You have to keep your body fit and strong”.*

*“You have to take the responsibility of strengthening yourself”.*

*“You need to stay fit and healthy so that you can do different things like sports”.*

*“Strength is good for you and keeps you healthy”.*

*“I did not know that flexibility was so important”.*

*“Strengthen all your muscles especially your core. Everyone needs to be flexible and have a balanced diet and exercise”.*

### **School staff and Core Fit staff interviews**

Headteachers, teaching and PE staff and an assistant headteacher gave their thoughts and opinions on the Core Fit programme run in their schools, and delivered to pupils in Years 5 and 6 (year four in Edleston primary school). All stated that the sessions were successful in being able to assess children’s starting points in fitness, agility and strength and that all pupils, regardless of their sporting or physical abilities, showed enjoyment of the sessions.

Headteachers saw the value in the sessions aligning with their school's ethos on healthiness, physical activity as well as empowering the children to take responsibility for their own health and wellbeing. Staff were able to see the difference in children's behaviour over the six-week period, and reported that often, the more difficult or disruptive children made great improvements and integrated fully with the class.

Staff reported that children are eager to take part and their enthusiasm shows through both before and during the sessions. The sessions were reported to have had an impact on children's learning and play, with one headteacher stating he had seen the difference in the type of play at lunchtime, with children practising aerobics and incorporating it into playground play. One school stated that Core Fit further enhanced the work they did as a school in promoting sports and physical activity. The school offers nine sports and activity related after school clubs each week, and they had seen an increase in attendees since Core Fit had begun. Although this may not necessarily be directly attributable to Core Fit enthrusting children to take up more activities, it was encouraging more children to be active and this may be demonstrated in school terms to come.

Staff felt that Core Fit helped to promote team work and team spirit, while also adding an element of competition in succeeding to complete the balance and physical tests. Headteachers and teachers also commented that the health and wellbeing aspects that the Core Fit sessions integrated further supported their PHSE agendas. Children were more knowledgeable about their own health, responsibility for their own health and fitness and the consequences of not looking after themselves physically.

Headteachers would like to see the sessions fully incorporated into their school timetable – and wish there could be a longer programme offered than the initial six weeks. Schools understand the need to deliver more than just the sport and PE currently offered, but have difficulty in funding such programmes, like Core Fit themselves. Schools are also keen to explore the mental health impacts of exercise and physical activity. Core Fit are looking to incorporate this element into future class-based sessions.

The sessions also had the added value for schools in helping to identify children who needed further support in developing their core fitness. One school also added that they felt the greatest impact had been with the pupils who typically struggled with sports, but enjoyed PE. It was hoped that there would be measurable, long-term impacts of the Core Fit programme, but it was acknowledged this make take time, and may be limited by just one six week programme.

Some Year 6 pupils had also completed their session with a focus on mental health, which they had found difficult to assess with just one session. They added that the school was keen to explore this mental health element and would be keen to work on the theme of mindfulness and develop a children's workshop on wellbeing and ability to cope with life's stresses.

Schools are impressed with the sessions and the children's responses and some schools have booked in further sessions as a result.

*"We have rebooked for next year - the children really enjoyed it and didn't want it to end".*

*"Core Fit is a viable way to include everyone in the PE curriculum and to enjoy being active".*

Core Fit staff clearly enjoy their work and enjoy the enthusiasm they see from school pupils. The only issues with delivering the programme were reported as being related to the venues where Core Fit is run, particularly schools who do not always communicate well about school hall availability and weeks where sessions are not required due to school trips or other planned activities. On the whole, the experiences and relationships between Core Fit and schools was a very positive one. In some circumstances, Core Fit had been able to alert teachers and parents to health problems that were undiagnosed prior to Core Fit, and which were first noticed during the session. This had led to a separate private physiotherapy report for the child and a GP referral. This was felt was an added benefit of the programme being led by fully trained physiotherapists.

## Core Fit in community settings for over 50s

There were many wide ranging benefits reported by elderly attendees who take part in weekly Core Fit sessions. The fact that the sessions were held in community settings across Cheshire East meant it was easily accessible for many as it was within walking distance and easy commute. The venue itself was important as it was somewhere that many of the attendees already knew, and they felt that holding the sessions there also helped to ensure that the venues were being used. Some attendees had heard about the Core Fit from their friends, but some had also joined in after seeing the class run while they were doing something at the venue. One group session now meets immediately before a lunch club so they can attend that afterwards.

The social benefits were important for attendees – some attended with their husbands or wives, their friends and some had made new friends while there. The sessions were very relaxed and friendly, and many turned up twenty minutes before the session started so they could catch up with friends beforehand. The social nature of the group was one of the reasons many came each week – it was something they looked forward to and enjoyed doing and wanted to continue to do – it was fun and made them feel more energetic afterwards. All attendees who engaged with the research stated that they were pleased with all aspects of the Core Fit programme, including enjoyment of the sessions, and a desire to continue attending weekly sessions.

*“It’s social exercise”.*

*“The class made me feel younger and more energetic”.*

*“A lovely instructor makes it a lot of fun”.*

*“Great to be doing some exercise. I haven’t been for a while and feel much more energetic and confident”.*

*“Very beneficial. Look forward to the session. I apply myself better in a group activity”.*

*“I have enjoyed the sessions very much and think our trainer is excellent. She makes it fun!”*

Attendees all reported being more mobile since attending and were consequently more flexible and less stiff. They all stated they were more confident about standing unsupported with eyes closed and were more now more likely to engage in other 28

activities. This was something that extended beyond the sessions with all survey respondents stating they had felt a difference in their mobility outside the sessions at home, and they were consequently more confident about going out. Many reported that they were far more mobile and were able to perform personal tasks better such as be able to reach down and cut their own toenails. The sessions had also encouraged attendees to think about their posture and how they held their bodies.

*“I can go up the stairs with much less effort - it’s brilliant, I don’t have to stop”.*

*“I feel better; I can stand tall”.*

*“It makes me think about my posture”.*

*“This is the fourth week I’ve done it and I’m feeling better. I’ve met new people”.*

*“I’m definitely more active and have more energy”.*

*“I have more confidence and feel more active in myself”.*

Many also reported marked improvements in their physical health and consequently reductions in ill-health. One gentleman who had suffered from arterial fibrillation said he felt a lot better afterwards having taken part in his regular Core Fit session.

*“I’ve not seen the doctor as much recently”.*

*“It’s been great for my COPD symptoms. I used to go to the gym but it was too far. It’s much better being in the community”.*

*“Beneficial for my rotator cuff problem. It’s good for balance and good exercises to continue at home for prevention hopefully of future problems”.*

*“I had heart valve surgery five years ago and I had six months of rehabilitation. This for me has been as good as that. It carries on the good work. It’s really good for my muscles – I can feel them. I can feel the improvements and over the Christmas when we had a break, I could feel the difference in not attending. It has given me much better balance”.*



*“This class has been brilliant, enabling us to improve our balance, posture and overall fitness. It has also given me confidence to walk unaided and use our arms and legs better. And also from a social aspect it is brilliant and we have made many friends. Long may it continue”.*

*“I’m progressing each week. I can feel the difference in my legs having attended – I’m walking much better”.*

*“I knew I needed help and support to exercise and this is a great way of getting that. I wouldn’t do it on my own, I need the motivation of others and to make sure I’m doing it right”.*

### **Community venues**

The research conducted as part of this wider Core Fit evaluation found that the community venues where Core Fit sessions ran were easily accessible, friendly open venues, where individuals were made to feel welcome. While no specific checking in or signing in procedures were carried out, the venues themselves operated on a trust and recognition basis, and any new individuals were asked if they needed help. Centres were well advertised and clean and functional for the purpose of the Core Fit sessions. Core Fit staff did point out general safety notices such as fire exits and showed the researcher a set of policies it holds regarding safety and procedures to follow. New joiners were given full explanation of what to expect and throughout the session, attendees were encouraged to take part in the activities they felt comfortable with, and on several occasions, alternative, gentler exercises were shown to anyone who was unable to follow the instructor.

To conclude, the centres where a researcher attended were appropriate venues for Core Fit to be held: they were popular, open to the public and the facilities were appropriate and clean. Core Fit staff had a very good rapport with the centres and the staff there.

#### Case study 1:

“I am 70 years old and I attend the fitness sessions on Wednesday morning. Earlier this year I fell down the stairs at home; not only did I suffer and continue to suffer, physical injury but the shock affected me considerably. I realised I could have been seriously hurt and I needed to adopt good practice to prevent this happening again.

Lack of flexibility on my right side due to arthritis, together with my height (6’3”) has made me unsteady. I am hoping that appropriate physical exercise will delay the need for the hip replacement a specialist has warned that might be necessary at some stage. The exercise class at Worleston is ideal for me. The clear message I have learned so far is that exercises must be done correctly otherwise while thinking you are doing good you can instead be causing yourself more problems. The emphasis of the exercises is to improve posture, to strengthen those muscles that control balance and to train us in good practice. It is obvious to me that if it is done well it will inevitably reduce falls and injuries and therefore reduce the need to use medical services.

The instructress is excellent. The exercises push us physically while at the same time there is sensitivity for the problems older people inevitably have. She is very adept at noticing each member of the group and is quick to correct us, e.g. feet together, pointing forward, back straight etc. She explains why each exercise is important to us, e.g. showing us how to do breathing exercises that push out ‘bad’ air.

Since my wife and I joined the group I have noticed that week on week the number of people attending has increased rapidly, due perhaps to word getting around about the excellence of the sessions. That must show that there is a definite need for this fitness group and I hope the council will recognise that this is an excellent way to serve the community and feel able to continue to support us”.

## Case study 2:

“I’ve been trying to find this sort of exercise class for a while now. At my age (67) I am very interested in trying to prevent aches, pains, illness etc. and believe in preventative medicine, but having tried the gym, Zumba classes etc., I have become very wary of doing myself more harm than good. So the class at Worleston is pitched exactly at the right level, with a qualified physiotherapist to guide us and give us the correct information as to how to help ourselves. The exercises are very useful for learning posture techniques helping us to practice balance control – an important measure to help prevent falls. Some exercises concentrate on breathing techniques which can help clear the lungs of bacteria and thus hopefully help us prevent chest infections which often come with advancing age.

The instructress is excellent; she pitches at exactly the right pace, taking into account our many differences. For example, some folks can bend or lift legs higher than others, some may be nursing old injuries while others suffer from arthritic problems and need to do just enough, but not too much to help the condition. I was feeling a bit smug the first time I went when I saw the rows of chairs... “this looks easy” I thought. But it isn’t, it pushes you and I feel that it is just the right level for me.

We hear a lot about the aged and the obese costing the NHS so much and I believe people should be supported if they are trying to be proactive about their health, thus saving the NHS some money by delaying the need for hip operations, knee replacements etc. and keeping themselves fit for as long as possible.

The class has become much busier of late, which demonstrates the need for exercise at this level.

## Social return on investment

The calculation for the SROI is described in this section. Expressed as a ratio of return, it is derived from dividing the impact value by the value of the investment. However, before the calculation is made, the impact value is adjusted to reflect the present value of the projected outcome values. This is to reflect the present day value of benefits projected into the future. In this social value account, outcomes are projected for the one-year period of the pilot and so the effect of discounting for this is limited.

With around 3,600 children and more than 200 adults across Cheshire East area currently having taken part in the Core Fit pilot programme, there is the potential for the benefits of this programme to be far greater than those expressed here. This evaluation represents findings from just 19 sessions in 16 schools (representing around 1,200 children) and from three adult community-based sessions.

### Costs

Cheshire East Council funded the Core Fit pilot programme to be run in 28 schools, potentially reaching 3,613 children. Direct costs to fund the programme are £56,016.00 for the child element of the programme, and a further £13,700 for the community-based over 50s sessions.

### Impact tables

For the SROI calculation, the investment costs are balanced against the amount of value created. This returns a ratio, which when all other factors are taken into account, present a value that represents a return amount for every one pound input into the Core Fit programme, in wider, societal value.

The following tables (1 and 2; pages 36-37) show the changes identified by Core Fit attendees and the associated financial values that helped to create the impact map and which contributed towards the social return on investment value. The tables show the main outcomes and changes experienced by attendees were related to social, mental health and wellbeing improvements. The indicators used to represent these changes were suggested as examples by research participants either during interviews, focus groups or in questionnaires. Financial proxies were arrived at using the Global Value Exchange, a crowd sourced database of Values, Outcomes, Indicators and Stakeholders which provides a free platform for information to be shared. This enables greater consistency and transparency in measuring social and environmental values.

The main outcomes reported by both child and adult Core Fit attendees were related to general health and wellbeing improvements: increased knowledge about the body, exercise and wellbeing, greater mobility and fitness, and potential longer term impacts in cost savings to society, the NHS and local authority.

**Core Fit for Kids: £16.98**

Total Input Value	£56,756.00
Net Present Social Value	£906,794.91
Social Return £ per £	<b>£16.98</b>

**Core Fit over 50s: £12.56**

Total Input Value	£14,450.00
Net Present Social Value	£166,984.81
Social Return £ per £	<b>£12.56</b>

The SROI ratio is calculated by dividing the Total Present Value of impact by the investment made, and balancing this with calculations which consider the percentage of other factors which may have also contributed to the reported outcomes and impacts, including whether the changes would have occurred anyway (deadweight), whether other organisations also contributed (attribution) and whether the changes dropped off over time (drop off). For this report, all the above were set at 50% for both children and adult sessions, except for the contribution in schools – this was set higher at 70%. As the children are impressionable and learning is steered by both schools and parents, Core Fit potentially could only claim for a small aspect of the involvement in these changes.

**Social Return on Investment ratio range £1: £12.22 – £16.98**

The ratio of return for SROI calculates the net present value of benefits created, based upon the net present value of investment required to deliver such benefits. The SROI found that both Core Fit for kids and Core Fit for over 50s returned a value far greater than the cost of delivering the service. The range of social value was between **£12.56** for adults and **£16.98** for children in potential cost savings to individuals, the wider community and the NHS and local authorities.

## Value for money

During the pilot phase, the Core Fit sessions in schools cost approximately £6 per child per session based on 42 in a class; and £8 for a class of 30. Over the course of a six-week programme, this equates to £36 per person in a class of 42 and £48 for a class of 30. While this is the actual cost of the programme to the local authority in funding the provision in schools, the SROI highlights that the wider societal benefits are far greater. The value for schools was in the fact they could offer the provision for free to one class at a time without it coming out of school overheads and budget. A lot of the value of this programme is the fact it is free at the point of delivery to schools, children and parents, therefore removing many of the barriers that are currently in place which may further exclude children from inclusion in sports and exercise in general, such as after school club fees, the cost of gym membership or private sports clubs and classes. The benefits were strengthened by the fact that all children were given an equal chance at participating, irrespective of where they lived, deprivation levels and disposable family income.

To compare the costs of this programme with other paid-for programmes delivered nationally, evidence highlights that after-school clubs or paid-for programmes delivered in schools can cost approximately £7 per child per class or as an example, £56 per term per person at £56 – costing approximately £4.60 for a 12-week programme, or £5.60 for a ten-week course (Cheminais, 2008). To further compare the cost of this programme with other programmes run by Cheshire East Council, comparisons could be drawn with the Down to Earth project cost on average £78 per beneficiary (almost 2,600 people), returning a SROI of £2.32. Supported by the Big Lottery, the wellbeing project ran for four years, spanning most of the north of Cheshire East, focussing on tackling health inequalities in communities living within areas of deprivation. The project's aim was to improve health, wellbeing and lifestyles, through food, gardening and exercise initiatives (Cheshire East, 2016).

**Table 1: Core Fit for kids**

Indicator	Description	Equivalent proxy value	Numbers	Cost	Impact value*
Health and wellbeing improvements	Improvements in wellbeing (demonstrated by increased WEMWBs score)	Sports club membership	1200	£3,600.00	<b>£540,000.00</b>
	Participating in sport more than once a month	Effect of regular exercise	1200	£495.00	<b>£74,250.00</b>
	Improved knowledge on mental health, wellbeing and importance of physical activity	Cost savings per day of increased knowledge	1200	£0.96	<b>£144.00</b>
	Promoting better health in the long-term	Potential cost savings of children regularly being active into adulthood	1032	£1568.80	<b>£202,375.20</b>
*Taking into consideration all deadweight and attribution calculations					<b>£816,769.20</b>

**Table 2: Core Fit for over 50s**

	Indicator	Description	Equivalent proxy value	Numbers	Cost	Impact value*
Health and wellbeing improvements		Reduce falls/injuries due to increased mobility	Cost saving to NHS/LA	63	£2,810.00	£22,128.75
		Cost of extra socialising	Annual cost of socialising	63	£57.20	£450.45
		Reduction in isolation	Attendance at a weekly event for a year	200	£2,337.00	£18,403.88
		Increase in activity levels	Cost of low cost gym membership	63	£300.00	£7,500.00
		Improved mental health and physical activity knowledge	Cost savings for increased knowledge	200	£0.96	£24.00
		Frequent mild exercise in over 50s	Frequent exercise	200	£5,527.00	£138,175.00
		Improved health	Cost saving of not being ill for one day	63	£113.63	£894.84
*Taking into consideration all deadweight and attribution calculations						<b>£187,576.91</b>



# Limitations

This report has been commissioned by Cheshire East council for the purposes of providing independent evaluation of the current Core Fit programme delivered by Amanda Morris of Amanda Morris Ltd. This evaluation has presented evidence for the impacts for the twelve months of the pilot programme as funded by Cheshire East council. It was not possible to include longitudinal data and therefore was not able to capture the exact physical impacts of the programme, particularly regarding the prevention of back related and other inactivity-related health problems. Follow-up studies over several decades would be needed to gather evidence of this.

This report involved secondary analysis of data currently provided by the session team and has been summarised for the purposes of this report. However, this data is limited. The findings from this evaluation aim to explore the impact and value of the Core Fit programme over a one-year pilot period. It is important to acknowledge that comparison of findings between the child and adult Core Fit programmes will be difficult as they are delivered to two very different population groups with diverse physical abilities and therefore potential impacts are very different. Under no circumstances should the two SROI ratios in this evaluation be compared. For the purposes of this report, ratios have been calculated based on the specific circumstances and experiences of both children and adults. Considering differences in demographic and geographical areas, while the experiences for many engaging the research were similar, they were also subjective to the group engaging with the research on that day.

A number of methods were applied in this evaluation, using data collected by both Core Fit, Cheshire East council and the researcher. For example, Core Fit themselves manually observed and recorded children's progress, using baseline and end point data on the numbers of children who could accurately complete a specific move such as a lunge or squat. This data is verified by the two Core Fit staff who deliver the programme at each venue. Additional data was employed as part of this evaluation, but was limited by resources, time implications and equipment available. For example, a small number of schools responded to questions regarding their PE provision. Both Core Fit, the researcher and commissioners agreed on methods prior to start of the project. WEMWBs has been validated as a wellbeing measurement tool in secondary aged children, and in this evaluation worked well to determine the children's start and end point wellbeing scores.

## Conclusion

The Core Fit pilot programme has been delivered to approximately 3,600 children in 28 schools across the Cheshire East area during the eighteen months of its pilot phase. A further 200 adults aged over 50 have also attended sessions held in a range of community venues. This evaluation has focused on 19 school sessions in 16 schools, and a further three venues where community-based adult sessions were held. Around 150 children have engaged with the research and 94 adults. A range of methods were used to ensure a wide range of views and experiences were understood, including project commissioners, the delivery team, school staff and both children and adults participating in the programme.

The Core Fit programme delivers a unique fitness package to both children and adults which aims to promote knowledge and fitness to improve mobility and prevent injury in later life. The findings from both its school and community settings show that both groups show improvements in their physical activity abilities as a direct result of attendance in Core Fit. Both groups enjoy Core Fit and report that the physical activity is suitable for them and that they find it fun and are energized afterwards. For adults, the increase in mobility was more marked and a consequence of this was that adults were able to socialise more and felt abler to do more and be more active. While Core Fit did not specifically aim to improve wellbeing with this programme (a mind element is being incorporated in all future school classes), it was an unintended impact that mental health and wellbeing was affected as a consequence of improved knowledge and increased physical activity levels.

A range of methods were used to gather evidence as part of this evaluation, including:

Child sessions:

Start and end physical tests for children who were asked to perform a range of balances and hold their position for a set time: in all schools there were improvements from beginning and end data.

Knowledge tests at the end of the programme, which showed children's knowledge had been retained and highlighted their thoughts on the programme, how often they exercised and whether exercise levels had increased since attending Core Fit.

WEMWBs mental wellbeing survey conducted at the beginning and end of the programme and showed an average 3.4 score increase, demonstrating there had been positive shifts in feelings and thoughts of positivity.

Interviews with key stakeholders, including project commissioners, Core Fit staff and school staff.

School surveys identifying what current provision is bought in across the borough, and schools' approaches and activities which support children to make positive healthy choices.

Session observations were also conducted in seven schools where detailed notes were recorded on behaviour, enjoyment and engagement with tutors.

#### Adult sessions:

Session observations were conducted in three community-based venues where detailed notes were recorded on enjoyment levels, mobility of the group and engagement with tutors. This was followed up with discussion as part of four focus groups.

Detailed case studies outlined the physical, mobility and health-related impacts of engagement with Core Fit on a regular basis.

The methods were deemed appropriate and relevant to understand more about the impact of the programme and its effect on individuals' health as well as mental wellbeing. Where applicable, pre-validated questionnaires were used (WEMWBs) to ensure robustness of evidence gathering. These surveys worked well in the child groups to understand more about how the sessions impacted upon them while minimising bias.

Time, resources and practicalities prevented use of further research methods or tools, which may have gathered more detailed data. For example, health analysis recording heart rate, blood pressure etc, would have involved the use of costly tools, and would have impacted upon the time that could be given up to the session. Schools had a strict timetable in which the sessions could be delivered, and there was little opportunity to deviate from this as in most schools, the hall was in use immediately before and after the sessions. The researcher discussed opportunities for further data collection using technology and this will need to be discussed in liaison with schools to determine the most effective methods.

There were very few barriers reported by those engaging with the researcher. The only issued centred around communication between schools and the Core Fit team, specifically around use of halls or sessions not running due to prior school arrangements. However, in general, the Core Fit team had positive working relationships with teaching and senior staff in the schools, so much so that some schools had approached the team to deliver further sessions to different classes or year groups.

There appeared to be good partnerships between commissioners and the Core Fit team and schools spoke positively about the impact of the programme both on their pupils and the school as a whole.

Areas for improvement focused around the need for a longer run of sessions; many schools stated that a six-week programme was not long enough, and that they felt more children in different year groups could also benefit from the programme. Adults enjoyed the ongoing drop-in nature of the sessions and testimonies highlighted they wish sessions could continue.

#### Core Fit schools:

There are many initiatives in Cheshire East primary schools which build on a need to nurture positive emotional and wellbeing in young children. Core Fit for Kids provides a unique platform to educate children around their own health and fitness and delivered in such a way that children remember and learn. Over the space of almost 18 months, around 3,600 schoolchildren in years four, five and six have taken part in weekly hour-long sessions. Baseline and end data shows that there have been improvements in core fitness and ability across the board in each of the evaluated schools in which before and after fitness tests were able to be carried out and all six sessions able to run. The vast majority of the children enjoyed the sessions and stated they would be more likely to continue with the exercises they had learned. Schools report that the sessions support their PE and physical activity ethos and that the sessions have encouraged more children to participate in sporting activities outside the classroom.

Following the Core Fit sessions, children were able to better perform basic balances and postures, and correctly hold these for upto 30 seconds. Children reported better knowledge in healthiness, what that constitutes, and about their own exercise habits. Many had consequently improved their physical activity levels since attending Core Fit. As well as physical activity levels improving, child mental health and wellbeing changed, with an average 3.4 point improvement in wellbeing scores when comparing before and after WEMWBs scores. This highlights that the programme has an impact on both the physical but also overall wellbeing of the children.

#### Core Fit over 50s

For adults, the Core Fit programme works well to support improvements in both physical ability and fitness levels. Attendees reported greater mobility which enabled them to live more independently and enjoy greater socialisation through

the community-centred focus of the sessions. For many, the increased mobility had directly affected their own health, with improvements reported in those with serious, long-term conditions including COPD, atrial fibrillation and heart conditions. The gentle pace of the sessions mean that attendees can join in as they wish and for many, they were able to build up their strength and balance week by week. Many attended with family or friends and friendships were also borne among class members. The sessions were social in nature and therefore helped provide many of the class with a focus in their week and reduced social isolation.

Session attendees stated they did not want the sessions to end and that they felt it kept them involved in their local community. There was a wide range of social value created by inclusion in the programme, which gave benefits to both young and old alike.

This evaluation shows that for every one-pound input into the programme, an SROI ratio of between £12.56 and £16.98 was created. At a cost of approximately £6 and £8 per child per session and around £5 per person for a group of 20 adults, this ratio highlights that the benefits gained have impacts on individuals themselves as well as wider society, the NHS and the local authority in caring for individuals with short and long-term health implications as a result of physical inactivity and obesity. The costs appear on par with other programmes and the costs that many parents chose to pay for similar out-of-school clubs. However, the value for money element is captured in the potential benefits that can be gained from participation: improved mobility, socialisation and reduced isolation and improved health and wellbeing for adults; and an enjoyment and understanding of healthiness and physical activity, increased physical activity levels among children and improvements in mental health and wellbeing.

## Recommendations

The principles and learning for Core Fit should be embedded in schools, whether as individual sessions or as an integral part of the PE curriculum across all age groups. The fun nature of Core Fit sessions means that the programme would appeal to children of all ages and learning can easily be incorporated into both indoor and outdoor play and games. This learning can be integrated into the wider emotional health and wellbeing services offered by the local authority and schools.

Schools had expressed both an interest and need in the sessions being delivered beyond the one class and year group that was funded in the schools. This obviously has a cost implication for schools and/or the local authority.

Consider longitudinal data collection to follow children and adults' learning and physical activity levels. This will ensure that improvements reported here can be followed up over time to ensure validity of the impacts reported.

An unintended outcome of the programme was recorded and reported improvements in mental wellbeing. The Core Fit team are developing a mind element to future sessions which draws on evidence presented here, that physical activity affects both body and mind as well as positivity and wellbeing. A focus on this within sessions has the potential to create greater benefits and social value.

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