

EVALUATION OF THE CAIRNGORMS WALKING TO HEALTH PROJECT, APRIL 2011 TO MARCH 2013.



Trainees from the Path Skills Course and local Health Walk Group meet at Glen Tanar.

Report prepared by
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'I have been working with COAT for some two years now on expanding the 'Health Walks programme' in the Marr area. This health walk initiative is an integral part of an approach to building capacity within communities whereby individuals/groups are supported to take action around improving their own health and wellbeing. The Health walks co-ordinator and the initiative have proved to be a great asset, with the willingness to get involved in supporting local groups who we have identified the need for professional support, with accessing funding/training for local groups and with providing on-going expertise to maintain the local health walk networks.

Cairngorms Outdoor Access Trust has provided the infrastructure that has enabled the Health Walks co-ordinator to be a 'walking asset' for our wider community, supporting groups in rural areas, targeting vulnerability and isolation and creating walking groups for individuals with specific health issues. The co-ordinator is also a key partner in the Marr Community Planning Network and links closely with the public health/health improvement agenda for/within Aberdeenshire'.

Dawn Tuckwood, Public Health Coordinator, Marr area.

EXECUTIVE SUMMARY The original Walking to Health programme was set up in Deeside and Donside in 2004. In 2009 the Cairngorms Outdoor Access Trust (COAT) expanded this to cover the entire Cairngorms National Park (CNP) and the surrounding area. Further, in 2011 a major expansion to communities without easy access to a health walk opportunity was included along with an innovative suite of condition specific health walks.

The Report describes the evaluation strategy adopted, the perceived and actual value of the Project to participants, local communities, health professionals and funders and makes recommendations to sustain and develop the Cairngorms Walking to Health Project (CWTHP) into the future.

This relatively inexpensive project continues to make an invaluable contribution to individuals and communities within the CNP and the surrounding area, whilst contributing to a wide range of central government National Outcomes and local government policy priorities. The Project has been driven by the principles of health improvement, volunteer development, long-term conditions and self-care strategies, access to high quality environments, community development and engagement and rural polices.

The evaluation has shown the CWTHP in 2011-13 has:

- increased the number of people back into regular exercise.
- increased levels of physical activity as a direct result of participation in the project.
- encouraged some participants to go on to, or introduced them to, other forms of activity.
- increased participants enjoyment of nature
- evidenced personal testimony detailing increased levels of health improvement and personal development.
- increased self confidence and reduced social isolation.
- increased significant social capital to the communities of the CNP.
- supported significant volunteer development.
- promoted self-management to individuals with long term conditions

Between April 2011 and Jan 2013 the Project has delivered;

- 1377 health walks (increased from 667 between April 2009 and Sept 2010).
- 33 active walking to health groups within COAT's operational area (increased from 23 in March 2011).
- an average of 331 walkers each week (increased from 110 in March 2009 and 215 in March 2011).
- 88 trained volunteers, up from 60 in 2011 with over 75% retention rate, currently 71 active volunteers.
- in excess of 5000 volunteer hours.

- part-time employment for 4 people within CNP (0.75 full time equivalent).
- a health walks section on the COAT website with advice on independent health walking and information on local health walk groups across the CNP area.
- 3 Volunteer Walk leader Training courses with 22 participants and 1 Refresher Walk Leader Course with 8 participants.
- 3 First Aid courses with 31 participants, a Safety in the Outdoors course with 12 participants and a Disability Inclusion Course.

Key evaluation conclusions for the Project and its future development are:

- The CWTHP continues to deliver key health benefits to participants and has the capacity to deliver improved health improvement in the foreseeable future.
- Public agencies supporting the Project can be confident that the Project has enabled them to deliver their own health and community participation priorities.
- The Project has probably reached its maximum geographical boundaries to retain a low cost project with a coherent strategy. However, within its existing communities much consolidation work remains to be done to further involve local health agencies, and recruit new walkers to existing groups to make best use of the resource and investment to date.
- The links between path improvements, path skills courses and health walks makes best facilitated use of those resources, and puts COAT in the vanguard of delivering *the Paths for All and Scottish Government vision of a happier, healthier, greener, more active Scotland*.

Based the results of this evaluation the recommendations for the Project going forward between 2013-2015 are:

- Consolidate the existing geographical and health specific groups in the CNP and surrounding area.
- Given the proven individual and community intervention benefits, in partnership with local health agencies, the Project should develop more promotion with patients with health-specific conditions e.g. diabetes patients, weight management, early onset of dementia and cardiac and pulmonary conditions.
- Use the Project and its evidence and findings to influence policy makers.
- Ensure volunteers continue to be supported, trained and their efforts celebrated.
- Consider the resource requirement necessary to consolidate and embed this project into community life in the CNP.

INTRODUCTION COAT is a Company Limited by Guarantee and with Charitable Status. The company is specifically designed to develop and deliver Outdoor Access projects on behalf of the communities and other stakeholders spread throughout the CNP and surrounding area. Communities are represented through Affiliate Membership, and every two years they elect two representatives onto the Management Group, which provides guidance and support to development and delivery of the Business Plan. The objectives of the Trust are as follows:

- to conserve and protect the natural heritage and environment of the Area by encouraging, developing and implementing a strategy for the management of access;
- to facilitate and maintain public access to the Area;
- to advance the education of the general public in the natural heritage of the Area;
- to promote the public and individual health benefits of the enjoyment of outdoor access.

The WTHP 2011-13 looked to uplift the level of health walks to the projected target of 37 weekly walks and 74 Volunteer Leaders. In so doing the project will:

- ***Increase the level and improve the quality of outdoors access provision*** throughout the National Park area by upgrading and improving the path network, and where necessary providing new routes to link up settlements.
- ***Improve Public Health*** by developing and delivering a structured system of volunteer led health walks. Some of the Health Walks will be generic and based around settlements where demand is identified, whilst others will be targeted at specific health groups including smoking cessation, weight loss, diabetes, high blood pressure and parents of young children
- ***Reduce carbon emissions*** throughout the National Park area by reducing the use of cars and increased walking and cycling to get around and travel between communities.
- **Fulfil a number of Scottish Government National Outcomes** including:
 - We live longer, healthier lives
 - We have tackled the significant inequalities in Scottish society
 - We live in well designed, sustainable places where we are able to access the amenities and services we need
 - We value and enjoy our built and natural environment and protect it and enhance it for future generations
 - We reduce the local and global impact environmental impact of our consumption and production

EVALUATION STRATEGY AND TOOLS

The evaluation strategy was based on the best practice guidelines within “How Good is our Community Development ?” and also utilised resources within the Evaluation Support Scotland website.

The following tools were used:

Qualitative Data We wanted to present evidence of the Project making a difference and we chose the following appropriate tools:

Case Studies A number of groups were considered in more detail to see where we can learn from our experience, make this available to other projects and to develop our own practice going forward. The case studies looked at what the issue was that brought the group together, what were the expected outcomes, what resources were used, what actually happened, what was the impact or difference made and what have we learned from that experience to guide us in the future.

The following Case Studies are appended:

- Appendix 1 - Kingussie Health Walk Project
- Appendix 2 - Aviemore (Substance Misuse) Health Walks Project
- Appendix 3 - Huntly Healthy Helpings Health Walks Project
- Appendix 4 - Alzheimer's Scotland Health Walks Project

Focus Groups Some of the other groups were also consulted by participating in 'Focus Groups' and were asked what difference health walks made to them; did it increase their physical activity, did they go on to other forms of activity or additional social contact? These Focus Groups provide a good opportunity for the participants, and leaders, to look back over the course of the last year or so and reflect on the differences made by participation in the Health Walk. These are important techniques in valuing and learning from the experience of being a member of a health walk group. The following groups took part in these Focus Group sessions and are appended:

- Appendix 5 - Glen Tanar Health Walk Project
- Appendix 6 - Carr-bridge Health Walk Project
- Appendix 7 - Alford Health Walk Project
- Appendix 8 - Nethy Health Walk Project

Personal Testimony Personal Testimony is a strong and very relevant form of evidence gathering. People saying in their own words the effects, benefits and differences made by the Project to them is invaluable. We have gathered 3 stories that demonstrate that value. To maintain confidentiality we have withheld names for this report. They are appended as:

- Appendix 9 - Personal Testimony.

Quantitative data The Project is keen to ensure we have good statistical evidence of achievement. The following data has been recorded:

- Number of health walk groups and communities worked with.
- The number of walkers having taken part in that local health walk.
- The number of currently active trained volunteers.
- The number of volunteer hours delivered for the Project.

and is appended as:

- Appendix 10 - Table 1

FINDINGS

Qualitative Data The 4 Case Studies demonstrate the range of settings and groups in the community that can take advantage of the health benefits to be gained from walking to health. The range of condition-specific groups highlighted including Adults with Learning Disabilities, Adults dealing with Substance Misuse, Weight Management groups and Alzheimer's, show the relevance of the programme for disadvantaged groups and how it can be of assistance in managing and dealing with these conditions.

"Whilst walking our clients observe nature and enhance their communication skills as well as benefiting from the actual physical exercise. The walks have been received well and I can confirm that our clients look forward avidly to the walk come rain or shine!"

The 4 Focus Groups concentrated on local village groups; again the evidence and comments from participants demonstrates that the frequency, self discipline and social contact within the health walk groups are key ingredients for people to engage with on a regular basis.

"The group was very helpful to me in getting the discipline to go back out walking in the rain, many thanks."

"The group walk each week has affected my fitness level, I feel much better and my BP is down since joining."

The Personal Stories graphically demonstrate the value on a very individual level. They tell how confidence can be gained to go on to do other things. From those simple 'first steps' participants can make huge strides in their personal life.

"Results of the entire group working my self esteem shot up and I lost weight at a sensible pace and my mobility also improved with the walks. The group

hope to continue and go to the Huntly Fitness centre for a new project. With all the input from the group and all staff I hope to get back to work soon,

Quantitative Data The project has increased the number of health walks groups from 23 in March 2011, to 33 in the April 2011 to Jan 2013 period, in line with Business Plan projections and Project Plan. Communities that we have worked with where no health walk group has been able to be established to date include Alford - weight management, Kincaig and Laggan. Alford group will be followed up in March 2013. In the very rural dispersed communities of Laggan and Kincaig, despite good local contacts and communication in local community news magazines, e.g. Laggan Splash, it has not been possible to form a viable health walk group at this stage. The project has, however, been able to promote independent health walking and the health benefits of walking in those local communities.

Most groups have displayed the usual stages of group development: forming, storming, norming and re-forming. The Ballater group has seen almost new groups on 3 occasions as people have moved on and new people have become ready to start walking for health. Some groups have low numbers, e.g. 8 in Lumphanan, however, it is a very small village and only serves to demonstrate that there are people who wish to take advantage of joining a supported and facilitated health walk. The condition-specific groups have relatively low numbers, however, the project is hopeful they will be utilised more by local health agencies in the months to come and more people will make best use of the resource the volunteers provide.

The Project has been able to recruit the required significant number of volunteers to support this ambitious programme. The Project's ability to train volunteers in-house through the Paths for All (PfA) Cascade Training programme has been invaluable. The Project recognises the importance of supporting volunteers through personal support, training and travel expenses. The high retention rate demonstrates the value the volunteers themselves feel they get from the project in their own lives. The high number of volunteer hours delivering health improvement and community development from this community intervention is significant. The social capital in the CNP gained from this initiative cannot be over-stated.

PROMOTION A key output has been to ensure that the Project receives exposure promoting both the volunteer-led groups, and also the principle of encouraging independent health walks for personal health improvement. The Project has been involved in some significant promotion; the following are key highlights in the current Business Plan;

- Local community magazines - using local media to promote local groups especially the following publications; 'Laggan Splash', Laggan, 'Fits Gan Oan', Alford, and the monthly Aviemore and the Cairngorms 'What's On'.

- The Project delivered a demonstration health walk at an Scottish Natural Heritage (SNH) Open Day on Creag Meagaidh National Nature Reserve (NNR). It was also used to promote the project to the local Laggan community. We had further involvement with SNH through an article in the summer 2012 edition of the in-house magazine called 'The Nature of Scotland' and is Appended as Appendix 11. The Project was also cited by SNH as an example of a good practice case study as a health project utilising the environment.
- The updated Health Walks section on the COAT website was a declared output and it has been well used by volunteers. It promotes the local health walk groups as well as advice on starting to walk, photo gallery, downloadable volunteer resources and a news section.
- The Project has twice been featured on the 'Out of Doors' radio programme on BBC Radio Scotland. Once for the project in general and also as a user of the suite of all-ability paths built by COAT, citing the Clarack path in Dinnet.
- The Project has been keen to support local Community Planning events. It is in the Marr Community Plan ensuring that local need is evidenced for future funding applications. The Project has presented at 3 Community Planning Forums updating local communities and members on the development of the Project. It has been useful in attracting support from community activists and other agencies. The Project also had a presence at 3 VABS Recruitment Fairs and 3 Highlife Highland events.
- The Project has attended the annual PfA National Conferences and in 2012 had a stall presenting the work of COAT. Along with PfA and CNPA representatives we attended the NHS Scotland Annual Conference in Aviemore and assisted in leading a demonstration health walk for conference delegates.
- The Project has also been able to promote to local communities through working in partnership with NHS Highland/Grampian to produce leaflets, posters and participant feedback postcards.

SUPPORTING, VALUING AND CELEBRATING VOLUNTEERS

The project would be nothing without the commitment and dedication of the volunteers. Consequently, we have ensured that we support, value and celebrate the work of the volunteers. The following are key developments:

- Training Courses - The project has run 3 Volunteer Walk Leader, 1 Refresher Walk Leader, 3 Emergency First Aid and 1 Disability Inclusion Training courses during the above period. These are central to the operation but also

serve to ensure the volunteers feel they are valued. The confidence gained is essential in their personal development.

- Volunteer support meetings - The Project holds a volunteer support meeting 3 times a year, one in the east and one in the west on each occasion. These take place mainly out of doors where we walk, stop and talk, and use the opportunity to update walkers on admin, new courses etc. The leaders find it a useful forum to gain information, confidence and new ways of doing things. This support is essential for the continuation of the Project.
- Support visits to groups are also an essential support mechanism. Being able to meet the volunteers and say 'thanks' means a lot. Walking with volunteer walk leaders and group members brings a lot of information out from the participants. Phone calls and emails to the volunteers play a vital role in keeping in touch and making sure volunteers do not feel isolated.
- Support packs are given to volunteers to enable them to complete their volunteer work. It doubles as a having both a Personal Protective Equipment function and also says 'you are important to this organisation for the work that you do'.
- The Project has run previous Volunteer Celebration events. In 2012 we submitted 4 nominations to PfA for their own PfA Volunteer Awards -Appendix 12. The Project was delighted when Patsy Reynolds won the Volunteer of the Year Award, a richly deserved honour for Patsy for all that she has done for the Project over the last 8 years. We were also able to deliver a presentation of Long Service Award to 8 volunteers in 2012 in recognition of all their hard work in local Cairngorms communities.

CONCLUSIONS

Key conclusions are;

- The CWTHP continues to deliver key health benefits to participants and has the capacity to deliver improved health improvement in the foreseeable future.
- Public agencies supporting the Project can be confident that the Project has enabled them to deliver their own health and community participation priorities.
- The Project has probably reached its maximum geographical boundaries to retain a low cost project with a coherent strategy. However, within its existing communities much consolidation work remains to be done to further involve local health agencies and recruit new walkers to existing groups, thus making best use of the resource and investment to date.
- The links between path improvements, path skills courses and health walks make best use of those resources, and put COAT in the vanguard of

delivering the PfA and Scottish Government vision of *a happier, healthier, greener, more active Scotland*.

RECOMMENDATIONS Based on the results of this evaluation the recommendations for the Project going forward between 2013-2015 are:

- Consolidate the existing geographical and health specific groups in the CNP and surrounding area.
- Given the proven individual and community intervention benefits, in partnership with local health agencies, the project should develop more promotion with patients with health-specific conditions e.g. diabetes patients, weight management, early onset of dementia and cardiac and pulmonary conditions.
- Use the Project and its evidence and findings to influence policy makers.
- Ensure volunteers continue to be supported, trained and their efforts celebrated.
- Consider the resource requirement necessary to consolidate and embed this project into community life in the CNP.

ACKNOWLEDGEMENTS The Board of the Cairngorms Outdoor Access Trust wish to thank and acknowledge the support of the following partners;

Paths for All, Cairngorms National Park Authority, Scottish Natural Heritage, NHS Grampian, Aberdeenshire Council and European LEADER Programme- Cairngorms and Rural Aberdeenshire.



'This project has been part-financed by the Scottish Government and the European Community Rural Aberdeenshire LEADER and Cairngorms Local Action Group LEADER 2007-2013 Programme.'

Appendix 1 - Case Study: Kingussie Health Walk Project

1. Project Summary: The Kingussie Health Walk was set up as a generic community walking group, open to all, and advertised as such within the local community. The walking group was also promoted to local NHS and smoking cessation staff. One of the existing walk leaders has a connection as a volunteer with the Caberfeidh Centre (for people with learning disabilities) in Kingussie, and some of the day-residents started to attend the Walking Group, supported by staff from the Centre.

2. What was the need to be addressed? It was important for the participants from Caberfeidh to be part of a community-led project that would enable them to integrate with other community members; it was not a walking project set up for people with learning difficulties, but one that they could readily participate in, alongside other members of the community. Walking is an easy exercise with low impact, and the Health Walk model of easy, low-level, short walks made it accessible. The opportunity to walk as a regular group activity could help motivate participants to get into a routine, boost their confidence to take part in physical exercise, provide a social focus and moral support. The walks can also help build relationships with other community members.

3.

Which partners were involved?	What role did they play?
Caberfeidh Centre Staff	Identified the need for inclusion in the walks project, liaised with walk leaders, and participate in walk programme.
Cairngorms Outdoor Access Trust (COAT) Health Walks Co-ordinator	Provides expertise, support for volunteer walk leaders and participates in walks.
Community members	Volunteer walk leaders – supported Caberfeidh involvement, and lead walks.

4. What resources were needed? Staff time (Caberfeidh Centre Staff and Jane Cox, COAT Health Walks Co-ordinator; costs borne by NHS Highland and Cairngorms Outdoor Access Trust; COAT obtained funding for project from *inter alia* Cairngorms LEADER and CNPA, SNH, PfA). Volunteer walk leaders time (no cost implications). Venue for meeting before and after walks (Badenoch Centre and local cafes) used for no cost. Refreshments (tea, coffee) pay as you go by individuals.

5. What actually happened? Following a request from staff, members of the Caberfeidh day-centre began to participate in the Kingussie Health Walk Group. Caberfeidh fitted in with the existing location, timing and format of the Group, and have been walking regularly with other community members since 2009. The Group meets in the foyer of the Badenoch Centre every Thursday morning, and a route is agreed for a walk lasting up to an hour. Afterwards there is an opportunity to socialise and to have refreshments in a local café. The walk is led by a COAT health walk leader, and Caberfeidh participants are accompanied by a carer. Group numbers can vary according to the weather and other commitments, but the Caberfeidh participants are stalwart walkers who rarely miss an outing.

6. What was the output of the project? Since 2009 Caberfeidh have participated in a weekly health walk of up to an hour. Apart from a short break over Christmas the Group meets throughout the year, and is attended by approximately 3 to 4 ‘regulars’ from Caberfeidh as part of a community group.

7. What were the outcomes of the project? The outcomes listed below are specified in the Highland Community Planning Partnership Highland Single Outcome Agreement. This document sets out how local outcomes and priorities relate to National Outcomes and provides details of indicators used to assess performance against Local Outcomes:

Local Outcomes: 6.K, 7.K	
Healthy life expectancy is improved especially for the most disadvantaged	√
Local Outcome: 6.L	
The health and independence of older people is maximised.	√
Local Outcome: 7.A	
People across the Highlands have access to the services they need.	√
Local Outcome: 11.C	
Our communities take a greater role in shaping their future.	√

8. What impact did the project have (how do you know)? The fact that the group has been walking regularly since 2009, with Caberfeidh participation throughout, speaks for itself. Carolyn Cornfield, Training and Business Development Manager for Caberfeidh and Kingussie Volunteer Walk Leaders, have made the following observations:

"I would like to thank and congratulate the members of COAT who organise the weekly Health Walk in Kingussie. Participants from Caberfeidh Horizons and Caberfeidh House have benefited greatly by these low level short, easy led walks. The walks enable our client group to mix with other community members and over the years the walk has become a vital part of our weekly timetable. Whilst walking our clients observe nature and enhance their communication skills as well as benefiting from the actual physical exercise. The walks have been received well and I can confirm that our clients look forward avidly to the walk come rain or shine! I would particularly like to mention the walk leaders, whose open friendly approach encourages walkers and whose expertise in assessing the needs of members in the walking group is second to none. As an added bonus of these weekly walks, the group finish the walk in a local cafe where they chat over coffee or hot chocolate, a wonderful opportunity for clients to socialise with each other, the walk leader and the local community. Upon return to the "office" our clients are happy and in high spirits and usually remain cheery for the rest of the day. Thank you COAT."

Carolyn Cornfield
Training & Business Development Manager
Caberfeidh Horizons

"The Kingussie walkers are a very cheery bunch despite the fact that some have particular challenges. They walk in virtually all weathers, including sub-zero temperatures! The core group are all regular attendees who obviously look forward to the walks and enjoy the new places and challenges which the walks bring. Two walkers have noticeably improved their mobility with the remainder being already good walkers. The most noticeable improvements for some are in respect of confidence, sociability, chat and integration into the local community, particularly at the after-walk trip to the Cafe. As leaders we see this as a very positive and satisfying development but impossible to measure. In our opinion this marked improvement is attributable to the Health Walks. The Creag Bheag walk, although not a Health Walk, would not have been attempted without the Health Walks. The satisfaction and sense of achievement of the walkers was tremendous to see.

It is also fair to say that the Leaders gain much enjoyment and satisfaction out of walking with our particular group."

Kingussie Volunteer Walk Leaders

Over the months walk leaders have noted a definite increase in wellbeing and sociability within the Group. This camaraderie was highlighted during 2012 when, inspired by their participation in the weekly walk, some members of the Group, including participants from Caberfeidh, felt they wanted a summer challenge. An outing to Creag Bheag by Kingussie was chosen; the walk could not be attempted under the auspices of a health walk as the terrain and timescale were beyond the usual limits, and would not be suitable for all participants. Nonetheless, on a fine day, and well-supported, several group members successfully reached the summit of Creag Bheag (see photo).

9. What was learned from the project? The Kingussie Health Walk Group provides more than just a supported walking group; it motivates participants to maintain an active and healthy lifestyle, reduces social isolation, promotes inclusivity, and is a volunteering opportunity for those in the community. The Health Walk model of easy, low-level, short, led walks makes it accessible to community members of all abilities who enjoy, and can benefit from, social walking but are unable to participate in other groups.

10. Next Steps:

- We will continue to recruit more volunteer walk leaders so that the group is better able to support a range of abilities, and participants can walk at their own pace.
- The walking group should continue to be widely promoted to others in the community

11. Completed by: Jane Cox

Date: 14th December 2012

12. Photographic evidence or attach copies of other output:



Creag Bheag - 2012

Appendix 2 - Case Study: Aviemore (people with alcohol and drug problems) Health Walks Project

1. Project Summary: This Aviemore based Health Walk was set up as a 'closed' walking group, and was not advertised within the local community. Selected clients with alcohol and drug problems were referred to the group by the Aviemore Community Psychiatric Nurse (CPN); the CPN attended the walking group with clients, and the walk was led by qualified volunteer health walk leaders. It was planned that, where possible, the CPN and two walk leaders (one male, one female) would be available for each walk. It was decided that the presence of male and female walk leaders was desirable to put participants at ease while attending the group. The presence of the CPN was deemed to be essential as she was aware of the client's history and current status with regard to their addiction. The long-term aspiration for the group was for participants to safely participate in other generic health walk groups.

2. What was the need to be addressed? The aim of the group was to try and encourage people with addictions to experience a healthy activity, and to better engage with their environment as a distraction from their own problems. Client confidentiality, and the safety of participants, CPN and walk leaders was paramount, and it was perceived that a robust Risk Assessment, group guidelines and careful route selection were important considerations. We agreed that for the duration of the pilot scheme we would use our own cars to get ourselves and clients to the start-point of our walks.

Walking is an easy exercise with low impact, and the Health Walk model of easy, low-level, short walks makes it accessible to a wide range of people. We hoped that the opportunity to walk as a regular group activity would help motivate clients to get into a routine, boost their confidence to take part in physical exercise, provide a social focus and moral support. As this was to be a 'closed' group we felt it was important to provide a safe, discreet, social, physical activity for people who might feel socially isolated, and unable to participate in existing groups. In due course we hoped to interact with other generic health walk groups and so help build relationships with other community members.

With the help of Paths for All (PfA) contact was made with Lesley McLulich, a Health and Wellbeing worker in Glasgow, who was involved with running a walking group in conjunction with 'Addaction'. Feedback indicated that the walking group was beneficial to service users, and Lesley was able to offer advice for the Aviemore group.

3.

Which partners were involved?	What role did they play?
Community Psychiatric Nurse – Substance Abuse. Badenoch & Strathspey Community Mental Health Team.	Identified the need for inclusion in the walks project, liaised with walk leaders, and participated in walk programme
Cairngorms Outdoor Access Trust (COAT) Health Walks Co-ordinator	Provides expertise, support for volunteer walk leaders and participates in walks
Community members	Volunteer walk leaders – elected to participate in the ‘closed’ walk group.

4. What resources were needed? Staff time (Helen McKerracher, CPN, and Jane Cox, COAT Health Walks Co-ordinator; costs borne by NHS Highland and Cairngorms Outdoor Access Trust; COAT obtained funding for project from *inter alia* Cairngorms LEADER and CNPA, SNH, PfA). Volunteer walk leaders time (no cost implications). The meeting point for the walk was pre-determined and outdoors (no cost). Refreshments (tea, coffee) were carried in flasks provided by CPN/walk leaders, and consumed during the walk. CPN/walk leaders used their own cars to travel the short distance to the starting point of the walks.

5. What actually happened? Following a request from the CPN, a meeting was set up and attended by the CPN, Alan Melrose and Jane Cox. It was agreed to try a pilot walking group over four weeks. The CPN would speak to clients to gauge interest, and then we would agree a day/time/start date and venue.

The first walk was planned for Wednesday 25th April 2012 at 10.30 am, meeting at the car park at the Aviemore Highland Resort (AHR); this point was chosen to be walking distance from Craigellachie Nature Reserve where there are a variety of routes to suit different abilities. Jane Cox and Roy Brown (walk leaders) agreed to lead the group with the CPN in attendance. We were unsure if anyone would turn up, especially as it was raining heavily, but we had one participant and walked the Buzzard Trail in the Reserve (approx 40 mins). There was no post-walk café meeting (as expected), but the participant was sociable and enthusiastic throughout the walk, and it was deemed to be a successful outcome.

A second walk was scheduled for the following week with the Glen Einich track as the venue. A walk of approximately one hour (there and back) was planned; the track was chosen because of its ready accessibility, relatively flat and even terrain

and spectacular open views of the Cairngorms. Refreshments (flasks/biscuits) were provided and carried by the CPN/walk leaders to enable a refreshment stop during the walk. This time there were two participants (one male, one female) who both seemed to enjoy the walk and readily joined in the conversation.

After our initial success, and because neither participant was available for a walk on the third week, the CPN and walk leaders met to discuss the way ahead. We decided that if the participants were willing we would extend the 'pilot' to six weeks. Sadly, we did not manage another outing as clients were either unavailable or cancelled at the last minute; we decided to suspend the walking group at the end of June 2012 when there had been no attendees for several weeks.

6. What was the output of the project? The group successfully completed two walks, the first with one participant, and the second with two participants. On both occasions the participants completed the routes without any problems, and appeared to enjoy the experience. Both participants engaged fully in conversations during the walk, and were sociable and amiable throughout.

7. What were the outcomes of the project? The outcomes listed below are specified in the Highland Community Planning Partnership Highland Single Outcome Agreement. This document sets out how local outcomes and priorities relate to National Outcomes and provides details of indicators used to assess performance against Local Outcomes:

<p>Local Outcome: 9.M</p> <p>Attitudes and behaviours towards alcohol and other drugs are changed and those in need are supported by better prevention and treatment services.</p>	<p>√</p>
<p>Local Outcome: 11.C</p> <p>Our communities take a greater role in shaping their future.</p>	<p>√</p>

8. What impact did the project have (how do you know)? The group only achieved two walks out of the four originally planned for the 'pilot'. No paperwork was completed, as it did not seem appropriate until the group was properly established. From the observations of the walk leaders the walks completed were deemed to be successful. Both participants completed the planned routes and

appeared to enjoy the experience. Conversation flowed and the atmosphere was congenial and sociable and not dissimilar to other generic health walk groups.

Observations by Roy Brown MSc BA (volunteer walk leader):

"I attended as a second 'COAT Walk Leader' on the health walks for people with alcohol and drug problems. I also attended several planning and debrief meetings about the walks with Jane and Helen.

Client confidentiality and creating a safe positive environment so that people could improve their physical and mental health were always the priorities from my observations.

From the two walks that were attended, they seemed successful and positive, and helped us understand issues and requirements. I can only speculate, but I would assume the walks were positive to the participants from their behaviour and their feedback. It is unfortunate that the logistics of dealing with the clients were so difficult and prevented the project from continuing.

I do believe such walks could give significant benefits to participants and should be trialled again if a suitable target audience is identified."

The following is a statement from the Helen McKerracher, CPN – Substance Abuse, Badenoch & Strathspey Community Mental Health Team, summarising her involvement in the project:

"I am unsure when I first contacted Alan Melrose. However I am aware that this was as a direct result of seeing a poster displayed at Grantown Medical Practice. I was keen to look into a walk specifically for people with alcohol and drug problems who I felt were socially isolated and least likely to be involved in healthy activities.

I first met with Alan and Jane on the 27th of February and this was an interesting meeting during which we discussed our aspirations for the group and what we thought may be potential challenges.

Letters were sent out to all my clients on the 28th of March to gauge interest and we initially thought we may get four people to start the walking group on the 25th of April. Unfortunately only one client attended on this occasion, but he appeared to benefit greatly from the interaction and the opportunity to impart his own extensive knowledge of the local area and wildlife.

On the second occasion that we managed to get out walking, two clients attended and both appeared to enjoy the walking, the environment and the social interaction. Neither spoke about their issues with addiction and it seemed to be relaxed and enjoyable for all involved. Unfortunately this was the last walk attended by clients.

In terms of learning, there were a few points. Firstly it appeared that even though some clients were keen to come along it was difficult for them to commit to a set time each week as at times their lives were limited by their use of alcohol. It was also impossible for some to attend totally sober which made us re-think our expectations. There were also transport issues which we tried to address between us. As a group we had to re-visit our boundary setting as during the walks there was the potential for personal information to be exchanged which was not appropriate for the professional relationship I have with my clients. We also discussed issues around confidentiality.

The commitment to the walking group was second to none and both Jane and Roy were keen to continue to make themselves available in the hope that clients would attend. It seemed appropriate to call it a day at the start of the school summer holidays as attendance had been so poor. It is hard to gauge success but it appeared to be beneficial for the two clients who attended in terms of self-esteem and distraction from everyday issues."

9. What was learned from the project? The following learning points were established:

- The unpredictability of clients with regard to turning up for walks, and difficulty in presenting themselves in a sober state; this led to a high support workload for the CPN in weekly reminders and motivation to encourage client participation.
- The importance of CPN presence (or appropriate support worker) so as to have client clinical information within the group without any compromise of confidentiality; this allowed us to maintain separation of counsellor and walk leader responsibilities.
- We were forced to re-assess our expectation for the group and drafted guidelines for participants (which were never issued). These covered issues such as smoking and intoxication, and how they might impact on other group members.
- The unpredictability of the client group led us to assess them as 'high risk' and the Risk Assessment was amended accordingly. An informal 'buddy' system was agreed to ensure neither the CPN or walk leaders would be alone with participants during the walk.
- When clients attended walks it appeared to be a rewarding experience for all involved. The atmosphere was sociable and light-hearted, conversation flowed readily, and there were no difficulties with completing the chosen walk routes.

10. Next Steps:

- Maintain contact with CPN and resume a walk programme if suitable clients are identified.
- Identify existing walk leaders who would be prepared to lead a 'closed' group of this type.

11. Completed by: Jane Cox

Date: 14th December 2012

Appendix 3 - Community Capacity Case Study: Huntly Healthy Helpings Health Walks Project

1. Project Summary: NHS Grampian runs regular eight week long Healthy Helpings weight management classes in Huntly community kitchen involving both practical and theoretical diet and food skills elements. General Practitioners and other health staff at the Huntly Medical Practice and a range of other services prescribe and signpost patients or clients to the programmes offered. These classes have been supplemented with a weekly health walk in Huntly, which participants can continue to attend to help maintain weight loss and improve overall physical and mental health.

2. What was the need to be addressed? Participants of the Huntly Healthy Helpings weight management class identified that supported walks would enhance the success of their weight loss programme. When discussing the importance of exercise as a part of the weight management class, they noted that walking was their exercise of choice and that the opportunity to do this as a regular group activity would help motivate them to get into a routine, boost their confidence to take part in physical exercise, provide a social focus and moral support. The walks will also provide an ongoing focus for agency and peer support in relation to weight loss once participants have completed the eight week class.

3.

Which partners were involved?	What role did they play?
NHS Health Development Worker	Identified need for walks project, liaison with COAT, organises and participates in walk programme
Cairngorms Outdoor Access Trust (COAT) Health Walks Co-ordinator	Provides expertise, support for volunteer walk leaders and participates in walks
Community members	Volunteer walk leaders

4. What resources were needed? Staff time (Ingrid Penny, NHS Health Development Worker and Alan Melrose, COAT Health Walks Co-ordinator; costs borne by NHS Grampian and Cairngorms Outdoor Access Trust; COAT obtained

funding for project from *inter alia* Aberdeenshire LEADER and Aberdeenshire Council). Volunteer walk leaders time (no cost implications). Venue for meeting before and after walks (Huntly Community Kitchen in Linden Centre) provided free of charge. Refreshments (tea, coffee and fruit) provided using £0.50 weekly membership fee collected from participants.

5. What actually happened? Following a request from Ingrid Penny, Alan Melrose came to talk to the Huntly Healthy Helpings weight management class in March 2012 about the benefits of health walks. Ingrid discussed the favoured time, location and format with the group and the walks started on 27th April 2012. The group meets in the community kitchen every Friday morning, agrees a route, the walk lasts for approximately 40 minutes and afterwards there is an opportunity to socialise/have refreshments in the community kitchen. The group is accompanied by Ingrid Penny, Alan Melrose and volunteer walk leaders to provide support. The walks are attended by former and current members of the weight management class and has also been promoted by word of mouth to others in the community who may find it beneficial.

6. What was the output of the project? Since 27th April 2012 a 40 minute long weekly health walk attended by approximately 6 to 7 people has been delivered.

7. What were the outcomes of the project? The outcomes listed below are specified in Aberdeenshire Community Planning Partnership Aberdeenshire Single Outcome Agreement 2012/13. This document sets out how local outcomes and priorities relate to National Outcomes and provides details of indicators used to assess performance against Local Outcomes:

<p>Local Outcome: OP1</p> <p>People who require health and community care services are enabled to sustain and improve their health, manage their long term condition, cope with disability and live as independently as possible</p>	<p>√</p>
<p>Local Outcome: OP2</p> <p>People are enabled to make better life choices and lead healthier lives</p>	<p>√</p>
<p>Local Outcome: OP5</p> <p>Older people feel valued and treated as equal members of society.</p>	<p>√</p>

<p>Local Outcome: S1</p> <p>Successful, achieving, inclusive communities with the confidence, capability and capacity to tackle the things that matter to them</p>	√
<p>Local Outcome: S2</p> <p>Strong, local communities through the contributions of volunteers</p>	√
<p>Local Outcome: S3</p> <p>Community planning partner services are responsive to local people's needs</p>	√

10. What impact did the project have (how do you know)? The walk has currently been running for three months and data is being collated by Ingrid Penny in relation to the weight loss of those who have attended (to be included when available). Those attending the walks have provided the following feedback on the impact of the walks on them personally:

- *Being with the group helps build my confidence back up after a long time leg injury. It helps with weight loss and this will get me back to my work. NB this person lost one and a half stone in one month whilst on the healthy helpings programme*
- *Gets my heart rate up and having arthritis, gets me mobile*
- *Having mild bronco extasis I find the exercise beneficial and it also helps weight wise*
- *Friendship, meet new people*
- *Weight maintenance, regular exercise.*

11. What was learned from the project? The walking group provides more than just supported exercise to assist with weight loss; it motivates participants to maintain an active and healthy lifestyle, reduces social isolation, promotes inclusivity and is a volunteering opportunity for those in the community. The partnership approach to developing the project has been successful in establishing tailored health walks for those wishing to lose weight.

10. Next Steps:

- More volunteer walk leaders need to be recruited to allow participants to walk at their own pace thereby maximising the health benefits (three per walk are required)
- The group should move towards being self managed rather than agency lead

- The walking group should be more widely promoted to others in the community
- An Early Years, young mums walking group is being piloted, with referrals via agencies.

11. Completed by: Lizzy Shepherd

Date: 24th July 2012

12. Photographic evidence or attach copies of other output:



Huntly Healthy Helpings Health Walk Project 20th July 2012

Appendix 4 - Case Study: Alzheimer's Scotland Dementia Health Walks Project

1. Project Summary: The Alzheimer's Scotland, South Aberdeenshire Service and the Cairngorms Walking to Health Project have been working together for over 7 years to deliver a Health walk to support their Café project and also a Nordic walking session for the younger, more fitter service users. Carers are also included in these walking groups. The Walking to Health Group started in September 2005 and the Nordic Walking session started in February 2007.

2. What was the need to be addressed? It is important for service users to keep an active a lifestyle as possible as there is good research which demonstrates that physical activity can delay the onset of dementia. As well as service users, walking to health was considered as a positive activity for carers in a supportive environment. Therefore, the main aims of the project were;

- to introduce physical exercise to people with dementia and carers of people with dementia
- to give people with dementia and carers the opportunity to meet new people in a relaxed situation.
- to offer social support to participants
- to give participants opportunity to take up a new interest and to try a new activity.
- to give participants the opportunity to become involved in the running and organisation of the group.
- to give participants training opportunities to become volunteer Health walk leaders.

3.

Which partners were involved?	What role did they play?
Alzheimer's Scotland, Service Manager, South Aberdeenshire	Identified need for Nordic health walk opportunity, liaison with COAT, organises and participates in Nordic walk programme
Alzheimer's Scotland, Assistant Service Manager, South Aberdeenshire	Identified need for health walks project, liaison with COAT, organises and participates in café walk programme
Cairngorms Outdoor Access Trust (COAT) Health Walks Co-ordinator	Provides expertise, support and training for volunteer walk leaders and participates in walks

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4. What resources were needed? Staff time (Sarah Duff and Fran Kelly, Alzheimer's Scotland South Aberdeenshire staff and Alan Melrose, COAT Health Walks Co-ordinator; costs borne by Alzheimer's Scotland and Cairngorms Outdoor Access Trust; COAT obtained funding for project from *inter alia* Paths for All, CNPA, SNH and the Cairngorms and Rural Aberdeenshire LEADER Programme). Volunteer walk leaders time (no cost implications). Venue for meeting before and after walks provided free of charge. Refreshments (tea, coffee and fruit) provided from Alzheimer's Scotland funds.

5. What actually happened? The Walking to Health Co-ordinator plans the walks to include facts about the local area, wildlife and local history. Participants in the group are often keen to share their own experiences and to reminisce about their childhood in the local area and they are encouraged to do so. Participants share in the planning and organisation of the walks and have been encouraged to train as volunteer Walk Leaders with Paths for All. Three carers and two service users have taken this opportunity and found it to be a most worthwhile experience and use their skills to help with the organisation of the walks. Knowledge and experience gained has enabled carers and support staff to offer additional short health walks to service users.

6. What was the output of the project? The walks have been completed on mostly a monthly basis except where the weather has forced the cancellation. The following is a record of Health walks delivered, number of participants and walk leaders and an estimate of the number of volunteer hours delivered on behalf of this project.

Walk Description	Number of Health walks delivered,(to Jan 2013)	Number of Walkers (Average number of walkers per attendance)	Number of trained and currently active volunteers	Volunteer hours delivered
Health walk to support the Café project	80	22-25	3	480
Nordic walk session	72	16-18	2	288

TOTALS	152		5	768
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7. What were the outcomes of the project? The outcomes listed below are specified in Aberdeenshire Community Planning Partnership [Aberdeenshire Single Outcome Agreement 2012/13](#). This document sets out how local outcomes and priorities relate to National Outcomes and provides details of indicators used to assess performance against Local Outcomes:

Local Outcome: OP1 People who require health and community care services are enabled to sustain and improve their health, manage their long term condition, cope with disability and live as independently as possible	√
Local Outcome: OP2 People are enabled to make better life choices and lead healthier lives	√
Local Outcome: OP5 Older people feel valued and treated as equal members of society.	√
Local Outcome: S1 Successful, achieving, inclusive communities with the confidence, capability and capacity to tackle the things that matter to them	√
Local Outcome: S2 Strong, local communities through the contributions of volunteers	√
Local Outcome: S3 Community planning partner services are responsive to local people's needs	√

12. What impact did the project have (how do you know)? The walk groups have been operating for 6/7 years and have been subject to regular review. Participants are asked to reflect on their walking activity and asked to note any difference it has made to them in relation to their physical and mental health improvement and any other social or community activities they have taken part in as a result of attending the Alzheimer's health walk groups.

- *The cafe walk is really enjoyable, friendly, the walking, all the people, it's a dream,*
- *A very nice crowd, walking in a group, people have time for everyone,*
- *Everyone is so friendly and the walks are very enjoyable*
- *It is a wonderful way to enjoy other people as well as give us the opportunity to keep fit*
- *It's always good to get out in the fresh air and join a group of such friendly folk*
- *The atmosphere at the walking group is very active and friendly*

(Participant comments taken from feedback sessions April and Oct 2012)

13. What was learned from the project? The walking groups provide more than just supported exercise for those affected by dementia. It provides supported care with service users as part of our service provision but it also motivates participants to maintain an active and healthy lifestyle, reduces social isolation, promotes inclusivity and is an ongoing volunteering opportunity for some of our carers. The partnership approach between Alzheimer's Scotland and COAT to developing the groups has been successful in establishing health walks and Nordic walking in our programmes.

10. Next Steps: Continue to look to see how walking to health can make a difference for our service users and carers in managing and coping with dementia.

11. Completed by: Alan Melrose and Sarah Duff Date: 12 Dec 2013

Appendix 5,6 7 and 8 - Focus Groups with Glen Tanar, Carr-bridge, Alford and Nethy.

GROUP	Glen Tanar	DATE	04/01/13	VENUE	Huntly Arms Hotel
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1. We think that Walking to Health aids physical fitness and overall well-being. What has been your experience of attending this group? What difference has it made to you?

“The walking to health group was essential for me to get back into walking after an extended period of not walking regularly.”

“The group was very helpful to me in getting the discipline to go back out walking in the rain, many thanks.”

“I like the idea that I can meet friends and enjoy their company.”

“The group walk each week has affected my fitness level, I feel much better and my BP is down since joining.”

“The group has given me confidence in my ability to walk at other times.”

“The organised walk is essential for me to come along.

“Regular walking and getting out each week does make me feel better in my head.”

2. Have you made new friends, increased your regular walking, joined other clubs through meeting new people, learned new skills? If so, please describe:

“Since I have re-started walking I have joined another walking group in Strathdon.”

“Taken up yoga.”

“I have introduced my other group to Glen Tanar and the Ranger service.”

“We learn so much about the natural heritage from Mike of the Ranger Service.”

“My wife and I have both become new walk leaders.”

“I like to bring new friends and visitors to Glen Tanar because I now have the confidence and learned new things from Mike.”

“I have joined the Upper Deeside Art Society after talking to Anna.”

“As a group we have went to a few local coffee mornings after the walk to support local groups e.g. Macmillan and MS. We also had a Christmas lunch, which was very nice.”

“I have made good friends through the group.”

“We went to a NEOS event in Glenbuchat as a small group of friends.”

“I now feel confident to take my husband who has had a knee replacement on other walks.”

“The group has learned so much from Mike and Glen Tanar is a great venue for the walk.”

3. What else could the Walking to Health group do to help you further improve your physical fitness and well-being?

“Please keep it as it is.”

“Keep the social aspect of the group.”

“Walking to Health groups are a wonderful idea.”

“Information on other walking to health groups.” (2)

“Nothing really I have found a level that suits me at the moment.”

“When my wife suggested I come I was not too keen, now I am very keen and consider myself a regular and would miss it if it wasn't there.”

“I would like longer more challenging walks now, even if it was once a month.”

“Would it be possible to get a list of walker's contacts so we can make informal arrangements to meet on other days.”

STATEMENT FROM GLEN TANAR CHARITABLE TRUST RANGER SERVICE

We started doing therapeutic walks over a decade ago, as part of the 'Fit like Aboyne' initiative, co-ordinated by Aboyne Health Centre, with the active participation of Anne Williams, Health Visitor. These were successful in attracting participants who otherwise would not have been active. However, this was somewhat 'ahead of its time', and was discontinued due to lack of funding. We were therefore extremely pleased to see the concept being revitalised, in the form of the 'Walking to Health' programme. The support provided by this has enabled us to host a successful programme over several years. Whilst new folk join as others 'graduate', for many, the regularity and continuity underpinned by the programme is extremely important.

Consequently, the Walking to Health Group has been very successful over the last few years. From the Ranger Service point of view we enjoy being able to get involved and support the Cairngorms Walking to Health Project and the local Glen Tanar volunteer led group. It has enabled us to reach out into the community, and to work with a local group, introducing them to the natural and cultural heritage of both Glen Tanar Estate and the Cairngorms National Park. We have noticed how walkers are now more able to do the walks with more confidence and ease from their early meetings, and contribute more confidently in discussion during the walks. And we recognise the value of the group in encouraging regular activity in the outdoors.

GROUP	Carr-bridge	DATE	13/12/12	VENUE	Post-walk café stop
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1 We think that Walking to Health aids physical fitness and overall well-being. What has been your experience of attending this group? What difference has it made to you?

'The Health Walk is a very social outing. You're motivated to walk with the group when you might not have ventured out to walk alone, especially if the weather's not

so good. Once you're out to meet the others and dressed for the outdoors you might as well walk, so there's little chance of 'cheating' and going straight to the café.

We have improved our familiarisation of the local area and walks, and also our wildlife knowledge as there's always something interesting to see and discuss.'

2 Have you made new friends, increased your regular walking, joined other clubs through meeting new people, learned new skills? If so, please describe:

'One person in the group came along as they were new to the area, liked walking, and wanted to meet people from the community. Those of us who were already acquainted feel that we've got to know each other better through the walking group. Many of the group members also meet up at other groups, such as Tai Chi, and the knitting group – there is an element of mutual encouragement, and group members are always interested in hearing about local events from each other.'

We notice the wildlife when walking, and as a group our nature knowledge has improved. Knowledge is shared amongst the group – lots of it from the walk leader, and we will look things up that are new to us.'

3 What else could the Walking to Health group do to help you further improve your physical fitness and well-being?

'We have heard about the 'Strength and Balance' exercises and seen the PfA leaflet. We will try them out as a group when the weather improves – we think it's generally too cold at present (December) to extend the walk time/stand still too long.'

GROUP	Alford	DATE	23 January 2013	VENUE	Alford Golf Club
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1 We think that Walking to Health aids physical fitness and overall well-being. What has been your experience of attending this group? What difference has it made to you?

Poor balance is helped by the short walks.

I find it means I leave the house instead of making excuses of any kind, weather, can't be bothered etc. So my attitude is 'healthier' as I am now committed to the groups.

I enjoy the fresh air and meeting friendly company.

Fresh air with friends make an excellent difference.

I look forward to the walks each week.

It keeps me swalk and good company too!

Very enjoyable and I feel better afterwards.

Good for my health as it gets me out the house and into company.

Gives me exercise.

2 Have you made new friends, increased your regular walking, joined other clubs through meeting new people, learned new skills? If so, please describe:

Very friendly group and company.

I have certainly made new friends and it has encouraged me to join other groups locally.

I have made new friends and met up again with old friends.

Meeting interesting people.

lots of new friends and topics to talk about.

Yes, new friends and a member of several clubs.

Made new friends and increased my walking.

3 What else could the Walking to Health group do to help you further improve your physical fitness and well-being?

The group is already doing good I can't think of additional ways to improve our fitness.

Perhaps going a little further away from our village more often than every 6 weeks or so during summertime.

My other clubs are more than enough for me.

Perhaps another walk now and then as well as the Wednesday.

Maybe an extra walk (with fly!) maybe once a month further afield.

Best thing I have done.

Limited in walks in Alford. Appreciate when we go further afield.

GROUP	Nethy Bridge	DATE	18/12/12	VENUE	Nethy Bridge Community Centre
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1 We think that Walking to Health aids physical fitness and overall well-being. What has been your experience of attending this group? What difference has it made to you?

'You are motivated to get out and go walking through a sense of commitment to other group members. You know that (weather permitting) someone will always be available to walk with you, and so you sometimes go when the weather is getting you down, and you were tempted to stay in the warm. You always feel better for getting a little fresh air – a much better way to exercise, even in the winter, than attending an indoor exercise class. The companionship of other group members is valuable, as is the opportunity to have a chat and exchange views on current and local affairs (always a hot topic in a small village!). Although you're walking with other people it can feel like time to yourself (you-time) – away from your normal routine and enjoying the company of different people.'

2 Have you made new friends, increased your regular walking, joined other clubs through meeting new people, learned new skills? If so, please describe:

'Many of us didn't know each other properly before walking with the Group. We had probably 'bumped' into each other, but we didn't know each other's names. In many cases some of us only meet up thro' the Health Walk Group, whilst others also meet at the Church, WRI, Knitting Group etc. I think we now consider ourselves to be friends. This diversity keeps us all current with what different local groups are doing – especially with regard to community projects.'

Some of the Group were less familiar with local paths and how they could be joined up as a walk. We like to vary our walks when we can, and to explore routes that some participants might not have walked recently, so our knowledge of the local area is improving as a group. Some of our older members know the local informal names of paths (and why they are so named), so we feel that we are, in a small way, preserving local knowledge that is not recorded elsewhere. We also enjoy noticing nature and exchanging information on what we've seen – we are lucky to have the

services of the Explore Abernethy Ranger to help us with identification – and we can pass on to her any interesting sightings.

If group members are unable to make the walk due to an appointment, or they are feeling 'under the weather', they are encouraged to join the rest of us for a social cup of tea, and to hear where we've been and what we've seen.'

3 What else could the Walking to Health group do to help you further improve your physical fitness and well-being?

'We have seen the 'Strength and Balance' exercise leaflets produced by PfA, and we are keen to try some of the exercises either during our walk, or at tea-time. We are waiting for better weather when it's not icy underfoot, and some of our older participants will feel more confident to venture out.'

Appendix 9 - Personal Testimony

1 Participant 1

Hi! Alan some feedback for the health walks project.

"My injury started in 2009 and had a severe impact with my well being. Numerous hospital visit and stays in the Huntly Jubilee Hospital plus referrals and visits to Foresterhill Aberdeen. This went on for a few years having a severe impact with my mobility and health overweight being a main factor. In 2011 I was off my work for the third time and being seen by the nurse three times a week. Referral made by my Dr to Health Walks Project. Ingrid who is in charge and runs the group was and still is most helpful with diet classes and advice to the group that I joined. After good progress the group moved from the health centre to the Linden Centre for more group work. Diet education continued with health walks in and around Huntly was added to the group activities. After our walk we would have a social fly cup. A lecture on healthy living would follow delivered by Ingrid. Alan joined us for our walks on a Friday giving good health and safety advice. Results of the entire group working my self esteem shot up and I lost weight at a sensible pace and my mobility also improved with the walks. The group hope to continue and go to the Huntly Fitness centre for a new project. With all the input from the group and all staff I hope to get back to work soon,

Kind regards,

(Name removed)"

2 Participant 2

The following was transcribed by the Scheme Co-ordinator with permission from participant.

"I first started walking with the local walking to health group in 2004. I had just been diagnosed with heart problems and needed to increase my walking. At the start I didn't have much confidence to walk far. Gradually with the leaders support I was able to increase the distance. Soon after that I felt able to go and visit family which I had not been doing when I was first diagnosed with heart problems. I got so much from the group and even started taking the money for the fly cup, including getting a right reputation for myself. The friendship and companionship of the group is a life saver for me. I have a few problems with my memory at the moment but I get picked up by the leader and still meet the group for their cup of tea and chat at the end of the walk. There are few places I can go out now but the walking to health group is one and I make the best of it. I wish the project all the best and it goes on and on."

3 Volunteer Walk Leader 1

The following is some feedback from a Volunteer Walk Leader.

"On the local Health walk I was given an opportunity to regularly walk and explore the local area with the quiet sociability of like-minded folk in a non competitive environment. The social contact allowed some personal 'me' time and personal focus when otherwise life is spent meeting the needs of family and demands of work/other dependants. It also helped to aid my recovery following surgery for cancer – regaining my physical stamina and mental confidence towards my own health and ability. This also contributes to on-going pain management following neck/disc injury - with improved mental health and continuing fitness.

I enjoy being supportive of others as a Volunteer Walk Leader. The group enjoy the exercise, fresh air and weight loss. Acceptance and laughter has been the best medicine as being a volunteer walk leader has helped me to gain in confidence following recovery from my illness.

The experience gained as volunteer working with and identifying individual needs of adults and those with learning disabilities had led me to return to full-time employment as a Special Needs Assistant in the Support for Learning and going on to further education.

Recovering from injury and again returning to Health Walks led to my current position as a Volunteer Support Worker within Cairngorms Walking to Health Project.

I now go walking by myself, with others and also with friends exploring local paths and hill walking and going on walking holidays.

I appreciate and value the personal commitment Volunteers give in facilitating their Walking to Health Group. The contribution that each individual walker makes by attending their group when they can is also to be valued and should be noted."

Appendix 10 - Table 1: Walking Groups – location, walks, walkers, volunteers and volunteer hours.

Walk Group Location	Number of walks delivered (April 11-Jan 2013)	Number of walkers	Number of trained and currently active volunteers	Volunteer hours delivered
Aboyne	75	9	3	300
Aboyne New Mums	6	4	1	24
Aboyne - Alzheimer's Café	22	25	3	88
Glen Tanar	78	16	4	234
Braemar	75	13	2	300
Ballater	78	16	5	468
Ballater - New mums	14	8	1	24
CLAN - Ballater	12	9	2	48
Deeside - Alzheimer's Nordic Walk	30	22	4	120
Finzean	0	0	2	0
Lumphanan	75	8	1	150
Logie Coldstone	60	11	3	360
Tarland – Day	30	12	2	120
Tarland – evening	38	14	2	152
Torphins 1	70	12	4	420
Torphins 2	50	4	2	100
Alford	75	16	2	300
Alford New Mums	3	6	1	6
Huntly	35	12	2	70
Strathdon	60	14	3	240
Strathdon – Diabetes	40	12	3	160

Aviemore	75	10	1	150
Aviemore with CPN	6	5	1	12
Aviemore New Mums	3	4	1	6
Carr-bridge	78	8	2	312
Boat of Garten	24	10	2	96
Dulnain	0	0	0	0
Grantown On Spey 1	75	14	2	300
Grantown On Spey 2	40	7	1	80
Grantown- Smoking Cessation	0	0	0	0
Nethybridge	60	8	3	240
Kingussie	78	14	4	468
Newtonmore and Dalwhinnie	12	8	2	48
33 active groups	1377 Health walks	331 walkers	71 active volunteers	5396 volunteer hours

Appendix 11 - The SNH 'Nature of Scotland' article



Walking back to health

Five years ago the Cairngorms Outdoor Access Trust expanded the 'Walking to Health' programme to cover the Cairngorms National Park and surrounding area. The results have been spectacular.

“These health walks are a better tonic than any doctor can provide.” That was the view of one happy participant after a Walking to Health outing. And that kind of comment is by no means rare.

The Cairngorms Walking to Health Programme is a shining example of the positive impact local initiatives can make. Run by the Cairngorms Outdoor Access Trust (COAT) the health walks provide short, safe, local walks targeted at people who could benefit from being more physically active. Trained volunteers from the local community lead the walks, which last on average between 30 and 60 minutes.

In one sense the walks can focus on a specific range of known health issues – such as Alzheimer’s disease, diabetes, low levels of physical activity and smoking. But the project also makes the most of local community greenspaces and they are a relatively inexpensive way to address a range of local priorities, including tackling increased social isolation and improving general mental health and well-being.

Alan Melrose is the Health Walks project co-ordinator for COAT and explains how the programme works and why it has been a great success.

“There are now 32 groups operating in the towns and villages around the Cairngorms National Park area. The Ballater group, which has been running for six years now, is a good example of the model. Once a week they set off from the church hall with a group leader who has assessed their walk for gradient and suitability in advance. Most of

1
Getting out and about in the sunshine with the Ballater Walking to Health group on their weekly outing this spring.

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For many in the group having others to enjoy the outdoors with is a huge bonus.



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these walks are in the immediate vicinity of Ballater, but as confidence has grown they now occasionally spread their wings a little farther, for example to nearby Dinnet. The walks always end with a cup of tea and a chat; it's a social as well as a physical experience.

"There is huge value in the social network the groups create. The walks become a shared experience and so many of our walkers say that it is easier to both start off walking in a group and keep attending if they remain in a group. Often they feel that they make strong friendships this way and there is a sense of shared purpose and enjoyment.

"We keep statistics on the numbers coming along to all of our walks and recently evaluated our programme. We ran over 1,000 health walks between April 2011 and March 2012 and each week we reckon we had an average of 230 walkers join in.

"One of the lasting benefits is that we have trained 60 Walk Leaders since 2006 and this has helped us greatly in expanding the reach of the project." The project provides the formal training, support meetings and walk equipment to support the recruitment and development of the volunteer leaders.

Patsy and Martin Reynolds are two of the volunteer walk leaders and they enthuse about the programme and want to see it thrive. "What I see is a group of people walking together in beautiful surroundings, enjoying their walk, the company, and their ability now to walk farther than when they joined," said Patsy "... and all we have to do as leaders is make that possible."

Cairngorms Walking to Health project started life in 2004 as a community health and learning initiative. It is a low-cost scheme at just £30,000 to deliver annually, which equals a spend of approximately £140 per walker.

"I joined the 'Walking to Health' group to get fit, and felt much better for it."



The project now sits under Cairngorms Outdoor Access Trust leadership, which seeks to maintain and develop the suite of health walks whilst supporting the upgrade and development of local paths between communities for the benefit of locals and visitors alike.

There is no doubt that the scheme can increase participants' physical fitness and therefore their general health. What is now becoming increasingly evident are the social benefits of walking as part of group. As well as the valuable social company there is a growing belief that being in a group motivates many to keep attending.

Recently Alan has noted comments such as "When I am walking on my own I am just walking. With the group you've got the company there and you have a laugh. You talk about various different things and share experiences. It makes it more interesting."

Another enthusiastic walker explained "It's good to have a regular walking date each week, because if there's a set day and time it makes me go on the walk I might otherwise find other things to do."

Scotland has on occasion been referred to as 'the sick man of Europe'. It was a title nobody could be anything but disappointed with. The COAT initiative is a good example of how national issues are being tackled at a local level for the benefit of individuals and communities.

Funded by the Cairngorms National Park Authority, Scottish Natural Heritage, Paths for All Partnership and both the Cairngorms and Rural Aberdeenshire LEADER Programmes, this project looks set to deliver lasting benefits for some time to come.

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The walks enable locals to forge lasting friendships whilst finding a shared purpose and enjoyment.

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Beyond the walks themselves, the project works to promote access awareness and interest through production of path leaflets, information boards, the local press and websites.

Appendix 12 - Award Nominations for Volunteer Walk Leaders

Many of our volunteer walk leaders have retired from full-time work, but find their lives busier than ever as they volunteer within their communities, provide care for grandchildren or other family members, or make the transition to part-time employment. Since 2006 we have trained 88 walk leaders, and most of these people are still volunteering with the Project. Providing an accessible support network, personal development by way of additional training, and recognition of their continued contribution helps to make our volunteers feel valued, and encourages their continued, and vital, support.

In 2012 four of the Project's walk leaders were nominated for the Paths for All (PfA) Volunteer Walk Leader of the Year Award. These ladies are all long-term volunteers for the Project, and have conscientiously turned up week after week to lead their groups; they are dedicated to their walkers and often manage their other commitments so as to de-conflict with their regular slot with the walking group.

Mary's interest in walking and the outdoors was a hobby that developed later in her life, and she sets a great example to her group with her active lifestyle. Mary's love of walking and the desire to volunteer and help others brought her to the Project about 8 years ago, but being able to encourage and support others to share that enjoyment has provided the incentive to keep her going. Mary rarely misses a walk and has led her group largely single-handedly.

Margaret joined the Walking to Health Project more than 4 years ago after responding to an article in a local paper. She had recently moved to the area and thought it would be a good way to volunteer in the Community. Margaret moved on to start a health walk group in her home village, and her new group has gone from strength to strength and regularly turns out year-round, whatever the weather.

Although Joyce works she rarely misses a walk through the summer months, and is always encouraging her ladies to recruit new walkers. Joyce got the walking bug, and has completed all sections of the Speyside Way and Dava Way as a personal challenge. Her incentive to join the Health Walk more than 4 years ago was to support her partner, and her reason for continuing is consummate loyalty to 'her ladies' who greatly appreciate their weekly walk.

All of these ladies were awarded certificates by PfA for their dedication, loyalty, encouragement and friendship. They are all great ambassadors for Walking to Health and an inspiration to their groups.

It is a great credit to the Cairngorms Walking to Health Project that one of our walk leaders won the Volunteer of the Year Award. Patsy Reynolds has for 8 years been the most fantastic and inspirational health walk leader.

Patsy has been involved from the very start of the Cairngorms Walking to Health Project. Patsy's group has gone through all stages of development as people come along, experience the Health Walk group, gain some personal health benefits and move on, soon to be replaced by another group of local folk who want to be part of the group. Patsy believes in what she does, has witnessed the health benefits, and is a great ambassador for Health Walks, even recruiting her husband as a walk leader.

Patsy was singled out for 'going that extra mile' for her group and community; from taking participants to the airport or doctors, collecting shopping, and even inviting a single elderly group member to Christmas dinner with her family. Patsy makes a real difference within her local community through her contribution to the Community Development process. Her support to the Project, its management, and other health walk volunteers has been invaluable, and the award of Volunteer Walk Leader of the Year 2012 rightly acknowledges her fantastic contribution.



Patsy receiving her well deserved Volunteer of the Year Award at the PfA National Conference Glasgow 27 September 2012.