

Public Health and Wellbeing:
The Transformative Power of Outdoor Recreation



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CRN is a network which:

- Covers the United Kingdom and Republic of Ireland
- Gives easy access to information on matters relating to outdoor recreation
- Reaches organisations and individuals in the public, private and voluntary sectors
- Networks thousands of interested people

The Network helps the work of agencies and individuals in three areas:

Research

To encourage cooperation between members in identifying and promoting the need for research related to outdoor recreation, to encourage joint ventures in undertaking research and to disseminate information about members' recreation programmes.

Liaison

To promote information exchange relating to outdoor recreation and to foster general debate about relevant trends and issues.

Good Practice

To share information to develop best practice through training and professional development in provision for and management of outdoor recreation.

If you'd like to contribute an article to a future edition of the CRN journal, please contact our Secretariat. We'd love to hear from you.

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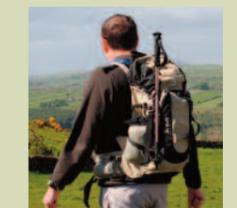
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Countryside Recreation Network

Welcome and Introduction

by Martin Key, CRN Communications Officer

In the previous issue we heard about the latest developments in green infrastructure and the recurring theme was about accessibility and community participation. This theme remains but as the cuts begin to bite in 2012 the agenda will shift to how recreation can make a difference to the bottom line - the social return on investment. Outdoor recreation can play its part in moving spend away from medical interventions to preventative care and in this issue, we will hear from professionals who are doing just that.

In 2012 the Health and Social Care Bill will gain royal assent with the Government promising to use it to put local communities at the heart of public health. Proposals include the creation of a new public health body to channel funding to communities and health and wellbeing boards to facilitate coordination between local stakeholders.

Public health and wellbeing is moving from an exclusively public domain to a private issue. Responsibility deals are encouraging multinationals to warn customers about eating too much of their food, choice is being introduced to the NHS and communities are being asked to save their green spaces through the new planning system. The Government is trying to nudge us towards taking more responsibility by simplifying health and safety requirements and reducing the risk of liability to volunteers and landowners. GPs will have responsibility for budget-setting and will be seeking ways to reduce costs. Health and wellbeing boards are being set up to create stronger links between medical professional, local authorities and community organisations, to shift patients from expensive medical treatment to preventative care.

The many benefits of physical activity for health are well documented. Evidence clearly shows that greater levels of participation in sport and physical recreation lead to a happier and healthier society. Physical

activity brings significant benefits in tackling a wide range of common diseases for people of all ages, and inactivity is as major a factor of chronic diseases¹ as smoking and an unhealthy diet. Despite the benefits on offer, levels of physical activity in England remain low. The Department of Health's most recent survey revealed that only a quarter of adults reported that they regularly took part in sport and recreation and less than half of respondents said they made walks of twenty minutes or more at least three times a week².

The costs of not being physically active are astonishing. The direct costs associated with physical inactivity are estimated to be between £1 billion and £1.8 billion³, excluding the far greater indirect financial costs to society which are estimated to exceed a further £5 billion. Without decisive action the costs of tackling obesity could reach £50 billion by the year 2050⁴. It is vitally important to reverse the current situation where a majority of adults are either overweight or obese while a minority meet guidelines for regular physical activity⁵.

The benefits of physical activity for health are well known but less known is how we harness these benefits to have mass appeal. Outdoor recreation and increasing the use of green space can be inexpensive to deliver and can bring about lasting improvement for individuals of every age and background. It is clear that there can be no effective strategy for public health which does not promote forms of outdoor physical recreation.

Those of us who work in the field of outdoor recreation, be it on improving infrastructure, or on programmes to increase participation, will be in a stronger position if we can show the social return on investment. This issue will look at how fellow professional are doing just that.



Health by Stealth: How planners and communities hold the key to an active population

Georgina Smith, NHS Gloucestershire and The Gloucestershire NICE Physical Activity and The Environment Programme Board

*"The evidence shows that green space does more than pretty up the neighbourhood; it seems to have real effects on health and health inequality, of the kind that politicians, planners and health staff should take seriously"*¹

The physical and natural environment in which we live and work influences how we use the space around us and our lifestyles. If stairs are tucked away, the lift will become the default option. In communities with poor public transport links or an absence of safe walking and cycling routes, the car remains king. As obesity and environmentalism rise up the policy agenda, we need to recognise that planning and design are part of the problem, but more importantly part of the solution.

The economic and social costs of a physically inactive population are striking. On average inactivity costs every primary care trust in England £5 million per year as a consequence of the link with preventable ill health. The wider costs to society and business are estimated to reach £50 billion per year by 2050². As the Chief Medical Officer and others have acknowledged, action to reduce these costs by promoting physical activity can deliver real long term economic and health benefits. And yet currently only 40% of men and 28% of women reach the target of 30 minutes of physical activity 5 times per week.

*"The benefits of regular physical activity to health, longevity, well being and protection from serious illness have long been established. They easily surpass the effectiveness of any drugs or other medical treatment. The challenge for everyone, young and old alike, is to build these benefits into their daily lives."*³

It is a truism, that people living in the most deprived neighbourhoods die earlier and experience worse health than those living in the least deprived neighbourhoods. Social inequalities in health outcomes are also reflected in people's access to decent living environments. The Marmot Review (2010), an in depth study of health inequalities, identified the difference that 'good design principles' could make to the physical health of communities and their mental wellbeing. Marmot highlighted several priority areas for action in poorer neighborhoods, including better infrastructure for active travel and improved access to open and green spaces. Notably, the Review stipulated that there should be a park or small supervised play area within 4 minutes walk of every family home.⁴

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Planning as a catalyst for lifestyle change was recognized by the National Institute for Health and Clinical Excellence (NICE) in its 2008 guidance: 'Promoting or Creating Built or Natural Environments that Encourage and Support Physical Activity'. NICE, better known for assessing the effectiveness of clinical interventions evidenced the integral relationship between our environment and our health. The guidance highlighted the need for all spatial planning to provide a comprehensive network of routes for walking, cycling and other more sustainable modes of transport. These routes should connect to open spaces, workplaces, homes, schools and other public facilities; thereby creating communities which offer everyone (including people whose mobility is impaired) convenient and attractive access to their destination and also the opportunity for 'active travel'.

Gloucestershire was one of the first counties in England, to take forward the NICE guidance. In Spring 2011, it launched the Active Planning toolkit⁵; a pragmatic easy reference guide demonstrating how planners, architects, designers and local communities can create environments that nudge people to be physically active. Collaboration was at the heart of the Gloucestershire toolkit. The Programme Board brought together representatives from the statutory, private and voluntary and community sector, enabling the group to understand the challenge from different perspectives. Engagement with the planning community was also critical. Collaborative workshops, facilitated by Professor Hugh Barton explored how planning professionals could deliver health and environmental benefits within the existing planning framework.

Creating environments which encourage and enable physical activity can not be left to chance. The goal of active communities must be integral to the planning process - from the blueprint through to design and build. The toolkit contains checklists to make this process easier for everyone involved. It also emphasises the important role of community involvement. People that live and work in an area, will often have more insight on what is needed and generate more innovative solutions than professionals working in isolation. Moreover, if communities are involved in the design process, they are more likely to take ownership of the result. Spring Fields Park in Cheltenham is an excellent example of local residents and community organisations working collaboratively to regenerate a local park, creating a green space which is now actively used by the community. Notably the area has also seen a decrease in anti-social behaviour since the regeneration.

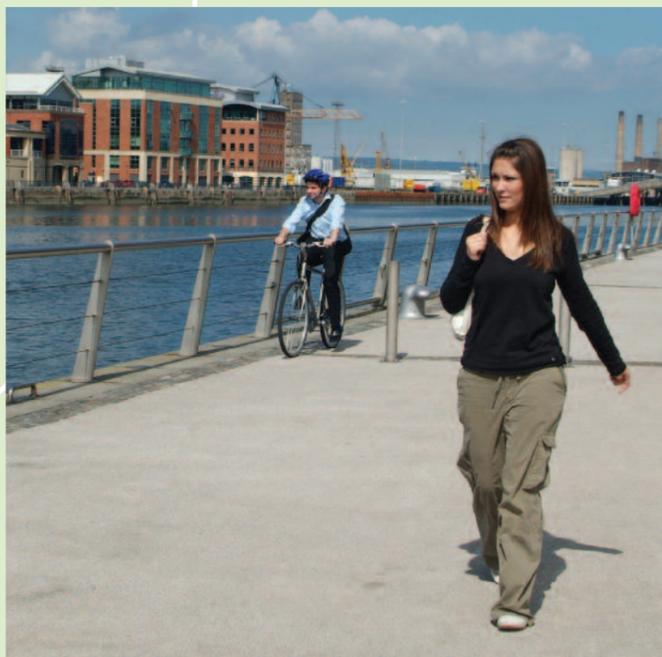
The school environment is an essential starting point for embedding active lifestyles. Nationally, 9.8% of reception class children are obese and this rises to 18.7% by Year 6⁶. The toolkit contains case studies from schools in Cambridgeshire and Gloucestershire which demonstrate how slight amendments to the physical infrastructure can result in increases in levels of physical activity⁷. It is not just the school building and grounds which can be enhanced; transport routes to and from school need to give pedestrians and cyclists the highest priority.

"Being physically active is one of the most important things that we can do for our health. I look forward to seeing the widespread use of the toolkit to inform planning and infrastructure decisions across England." Professor Mike Kelly, Director of the Centre for Public Health Excellence at NICE.

The Government published draft National Planning Policy Framework (NPPF) in July 2011 that reduces over 1000 pages of planning guidance to less than 60. It is not yet clear whether the framework will enable planners and other stakeholders to ensure that new development promotes active communities. We await further guidance on planning policy as a result of the consultation.

The recent Government White Paper Healthy Lives, Healthy People⁸ clearly recognised the importance of physical infrastructure to health. It states "to improve the health of the most vulnerable, fastest, we need to recognise that an effective coalition for health improvement is about more than clinicians and policy makers. Planners, developers and local communities have a vital role to play in improving the infrastructure of our daily lives."

Gloucestershire was proud to note that its active planning toolkit resonated with the team in New York that produced their Active Design Toolkit. Whilst the geography of New York and Gloucestershire is very different; the key principles of active design are the same 'make environments more attractive to use and people will use them more frequently!' We started this article by acknowledging that planning and design have in the past been part of the problem, let's create a future where they're part of the solution.



Woods for Health

Kevin Lafferty, Forestry Commission Scotland

Aim

Forestry Commission Scotland's Woods for Health policy/strategy aims to: create new health promoting opportunities in our woods and forests; help improve the health and life expectancy of people and reduce health inequalities; and encourage greater use of the outdoors to promote better health and wellbeing through encouraging regular physical activity and relaxation outdoors. The focus is on increasing the availability of health promoting opportunities in woodland, improving access to high quality greenspace on people's doorsteps, enabling people to live healthier more fulfilled lives, promoting health equalities and improving life chances of people.

Background

Woods for Health sets out Forestry Commission Scotland's commitment to health by engaging in health improvement aimed at supporting people to make positive choices and decisions that can increase healthy life expectancy. These include anticipatory care and prevention actions involving new initiatives such as greening the NHS estate, 'natural play' and the green prescription programme. Secondary prevention action includes services for people who have established health problems such as chronic disease and mental health issues. FCS initiatives that help tackle these problems include programmes like 'Branching Out' (greenspace and conservation on referral for adults using mental health services).

A lot of work to date has been about improving partnership work between the environment and health sectors, to encourage GPs and clinical practitioners to recognise the key health improvement role that trees, woods and forests can play. It has also been about encouraging NHS Boards and Primary Care Trusts to use their outdoor environments more in public health policy and to highlight the potential for green environments to make a significant contribution towards the health agenda.

These days there is a growing realisation that outdoor activity and contact with nature can contribute to a healthier lifestyle. There is a clear relationship between the natural environment and health; and regular contact with woodland and high quality greenspace can help improve physical mental and social health¹⁻⁴.

So quality of outdoor space does matter: poorly designed greenspace can lead to 'obesogenic' environments, whilst well-designed physical environments can have a positive impact upon health and wellbeing (i.e. 'salutogenic' environments).

Why woods for health?

Health inequalities are increasing in the UK; life expectancy is significantly shorter in more deprived neighbourhoods. One of the

⁶ The National Child Measurement Programme 2009-2010 Report. http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/ncmp/NCMP_2009-10_report.pdf

⁷ Active Planning Toolkit. 2011. Gloucestershire Conference. Rob Ballantyne and Neil Blackshaw. <http://www.glospct.nhs.uk/pdf/publications/2011/ActivePlanningToolkit.pdf>

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reasons for this is that more affluent communities often enjoy high quality local greenspace, whilst poorer communities endure a degraded environment, with limited access to high quality greenspace. Helping to narrow this gap has been a key focus of the woods for health strategy and associated action plan.

The main challenges to improving health are an aging population, persistent health inequalities, increasing trend towards obesity, continuing shift in the pattern of disease towards long term conditions, growing number of people with multiple conditions (such as diabetes) and an increasingly sedentary population.

Woods for Health case studies

Greening the NHS estate - In 1984 a famous study in America by Roger Ulrich illustrated how a view to green space from a hospital bed appeared to help aid patient recovery⁵⁻⁷. However the idea of using nature and hospital grounds as part of recovery and treatment for patients is not a new one; connections between public health and greenspace were established as long ago as Victorian times.

This has left a legacy of healthcare facilities across the UK rich in open space, parkland, woods and forests, particularly psychiatric hospitals situated on the edge of our towns and cities. However, over the years, attention to the 'natural health service' gradually dwindled, with the result that the green environment surrounding many healthcare facilities became neglected, degraded or disconnected from the built environment.

Fast forward to the 21st century and a new story emerges - an ambitious partnership programme involving the environment and health sectors. Greening the NHS estate is reconnecting healthcare facilities with their surrounding greenspace and is an important step that the NHS and other healthcare providers can take to address what some people call 'nature deficit disorder'. By reconnecting healthcare facilities with their surrounding greenspace we can create salutogenic environments that improve the health and wellbeing of staff and visitors and aid the recovery of patients.

Greening the NHS estate in Scotland and NHS Forest (www.nhsforest.org/sponsor) in England and Wales is helping to revitalise greenspace surrounding healthcare facilities and create new health-improving opportunities. Using the outdoor estate is helping to address health inequalities and break down barriers between places for the sick and places for the healthy.

In practice this means improving the quality of greenspace surrounding healthcare facilities and facilitating access to open space for staff, patients and local people. Key design elements include tree and shrub planting, entrances, paths and boundaries, waymarking and signage, site furniture and seating, rest areas, garden rooms, water and art. Incorporating these design elements into any refurbishment or new build facilities will enable more people to take part in healing outdoors and use greenspace for physical activity, relaxation and recovery.

Here are three projects

Greenspace design for health and wellbeing - This is a new Practice Guide which is targeted at the NHS but relevant to any setting where health and wellbeing is a consideration. It will be published by Forestry Commission later this year. The guide is applicable to all projects - large or small, new build or refurbishments. It is a non-technical document, written in an accessible style with lots of examples of good practice from across the UK, including Scotland. The guide explains why it is important to take healing outdoors, what we should be designing and how to put the theory into practice and overcome the challenges. Hard copies will be available and the practice guide will also be downloadable from Forestry Commission website.

Branching Out - uses woodlands as recovery settings for people experiencing mental health problems. The service consists of approximately 3 hours of activities per week in a woodland setting. Clients work together in small groups of up to fifteen for a twelve week period. The course includes elements of bushcraft, nature conservation, environmental art, green exercise and relaxation. The results of programme evaluation demonstrate that Branching Out can be used as an additional form of treatment in a secondary and tertiary care mental health population. The project was given the Michael Varnam Award by the UK Public Health Association in 2010, in recognition of its outstanding contribution to Health, Humanity and Environment. For more information on Branching Out please see page 8.

Natural play - the findings of a longitudinal study of the pioneering partnership between Forestry Commission Scotland, Glasgow City

Council and Merrylee Primary School in Glasgow are making a difference to thinking around children's learning and wellbeing.

The baseline study in 2008 captured data on how a traditional tarmac and turf playground affected children's learning and wellbeing. The follow up study in 2011 explored how the new natural play space - which incorporates topography such as hills, valleys, steps, meadow area, hollows, shrubs and trees, willow tunnels, dead wood and rope bridge - affected children's learning and wellbeing. The report provides evidence to show that children's engagement with a natural play space within school grounds has a multitude of positive impacts on learning, physical activity and emotional wellbeing.

The research highlighted some key results including an increase in the number of accumulated steps and minutes of physical activity across all year groups. The increase was equivalent to 10% of the daily physical activity recommendations for children. Emotional benefits included a reduction in bullying, a reduction in physical injuries, increased opportunity for free imaginative play; enhanced social interaction between boys and girls and different age groups in the playground; and a decrease in incidents of difficult behaviour reported by staff.

The study also provides a value-for money assessment, concluding that the cost of developing a green natural play space is comparable with that of building a traditional tarmac playground. In view of the benefits of the report, it is argued that the provision of natural play within school grounds represents excellent value for money.



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Branching Out Training and Accreditation; helping environmental organisations work with mental health services.

Kirsty Cathrine, Forestry Commission Scotland

Branching Out is a partnership project led by Forestry Commission Scotland, which offers woodland activities on referral for mental health service users. From its origin in the NHS Greater Glasgow and Clyde area, it has now expanded across Central Scotland in collaboration with other environmental organisations. To support these developments, an extensive Branching Out training and accreditation programme has recently been developed.

Branching Out

Branching Out is an innovative service that provides greenspace and conservation activities on referral for mental health service users. Each group meets once a week, for twelve weeks, to take part in a wide range of woodland activities such as conservation, bushcraft, environmental art and health walks. At the end of each project an award ceremony highlights achievements and encourages participants to move on to further community-based conservation and green exercise options.

Groups are delivered across the central belt of Scotland in partnership with the NHS in Greater Glasgow and Clyde, Lothian and Forth Valley areas. Referrals are obtained from any adult mental health service including inpatient units, mental health resource centres and employment services. Branching Out also works with a wide range of mental health charities; both local and national.

Each Branching Out group is led by two rangers (or equivalent) and supported by healthcare staff from the referring service. Some Branching Out projects are run directly by Forestry Commission Scotland Rangers, others in partnership with a wide range of external organisations. Delivery partners include Edinburgh and Lothians Greenspace Trust, Clyde Muirshiel Regional Park, New Caledonian Woodlands and East Renfrewshire Council.

Training needs analysis

Initially Branching Out leaders were supported by one-to-one job shadowing and training, combined with attendance at a Scottish Mental Health First Aid course. As the project expanded this approach became unsustainable and it became apparent that there was need for a tailored training programme.

A full training needs analysis was undertaken, working with current and prospective Branching Out leaders to evaluate training requirements. The course content was also informed by consultation with the Scottish Countryside Ranger Association, healthcare organisations (e.g. NHS Health Scotland and the Scottish Association for Mental Health) and with reference to other similar courses in Australia and Canada.

During consultation, the following desired topic areas were identified:

- Benefits and barriers to the Branching Out approach
- Branching Out policies and procedures
- Mental health conditions and first aid
- Mental health services and staffing
- Mental health theory e.g. health behaviour change and recovery
- Suitable activities for Branching Out groups
- Professional boundaries and stigma
- Award ceremonies, presentations and evaluation

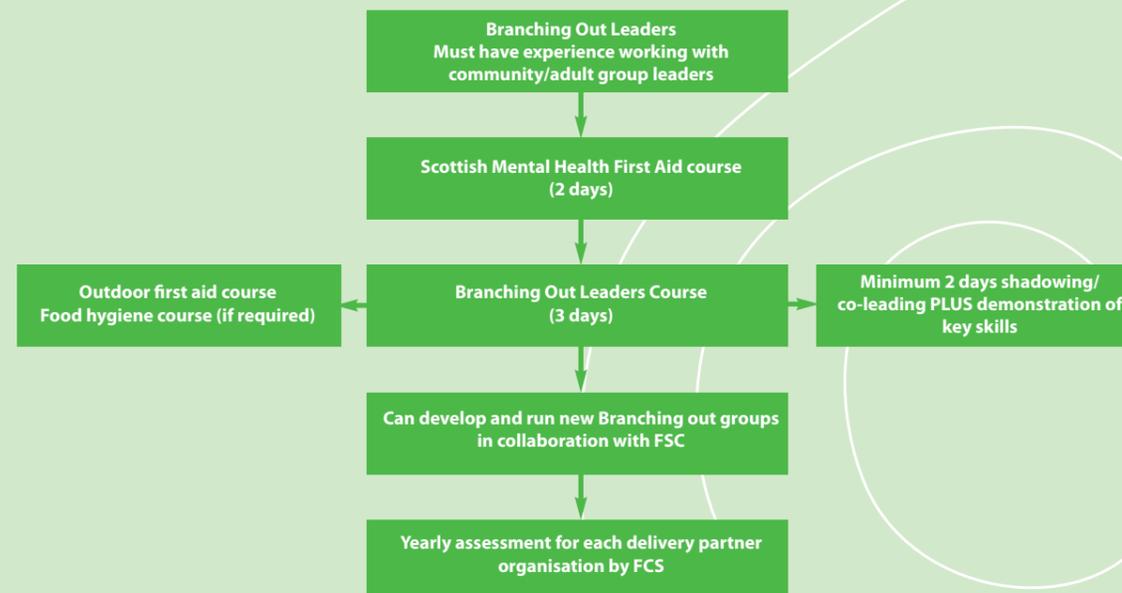
Training programme content

Experienced environmental staff (e.g. Rangers and Project Officers) attend the Scottish Mental Health First Aid course followed by a three-day bespoke Branching Out Leaders Course. Before running their own groups, they must also spend at least two days shadowing and co-leading an experienced Branching Out leader. As part of this, they are required to demonstrate competence at leading a range of key woodland activities with a mental health group. If required, potential leaders will also be trained in outdoor first aid and outdoor food hygiene.

Every Branching Out group is staffed by two Rangers or equivalent, at least one of whom should be a trained Branching Out leader (allowing a grace period to enable training to be rolled out).

Mental health first aid

Branching Out takes referrals from any adult mental health service. Staff from the referring service also accompany the group and are ultimately responsible for any mental health issues on site. In addition, potential participants are screened by inclusion and exclusion criteria and a referral form. However, it is important that Branching Out Leaders have a basic understanding of different mental health issues and how to respond in a first aid situation e.g. panic attack or someone discussing suicide.



Branching Out Leaders course

The Branching Out Leaders course is a bespoke three days of training, which aims to enable staff from the environmental sector to confidently and competently plan and deliver Branching Out groups. The content was written by a team of green exercise and health training consultants, in consultation with current and aspiring leaders.

Course learning objectives:

1. Understand the aims of the Branching Out project and recognise the learning needs of the target audience.
2. Consider the challenges, concerns and opportunities for leaders in delivering the Branching Out programme.
3. Enable leaders to explore their attitudes, and develop their knowledge towards, mental health problems.
4. Experience, practice and share practical activities suitable for the Branching Out programme.
5. Introduce leaders to the procedures, policies and planning involved in setting up a Branching Out programme.
6. Be aware of existing services, referral routes and resources that may be appropriate for individuals

The course includes the use of guest speakers from the healthcare sector and where possible, previous Branching Out participants. It aims to deliver training following the ethos of 'Brain Friendly' (experiential) training, where participants create up to 70% of their own learning.

Shadowing

After attending the mental health first and Branching Out leaders course, trainees spend a minimum of two days shadowing and co-leading with a more experienced leader. During this time they have the opportunity to experience a Branching Out group running and lead at least one session. They are also assessed in teaching some key practical skills to a mental health service.

Yearly accreditation assessment

In addition to training and assessment of individual Branching Out Leaders, there is also a yearly assessment for each delivery partner. This involves FCS visiting each environmental organisation to check that the core criteria for Branching Out are being met. This covers areas such as staffing requirements, Branching Out policies and procedures, data protection and referrals.

Pilot training course

The pilot Branching Out training programme ran in May 2011 with trainees from Forestry Commission Scotland, Edinburgh and Lothians Greenspace Trust, Clyde Muirshiel Regional Park and East Renfrewshire Council. Following feedback from the pilot, the course was re-drafted slightly with help from the NHS Health Scotland Learning and Development team.

The next full course will run in March 2012, and will support roll-out across central Scotland, including moving into the NHS Lanarkshire area. The yearly assessments are due to start in early 2012.

Future developments

During the 2011/12 financial year Branching Out plans to run more than 17 groups in four different NHS board areas (NHS Greater Glasgow and Clyde, Lothian, Forth Valley and Lanarkshire), in partnership with at least six environmental delivery organisations. Funding has been secured to run Branching Out in Glasgow and Lothian next financial year (2012/13), including the development of a peer mentoring programme. We are currently awaiting the outcome of a funding bid to the Scottish Government to further expand the project, and are also in the early stages of discussions in the NHS Borders and NHS Ayrshire and Arran areas.

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Green Exercise: A good investment in your health and wellbeing?

Carly Wood and Jo Barton, University of Essex

Both contact with nature and participation in physical activity are good for our health. However, there may be a synergistic benefit of engaging in physical activity whilst being directly exposed to nature; we refer to this as 'Green Exercise'¹. At the University of Essex, our 'green exercise' program has started to quantify some of these health benefits. Research has typically included a variety of different green exercise activities, therapies and clients, with all case studies indicating that green exercise provides benefits for health. Our research has generally focused upon the benefits of green exercise for mental well-being, through the measurement of indicators such as self-esteem and mood. These indicators can be measured within a variety

of populations, ranging from the general population, to young people and individuals suffering from mental ill-health.

In the earlier green exercise research studies we focused upon quantifying the health benefits for the general population (those individuals without poor physical or mental ill health) and those individuals actively seeking green spaces for outdoor recreation. Individuals taking part in a wide variety of green exercise activities (including walking, cycling, horse riding, fishing, canal boating and conservation activities), in all four regions of the UK were asked to participate in the study. Results clearly showed that all green exercise

activities, regardless of their intensity or duration, led to improvements in self-esteem and overall mood, through reductions in feelings of tension, anger, depression and confusion².

However, what is the ideal 'dose' of green exercise to generate health benefits? What is the ideal type, intensity and duration of green exercise? How much nature should be present within the surrounding environment for health benefits to occur? We performed a multi-study analysis on self-esteem and mood data obtained pre- and post- a number of different green exercise interventions within the UK. We found that there were no differences in the benefits for mental well-being between countryside, woodland, wild habitats or urban space; however green spaces with open water produced the greatest effect for self esteem and mood³. Thus, green spaces near rivers, lakes or coastal areas can provide additional benefits for mental health. The research also indicated that green exercise of a light intensity provided the greatest self-esteem and mood benefit³. Furthermore, it was during the first five minutes of green exercise that the greatest transformation in self-esteem and mood occurred. Though all durations of green exercise are beneficial for mental health, longer durations may not necessarily provide a greater effect. Short durations of light intensity green exercise may result in the greatest number of health benefits³. Thus, the findings imply that encouraging short bursts of light activity in green spaces could add value to the preventative health care agenda.

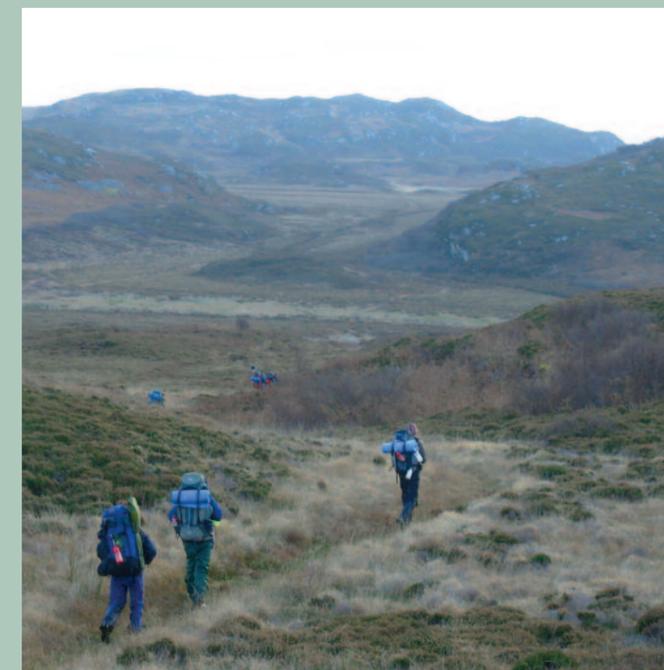
Our multi-level study also examined the effects of green exercise within different age groups and health cohorts. So, for which individuals can green exercise be most effective? Can green exercise interventions be more beneficial for those suffering from ill-health? Our results suggested that the fewest health benefits occurred for the elderly, with green exercise being most beneficial for mood in the middle aged populations and self-esteem in young people. Furthermore, the greatest number of benefits for self-esteem and mood occurred in those individuals suffering from mental health problems³. Thus, green exercise may be effective as a therapeutic intervention for vulnerable groups of people.

Young people are one such vulnerable group. Young people commonly face pressures about involvement in gangs, sex, violence and alcohol which can place them 'at risk'. If they make the wrong choices with regards to these pressures, they become socially isolated, lack teamwork and social skills and develop low self-esteem⁴. Furthermore, without intervention they may become involved in crime, substance abuse and anti-social behaviour. In fact, low self-esteem in youth is closely linked to these activities⁴. So, how can participation in green exercise help youth to overcome these pressures? Our research has indicated that green exercise can be used as a catalyst for behaviour change. Over a nine month period, the 'Turnaround' project utilised wilderness trails and nature-based workshops with young people who displayed some of these problem behaviours. The results indicated that participation in the 'Turnaround'

project led to sustainable increases in self-esteem and mood and also facilitated longer-term behaviour change. The project helped the youth at-risk to overcome many of the issues linked to their problem behaviours and make positive choices in their lives⁴.

Green exercise can also be used as a therapeutic intervention for individuals with poor mental health. At the University of Essex we have collaborated with Local Mind Associations (LMA) to examine the benefits of green exercise for individuals with mental health problems. Within the LMA's participants take part in activities such as walking, gardening, horticulture and conservation, on a weekly basis. We found that these activities made participants feel less stressed, more alert and calm and less depressed, whilst also improving their mood and self-esteem⁵. We also compared the health benefits of performing green exercise and the equivalent indoor activity. Participation in green exercise led to significant improvements in self-esteem and mood, reducing anger, confusion, depression, fatigue and tension⁵. Green exercise also increased feelings of vigour post-exercise. However as a result of indoor activity, participants experienced a slight decline in self-esteem, tension, confusion and vigour and only very small improvements in depression and anger. Green exercise can be successfully used as a therapeutic intervention in individuals with poor mental health.

The LMA's also participated in a research project whereby we compared the effects of a green exercise walking program, swimming and social club activities on self-esteem and mood. Whilst all activities lead to significant improvements in self-esteem and mood, there were greater improvements in self-esteem in the green exercise group compared to the social activities group. Furthermore, in terms of mood the smallest changes occurred in the social activities group⁶. Physical activity is the primary factor for improving self-esteem and mood.



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However, green exercise seems to encourage social interaction which can be of great value to both individuals and society⁶. Social interaction through participation in green exercise can increase well-being and nature connectivity and also reduce social isolation, all of which can contribute to healthier individuals and societies. Thus green exercise programs can provide social returns on the investments made through the provision of these activities.

All green exercise activities can improve mental health, regardless of the type of surrounding green environment, duration or intensity of the activity. If we could all find some time to incorporate green

exercise into our lifestyles, we would reap the associated health benefits. Engaging in just five minutes of light intensity green exercise each day would have positive effects on our self-esteem and mood. Furthermore, with the increasing prevalence of mental ill health in the UK, green exercise may be an effective preventative measure, as well as a potential treatment option, alongside prescription medicines⁵. Green exercise can also be used as an effective intervention to tackle problem behaviours in young people⁴. If green exercise is used in these contexts, the UK could make noticeable social and economic savings. Green exercise is important for our health and well-being and it is essential that we find a way to incorporate it into our lifestyles.



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Is Walking for Health, Working for Health?

Tim Fitches, Natural England

It's been described as the nearest activity to perfect exercise¹. It's free, accessible and can show us local Greenspace we never knew existed. With all this going for it, it was no wonder that in late 2008 the Department of Health decided to fund an expansion of the Walking for Health project, targeting the least active among us and aiming to improve their health. But how did we measure the success of this enduring health intervention? And three years on, what impact has it really had?

As one of our volunteer walk leaders might say, 'I'll be your guide; please, follow me...'

'Right then, let's get started.'

The idea of Health Walks was conceived by William Bird – then a Thames Valley GP – in 1996, when he led the first walk at Sonning Common Health Centre in Oxfordshire. Over time the concept grew, funders came on board and a programme of walks led by the Countryside Agency spread across England. Walking the Way to Health (as it was then called) had arrived. By 2007 – more funding, a new name and one evolved host later – Walking for Health (WfH) was still going strong at Natural England and the Department of Health (DoH) began to take notice.

'Please, let's carry on...'

With mounting evidence about low physical activity levels and the high cost of inactivity, DoH was looking for ways to get the nation moving. An independent review led by Sir Muir Gray, consultancy work commissioned by DoH, as well as a 2006 evaluation by Oxford Brookes University², all painted WfH in a positive light, suggesting it was an effective intervention and capable of expanding. DoH confirmed an investment of £5.2m over two years and WfH was subsequently included in 'Be Active, Be Healthy'³ and in the Legacy Action Plan ('Before, during and after: making the most of the London 2012 Games'⁴) as a contributor to the headline target of two million people more active by 2012.

Natural England injected some funding of its own, recruited additional staff to the project and set about expanding WfH. The walk schemes themselves were delivered at local level – by the likes of Primary Care Trusts, Local Authorities, County Sports Partnerships and voluntary bodies – while Natural England offered a comprehensive range of national support services. These included accreditation, insurance, volunteer training and recognition, a central website, and a common identity under the WfH umbrella brand.

'Is everyone having a NICE walk?'

Of course, with funding came responsibility, and none greater than that borne out of the National Institute of Health and Clinical Excellence (NICE)'s 2006 recommendation that effectively said "Running a walking intervention? Make sure you can measure the effectiveness."⁵ Natural England naturally obliged and set about developing a comprehensive evaluation framework.

One thing it originally intended to measure was how successful WfH was at connecting people with nature, but this task was ultimately picked up (and on a much larger scale) by the Measure of Engagement with the Natural Environment (MENE) survey. The primary aim of WfH's evaluation therefore, was to measure its effectiveness (and cost-effectiveness) as a health and physical activity intervention. Furthermore, it also needed to support and inform delivery at local and national level. Fortunately, it had just the tools for the job.

'Don't forget to fill in your health questionnaires.'

At the centre of WfH's evaluation were two things: the Outdoor Health Questionnaire (OHQ) and the WfH Database.

The OHQ was a double-sided survey completed by new walkers when they joined a walk scheme (and indeed by existing walkers when it was first rolled out in 2008), which collected basic demographic and health data, alongside a smattering of other information.

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Contact

If you are interested in reading more about our research please visit our website (www.greenexercise.org) or contact Carly Wood for further information: Department of Biological Sciences, University of Essex, Wivenhoe Park, Colchester, CO43SQ T: 0120 687 2219 E: cjwood@essex.ac.uk

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The questions themselves adopted NICE guidance; for example, age bands were collected instead of dates of birth (which in this case had the knock-on benefits of higher response rates and lower security risk). The OHQ's not-so-secret weapon was the inclusion of the Single Item Metric (SIM – see box-out), the responses to which provided the baseline for the physical activity study that formed the backbone of WfH's evaluation (more on that later).

The Single Item Metric (SIM):

- A single question designed to give a reliable measure of someone's physical activity levels.
- Devised by a working group representing Natural England, Sport England, Walk England, NICE, Sustrans and the Department of Health.
- Validated by a team led by Karen Milton at the British Heart Foundation National Centre⁶.

The question, as it appears on the OHQ:

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate? This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.

Please tick one box:

0 1 2 3 4 5 6 7

The WfH Database meanwhile – in use since mid-2008 and used by around 60% of walk schemes – was a secure online tool that stored data from completed OHQs. Its true value though, was in linking this OHQ data to the walk attendance registers uploaded by schemes. Suddenly a collection of simple demographic and health data was transformed into a rich and comprehensive intervention history that painted pictures at local, regional and national level.

Together, the OHQ and Database provided a deluge of data and a cohort of consenting study participants that underpinned much of the national WfH evaluation. Next, we look at what the evaluation tells us.

'So who have we got here today?'

Here's what we know about who took part in the WfH expansion programme:

- The average participant was white, non-disabled, middle-class, retired and female. Women outnumbered men by more than 2 to 1, while 7 in 10 participants were aged 55 or over and 1 in 20 was from an ethnic minority (lower than the national proportion, but fairly typical of the older age groups).⁷ This profile is very similar to that reported in 2006 by Dawson et al², and while attracting 'more of the same' was not in itself a problem, more could have been done to expand WfH into new, more diverse audiences.

- 3 in 10 had one or more of the diagnosed medical conditions listed on the OHQ (chosen as those most likely to benefit from physical activity). High blood pressure was the most common, reported by 2 in 10⁷.
- 1 in 10 walkers reported that they had a limiting long-term illness or disability⁷, compared to 1 in 6 nationally (Census, 2001).
- Less than 7% said they were referred by their GP⁷ – clearly there is work still to do in encouraging GPs to 'prescribe' walking as a viable alternative to medication.
- More than half of walkers reported on their OHQ that they had been active on three or more days in the previous week⁸; while many already enjoyed walking in some capacity before they joined⁹. Given the DoH funding was intended to target sedentary and inactive people, was WfH preaching to the converted?

'What made you decide to come along?'

Two particular studies tell us about the motivators and barriers to taking part in WfH^{9,10}. Social Contact, Improving Health, and Enjoying Nature were the main things that encouraged people to start; and word of mouth the most common method of finding out. Deterring people on the other hand, was Deterioration of Health (primarily older age groups), Lack of Time (primarily younger age groups) and to a lesser extent, the type of walks (speed, difficulty, time of day) and group dynamics (e.g. cliques).

'Such a nice place to come for a walk...'

Though primarily left to the MENE survey, there were some findings relating to engagement with Greenspace. Phillips et al⁹ observed that although WfH does not seem to engender an appreciation of the natural environment where it does not already exist, evidence suggests that WfH deepens pleasure and increases awareness of natural beauty in local areas. Hynds and Allibone¹⁰ report that walkers' levels of 'engagement' with the natural environment seem to be passive and centred around the opportunity for them to simply 'observe and enjoy the view'.

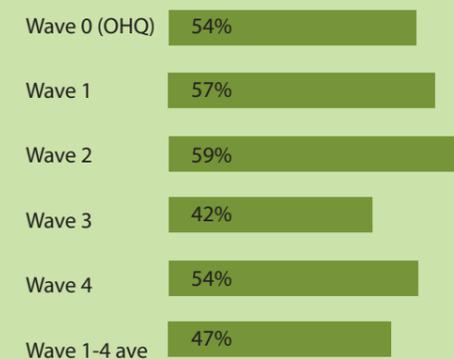
'Is everyone keeping active?'

The big test of WfH's effectiveness was whether or not it helped to increase people's physical activity levels. To measure this Natural England contracted Ipsos MORI to carry out a longitudinal phone survey⁸ which re-asked the SIM of 4,500 walkers across four waves, from June 2010 to March 2011. The results were compared with the baseline SIM measurements obtained from walker OHQs (see over).



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Percentage achieving 30 mins physical activity on 3+ days



For those wondering, Wave 3 – the only one where physical activity levels were lower than the baseline – coincided with the period of very harsh weather in November and December 2010. However, as the baseline OHQ measure (Wave 0) was collected across all seasons, it is only fair that we compare it with the average (mean) of all four Waves.

Overall 47% of participants achieved physical activity for 30 minutes or more on three or more days per week, compared to an original OHQ level of 54%. A similar (and statistically significant) decrease was seen across all demographic groups and regions. Despite this, the average number of days achieved per week actually increased, from 2.91 to 2.98. This is explained by a smaller proportion achieving 0 days, and higher proportions achieving 1 or 2 days.

Survey respondents were also classified by whether or not they were still active in WfH. Those who had taken part in the last six months were classed as 'active', and those who had not were classed as 'inactive'. Findings showed that 'active' respondents were more likely to move from 0-2 days' activity to three or more, less likely to move back the other way, and more likely to maintain doing 3+ days. The drop in the proportion doing zero days' activity was also more pronounced amongst active walkers.

A separate qualitative survey of 'inactive' walkers was carried out alongside the main physical activity study⁹. This revealed that walking, gardening, swimming and going to the gym were the most common activities amongst lapsed WfH walkers, though in many cases they already took part in these before WfH. The report argued that WfH served as a 'step up' for those who had been unwell or who were previously not very active; and as a 'step down' for those of advancing years and/or declining health, to enable them to continue to be active, albeit not necessarily at the same levels as before.

Together then, the two studies show that WfH delivered modest activity increases for those starting from a very sedentary starting point, and prolonged an active life for others. Research has shown that

increasing and sustaining physical activity levels among sedentary, inactive individuals is extremely difficult¹¹, and that amongst older adults – the majority of WfH's participant population – some physical activity is better than none¹². So although WfH did not deliver the levels of activity intended, it still delivered physical health benefits.

'Nearly there...'

There are still some important outstanding pieces of WfH evaluation due to be finished soon:

- A study looking at walkers' perceptions of the places they walk, and what effect this has on their participation.
- An analysis of the intervention history of over 75,000 WfH participants, which will explore topics such as adherence and retention. Early findings show that the average walker took part on five out of every thirteen weeks; while age, gender, and previous physical activity levels all played a role in predicting the regularity of attendance¹³.
- A cost analysis (–effectiveness, –benefit) study, which will replace Stone's basic 2009 model that predicted a WfH cost-benefit ratio of £1:£7 and a cost per QALY (Quality-Adjusted Life Year) of around £4,000¹⁴.

We can also recommend a number of excellent local and academic evaluations of WfH that reinforce, complement, and fill in some of the gaps of the national evaluation.

'Where shall we go next time?'

So what next for WfH? Although a success in its own right, it didn't manage to get the intended swathes of inactive people across the Government's '3 x 30' threshold. And there are plenty of questions to consider. How can it attract a more diverse, and more sedentary, audience? How can it make better use of GP referrals? What of the mental health outcomes? Whatever the answers, WfH has the opportunity – if indeed one is needed – to redefine itself and its targets as it moves from Natural England to a new host in early 2012.

But the findings also have implications for other large-scale physical activity-based health interventions, because if good ol' free and accessible walking can't achieve the intended physical activity step change, what hope for other sports and activities? Is a new approach needed, or do we just need to be more realistic about what we expect from such interventions?

That's a question for another day. For now, let's keep on walking.

For more information on the evaluation of Walking for Health contact Tim Fitches on tim.fitches@naturalengland.org.uk or 0300 060 4419, or visit <http://www.wfh.naturalengland.org.uk/our-work/evaluation>.

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The Ramblers' 'Get Walking Keep Walking Project': Getting inactive people walking

Des de Moor, The Ramblers



At the end of December 2011, the Ramblers' Get Walking Keep Walking project had helped almost 87,000 people get more active through walking. Almost three quarters of these were inactive or insufficiently active before their first contact with the project, almost half are from the top fifth most deprived wards in England and almost half are from black and minority ethnic (BME) communities. Around 70% report increased physical activity levels six months after their first contact, alongside many other benefits. For every £1 that's been spent, £3.61 has been returned to society in terms of health, social and environmental benefits¹.

Yet the impact of the project goes beyond the individual, social and economic benefits resulting from its participants' increased activity

levels. 750 volunteers have been trained and supported and they too report significant personal benefits. The lessons learned can help others involved with promoting walking, physical activity and active travel to increase the effectiveness of their own interventions. The project has had a transformative effect on the Ramblers, whose volunteers this year voted at their annual conference to embed the spirit of the project into the organisation's work now the initial tranche of funding is running out.

Founded in 1935, the Ramblers is Britain's largest walking charity with a membership of approximately 120,000 members. It is probably best known to readers of this journal for its campaigning work around outdoor access and public rights of way and for the extensive

programmes of led walks organised by and for its members, but its charitable objectives have long included promoting walking more widely, including for its health benefits and as a sustainable mode of transport.

Modest projects to promote healthy walking and to connect with audiences new to walking date back to the 1990s, but in the mid-2000s this area of work was identified for strategic development. Shortly after this a major funding opportunity arose when the Ramblers was invited by Sustrans to join Travel Actively, a consortium bidding into the Big Lottery's Well Being fund.

As the most accessible form of everyday physical activity for the majority of people, walking offers an ideal solution to the population-wide decline in physical activity levels which is increasingly recognised as a significant public health challenge. Yet the problems of low activity levels and poor health are not evenly distributed, disproportionately affecting certain groups, including those in areas of deprivation and from black and minority ethnic communities.

Traditionally, physical activity interventions have struggled to reach those who could most benefit, with uptake often dominated by already active people, often drawn from less disadvantaged social groups. This problem was evident in the evaluation of the first five years of what was then known as the Walking the way to Health Initiative, now Walking for Health (WfH), the largest scale health walking intervention yet delivered in England². WfH was led by the Countryside Agency, now Natural England, with some informal links to the Ramblers.

Get Walking Keep Walking was developed to be clearly distinct from WfH in the hope of connecting with a more targeted audience. Crucial differences include a focus on promoting everyday independent walking as a sustainable form of physical activity; a strong built-in outreach and community development element; and a limitation on the length of the intervention to 12 weeks.

This latter design feature followed a suggestion of a Director of Public Health who pointed to the success of intensive time-limited approaches in other behaviour change interventions. The project also drew on market research showing people on low incomes and from BME communities are no more resistant to walking than anyone else, so long as they are introduced to it through positive experiences³.

The community outreach approach developed through a series of pilots running 12 week walking programmes in partnership with BME groups, mental health organisations and Sure Start Children's Centres, on the basis of 'taking walking to people rather than taking people on walks'. Such partners provide a readymade audience of service users from precisely targeted groups. Starting walks from places where people already meet makes participation as easy as possible and pre-existing

peer groups and engaged and informed centre staff help sustain interest. A suite of carefully designed and written materials has been developed including a 12-week walking plan and logbook with realistic targets that can either be used independently or in conjunction with a facilitated 12-week programme. These use bold and attractive branding and messaging that addresses head-on known barriers to walking ("I don't have time," "I don't feel safe on the streets" etc.).⁴

Crucially accompanying these is a methodology for developing and communicating suitable short and easy local walking routes starting from the centres at which programmes take place. The Ramblers has been able to draw on its extensive membership to recruit and train volunteer "route developers" with good local knowledge and navigation skills to create these routes to order.

Routes make best use of attractive environments like green space and watersides but also incorporate little known shortcuts and hidden gems, as well as streets and local facilities. The emphasis is on walking as local discovery, drawing on both experience and research that shows many people have very limited knowledge of their local walking environment. This has been borne out time and again when participants who have lived locally often for many years discover an attractive feature of which they were previously ignorant.

Volunteers are also heavily involved in the delivery of programmes, both as walk leaders – trained and accredited using the established Walking for Health Volunteer Walk Leader training in agreement with Natural England – and as walking ambassadors, able to enthuse and inform participants about walking and signpost them to other walking opportunities at the end of the intervention. While the majority of route developers have been Ramblers members, programme volunteers have been recruited more widely, sometimes from among participants themselves.

Get Walking Keep Walking launched with funding from the Big Lottery Fund and the Ramblers Holidays Charitable Trust (RHCT) in the cities of Birmingham, Manchester and Sheffield and in five Inner London boroughs in January 2008. Since then it has delivered many hundreds of programmes and one-off "taster walks" with a huge variety of partners – not only the original targets of BME groups, Children's Centres and mental health projects but with GP surgeries and other NHS venues, schools and colleges, faith groups, transport agencies, projects for elderly people, health outreach programmes, development agencies and others. As well as local delivery, packs of materials have been made available across England and an online version of the programme and logbook, My Get Walking, is free to everyone at www.getwalking.org.

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Several other developments have followed from the initial projects including:

- A pilot programme specially adapted for Children’s Centres, developed in partnership with Action for Children with funding from the Department of Health in Barrow in Furness, Cumbria during 2009⁵
- An extension into County Durham from 2011 funded by the Primary Care Trust through the County Sports Partnership.
- An online route development tool, Ramblers Routes, now being rolled out more widely in the Ramblers.
- An adaptation of the project for several prisons in southwest England in partnership with the Rain Trust.
- A web-based routes project in Swindon in partnership with the local authority.
- From 2012, a new Get Walking Keep Walking project in Leicester in partnership with the local authority and funded by the Department for Transport’s Local Sustainable Transport Fund.

While the original tranche of funding ran out at the end of December 2011, the Ramblers is hopeful that funded activity will continue in at least some of the locations. Even if not funded, Get Walking Keep

Walking will leave a legacy through the activities of the existing volunteer-run Ramblers Groups.

Initially the Ramblers did not seek to deliver the project through its traditional volunteering structure. Indeed some Ramblers volunteers expressed the view that such activities, with their emphasis on short walks and urban environments, were not appropriate for the organisation. As Get Walking Keep Walking has proved successful, this attitude has shifted. Bridges have been built with existing Ramblers Groups, who have been providing shorter led walks and taking other initiatives to attract new audiences. One Ramblers Group, in Manchester, emerged as a direct result of the project.

Among Get Walking Keep Walking participants there are many people who say that the project has changed their lives. Beyond a doubt, it has also changed the life of the Ramblers.



Greenspace Design for Health and Wellbeing

Aileen Shackell, NHS Forest

Introduction

The healing power of nature, fresh air, sunlight and exercise have all been a feature of healthcare for centuries, but the post-war period has been characterised by a move away from nature and towards a greater reliance on technology, with healing being seen until recently as something which generally happens indoors, in a sterile medical environment.

However recent years have seen a gradual reversal of this trend - aided by a growing body of evidence there is now an increasing interest in extending the healing environment outdoors with hospitals and health centres creating usable garden spaces for patients, staff and visitors.

The most significant benefits in terms of the healthcare environment can perhaps be summarised as:

- reduction of pain, stress and depression (resulting in a stronger immune system, which will assist the healing process);
- reduction of aggressive behaviour;
- improved physical fitness;
- increased patient and staff satisfaction;
- improved staff retention.

This article will explore how these can be achieved.

New guidance

In July 2010, Aileen Shackell Associates, a west country-based landscape design practice, was commissioned by the Forestry Commission to prepare new guidance on designing outdoor space in healthcare settings for therapeutic purposes, titled Greenspace design for health and wellbeing.

Aimed primarily at the NHS, the new publication - to be published shortly - will help all types of facility think more constructively about their outdoor areas, so that spaces which currently lie un-used become places of respite and refuge for not just patients but also staff and visitors. Relevant to all types of settings, from the largest hospital to the smallest doctor’s surgery, the new guidance will also be of interest to settings outside the NHS where health and wellbeing are a consideration - such as special schools, residential homes and nursing homes.

NHS Forest

The booklet is also intended to support the NHS Forest (NHSF) project, a campaign co-ordinated by the Centre for Sustainable Healthcare to plant a tree for every NHS employee across the NHS estate - and beyond.

The NHS Forest was developed in 2008 by a number of leading NHS professionals who felt that many NHS Estates would benefit from greening their sites and in turn help the health of patients and staff that work there. As the project has evolved it has become apparent that the long term sustainability of the forest will be dependant on the involvement of staff, patients and the local community in its upkeep. The use of the NHS forest to provide health benefits for these three groups of people has evolved as a natural component of the project.

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Guidance contents

The booklet will cover the following topics, amongst others:

- A concise review of the health benefits from being outdoors;
- A list of key design principles, which will form a useful checklist for anyone involved with creating new space, or improving existing ones;
- An overview of the project process, recognising that it's not enough just to have a good design;
- A quick guide to getting started on your project, and
- Case Studies from sites around the UK, illustrating good practice and lessons learned.

The booklet has been designed to be accessible to a non-technical audience which may not necessarily be familiar with the design process, and will be colourfully illustrated with photographs of a wide range of sites, as well as artist's 'visuals' showing the potential of typical spaces such as courtyards and gardens.

The evidence so far

Considerable research has been undertaken over recent years on the health benefits derived from spending time outdoors in the countryside.

In the USA the field of therapeutic landscape design is well advanced: many schemes have been implemented, and in some cases accompanied by Post-Occupation Evaluation studies, where the benefits of the improved space for health and wellbeing are quantified and analysed in a methodical way.

Although there is scientific evidence for the benefits of spending time outside, particularly in natural, wooded settings, there has been less evidence available for the health benefits of being outdoors in the context of healthcare settings. However interest is now growing in the UK in 'therapeutic landscapes' for healthcare facilities, and a growing body of evidence, including a large number of literature reviews, helps demonstrate the health benefits of contact with nature.

Although it is unlikely that we will return to the days when many hospitals had their own meadows and orchards, farms, and even dairies, our historic understanding of the benefits of being out in the fresh air for those who are ill is once again being re-considered.

Why can being outdoors improve our state of mind?

Studies have found that being outdoors, those who are agitated often begin to feel calmer, and those who feel 'closed in on themselves', stimulated. Why might this be?

The growing evidence base referred to above is augmented by the work of academics, including Rachel and Stephen Kaplan. They developed attention restoration theory (ART) in their book¹ and since then a number of other studies have established that this also holds true in terms of medical outcomes.

Attention Restoration Theory proposes that compared with 'hard' urban environments, or indoor ones, natural environments will be more efficient at helping our brains to recharge and resume what is termed 'direct attention' or to focus on a particular task. Increased contact with nature restores our brains from fatigue and also simultaneously reduces impulsive behaviour, irritability and aggression. In her paper on Healing Gardens in Hospitals, writer and academic Clare Cooper Marcus states that nature engages attention without demanding any effort, because it has the effect of 'awakening the senses, calming the senses, reducing stress, and assisting a person to marshal their own healing resources'.

Contact with the outdoors can of course also be stimulating, as well as calming. The co-ordinator of the Creative Spaces Project in Cornwall, which enables people with dementia to enjoy outdoor-related activities, commented that 'time and time again we find that spending time outside increases people's communication and stimulates memories, people just sparkle'.

Case Study: Blarbuie woodland

In preparing the guidance a large number of sites were visited across the UK, to identify examples of 'good practice', where a creative approach has been taken to the design and usage of outdoor spaces.

At the Argyll and Lochgilphead Hospital, which caters for patients with mental health problems, the surrounding Blarbuie Woodland is being carefully and sensitively re-designed so that access for the user group concerned can be achieved with maximum benefits for health and wellbeing.

In 2003 a number of people started to discuss the potential for restoring the neglected, unwelcoming woods around the Psychiatric Hospital, mostly planted in the Victorian era, when the Hospital, previously known as 'Asylum', was built.

Extensive consultation was carried out by Reforesting Scotland, and they formed a Partnership to develop the project, with the NHS, Argyll Green

Woodworkers Association, The Scottish Association for Mental Health, and Lochgilphead Community Council.

Funds were raised, and work began on the ground in 2004, involving many users of mental health services, disabled people, young people, contractors and volunteers. The site was finally opened as a public park in 2007, and a programme of woodland work parties for mental health patients led by staff, and arts, crafts & music events continues to this day.

The scheme has been extremely successful. A wide range of patients now use the woods regularly, even including some who have been sectioned under the Mental Health Act. In four years since the opening, there has been a seven-fold increase in the number of people walking in the woods.

Key design features

Despite being retained as a natural landscape the addition of carefully selected design features have enabled Blarbuie Woodland to offer a place of respite for active and passive recreation, with the former including a wide range of activities. These encourage more people into the wood and ensure that when they get there, they spend longer there than they might otherwise have done.

- Welcoming threshold arch and signage – you know you are free to enter the wood, with access leading straight from the car-park, and signs to show you where you can go;
- All-weather paths make an otherwise inhospitable wood accessible to a wide range of people, including those who are less mobile;
- Opportunities for both quiet solitude and busy socialising – people come to the woods for different reasons, and the wood is big enough and designed such that it can cater for all, with both large and small seating areas and shelters;
- Opportunities to learn new skills including tree-work, processing, woodworking, and construction also include the chance to make re-learn social skills and make new friends;
- Good use of borrowed landscape means that routes are laid out to make best use of spectacular views out across the nearby Loch Gilp. With accessible routes up into the hills behind, the wood feels like part of a much bigger landscape.

The health benefits

Considerable work has been done at the hospital to analyse the health benefits to those using the woodland area. Interviews conducted with users identified that all of those interviewed thought that coming to the woods improved their health and wellbeing in some way.

The statistics show the following reasons why users felt being in the woods improved their health and wellbeing (some data missing, so less than 100% is shown):

- 16% ... Connecting with the natural world
- 15% ... Improving physical health
- 14% ... Stimulates and energises
- 17% ... Calms and relaxes
- 8% ... A sense of achievement and satisfaction
- 7% ... Helps solve problems

It is worth noting that regardless of whether people wanted a sense of relaxation, or to be energised, they found what they needed in these woods. Perhaps key to this is designing into the woodland environment different opportunities to take part in. Activities such as woodland management, or art, proved most helpful for those looking for stimulation, and the creation of an appealing network of paths with seating encouraged those looking for the relaxation obtainable from solitude to find this too.

Perhaps one of the most interesting findings is that many users have found being in the woods provides a good opportunity to practice their skills in 'mindfulness'. 'Mindfulness' is a technique widely practiced and taught in the field of mental health, involving the development of new patterns of thinking to stay 'in the present moment' rather than becoming overcome by anxiety and trapped in a negative spiral of worrying – thus appreciating the present moment without anxiety about the past or future.

Many users of the Blarbuie Woods have found that spending time in the woods and listening to the birds singing around them has helped them re-focus their thoughts away from negative thought patterns and helped them feel calmer and find 'peace of mind'.

Summary

Although in recent years, outdoor space in healthcare settings have not been seen as part of the healing environment, this is now changing. New guidance being published soon will help all types of NHS facility (and others outside the NHS, also concerned with health and wellbeing) to adopt a more creative and constructive approach to the use of their grounds. There is a growing evidence base for the benefits to health and wellbeing of being outside in a natural environment. This has been augmented by the work of academics looking at how we relate to our surroundings, to understand how it is that natural environments are inherently relaxing. Projects such as Blarbuie Woodland illustrate the importance of being in the sunshine, enjoying the fresh air, watching the birds and the squirrels, and feeling the wind against your skin. Projects like this have helped inform the new guidance with its emphasis on creating natural rather than man-made spaces; planted ones, rather than paved, with all the attendant benefits.

References

¹ Kaplan, R and S, The Experience of Nature; A Psychological Perspective, 1989



The Green Exercise Programme Evaluation

Hazel Hynds and Jennifer Parsons, Natural England

The aim of the Green Exercise Programme was to target sedentary people and increase their levels of physical activity and their connection to local green spaces.

Green Exercise is any informal, physical activity that takes place in a greenspace or the natural environment: from gardening, cycling and walking in urban green areas, to kite flying

Natural England funded eight, three year pilot projects through local partnerships in the regions between 2008-11 to test the process of engaging hard to reach groups in green exercise activity. The eight projects adopted very different approaches to delivering green exercise. Some had multiple target audiences and offered various interventions, whereas others maintained a much narrower focus.

As of August 2010 the green exercise programme had enabled approximately 18,000 people, within the target groups, to access and experience their local greenspaces. Of this figure approximately 8,000 were children and young people, and 10,000 were adults.

What was done

Evaluation at both programme and project level was deemed necessary in order to fully explore how the pilot projects were operating and what difference Green Exercise had made to the participants. A framework for evaluation was developed which identified three distinct areas including process, project and programme level evaluation.

The programme evaluation took the form of a qualitative study and examined participation in the programme of green exercise interventions, looking for consistent information about outcomes and indications of behaviour change. It was conducted between November 2009 and January 2010 and methods included focus groups, semi-structured interviews and questionnaires. In total, 45 individuals, involved in green exercise, contributed to the evaluation. The aim of the evaluation was to understand the extent to which the green exercise programme enabled hard to reach groups to access greenspace.

Specific objectives were to understand:

- Participants' experiences of green exercise;
- what worked / didn't work so well;
- barriers to accessing green space;
- enablers to participation; and
- the extent to which the programme achieved a long term behaviour change in participants.

Due to the individuality of each of the projects, a flexible and adaptable approach to evaluation was required, responsive to the needs of the projects and their target groups. Not surprisingly, conducting research with some of the target groups was difficult. In particular, those with learning disabilities and young people proved to be the most challenging to engage. For example, limited attention spans, behavioural problems and varying levels of intellectual capability meant that each research session had to be individually tailored to meet the needs of particular groups. Projective techniques

such as imagery, graffiti boards and art were adopted and were effective in engaging the participants.

Results and conclusions

The findings show that overall the projects were successful in enabling a range of hard to reach groups to access green space through the various project interventions. However, whilst there is some evidence to suggest that some participants accessed green space outside of the projects and post intervention, it is not clear what long-term impact the programme has had on their behaviour. The findings also show

that accessing local green space and having a positive environmental experience can have a range of knock-on effects including:

Social benefits for both participants and the wider community, such as;

- opportunities for learning and development;
- increased physical activity and improved health and wellbeing;
- community cohesion and community participation.

Environmental benefits for local green space such as;

- improved knowledge and awareness of local environmental issues and
- taking positive action to conserve and improve local green spaces.

| REGION | PROJECT | HOST PARTNER | TARGET GROUPS | INTERVENTION |
|-----------------|---|--|---|--|
| South East | Get Active in Milton Keynes | Parks Trust | Sedentary population, mental health service users, BME groups, women and girls and those with learning disabilities. | Weekly conservation tasks |
| South West | 3G Woodland Games | Swindon Borough Council | Children and young people, in particular those at risk of disaffection and exclusion from school or with learning difficulties; the families of the above; older people | Non-traditional sports, Forest Festival, coaching and volunteer training |
| East of England | Youth Outdoor Experience | Suffolk Wildlife Trust | Girls aged 13-16; Girls and boys aged 11-18. (particularly those who are inactive and lack confidence and /or social skills) | 12 week outdoor activity programme |
| East Midlands | East Lindsay Active/East Lindsay goes green | East Lindsay District Council | Older people 55s+; children under 16; women 16 – 24; families i.e. grandparents and grandchildren; obese clients with a BMI >30; diabetic groups; mental health clients. | 12 week conservation programme |
| West Midlands | Walk to Water | Staffordshire Moorlands District Council | Individuals and families living on a local estate; people with mental ill health; teenagers including the local youth club and college; older people; a local community group and volunteers. | Health walks, nature walks and conservation tasks |
| Yorks & Humber | Walk 4 Fun/ First Steps to an active life | North Lincolnshire District Council | Year 6 primary school children; overweight /obese adults | 6 week walking programme with buddy |
| North West | Wheels for All | Cycling Projects | GP Referral clients; Cardiac Rehabilitation; Adult Mental Health; those with disabilities and differing needs; ethnic community members. | Cycling (ongoing) |
| North East | Greenways to Health | Groundwork | Young people (aged 11 -16), identified as physically inactive who live in the top 25% most deprived wards | 6 week outdoor activity programme based on JMA |

References

The Programme and Project Evaluation reports are available to download at <http://www.wfh.naturalengland.org.uk/our-work/green-exercise>

Contact

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News



New Name for British Waterways

From April 2012 British Waterways will become known as the **Canal & River Trust** (or **Glandwr Cymru** in Wales).

The decision has been taken following extensive public and internal consultation and market research into the replacement for the name and symbol of "British Waterways." They reflect the important step the Government is taking in creating a new successor organisation to hold the waterways in trust for the nation in perpetuity. The change also offers an opportunity to attract the attention of, and to appeal to, the wider public.

The Canal & River Trust will hold 2,000 miles of canals and rivers in England and Wales, including the third largest estate of listed structures, in trust for the nation. Britain's waterways also provide a unique haven for wildlife, offering distinctive local tranquillity to some 13 million visitors every year. The "British Waterways" brand will stay alive in Scotland, where the waterways currently managed by British Waterways Scotland will be kept in the public sector and will not form part of the Canal & River Trust.

For more information contact: Helen Hall Tel: 077177 60284 or E: helen.hall@britishwaterways.co.uk



New Website and E-newsletter for CRN

It is hoped that both members and subscribers will now find it even easier to access and share information at www.countrysiderecreation.org.uk.

For members, there's a new password-restricted online forum for uploading documents and posting comments or questions. Included in the public side of the site are publications for download, news stories, event information, and an information directory.

To subscribe to the new, quarterly CRN e-newsletter, please visit www.countrysiderecreation.org.uk and click on E-newsletter Sign-up.

National Trust

Walking Success

The first ever Walking Festival organised by the National Trust got off to a good start in autumn 2011 with 62,500 people taking part in more than 1,000 events at 376 properties across the country. At the same time more than 54,648 recommended walking routes were downloaded from the Trust's website – a 33% increase on the same period in the previous year. PruHealth will continue to support the Walking Festival for the next three years, with next year's festival scheduled to run from 27 October to 4 November.

Cycling Push for 2012

The National Trust's 2011 series of Cycle Sportives will continue with even more events in 2012. The mass participation events for keen cyclists are run in conjunction with a variety of third-party organisers at National Trust locations around the country, from Dunstable Downs to Kingston Lacey. The sportives are part of the Trust's continued commitment to encourage cycling at all levels. There will be a series of family-themed cycling events including cycle training, easy rides and a cycle circus held to coincide with National Bike Week in June. The number of bicycles available to hire at National Trust properties will increase in 2012. The Trust has also been improving facilities for cyclists, including road resurfacing, at Box Hill in Surrey, in time to host the 2012 Olympics Road Cycling events.

50 Things to do before you're 11-and-three-quarters

What were the most fun things you did outdoors as a child? The memories of adventures that will stay with you forever? That's what the National Trust is focussing on in 2012 with the launch of its new outdoor lifestyle campaign "50 Things to do before you're 11-and-three-quarters." The new scheme builds on the experience of earlier campaigns designed to get people outdoors and closer to nature such as the very successful "Wild Child" and "Food Glorious Food". The new campaign will see a series of events held at National Trust properties throughout the year aimed at encouraging people to re-discover family fun in the open air. Exact details will be announced later in the spring.

For more information on these 3 stories please contact:

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CRN 2012 Seminar

Theme: The Great Outdoors – the ultimate sport and recreation arena
Venue: Lee Valley Athletics Centre, Lee Valley Regional Park, London
Date: 15th March 2012
Time: 9.30am - 4.00pm
Cost pp: £100 (members) / £115 (non members)

Background

There is a strong desire to ensure that the 2012 Olympics and the 2014 Commonwealth games create a legacy of increased participation - and the outdoors is open, available and ready to provide a means to do this. However sport and physical recreation are often managed very separately from outdoor and countryside recreation.

Aims of the event

Research such as that undertaken by CRN has shown that there are very strong links between "green exercise" and healthy lifestyles. This event will examine opportunities to develop participation and inspire people to get out into the natural environment as a result of high performance events such as the Olympics and the Commonwealth games.

The seminar will also look at the trends in participation in sport and outdoor recreation and the benefits and opportunities associated with the natural environment as a destination for outdoor recreation. It will showcase examples of how organisations have utilised outdoor facilities and activities to grow participation in sport and physical recreation.

Workshop format

There will be four parallel afternoon workshops. Delegates will be able to attend two out of the four. All workshops will start with a case study presentation followed by discussion.

Audience

The event will be of interest to practitioners, researchers and policy makers involved in managing outdoor facilities and in encouraging participation in sport and outdoor recreation. This will include countryside and green space site managers, sports development officers, National Governing Bodies, local authorities and voluntary organisations.

How to get to Lee Valley:

The CRN Seminar will be held in the Lee Valley Athletics Centre, which is approximately 15 miles from London City Airport, 31 miles from Stansted Airport, and 44 miles from Heathrow Airport. Lee Valley is accessible by train, bike, bus and car. Please visit www.leevalleypark.org.uk for more information.

Programme

09.30 Registration and refreshments

10.00 Introduction and welcome by Chair

10.15 **Keynote address**

What can the outdoors deliver? What are the trends in participation? Are we making the most of legacy opportunities offered by the 2012 Olympics and the 2014 Commonwealth games?

10.45 **Address 2**

Multi-cultural and multi-age outdoor recreation products - Lee Valley's challenge to provide a tranquil nature reserve alongside an Olympic centre for white water adrenaline activities. How does this affect the provision of a range of services designed for multi-cultural and multi-age markets?

11.15 Refreshments

11.45 **Address 3**

Mountain biking - the Dalby experience of capitalising on the UCI World Cup - how a performance event has driven increased participation.

12.15 Q&A with morning speakers

12.45 Lunch

13.30 Welcome back from the Chair

13:45 **Workshop 1a**

Case Study - Antrim Borough Council in Northern Ireland - creating strong links between traditional community sport and countryside recreation.

Workshop 1b

Scottish Ramblers Active Nation initiatives - Gold, silver and bronze walks

14:45 **Workshop 2a**

"Discovering places" - an initiative to engage people with local places through the 2012 Olympics

Workshop 2b

Eton Dorney - the challenges facing a site that was a local facility that is rapidly becoming a national resource with over 120,000 visitors per annum.

15:45 Summary and final plenary

16.00 Close

Booking Form

First Name

Surname

Organisation

Position in Organisation

Address

Postcode

Email

Telephone

Payment

Cheques should be made payable to: **Countryside Recreation NI**
Please return this booking form along with your cheque to the following address by 17 February 2011:

Countryside Recreation NI
The Stableyard
Barnett Demesne
Belfast BT9 5PB

Further Information

Please email crn@countrysiderecreation.org.uk or call 028 9030 3937





Member Profile

Sport and Recreation Alliance - Martin Key, Policy Officer

The Sport and Recreation Alliance is the independent voice for sport and recreation in the UK, representing over 320 member organisations including national governing bodies (NGBs). Our members account for 151,000 sports and recreation clubs catering for some 13 million participants. We exist to protect and promote the role of sport and recreation in healthy and active lifestyles.

Our members include the Ramblers, British Mountaineering Council, British Canoe Union, British Horse Society, CTC, British Rowing, as well as the governing bodies of traditional sports including, the Football Association, Rugby Football Union and the England and Wales Cricket Board. Their job is to run their sport or activity, promote participation and set the rules and conditions under which it takes place. The Alliance works to make their job as easy as possible by providing services on governance, training, lobbying and business administration. We also represent their views to decision makers, promote their interests and campaign on issues on their behalf.

The Alliance has at least 65 members who could be termed as working in the field of countryside recreation, making it a significant voice inside our organisation. The Alliance's strength is in finding agreement amongst its diverse membership to increase opportunities for outdoor recreation. We were heavily involved in finding consensus during the legislative process in creating open access land (Countryside and Rights of Way Act 2000), and did a similar job for coastal access (Marine and Coastal Access Act 2009). The Alliance also supports the adventurous activities industry through its role on the Adventure Activities Industry Advisory Committee (AAIAC) and runs the Water Sports Forum which looks at how NGBs manage risk.

Much of this work is channelled through our Access Working Group which brings together organisations who walk, run, cycle, paddle, fish, shoot and fly in the great outdoors. The group serves as a vital forum to bring a variety of organisations together. It works to find consensus and has contributed to developing the Alliance's access policy, and help shape our publication 'Red Card to Red Tape' (2011) which details how regulations can hold back recreational activities. This includes the issue of liability preventing certain activities taking place and the difficulty volunteers find in assisting the highway authority in maintaining public rights of way.

Looking to the future the Alliance is seeking ways to improve recreational opportunities for its members by engaging with the Forestry Commission to create a strategic partnership which allows greater influence over how sport and recreation is managed in woodlands. Access to forests and woodlands is a high priority for many members and the wider public and this project will help ensure that woodlands are managed in a way that meets these expectations. Our members have also given their priorities on how the Cabinet Office should take forward recommendations which seek to reduce the risk of liability on volunteers and landowners involved in sport and recreation activities.

The Alliance will continue to work cooperatively with government and agencies to ensure there is a forum for good communications between the national governing bodies. For further information contact Martin Key on mkey@sportandrecreation.org.uk

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