Walking for Health 2015-16 programme overview – Summary and recommendations

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Contents
The year in figures April 2015 – March 2016 - infographic ......................................................... 2
Summary .......................................................................................................................................... 3
  Schemes ..................................................................................................................................... 3
  Participants ................................................................................................................................. 3
  Walker participation .................................................................................................................. 3
Timing and location of walks ........................................................................................................ 4
  Short walks ............................................................................................................................... 4
  Volunteers ................................................................................................................................. 4
Recommendations ......................................................................................................................... 5
Further information ...................................................................................................................... 8
415 schemes ran health walks across the country. This year, the number of schemes has grown for the first time since Ramblers and Macmillan Cancer Support took over the programme.

33 new schemes were set up in 2015/16. Many were established to fill geographic gaps and reach locally underrepresented target groups.

7,200 volunteers (approximately) offered direct support on walks. There are 8,300 volunteers overall. Walk volunteers help out on average once a month, and the majority are recruited from existing walkers.

10.7% of new walkers were signposted to the programme by health and social care professionals. This is up from 7.7% in 2014/15. Walkers signposted were more likely to be from a key target group.

40% of walkers who joined in the first three months of 2015/16 were still walking in the final three months. This figure is higher for walkers aged 65+ (47.2%), though lower for BME groups (31.2%) and those with long term health conditions (30.6%).

6.3 New walkers attended an average of 6.3 walks per quarter. Older participants (65+) attended more frequently than the average (6.5 times per quarter compared to an overall average of 6.1).

In one week...
- 1,800 walks are enjoyed by over 20,200 walkers

In one year...
- 4,900 different walks are offered, with over 78,300 walks taking place altogether
- 67,000 people join at least one walk, contributing to a total of over 1 million attendances throughout the year

The average scheme...
- offers 12 different walks, and runs 4 of them each week
- is supported by 24 volunteers, with a walker to volunteer ratio of 7:1

The average walk...
- has 13 participants and lasts just over one hour: 64.5 minutes
Summary
This report is based on data from the Walking for Health database provided by 60% of schemes. It provides an in depth look at the walks that occurred in the 2015/16 financial year (April 2015 to March 2016) and who participated.

Schemes
There were 415 recognised Walking for Health schemes at the end of the year. It is the first time since 2012 - when the Ramblers and Macmillan Cancer Support took over the national programme - that the number of active schemes has increased on the previous year. There were 33 new schemes set up during the year; many of them were established to address geographic gaps in provision or reach locally underrepresented target groups.

Participants
Over a full year, approximately 67,000 people walked with their local Walking for Health scheme at least once.

The majority of participants are white, aged over 65 and female. Participants from some of our target audiences continue to be underrepresented on health walks, such as those living in areas of deprivation and people from black and minority ethnic groups (BME). However schemes have increased recruitment of inactive people and people with long-term conditions or disabilities, including cancer.

Participants who are signposted by health and social care professionals are more likely to be from one of our target groups. In particular this is a successful recruitment mechanism for people who were previously inactive; living with a long term condition health problem or disability including cancer; from BME groups; or from the most deprived areas.

Walker participation
On average, participants attended roughly one walk a fortnight. This is an increase on the average attendance calculated in 2011. Furthermore, considerably more people are also attending walks at least once a week compared to previous years.

Overall, new participants walk slightly more regularly than established participants, however new participants from a number of our key target groups such as previously inactive walkers and those with a long-term health condition, illness or disability have a tendency to walk less regularly than other participants from their cohort. These participants also have a tendency to drop out sooner: 40% of all new participants were still walking with the programme by the end of the fourth quarter, and this was lower among a number of the key target groups. A key exception is among people who have been diagnosed with cancer, who were no more likely to drop out sooner than new participants as a whole.

The dropout rates of new participants from certain groups may have seasonal links, as these were more pronounced between autumn and winter in comparison to the overall dropout rate.
Timing and location of walks
The continued popularity of health walks among older audiences is unsurprising given the prevalence of walks on weekdays at mid-morning, times that are more suited to retired people.

Local schemes tend to run fewer walks in key holiday periods such as December, January, May and August, but walks are generally well attended throughout the year. In fact, attendance peaks in the first few months of the calendar year (Jan – April), and participants tend to walk more regularly during this time. This suggests that it is a good time for promotional activity to encourage people to make a healthy start to their year.

Walks starting in areas of deprivation are less common, and attendance on those walks is lower than average. This may be one of the reasons why people who live in areas of deprivation are underrepresented on the programme as a whole.

Short walks
Accreditation of health walk schemes, which aimed to refocus the programme as a health intervention particularly well suited to engaging people with restricted mobility, people new to physical activity, or people recovering from ill health, requires schemes to provide more regular short walks of 30 minutes or less. However, this does not appear to be happening in practice.

Overall, the proportion of short walks on offer has seen a slight increase, but data suggests that schemes are offering fewer walks than before accreditation. In 2015/16, the average was four walks per week; this compares to five and a half in 2012. This suggests that the longer walks over 90 minutes, which are no longer considered part of the programme, have not been replaced with shorter walks. Furthermore, the proportion of longer grade 3 walks on offer appears to have increased as a result of the 90 minute cap.

However, short walks are going some way to support the intended audiences: they are more popular among people with long term health illnesses, health problems or disabilities; previously inactive people and people from areas of deprivation than with other new participants.

Volunteers
Data about volunteers and the amount of time they contribute is limited, but our key target audiences appear to be underrepresented among them. The main exception to this is volunteers aged 65 or over. Volunteers were more active on joining Walking for Health, in better health, and there is a higher percentage of male volunteers compared to participants overall.

The data suggests that the average attendance for each walk volunteer was 15 walks over the course of the year, or just over one walk per month.
The following table outlines the recommendations that have emerged from the analysis. They highlight some key areas for schemes to focus on, as well as some key priorities for the national team. It is recognised that schemes are likely to require support from the national programme team to achieve these recommendations; particularly those that currently have no specific resources or funding in place. We have outlined what we are already doing and will be doing more of to support with these recommendations:

<p>| Recommendation                                                                 | We have / we are                                                                 | We will                                                                 |
|                                                                               |                                                                                |                                                                        |
| 1. New schemes should be better supported to ensure they are set up to support key target groups from the start. | • Designated staff in each region that schemes can contact to discuss issues and receive support. | • Further develop the resources and evidence required to support new schemes. |
|                                                                               | • Improved the process for setting up new schemes to ensure they are receiving the right support at each stage and are only activated when they are ready to start delivering walks. | • Consider more stringent criteria for accepting new schemes onto the programme to ensure they are well aligned with national priorities. |
| 2. The national team should continue to monitor the sustainability of current schemes and local schemes should be encouraged to flag any potential concerns over local funding to national centre as early as possible. | • Hold regular network meetings where schemes can tell us of any issues that may impact their sustainability. | • Improve our collection of data when schemes leave the programme to gain more consistent feedback about why they close. This will enable the development of support to other schemes facing closure. |
|                                                                               | • Designated staff in each region that schemes can contact to discuss issues and receive support. | • Ensure schemes are more aware of the sustainability support that we can provide and encourage them to flag this with us in good time. |
|                                                                               | • Monitoring the threat of funding cuts through annual survey and supporting schemes flagged as at risk. | • Identify where we can influence decision makers / commissioners to fund and support local schemes. |
|                                                                               | • Supporting schemes build evidence for funders. |                                                                        |
|                                                                               | • Support schemes with transition arrangements to alternative delivery models when facing funding cuts. |                                                                        |</p>
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| **3.** Schemes need to provide more support to inactive people or people at risk of inactivity to engage them with the programme initially and retain them with the programme over time (if they are not progressing onto other forms of physical activity). More understanding is needed of why participants from certain target groups leave the programme sooner and what additional support may be required to enable them to continue taking part. | • Evaluating how schemes can effectively roll out the *every step counts* project – a 12 week, targeted programme designed to reach the most inactive people.  
• Help schemes to establish links with local Ramblers groups to support fitter participants progress to more challenging walks. | • As setting up new walks or reaching new audiences takes time we will be providing more case studies from other schemes to share learning about what has worked well, or what hasn’t.  
• Give additional consideration to how we can better support schemes to set up short walks to reach the people who need them.  
• Further consider the factors that affect participation and progression up and down within the programme for different individuals.  
• Continue to work with Macmillan to promote Walking for Health through their activities (including their mobile information centres and their physical activity programmes). |
| **4.** Schemes should review the location and timings of the walks on offer to ensure they meet the requirements of their target audiences and facilitate regular participation. | • Planning additional analysis to consider factors that may affect participation such as travel distance, location of walks and their availability in high priority areas and to better understand gaps in provision based on different factors - e.g. areas of deprivation; demographics; high cancer prevalence; inactivity; social isolation; health. | • Continue to support schemes and share best practice concerning setting up walks in new areas to support target audiences, including recruiting new volunteers and creating new links to support this and engage the intended audience. Some of this will be learning from the *every step counts* project.  
• Sharing of results of further participation and walk provision analysis with Walking for Health schemes. |
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| **5.** Schemes should prioritise working with health and social care professionals (HSCPs) in order to recruit participants from target groups, but may need additional information or support from the national programme team to do so. | • Developed resources to help schemes influence HSCPs and encourage them to signpost patients to local health walks.  
• Started to improve the [HSCP section](#) of the website to make it more prominent.  
• Asked schemes about existing links they have with HSCPs so we can understand what already takes place and where there may be gaps. | • Running a pilot to test a protocol with HSCPs to identify inactive patients and signpost them to health walks.  
• Continue to improve the [HSCP section](#) of the website and share resources developed as part of the pilot more widely.  
• Continue to support local schemes to promote their walk programme offer to Clinical Commissioning Groups.  
• Undertake strategic influencing of national health organisations. |
| **6.** The national programme team should review the tools used to collect monitoring data, and provide more support to schemes to encourage more complete and consistent data to be added to the database. This is particularly important for schemes wanting to make the case for support to local decision makers. More detailed analysis of the data should be completed to explore factors that affect retention and participation of participants. | • Consulted with schemes about the Walker registration form. We are now working on improving it to make sure we are collecting the right information to provide schemes with the best possible evidence.  
• Support individual schemes to provide the right evidence to funders / decision makers - i.e. schemes at risk of funding cuts or those wanting to do more targeted work. | • Continue to improve the database based feedback from users. More about this and the updated database guides can be found [here](#).  
• Continue to analyse monitoring data and share it with schemes on a regular basis. [Read the latest report](#).  
• Carry out more detailed analysis on participant behaviour so we can share with you the factors that affect retention and participation. |
Recommendation

7. Schemes should consider recruiting new volunteers to support with delivery and outreach work, including volunteers not recruited from existing participants.

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<td>• Reviewing the walk leader training as well as other information and resources designed to help with recruiting and training the right volunteers.</td>
<td>• Share the results of the recent volunteer survey, including the role that existing volunteers have in supporting inactive participants and find out what more is needed to facilitate this.</td>
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<td>• Adapted walk leader training for the every step counts project to enable volunteers to provide behaviour change support needs of inactive people. Learnings from this will be factored into programme wide walk leader training.</td>
<td>• Analyse the findings of the volunteer survey, volunteer journey and walk leader review to develop resources to support schemes recruit volunteers from new target groups.</td>
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Further information

If you have any comments or feedback on this report or would like to speak to us about the database, please contact Liz Cronin or Jo Scott on walkingforhealth@ramblers.org.uk or 0207 339 8541.