

Walk England Event

17th November at The Mercure Hotel, Bristol

Notes from Morning and afternoon sessions

Morning session – Success stories

Table 1

- Colin - Timsbury, Bath & N. East Somerset
Surfacing of path between housing and school
- Anna – Dartmoor NPA
Disadvantage groups mums with pushchairs, wheelchairs, at West Devon Way
- Andrew – SW School Travel Health Check
Data on actual walking 800m primary and 2 Km secondary
- Sally – Poole Pedal again
- Tim – Exmoor NPA
Simple: Gap, gate, stile. Someone with joint or hip problems. First time in 15 years
- Jonathan – N. Somerset
Extra post, cleaning paths, less dog poo = more use
- Mary – Avonmouth, Bristol.
1 Km Riverside route to school which is fully accessible
- Louise – Long term maintenance regime in Plymouth for paths in coastal area with public art.
- Chris – ROWIP with others – struggle with ‘policy’ but has ended up with difference on the ground. Now has full survey of path renewal, maintenance improvements, possible publicity.
- Ronnie – S. Glos.
East trails which are locally developed. Return for annual maintenance, used for health walks. Very popular.
- Peter – Exeter walking project.
3rd edition – the scheme continues from 2001. Hopefully this will spin off into other towns.
- Lesley – Travelwise, Exeter.
£1000 previewing of health walks. Walk and talk schemes, just one in West Devon but it is still expanding.

The theme for the South West

- ‘Seamless’ maintenance regimes e.g. Path officer for routes, not designated maintenance.
- School link in Timsbury. Surface improvement, increase in local use
- Partnership – Waling is STRATEGIC, Promotion of health walks long term e.g. Devon across the South West leads to actual use.

Give urban space back to people and away from cars. Traffic problems will always exist.

- Fear of livestock and animals. Media stories and hype don't do the potential scheme any favours.
- Long distances from schools and services mean cars are used more frequently for relatively small journeys
- The central portal for information is fragmented
- The rough terrain and hills with uneven surfaces can give people a fear of falling.
- How do you market to an Xbox/PS3 generation?
- Affluence and car culture are all linked in with capitalism, economic growth and the standard of living but not necessarily the quality of life.
- Accessibility concerns for those with hearing/sight/sensory/mental health issues.
- Lack of integrated public transport policy and planning system.
- The work ethic within the developed world.
- Our roads are not for pedestrians and our public transport is too expensive. We need innovative non-bus public transport which could include boats, a community car share system, a post bus and Dr's cars.
- Look at the marketing done by the motor industry and compare it with walking.

Table 2

- Cullompton - GP referrals to walking for exercise and well being.
- North Somerset Walk champions
- Bus walks, too successful?
- MAPS funded by local authority
- Tavistock, Devon – Media/promotion
- Goss Moor trail event (walkers going on to use the trail event for their own use)
- Salisbury - 'Walks on Wheels'
- S. Glos. – Walking With Dementia'
- Weekly Walk with the Alzheimer's Society
- ASET mentoring – Early Dementia
- Museum walks which will start in January
- Link with GPs – signposting walks around the surgery and surrounding area.
- Proactive volunteers website running video
- Good volunteers are essential
- Walk champion – Mosaic project
- Bristol - Walk leader training – working with people with learning difficulties

Table 3

- Rural travel to school, not possible due to rural nature.

- 'Golden Mile' scheme. This is where children, all staff and parents come out of school to walk a mile. The children collect gold stars. They can wear fancy dress and raise money too.
- Walking buses – Traditionally there is no modal shift BUT it does create community spirit in school. Need to give more responsibility to the parents rather than the LA officers.
- Healthy Schools – 'Out to Lunch' scheme. Pre-school children walk to school once a week to have a school meal. This also promotes the local school!
 - Walking to School leaflet. This is compiled by the School and the LA officer. 'Golden Boot' scheme (includes golden laces and golden tights)
 - 'Plymgo' website – Journey planner my mode of transport. This includes CO2, calories and cost. www.plymgo.com It has some teething problems.
 - www.healthyweight4children.org.uk
 - South west coastal Path accessibility website to check it meets the needs.

Table 4

- Partnership approach to offering health walks e.g. Soul Walks in Somerset
- Mix/range of partners e.g. NHS/Mind/LA
- Successful promotion of walks to groups (e.g. mental health) and members of the public
- Quality of Walk leaders
- Evidence base

Table 5

- Swindon are targeting beginners, less than 30 minutes.
- Ladies Health Walk – raising money for Breast Cancer
Global Corporate Challenge – team challenge recorded via the internet and therefore completed globally
active@work, subsidised at £10 per person May – Sept, 189 employees
- Walk Leader Training
Case study from someone who had PND
Health trainer
Community involvement
- PLYMOUTH – Lunchtime walks
Observed a change in dress code
Important role modelling
Caters for all abilities as they walk out for 10-15 minutes then turn around
- STROUD – Strolling in Stroud
Website with 100 routes
8 led walks

- Regular newsletters
- Walk leader recruited from cardiac rehab
- BRISTOL - WTNTH
 - Self-sustaining groups
 - Diversifying to web resource/measured mile rates in parks
 - 'one heart' walks for new participants

Table 6

- Sedgemoor Health walk - These have been running since 2004 and comprise of 2 walks per week and up to 30 walkers per walk
 - Soul walks – walking for mental health
- Knowle West Health Park – up to 100 walkers on the programme
- One Heart Group – people recovering from illness or injury or with limited mobility
- Footscape - Dorset
 - Family walks – fun and interesting for children
 - Bus stop walks in Keynsham
 - Set up by volunteer walk leader. 19 walkers
 - NHS Bristol – themed walks including a history walk in Stoke Park. 50-60 people attended this year.

Afternoon session

Tables 1, 3 & 5 were pessimists and 2, 4 & 6 were optimists

Table 1 – Dominique Beach spokesperson

- The weather is always a hindrance so people default to using the car.
- People don't always have the free time to go for walks.
- Lone walking also has a fear factor plus there would be some trepidation about joining groups. The media portrays certain stories which would put people off going out at certain times.
- It's not really a cool thing to do.
- It's a waste of valuable time.
- There is a lack of information on infrastructure.
- If your health is poor you may not feel up to it.
- There might be paperwork and red tape obstruction e.g. CRB/H&S/Risk assessment
- Resources – ESP dedicated officer
- Not based on local knowledge
- The services and facilities are lacking on walk paths.
- Signs and way marks are lacking
- They may be map-phobic
- Personal safety is a big worry, physical worry and the fear of getting lost.

Table 2 – Angela Crawley spokesperson

- PEOPLE
This meeting is a great opportunity to meet and arrange further meetings. Gabriel Scally was inspirational.
Regional manager Jim Knight. Champions e.g. influential celebrities like to be involved, it doesn't just have to be government representatives.
- CAMPAIGNS
Co-ordination is the key. It took 20 years for the smoking ban
Walk4Life and Change4Life
- POLICY
Lobbying – cross-department consultation from the start
LTP3 – measuring success. If current measure does not fit, find one that does. Walking is cross cutting. Measuring doesn't have to be a transport target.
- INFORMATION
Admissions guide
Smarter choices. Taking ownership about home purchase choices and school locations.
If we have it, use it! (Do we all know how? CPD)
Media & technology

Table 3 – tall blonde girl with pierced nose

- Not everyone is computer literate and a lot of the information is computerised, on line or via a phone.
 - This information isn't personally tailored, it needs a basis in a relationship or word of mouth
 - The image of fitness could be a perceived barrier.
 - A lack of spare time plus a lack in the ability to read maps.
- PERCEIVED BARRIERS AND ACTUAL BARRIERS**
- Perception is greater than reality**
- GPs and other health professionals aren't referring people to walks.
 - How do we find socially isolated people, those who do not access services
 - Health problems, especially for older people.
 - Transport, especially for older people
 - Lack of access to pleasant environments to walk in. Cars badly parked, recycling bins and children cycling on the pavements already make it difficult to walk in towns and cities.
 - Excuses – weather is perceived as an actual barrier
 - Walking groups not being cool is a perceived image
 - Less able walkers being intimidated by more able and fitter walkers and vice versa
 - Intimidation of joining a group on their own.
 - Traffic! People don't feel safe to walk or cycle

- Lack of footpaths and lighting in rural areas
- Fear of livestock and stiles
- Inability to fit through kissing gates. This damages morale and puts people off
- Path surfaces need to be good enough to get people walking.
- Finding people to lead the walks.
- Needing the car for work rather than just to travel to it is a barrier to walking or cycling to work.
- Lack of facilities for showering at work
- Needing to look smart for work is a perceived barrier
- Comparison between bus route and car route.

Table 4 – Claire

- Obesity is a key driver. Calorie maps to help plan a diet/fitness plan. Everyone can do it.
- Lets get moving & Walk to School.
- The use of modern technology. Phones have GPS, downloadable apps for the iPhone, twitter.
- Local and national champions
- Policy which is Local Authority binding. Mandatory carbon reporting.
- LTP3 – travel plans and ethos with champions, work contracts with in-built travel aims
- Existing trails
- The recession could be used to encourage walking. Walking is free, it doesn't add to the carbon footprint
- GP surgeries could network with partners/district councils and neighbourhood partnerships/Health trainers
- Peer group challenges
- Corporate global challenges
- Environmental campaigns
- Change4Life
- Travel surveys and advice
- Active challenge routes
- Home zones

Table 5 – Alex Hayes

- TECHNOLOGY AND MAPPING.
Do the LAs and PCTs have enough know-how to make it work well? IT security policies can prevent access
The monitoring of databases and the entering of data into several sites/documents
Not detailed enough on open spaces
Overload of information. Could be seen to be reinventing the wheel.
It would rely on people mapping and auditing etc

- HEALTH & SAFETY
Risk assessments are off-putting and created more issues for schools etc.
- WEATHER
A combination of dark nights, bad weather and gritting all put people off.
The hardcore walkers aren't affected, it's the people we are trying to work with, they would need money to purchase gear.
- INFORMATION/IT LITERACY/FORMATS
Making sure people have the correct gear
Making walking information available (signage etc)
- DISTANCES
What people feel is acceptable (parents with concerns to children)
Perceptions (what is acceptable/attitudes)
- PHYSICAL BARRIERS
Traffic/safety/street lighting/crossings Vs subways/cars badly parked
- HEALTH
'I can't' attitude is a huge hindrance.
People can be negative with their health and use it as an excuse.
Facilities e.g. showers, lockers, bike-racks
Having the time to walk and having to carry bags rather than having them in the car
- REACTIVE NOT PREVENTATIVE readiness to change
People don't often change their behaviour until an issue e.g. heart attack or stroke etc
- MONEY FOR RESOURCES
Staffing to develop leaflet volunteer-led schemes
- ACCESSING ROUTES
Bus network
Not being able to drive own car
Is walking in a group cool? It would make it more appealing
Imagination/inclination/motivation to go out for a walk.
Wanting to be active and do family-based activities.
- SAFETY
Road/children/concessionary fares
- MEDIA
Sensationalising bad news

Table 6 Liz Langsley

- Devon. Buggy walks for post-natal mums. Improved access for wheelchair friendly routes which are also suitable for pushchairs.

Opportunities for:

- Slimming groups, 'try an alternative activity' group with themed walks.
- The development of traffic-free areas
- We could target those without cars through themed walks, trail walks which could incorporate all generations and orienteering.
- Personalised travel planning through route mappers.
- Walk-it officers could promote and encourage walking to schools and colleges as well as offering pedestrian training.
- People could help with risk assessments for school walks and trips to the countryside.
- A website for all general information for county and city councils. It could be a pool of information and resources which would be made as accessible as possible. Consider people with learning difficulties.
- Marketing. TV screens in GP surgeries could show information plus the surgery could keep a stock of tear-off maps. The Health service already has helpful schemes.