

UPPER DEESIDE WALKING TO HEALTH PROJECT

EVALUATION REPORT

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Methodology

Quantitative data from all groups

Qualitative data – existing leaders

Qualitative data – existing participants

Qualitative data – new leaders

Qualitative data – new participants

Qualitative data – Focus groups

Qualitative data – Service Manager and a Volunteer Walk Leader no longer involved



ALZHEIMER'S CAFÉ - WALKING TO HEALTH GROUP

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1 INTRODUCTION The Upper Deeside Walking to Health project has been operational since 2004. During that time regular 6 monthly reports have been produced which have given a descriptive evaluation and reporting structure and style. One of the proposed outputs from the 2007-08 Business Plan was to produce a more analytical Evaluation Report, which aimed to gather evidence from the Project of achieving results based on the 2007/8 Project Plan. It was essential to answer the “So What” question in relation to the social and community value and the health improvement outcomes that the Project could evidence.

2 METHODOLOGY The methodology used examples of good practice from the Scottish Government guidance on ‘How Good is our Community Learning and Development’. This report has both quantitative and qualitative data. In relation to this quantitative and qualitative data, a Table was formed to allow a planned investigation to be rolled out. This is attached as Appendix 6.1. The methodology included;

- Accurate numbers were recorded from weekly activities: dates, numbers attending, number of leaders, time taken. Appendix 6.2 has details for all the groups.
- Interviews with 6 new and 6 existing Participants
- Interviews with no new and 5 existing leaders
- 3 Focus groups from Aboyne, Logie Coldstone and Alford.
- 1 Interview with a Service Manager, Alzheimer’s Scotland South Aberdeenshire Service
- A volunteer Walk Leader no longer volunteering with the Project

Sandra Holt, the UDAT Administrator, carried out the interviews during the investigation period from April 2007 to March 2008. This ensured that there was consistency of approach and no bias across all the interviews. The Project Health Walks Coordinator assisted with the planning to meet the interviewees. The interviews mainly took place after the weekly walk over a cup of tea or coffee. Sandra explained the why, who, what etc. All the participants were happy for their name to be added to their report. However, for public use we have only used first names.

3 FINDINGS 3.1 The following are highlights from the Quantitative data in Appendix 6.2:

- 20 leaders were involved
- Not less than 839 volunteer hours were delivered on behalf of the Project
- 139 walkers were involved in the Project
- 6,864 miles (estimated) were walked in 2007/8

The above figures show graphically the significant contribution the volunteers have made to the development of the Project. Without their hard work and dedication the Project would not have been able to deliver the personal physical and mental health benefits and the contribution to social and community development detailed in the forthcoming sections.

- 3.2 Physical Health Improvement – it is impossible to contribute directly to the project the cause and effect of participation. However, many participants believe in their participation in the Project and their regular increased walking activity as contributing directly to their improved health e.g. *their reduction in medication for blood pressure*. Others have highlighted the positive contribution to them keeping to a weight reduction programme agreed between them and Health Practice staff. They have been open to talk about it with others and have made it easier for others to have the desire to be more committed to their own weight reduction programmes. This example of mutual support is evident in all the groups. The Health Practices particularly nurse/health visitor staff have been very helpful in promoting the weekly health walks and some members have come from that encouragement. It is recommended that the Coordinator and a volunteer leader take this report to Health Practices and detail the contribution they have made and enlist further support to the groups.
- 3.3 Mental Health Improvement – the comments below highlighted the increased confidence and self-esteem for the participants and leaders by being involved with the weekly health walk programme. We recognised that this was an important contribution to the health improvement as a direct result of participation. What we did not realise was how powerful this effect was. One woman said she never felt so happy as when she was in the company of the WTH Group. The positive effect on the leaders was, whilst not unexpected, very encouraging. It goes some way to explaining why after 4 years the vast majority of volunteer leaders are still involved on a weekly basis. A number of our regular participants were recovering from bereavement and found the regular meeting supportive in getting back into social company. Similarly a number had been carers and now found the social company a great bonus. It is recommended that the health walk benefits to carers should be emphasised with Social Work and other care organisations e.g. Alzheimer's and Cancer LINK as a opportunity to allow carers to get some positive time to

themselves and could be built into a personal care plan to allow them the opportunity.

3.4 Social and Community Development initiatives – The impact on the participants and leaders has contributed to social and community development. There is good evidence below of members and leaders using their new skills, confidence and experience and going on to other forms of activities, contributing further in their communities. The Project was chosen to represent an example of good practice of Community Capacity Building and a Case Study was developed to demonstrate the impact. The Project has been the catalyst for a number of follow on initiatives. These have included local reminiscence projects, Nordic walking developments, attracting funding and support to widen its area of operation, members going on to other forms of physical activity including keep fit, swimming classes, meeting new friends at Scottish country dancing, weight reduction and smoking cessation programmes and organising a fruit and vegetable stall in a rural village. There is also evidence from participant interviews of members going on to take an active part in capacity building activities including:

- joining the local Community Trust and campaigning for local issues to be addressed
- organising a sponsored walk for a local cause
- volunteers managing their own project newsletter
- members making representation to ensure that certain walk routes are included in the local core path plan.

The Project is also viewed by Paths to Health as an example of good practice, in particular with regard to its role in developing and supporting volunteers.

Further the following are evidential quotes from the interviews, which highlight the outcomes above in relation to:

- **Physical Health Improvement -**

(6.3) Referred by Health Visitor at local Health centre

(6.3) Recently injured her leg (July2008) and threatened a thrombosis. GP advised her to keep walking to aid the circulation

(6.3 and 6.5) Billy and Cathy: want to start swimming. Discussion around the possibility of a trip to Stonehaven Outdoor pool in the summer.

(6.5) I want to re-start swimming probably at Aboyne indoor swimming pool although I am used to swimming in the sea.

(6.5) In 2007 I had a back op. Then I read about the WTH in a local newspaper and decided this level of walking would suit me now.

(6.5) I come along every week, weather permitting

(6.5) I would like to be able to get back to Outdoor Bowling – perhaps next season if my back allows.

(6.5) I had a heart-by-pass op at the start of 2007 and wanted to continue keeping fit after 16 sessions of Cardiac Rehabilitation.

(6.5) In comparison to how I felt before my operation – when I was quite breathless and easily tired – I feel quite fit and cheerful.

(6.5) I can now walk a good few miles and I would like to retain that ability over the next few years.

(6.5) 1 member reported that walking made her less likely to nibble when at home.

(6.5) I had been a rambler until 10 years ago when I became anxious about the safety of the routes used. I had broken my ankle previously and felt vulnerable to the uneven paths. I saw the WTH advertised in newspaper and in the GP Surgery and thought –‘this might be for me’ so I attended the meeting.

(6.5). I had a heart attack in January 2007 – collapsed in the village street. Underwent 8 weeks of rehabilitation with nurses and physiotherapists and feel the WTH will continue on that work.

(6.3) A marked increase in my capability. At the beginning I had to stop when our route took us up a slight incline. Now I can manage that hill and others like it. I walk further and faster.

(6.3) Just the increase in walking. I walk to the shops now.

(6.3) The nurse at my GP Practice advised me to come along. I had recently moved to Ballater from Aberdeen and I suffered from Angina.

(6.3) I was virtually housebound because I lived in a hilly part of Aberdeen and could not walk too far. I tired easily.

I can now walk further, faster and gentle inclines don't bother me at all. I am less easily tired.

(6.3/6.2) The group interviewed managed every week: indeed the day of the interview was extremely wet and windy but this had not prevented them from completing a short walk.

(6.3/6.2) The Craiglick 2 mile walk on a gradient: Evelyne finds it easier now than when she began. Most members joined 4 years ago and are interested in maintaining their walking ability though each year makes them one year older.

(6.3) Julie accompanies Beatrice on the Nordic Walks.

(6.3) Beatrice is aware that her upper body strength has increased. Is also aware that she is slowing down a little

(6.3) Yes and the gradient of the walks tackled increases over time.

(6.3) I was lazy; couldn't be bothered doing anything. I suffered extreme back pain – had to retire early because of it. I had no energy and was overweight.

I can now walk uphill effortlessly- when I joined WTH group I dreaded if a route took us up a slope. Now I walk to the village every day.

(6.3) I used my car a lot e.g. to go to the village 4 miles away from my home.

(6.3) Now I walk or cycle to the village every day. I can easily manage walking uphill. I have high blood pressure but am on less medication than before.

(6.3) I now do some form of exercise every day – that is a change for me.

(6.2) I had a weight problem and wanted to walk but found the discipline of getting out on my own a problem. The structure of the WTH Group appealed to me.

(6.2) I suffer from high and volatile blood pressure. Walking has helped my blood pressure to come right down (along with medication) My GP tells me that going for a walk has the same effect on my BP as taking one more pill. I have noticed that since our group has stopped walking for the winter my blood pressure has crept up again.

(6.2) I was a little unfit.

(6.2) In addition to childcare I do aqua-fit, a lot of walking including with the Alzheimer's Group occasionally, and I read.

(6.2) She expressed a desire to see WTH re-started possibly with a programme of summer evening walks. We discussed the possibility of using the Fruit and Veg Stall sponsored by the Health Clinic to kick-start something new and possibly using Julie's knowledge of flowers and birds as an added attraction.

- Mental Health Improvement

(6.3) The group restricts the paths chosen to easily managed routes and speed is quite slow to accommodate the members. All enjoy the company and feel they can walk further because of it.

(6.5) Not really but I want to continue to travel. In June 2008 I am going on a canal holiday with my son's family.

(6.5) Since my husband died in 2005 I find I cannot settle on a Wednesday – the day we used to go to Inverurie every week. Coming to the WTH gets me over that weekly hurdle.

(6.5) I find I am getting to know people better because we talk such a lot while we walk and there are lots of laughs.

(6.5) The group was a 'good mix of people' and they were getting to know each other even better because one walks a little way with one person then one falls in with another etc. Sometimes even quite personal troubles are shared one to another. This helped the person sharing but also made the person listening feel useful. It was a natural way of socialising and there was much sharing of stories.

(6.5) I wanted to get out of the house a bit more to mix with people and to keep myself fit. My husband is unwell and I am his carer. A friend told me about this and though I could not attend the initial meeting she put my name down so that I received a letter about the first walk.

(6.5) I want to keep as well as I am now and continue to get out a bit into company.

(6.5) I joined at the start and it was very easy. Everyone is so friendly.

(6.5) It is great to enjoy the fresh air and exercise in such good company. I enjoy the chance to socialise further over our cup of tea.

(6.5) I much prefer walking in the group.

(6.5) The chat over the cup of tea is also very enjoyable.

(6.3) My wife had recently died and I was feeling a bit at a loss.

(6.3) The social aspects of walking with this group of people give me a great deal of enjoyment.

(6.3) The WTH Group is a life-saver for me. Especially the social aspect of meeting together, walking and talking and having lots of laughs.

(6.3)

They have enfolded me and I feel completely included. We have such laughs together as we walk and at our tea break.

(6.3) I think people do not know enough about this group and just how enjoyable it is.

(6.3/6.2) The group emphasised the amount of laughter they enjoyed together.

(6.3) As a widow Beatrice appreciates the social aspect of the group and recognises that walking helps maintain fitness of mind and body.

(6.3) The company makes a big difference to me. I walk further because of the chatting together. Also we share concerns about our families, which is very supportive, and we laugh a lot and it is a very witty group.

(6.2) I enjoy the walks; find that getting away from home is relaxing. Listening to others I forget my own problems.

(6.2) I was fit but when I have been on a walk I feel relaxed and healthy.

(6.2) I was a bit low due to my bereavement. I wanted to walk but I found that the structure of meeting others once a week really helped me to get back out there again.

(6.2) The walking and also I enjoy the opportunity to get to know older people than myself. They have a lot of wisdom and I find their outlook on getting older so positive that it relieves my anxieties.

(6.2) New folk really enjoyed the company. Sometimes a person met neighbours they had never spoken to before. One woman said she never felt so happy as when she was in the company of the WTH Group.

- Social and Community Development initiatives

(6.3) Yes and if a member is not well enough to walk they are invited to join the group for coffee in Bonty Court lounge.

(6.3) Indoor activities provided by Bonty Court for residents: scrabble, bingo etc. attends a Wednesday Club where there is a keep-fit session

(6.5) The walks are very limited around Alford. Perhaps we will be able to go further afield to try new walk routes.

(6.5) I enjoy the mixing aspect of the walks. I have lived in Alford 7 years but through the group I am getting to know people better.

(6.3) I just assume the group will meet as usual. If I did not appear someone would contact me to enquire if everything was well.

(6.3) Scottish Country dancing – I did this 35 years ago and have recently returned to it – could not have managed this a year ago.

Attend a second dance class too as well

(6.3) I am always finding out new things about this area from the Walk Leaders and other members.

(6.3) My friend recently said to me 'Millie looking at you now I can see that you have found a life' – and that is what I feel like.

(6.3) In the New year I want to start swimming and join an Aqua-aerobics class.

(6.3/6.2) All are confident.

Some still go bowling and curling, 1 does keep fit at Aboyne Community education Centre, some swim there. 2 are now Hall Committee members. Joyce and Helen are running Reminiscence Group in association with Aberdeen and Region Oral History Association. 1 member is completing a Counselling Course in Aberdeen, which currently clashes with the walks.

(6.2) Dick can give a lot of information about the area through which the group are walking.

6.3/6.2) Several of the group want to take part in the sponsored Morven Walk in May 2008.

(6.3/6.2) The group emphasised the significance of the social aspects of WTH.

(6.3) Beatrice loves classical music and is teaching herself keyboard. She is part of Scottish Dementia Working Group and in October 2006 visited represented this group at a conference in Germany, made a speech and presented a DVD.

(6.3) Would love to take part in another charity event – already does an annual sponsored walk in aid of Alzheimer's Scotland.

(6.3) 6 people joined recently and introductions are made which makes everyone immediately feel at ease. A couple from Banchory were new to the group that morning.

John feels that his appetite has increased through the walking and though at the time of his wife's entry in to a nursing home he could not be bothered to cook for himself he has since planned a balanced weekly diet for himself.

(6.3) was sponsored to raise money for a defibrillator for GP Practice. I went a walking holiday in Austria in 2006.

(6.3) Joined a whist club last year. Would like to train for another sponsored walk.

(6.3) I attended the introductory meeting Alan Melrose took and did the first aid training course. This led me to be the first aide person at Church Sales.

(6.3) I began art classes and computer classes.

(6.3) The group has made a huge difference to my sense of community – I know these people so much better and we care about one another. Also the walks are educational – we stop at a view and someone will know a bit of history about the spot. Recently we visited some Austrian Pigs on our route. And there is lots of laughter.

(6.2) Am learning computing at the moment.

(6.2) Alan was looking for a couple of stand-by leaders and I thought I could give it a bash. Some weeks later our original leaders left.

I use my organisational skills (worked in management pre retirement) and get satisfaction out of people enjoying themselves.

(6.2) Organise Whist Club for senior citizens and outings for senior citizens. Am Clerk to Congregational Board of my parish church.

(6.2) Having completed First Aid Training would like group to have Shelter tent, a foil sheet, a compass and re-usable resuscitation masks. Also a pair of Nordic Poles.

(6.2) I lost my husband and was badly injured in an accident while on holiday abroad and wanted to get back to health. Saw the WTH group mentioned in a local paper. About 3 years ago.

I enjoy being of assistance to the older people of Bonty Court.

(6.2) Alan Melrose invited me some time after I lost my husband. I had been a walker before this.

When asked it seemed a reasonable request – I had been organiser of a previous walking club in Aboyne.

– giving service to the older citizens and I like them.

(6.2) Josee Kellas told me about it. I had been a befriender at Bonty Court. I had been caring for my husband for some time, which tied me to the home, and later cared for grandchildren so felt I lacked opportunities for exercise.

(6.2) Margaret (Jolly, Braemar) was the receptionist at Braemar Health Clinic when Alan Melrose approached with the suggestion. The Health visitor was keen and Margaret volunteered as she was already a keen walker.

Margaret had a natural interest and felt well placed in the Health Clinic to be a point of contact when patients were referred to WTH by Health Visitor.

Enjoys being of help to people.

(6.2) Margaret helps the Health Clinic run a weekly fruit and vegetable stall in the Village Hall. Bringing fresh produce to Braemar 'pineapples and aubergines had never been seen before the project started in June 2007.' She is a holiday relief receptionist at the Health Clinic and still very active in church activities.

(6.2) Brought Braemar WTH group news of other WTH Groups – Braemar could feel a little 'out on a limb' being 17 miles from Ballater – the nearest WTH Group. Helped us feel part of that bigger picture.

(6.2) Another lady who had lived in Braemar all her life had never been to some of the locations we used for our walks even though they were mostly only 2 miles outside the village. Julie – a Walk Leader – was very knowledgeable about birds and flowers and everyone learned something new on every walk.

They are colour coded and can be found in the full text of each interview in the appendices.

- 4 **CONCLUSIONS** It can be seen that the Upper Deeside Walking to Health Project has delivered the outputs in the Project Plan and evidenced the health improvement and community development outcomes for the Project.
- 5 **RECOMMENDATIONS** The following recommendations are proposed to the Steering Group;
- Approve the Evaluation Report.
 - To enable the Project to continue to improve health and well being within the communities of Upper Deeside and Donside approve further development work and approach funding partners with grant/financial request.
 - The Health Walks Coordinator and a volunteer take the Evaluation Report to CPD sessions in Health Practices to demonstrate the results and value to patients.
 - The Health Walks Coordinator and a volunteer take the Evaluation Report to various Care Organisations and demonstrate the value of walking to health groups for carers.
 - Within this Plan develop a further range of criteria, both quantitative and qualitative, to be investigated and be carried out in 2008-2011.
 - Add the additional data from future investigations and develop a more thorough longitudinal study and report.
 - The Health Walks Coordinator and a Volunteer Leader to take the report to Health Practices and detail the contribution they have made to patient health improvement and enlist further support to the groups
 - The Health Walks Coordinator and a Volunteer Leader demonstrate the health walk benefits to carers should be emphasised with Social Work and other care organisations e.g. Alzheimer's and Cancer LINK as a opportunity to allow carers to get some positive time to themselves and could be built into personal care plans.
- 6 **APPENDIX** The following Appendices are attached;

Methodology
Quantitative data from all groups
Qualitative data – existing leaders

Qualitative data – existing participants
Qualitative data – new leaders –No new Leaders in this year.
Qualitative data – new participants
Qualitative data – Focus groups
Qualitative data – Service Manager and a Volunteer Walk Leader no longer involved