



# Wye Wood: the wider wood

## A project description and evaluation

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Primary Care Trust **NHS**



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## **Full Steering Group Membership**

- Herefordshire Sustain Project
- The Green Wood Centre
- Herefordshire Primary Care Trust
- Shropshire Primary Care Trust
- Forestry Commission, Forest Enterprise, Forest Research
- The Probation Service
- Herefordshire Council
- Learning and Skills Council
- Diocese of Hereford

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## **1. Executive Summary**

1.1 This report has been produced by a sub-group of the Steering Group of the “Wye Wood : the wider wood” project. The project was developed by a partnership of organisations who have come together to develop the health and well-being benefits of woodland. Funding was secured, initially for a year, for a health development worker (HDW), and for evaluation costs. This report describes and evaluates the work of the project during that year.

### **1.2 Project Aims**

The overall aim of the Wider Wood Project was to maximise the health benefit of woodland. Within this focus were a number of more specific aims:

- To increase opportunities to be physically active in an outdoor setting
- To support individuals with particular needs to engage in these activities in a sustainable way
- To work with people who are normally seen as hard to reach
- To identify how best to reach “hard-to-reach” individuals
- To facilitate a working and sustainable partnership between agencies who have an interest in promoting the health benefits of woodland so as to develop the “Wye Wood” project into its next phase.

### **1.3 Evaluation Findings**

1.3.1 The evaluation of the project concluded that there was evidence of progress against each of these aims. A programme of physical activities, such as coppicing and walking was established; a network of referring professionals was identified to support individuals’ sustainable involvement; some people were recruited from traditionally “hard-to-reach” groups; a preferred method of recruiting from existing networks and salaried staff was identified; and an appropriate steering group functioned effectively as an inter-agency partnership. The overall aim of maximising the health benefit of woodland was met in these respects and, in addition, all participants expressed a social, physical or mental health benefit from involvement.

1.3.2 More detailed findings from the evaluation are discussed within the report and include:

- Numbers of people recruited were relatively small.
- However, the actual impact on the lives of a number of these people was significant. For example, one person entered paid employment for the first time in seven years as a direct consequence of getting involved in the project.
- A key reason for the small numbers was that the health development worker (HDW) spent a significant proportion of the first year in development work, establishing contracts, networks and activities. The full benefit from this work could only be achieved towards the end of the year.
- An essential aspect of development work was to build contacts with professionals to identify hard-to-reach groups. Early, one-off events were successful in promoting the recreational use of woodland and had attracted

significant numbers of people, but these tended to be people who were already physically active and not in hard-to-reach groups.

- The small numbers and richness of experience meant that qualitative approaches to evaluation were the most appropriate.
- Qualitative data found that regular participants benefited socially, mentally and/or physically, from their involvement with the project.

## 1.4 Recommendations

These have been developed by the Steering Group from the findings and discussion set out in the body of the report.

### 1.4.1 Recommendations for the next phase of the Wye Wood : The wider wood project:

- Funding to extend the project should be sought as a matter of urgency so as to maximise the return from the existing investment in development time.
- The project should continue to focus on the needs of individuals who can be signposted to the project by professionals rather than on one-off events for the general public.
- The broad partner membership of the Steering Group should be maintained not only because of benefits of increasing the number of in-kind and actual contributors, but also in order to strengthen links to the various organisations involved in signposting clients.
- The system for monitoring activity data should be reviewed, so that details of all participants are reliably recorded together with information on levels of physical activity.
- The evaluation of effectiveness should be ongoing and reported to the Steering Group on a 6-monthly basis.

### 1.4.2 Recommendations of wider relevance:

- Hard-to-reach groups are more effectively reached through existing professional networks but there then need to be strategies to avoid becoming “badged” with these particular groups.
- Transport costs will be a high proportion of the costs of any successful rural initiative. Regional funding should not be divided up on a per capita basis because this means rural areas will have significantly less money available for non-transport costs.
- A range of methodologies is needed to evaluate the impact of this type of development work. A clear understanding is needed of the unsuitability of the experimental approach in particular.
- Focus should be on encouraging on-going participation in a small number of sustainable activities, rather than on producing a range of one-off events with a very general focus.
- Developmental projects, such as this, benefit from clear, documented partnership agreements between participating organisations.
- Year-long funding is too short, if it has to include development time, to demonstrate an impact.
- A volunteer workforce should be recruited as soon as possible in the lifetime of a project such as this, and potentially before any paid staff.

## **2. The evidence, policy and local background to the project**

### **2.1 The evidence base:**

The “wider wood” links in to a number of national developments which build on the importance of the green environment and physical activity to general health and well-being. These have been drawn from a growing evidence base.

The benefits of regular physical activity for physical and mental health are well documented, and it is known that a sedentary lifestyle is a major risk factor for the development of cardiovascular disease – the most common cause of premature death amongst adults in the UK. The Department of Health recommends that adults should be physically active at moderate intensity for 30 minutes a day, 5 days a week, but most people do not achieve this. A recent survey in Herefordshire (WMRO, 2006) suggested that 47% of people in Herefordshire achieve 30 minutes moderately intense exercise on 5 days a week, but that significant numbers do not achieve this on any day of the week (10% of 35-54 year olds; 16% of those aged 65 and over). It is known that social class is an important variable in determining risk of cardiovascular disease and there is no doubt that people from socially disadvantaged households are more likely to have less healthy lifestyles than are those from less disadvantaged households.

People who are physically active reduce not only their risk of cardiovascular disease but also their risk of other chronic diseases such as diabetes and some cancers (Health Survey for England 2003). Additional evidence of the beneficial effects of physical activity on physical and psychological functioning have been presented for a variety of other medical conditions -including obesity, osteoporosis, arthritis and insomnia - with moderate intensity exercise for middle-aged and older adults emerging as an important adjuvant to the treatment of many diseases. In elderly people, low functional capacity typically reflects the natural decline in body functions and the effects of chronic disease. It also, however, reflects the accompanying fall in intensity of physical activity that leads to a loss of overall fitness. Such functional deterioration and attendant muscle weakness can predispose to falls and an overall loss of confidence, which may ultimately represent the difference between independent and non-independent living. The precise amount of physical activity that is needed to reduce cardiovascular (and other disease) risk is unclear. Nevertheless, the amount of regular physical activity that is needed to affect a measurable difference to the health status of previously inactive people is known to be relatively small. In general, people who are inactive have the most to gain in overall health benefit from engaging in regular physical activity. (WHO, 1995).

A body of evidence supports the idea that outdoor activities may offer benefits to health over and above the physical benefit of increased activity. Improved mental health and well-being and stress reduction have been noted (Pretty et al 2005). Researchers have suggested that contact with nature, whether passive or active, has an effect on people’s stress levels and on their ability to recover and recuperate from poor physical and mental health (Hartig 1991, Ulrich 1984, 1991). In short, “trees, woodlands and green spaces make us feel better” (O’Brien L. 2006).

This evidence base has already resulted in various publicly funded initiatives, such as Health Walks and Green Gyms and the evaluation of these has further contributed to the knowledge base of the health benefit of outdoor-based activity (Reynolds 2002; Ashley 1999; Lamb et al 2001). In addition to the health benefit derived by participants, evaluations have found that these outdoor-based physical activity projects tend to have high retention rates and high levels of satisfaction from the user groups (Dawson et al 2006). Since the health benefit of physical activity can only be realised with regular and sustained participation, retention rates are of paramount importance from an individual perspective. The public health benefit is also only realised over the medium to long term and so programmes with high retention rates are the best buys in public health terms (Hillsdon et al 1995).

Evaluations of previous programmes have also emphasized the non-physical benefits of taking part in regular outdoor programmes of physical activity. Both the Green Gym (Reynolds 2002) and the Health Walks (Dawson 2006) programmes identified that participation reduced social isolation. More than a third of participants in the Walking the Way to Health Study were found to be at risk from social isolation and reported that taking part had significantly contributed to improving their social networks. Good social networks are a predictor of health and longevity. Programmes offering opportunities for socialising are therefore likely to contribute to overall health, independently of any health benefits from the physical activity element (eg. Auslander and Litwin 1991).

## 2.2 The policy context

The general Department of Health policy drive to increase physical activity and encourage healthy lifestyle choices has been in place for some years. However, this was given new emphasis by the publication in November 2004 of the "Choosing Health" White Paper (DH 2004). The focus of the White Paper is to develop a new approach to public health, enabling people to make healthy lifestyle choices. The White Paper recognises that people want credible information and advice on lifestyle choices that impact on health, and personalised support to follow through choices that they want to make but find difficult. The White Paper introduces the concept of the health trainer, a new, NHS accredited, worker whose role would be to support people on a one-to-one basis to make healthy lifestyle choices. The overall principle here is that health trainers should be often drawn from local communities, and be able to offer practical help around lifestyle choices. Different neighbourhoods are recognised as needing different types of health trainers and it was hoped that different models would be tried and evaluated during 2006-2007 in the most deprived areas, with national roll-out able to draw from the lessons learned. These pilot areas were predominantly located in urban areas with high levels of social deprivation.

The White Paper also stresses that delivery of public health should no longer be seen as being the responsibility of the NHS alone, but that partnerships between different agencies should come together to deliver a common agenda of improving health and well-being. The importance of using the mechanism of the Local Area Agreement is stressed in the delivery arrangements for the White Paper.

## 2.3 The local background

- 2.3.1 In response to this evidence and policy base, local discussions began between the PCT which was keen to use a partnership approach to develop the health trainer concept in a rural setting, and the Wye Wood Project, working with the Forestry Commission. This project was established in 2003 with the overall aim of developing woodland opportunities to improve health.
- 2.3.2 The Wye Wood Project is co-ordinated by the Herefordshire Sustain Project (HSP), which is an umbrella organisation aiming to link organisations and locations to make the most of locally available resources and skills. The overall policy objective of HSP is to use forestry and woodland to develop health, well-being, and training opportunities.
- 2.3.3 The Wye Wood project had, at this point, moved through two phases. The first phase (Wye Wood - Newton Coppice), ran from August 2003 to February 2004, and was funded entirely by the Forestry Commission West Midlands, with in-kind support from Herefordshire Council, South Wye Healthy Living Community, Community First, and the Herefordshire Sustain Project. A total of £28,904 was spent, and the project was in effect a pre-project pilot, to see what interest there might be in a woodland and health initiative.

The second phase (Wye Wood – Werndee Wood) ran from December 2004 to March 2007, and had an emphasis on first level training opportunities, developed to meet needs which had been demonstrated in the pilot project. This was 100% funded through Herefordshire Council's Learning Partnership with ESF and Learning & Skills Council, a total of £106,715. Again, Herefordshire Sustain Project supported the initiative.

- 2.3.4 After a period of planning and discussion, it was agreed that a project would be developed, to be run as the third phase in the Wye Wood Project, called the "Wider Wood Project", to run for a year, as pilot work to explore the health benefit of woodland. In Herefordshire PCT it was felt that involvement in the Wye Wood project offered a good opportunity to develop one form of health training. The Wider Wood phase would develop a range of practical opportunities to take part in activities, and a project worker would not only develop the opportunities, but also be able to signpost individuals to them. It was hoped that the project worker would be able to encourage individuals on a one-to-one basis, during their project activities, to not only carry out the activity but also to make healthy lifestyle changes.

### **3. Setting up the Project**

- 3.1 A Steering Group (terms of reference are included at Appendix A) was established to take the work forward. The group was supported by the HSP co-ordinator and chaired by the Associate Director of Health Improvement at Herefordshire PCT. It met bi-monthly and partners forming the group signed a partnership agreement, included at Appendix B. It was agreed that a third phase in the Wye Wood Project would be built as the "Wider Wood" project, running from November 2005 to October 2006, and being primary funded as a National Demonstration Project, by the Forestry Commission West Midlands and the Forestry Commission National Office, supported by the Forest Research Agency. Partner funders are Herefordshire Primary Care Trust, Shropshire Primary Care Trust and Herefordshire Probation Service, and there is in-kind support from Herefordshire

Council, Diocese of Hereford, Forest Enterprise, the Green Wood Centre and Herefordshire Sustain Project. Total funding of £48,500 was secured.

3.2 The overall aim of the project was identified as maximising the health benefit of woodland. Within this focus are a number of aims:

- To increase opportunities to be physically active in an outdoor setting.
- To support individuals with particular needs to engage in these activities in a sustainable way.
- To work with people who are normally seen as hard to reach.
- To identify how best to reach “hard-to-reach” individuals.
- To facilitate a working and sustainable partnership between agencies who have an interest in promoting the health benefits of woodland so as to develop the “Wye Wood” project into its next phase.

3.3 Partners on the Steering Group worked together to identify the groups which the project aimed to work with most intensively. It was decided that these would be:

- Older people
- Young people, including those in contact with the probation service
- People with mental health issues
- Mothers with young children

Each of these had already got a related organisation or network, and the Steering Group felt this was an important criterion in selecting the group. Each organisation was very different, and the Steering Group felt this was important too, since it would facilitate some comparison between types of organisation in terms of which was the most effective in recruiting appropriate users. It was agreed by the Steering Group that older people would be contacted through the vicar of a village church; young people through the Teme Valley Youth Project and the Probation Service; people with mental health problems through the local community mental health team; and mothers with young children through the local Surestart group.

3.4 The Steering Group agreed the job description and person specification for a health development worker and this is attached as Appendix C. The Group decided to be open and flexible as to professional background so as to draw from as wide a pool as possible. This was felt to be important since all partner organisations have had experiences of recruitment difficulties, and these were anticipated for this project because of its short term and relatively low paid status. One of the partner organisations agreed to house and manage the worker on a day-to-day basis, as its in-kind contribution, and members of the Steering Group formed an interview panel. A successful appointment was made, and the post taken up in September 2005.

3.5 The Steering Group also led the evaluation of the project for which an external consultant was appointed. An evaluation brief was drafted by members of the group at an early stage. Members were a useful reference group for the consultant, contributing to the drafting of questionnaires as well as discussion of early findings.

## 4. The Project Activity

4.1 The Health Development worker produced a detailed account of her time and activity and this formed the basis of the following account. She describes how she made initial contacts, and developed a programme of one-off events, aimed at opening the woods up to greater involvement, and hoping to attract people from the targeted groups who are not already involved in existing networks. She also hoped to attract potential volunteers through this route. There was a timing difficulty in recruiting from the targeted groups because they needed a product to relate to, but she did not want to develop this until she had knowledge of what these particular groups wanted. It took several months to be able to do this, and this was problematic for a one-year project.

### 4.2 Making contacts: the first month

The HDW was given a list of organisations within the area targeted by the Project, and encouraged to introduce the Project to them, and see if they were in contact with any clients/ service users who they felt might benefit.

Initial contacts were restricted to those organisations which the HDW felt were likely to be in contact with clients who were readily available to become involved. It was intended, at this time to create an audience led programme of activity which would suit target audiences contacted via these organisations.

At this stage, the HDW was keen to establish:

- Knowledge of the local geography
- Local information networks for publicising local events/ activity
- Volunteers to deliver activity
- Contact with organisations which might signpost clients/ service users.

Contact was initially made with:

- The Reverend for the parish of Wigmore Abbey
- A student and volunteer who had worked with the Forestry Commission and had much insight into the history and geography of Wigmore Rolls woods.
- The coppice worker who was to be involved, as recommended by the Small Woods Association
- Herefordshire Association of Local Councils
- South Shropshire Walking for Health
- Local medical practices.
- The community mental health teams in Ludlow and Leominster
- Herefordshire Voluntary Action.

It became clear very early on that in order to safely explore the woodlands which were to be used and begin to review what sort of activity might be offered, the HDW was to need the support of volunteers as soon as possible.

Doctor's practices were approached within the first few weeks, before even a programme of walks had been drawn up. The HDW found that as she had nothing

concrete to promote to the health professionals, they did not engage in what was on offer, and she was advised to return to contact with them once a programme had been put together. This highlighted the question of whether or not the Project had the time to be audience-led, since developing a programme together with potential users would be extremely time consuming.

It also became clear, due to a very positive initial response, that the community mental health organisations were the best contacts in terms of generating interest quickly, and they actually came to the HDW with a ready-made group. As will be discussed, these groups, although enthusiastic, do not represent the individuals within the community who are not currently in contact with community care organisations. However, they are made up of people who are often considered to be hard-to-reach.

#### 4.3 Raising awareness: the first three months

Having recruited two initial volunteers who were happy to train as walk leaders under the Walking the Way to Health national scheme, the HDW drew up a walks programme. It was decided that this should be promoted to local patients as well as the wider local community. It was proving a slow process to make contact with community members via existing groups and so the focus switched from aspiring to be audience – led, to being ‘product-led’ – ie. creating a programme and inviting participants.

However, the HDW did make contact with some community interest groups, with varying degrees of success. These included: a Local History Group who sent two members to join in with the Project Coppice Group; an ‘Arts for All’ community group who failed to take up the offer of jointly hosting an event in Wigmore Rolls; Wigmore Mothers and Toddlers Group who at this early stage expressed no commitment to a regular buggy walk; and the Youth Workers at Teme Valley Youth Project, who were very happy to help create a woodland activity programme for the young people.

A summary of awareness-raising activity includes:

- Visits to key staff at existing community health Projects – (The South Wye Project, the Lift Referral Scheme, Kingswood Country Park, South Shropshire Walking for Health, Herefordshire Nature Trust), to explore possibilities of sharing clients, or promoting new opportunities to existing ones;
- Talks and presentations to existing community groups;
- Fliers and posters advertising regular walks and a programme of events throughout the Spring. These were displayed at medical practices, community centres, post offices, local shops and on village notice boards;
- Articles in local press and parish newsletters about the Project and the walking opportunities.
- Attending Walking for Health Network Meetings and beginning to discuss the potential for new routes under the Wye Wood banner.
- ‘Networking’ with other community workers at the office base in Teme Valley Youth Project and Community Resource Centre building.
- A one day ‘Launch Event’ held in a village hall in a location central to the targeted area. This featured a talk about the Project and all of its exercise

opportunities, plus a talk by a guest speaker on the history of the Project woodlands. There was then a walk introducing one of the new 'Walking for Health' routes. 12 local people attended, of which two became regular participants.

The HDW found that working in partnership with one really enthusiastic community worker was the most helpful use of time, rather than approaching several groups and organisations and trying to target too many people at once. For example, contact with Leominster Community Mental Health Team meant that five regular participants joined in. Similarly, the local Reverend, with her insight into characters within the community, signposted six regular participants. The youth workers at the Youth Project were able to put the HDW in contact with twelve young people, and Ludlow Community Mental Health Team sign posted six participants. Outside of this, the individuals which have gained most from their involvement have come forward from the local villages where news and information about the Project has been 'drip-fed' to them via parish news and local posters. Finding those committed, enthusiastic professionals is part of the challenge.

The Project hosted a Walking Information Day at Mortimer Forest where several organisations showcased walking opportunities in the two counties, and the Project also had a presence at a local Craft Fair held by the National Trust. From each event the Project recruited one participant – a seemingly costly activity in terms of time taken but these have become committed participants who have benefited greatly.

The successful contacts made will be featured in the 'Developing Activity' section. Those contacts which led to recruiting regular participants will be featured in an account of how the groups developed.

#### 4.4 Developing Activity

Having made some useful contacts in the local area, the Project activity was developed in three areas:

- Contact with community organisations and work with participants who had been signposted, rather than recruited from the wider public.
- A programme of public events for the following four months.
- Regular weekly walks open to all.

The HDW also produced a Wye Wood Project Leaflet at this time, thanks to a publicity budget. This was intended originally to advertise the regular walking opportunities to medical practices and patients but also advertised the programme of events that was created, to be hosted in both Wigmore Rolls and Mortimer Forest.

#### Work with sign- posted participants: December-October 2006:

From the second month of the Project, the HDW maintained contacts with the community organisations. The objectives of the Project and the benefits of increased physical activity and recreation in woodlands were outlined with regard to their particular client group. The HDW sought to fully engage sign posted clients in

the Project, and so took the approach of tailoring walks and activities to the needs of each group. Weekly time-slots were decided upon in which participants could meet, and at the beginning of the Project, these were activities exclusively designed for those groups and the opportunities were not advertised to the public.

The following table summarises the date of involvement with each group, the frequency of their involvement, the type of the activity engaged in, and the method of recruiting them to the Project:

**Wye Wood: Group events with targeted groups:**

<b>Group</b>	<b>Dates</b>	<b>Frequency</b>	<b>Activity</b>	<b>Recruitment</b>
West Mercia Probation Service 'Growing Out Of Crime' project	December '05 – January '06	Irregular – only 3 sessions	Coppicing	Partnership established with Probation Service senior staff before the Project began – extent of eventual involvement was an unknown.
ECHO – Extra Choices in Herefordshire – for adults with learning disabilities	January and February '06	4 sessions with ECHO gardening group whilst too cold/ no jobs in garden	Walks to points of interest in Wigmore Rolls	Contact with ECHO staff suggested by Leominster Community Mental Health
Leominster Community Mental Health clients	January – July '06	Fortnightly – with some breaks	Walking in Wigmore Rolls	Contact made with Senior Occupational Therapist at the CMH team
Ludlow Community Mental Health clients	May – October '06 (from August – October group members joined a public walking group)	Weekly	Walking in Mortimer Forest	Contact made with whole Community Mental Health team at a general staff meeting
Community Coppice Group	February – October 2006	Weekly	Coppicing and coppice crafts in Wigmore Rolls	Contact with CMH (as above), with Shropshire Assertive Outreach Team, with West Mercia Probation Service staff, and with the Drugs and Alcohol Service for Herefordshire (DASH)
Gentle Exercise Group for elderly people	May – July 2006	Weekly	Walks in local village and 'Extend' exercise classes	Contact with local Reverend
Mothers and Toddlers	July – October 2006	Three sessions	Buggy walk and games in	Contact with Rockspring

'Forest Fun' Group			Mortimer Forest	Community Trust (formerly a Sure Start group)
Wigmore Mothers and Toddlers	July – October 2006	Weekly	Buggy walk around Wigmore village	Contact was made with these mums at a Sure Start community consultation day. The Project had a stand to tell the community about it. Also contact at the regular crèche at TVYP.
Shropshire Youth Offending team service users	June and July 2006	Weekly	Building benches in Mortimer Forest	Contact with Youth Offending Team

### Developing activity – challenges and opportunities:

The HDW found that mostly organisations were simply interested in activity provision for existing clients. They were seeking regular, meaningful activity for clients recovering, or dealing with mental health issues, or for other clients such as the elderly. The initial challenge, therefore was to introduce the idea of outdoor activity for the sake of health and wellbeing. With one or two groups, it was necessary to make the outdoor sessions more appealing by developing an additional 'hook' to engage the participants. With participants from Echo, from Ludlow Community Mental Health, and from Rockspring Community Trust this was a particular challenge, as neither group were particularly interested in walking for the sake of walking. 'Added interest' activities which were developed included:

- Walks to points of interest with the Echo group – plants and tree species, history of the woods, background to coppicing industry and activity – any theme which the HDW felt confident talking on!
- Walks with environmental games and activities – making 'journey sticks', 'sound maps', simple art pieces etc. For Young families with Rockspring Community Trust.
- Recording woodland scenes, wildlife and plants through note-taking and sketching. Initial intention to carry this out over several weeks and create a textile wall hanging celebrating Mortimer Forest for Ludlow Library – for Ludlow Community Mental Health clients.
- Exercise classes to compliment walks for elderly people and help them improve their balance, agility and to protect them against falls.

It was found that each of these groups eventually became interested in the walking and the social aspect of each session. The Echo group returned sporadically throughout the Project just for an independently guided walk when they wanted a change of scene.

Similarly, the Ludlow Community Mental Health Group did not eventually engage in the wall hanging project, and after two weeks of recording observations, continued to attend the walks anyway but were not particularly interested in taking it further.

Having reported a physical benefit of carrying out exercises or walks on a weekly basis, the elderly ladies went on to enjoy woodland walks along an All Ability Trail. It was found that they had gathered their confidence, and so the activity which was offered to them was developed accordingly.

Practical challenges to developing activity for the user groups were identified as follows:

- Transport – many of the participants did not have their own transport, and were living along poor public transport networks.
- Timing of activities in relation to other commitments – e.g. the young people from the youth group were only available on evenings outside of school hours.
- Staffing – the Project attracted three regular volunteers and two occasional ones. With six different activities going ahead each week, issues arose surrounding time management and the need for more trained walk leaders.

Different solutions were developed to meet these challenges.

#### Transport and Timing

The most challenging transport issue was getting the local community (Wigmore and surrounding villages) into Wigmore Rolls woods which has no parking, and is a ¾ hour walk from Wigmore village. Despite its drawbacks, the woods do boast a network of hard surface paths and rides used by the Forestry Commission trucks, as well as smaller paths used by local people who are existing users.

The HDW found through anecdotal evidence that although the woods are used by some of the local population who go out of their way to walk or ride there, there was a significant proportion of the community for whom the woods were a mystery. At first glance, the woods are a strip of conifers on the horizon offering no clue as to the diverse woodland habitats and species within its big black Forestry Commission gates. Conversations with mothers on the nearby housing estate, people in the village shop and people from the next-door villages established that this was a widely shared view. The HDW was therefore keen to promote the use of the more accessible routes in to the woods, to publicise events as an opportunity to explore them, and to establish a co-ordinated approach to allowing Wye Wood participants access to the heart of the woods by car where this was appropriate.

Summary of transport solutions relating to groups using Wigmore Rolls and Mortimer Forest:

*Group:* Local people on 'Walking for Health' routes

*Venue:* Wigmore Rolls, Mortimer Forest

*Activity:* Walking

*Problem:* Project aimed at local population – need central village meeting point.

Woods a long walk away for those with little walking experience. Too far from obvious meeting point to visit in one hour.

Mortimer Forest a long walk from Ludlow for those who do not drive.

*Solution used:*

Lift share to woods – making use of flatter loop walks inside.

Walks to edge of woods to appreciate woodland landscape view.

At Mortimer Forest, the group naturally attracted participants with some experience of walking and who had their own transport. This became a group and routes aimed at encouraging *more* walking amongst existing walkers and adding to the weekly exercise regimes of retired people for example. This helped to grade the walks and to separate different abilities into different groups.

Those people therefore excluded from this group were offered an alternative time slot, on more appropriate paths and a community minibus was hired when necessary –i.e. activity and transport tailored for them.

*Other potential solutions:*

Advertising the Walks for Health as valuable time slots when you can gain easy access to the woods.

Other timed 'doors open' sessions when public allowed to come and go. Those project staff with key to woods to open them up for cars at these times so that less able walkers can be taken in. Stewardship necessary – project volunteers?

*Group:* Young people from Teme Valley Youth Project

*Venue:* Wigmore Rolls

*Activity:* General woodland adventures

*Problem:* The HDW wanted to engage the young people in exploring woodland habitats for survival skills, art activities, wildlife tracking etc. However, the woods were far enough away to restrict travel during short evening sessions working with the group. The wintertime sessions therefore introduced the group to woodland related themes and skills such as map reading and using woodland dyes to dye a vest top!

*Solution used:* Subsequent summertime sessions in the woods were organised to span a whole day, in order to make best use of the necessary mini-bus hire.

Orienteering to the woods also became one of the group activities.

*Other potential solutions:* There are many ways that the youth group could have enjoyed the woods which would also answer the transport problem – such as a mountain biking day, or permission from the Forestry Commission that all summer sports activities go ahead there (e.g. rounders in forest clearings). This would be dependent on parents dropping and collecting young people at the woods, rather than at the Youth Project building.

*Group:* Mothers and toddlers/ young families

*Venue:* Mortimer Forest

*Activity:* 'Toddle waddle' and buggy walks and environmental games

*Problem:* Not all participants were able to get to the 'All Ability Trail' level paths in Mortimer Forest.

*Solution used:* Hire of mini-bus from 'Community Wheels' – a subsidised service run by a local voluntary organisation. Participants needed to bring their own

child seats.

*Other potential solution:* Public transport – there is potential to market a ‘green’ day out with young families to include taking the bus together, building mini beast habitat piles at the woods, educating children about litter and having a healthy eating, organic picnic.

*Group:* Elderly local people

*Venue:* Mortimer Forest – chosen due to All Ability Trail

*Activity:* Walking/ picnic

*Problem:* The participants do not drive

*Solution used:* Small enough group to arrange lift share between volunteers and live –in care workers. There are issues regarding insurance – all drivers must be insured for business use.

*Other potential solution:* Mini-bus hire, fun day for elderly people and their families (who can hopefully bring them)

It should be noted that where transport issues could not be addressed by individual participants, the HDW worked with a small focus group and arranged transport for them, and therefore an allocated time-slot to work with them. The best example of this is the establishment of the All Ability walking group after realisation that public transport to Mortimer Forest was poor. The realisation that the majority of the participants joining in with the other public walking groups were relatively able and not representing lower abilities also led to the establishment of the All Ability group.

#### 4.5 Wye Wood Project events: February–May 2006

A programme of public events was designed to raise awareness about the Project, and to introduce the woods to new user groups. It was also hoped that some people attending would make return visits to the other Wye Wood events, and consequently begin to work local woodland visits into their month. This would in effect make them regular participants, and the impact of spending this time in the woods could be reviewed for the purposes of the Project research. In order to encourage people to return, event visitors were issued with a Wye Wood Passport, in return for completing one of the Project research questionnaires. The passport scheme invited them to return to the monthly Wye Wood events, and also to the weekly walks in order to collect stamps for their passport. A passport full of stamps was to be rewarded with appropriate discounts for relevant goods and services, for example a discount on courses at the Green Wood Centre, or on walking boots (although this was only a ‘work-in-progress’ idea).

The following table shows the one-off events were relatively well attended.

#### **Wye Wood: One-off events aimed at general public as well as those from targeted groups**

<b>Date</b>	<b>Event</b>	<b>Number of participants</b>	<b>Activity</b>
17/02/06	Butterfly Conservation Day	Approx. 25	Clearing rides of felled wood and creating habitat piles; making butterfly wings; campfire – Wigmore Rolls
05/03/06	In pursuit of the Perfect Peastick!	6	Giving away pea sticks from the area of hazel coppice worked by the Coppice Group; encouraging people to walk into the woods on the marketing
08/03/06	Launch of the Wednesday Walk for Health – “Tree Wisdom”	4	A guided walk in Mortimer Forest
19/03/06	The Archaeology of the Rolls	23	A guided walk by county archaeologist on the history and visible archaeology of Wigmore Rolls woods
15/04/06	Cooking with Coppice Foods	Approx. 150	Free venison tasters hosted by the Deer Initiative; free live folk band and info on both Projects – Wigmore Rolls
23/04/06	Walking and Information Day	10	Stands and info from the Forestry Commission, Shropshire Rights of Way and Wye Wood plus guided taster walks in Mortimer Forest
06/05/06	Maytime Music Celebration	27	Free “have a go” drumming sessions and dancing at the event site in the semi-natural ancient woodland – Wigmore Rolls
13/05/06	“Where Wild Things	8 parents	Environmental games for young

	Play” Family Fun Ideas Workshop	14 children	families hosted by Herefordshire Nature Trust in Wigmore Rolls
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However, there were significant limitations to this approach. Firstly, the passport scheme was not successful in encouraging participants to return to the woods and enjoy physical activity. Despite a handful of repeat visitors, no-one presented Wye Wood staff with a passport to stamp. This is not to say that a passport scheme would not work if it spanned Project locations offering a range of skills and activities to registered and sign-posted participants. This concept was the original inspiration for the scheme and is still a model that may work if the Project activity was to continue with focus groups beyond the year.

Secondly, these events did not attract an audience from the targeted groups. The advertising and marketing of the events largely took the ‘scatter gun’ approach and leaflets were distributed for the general public in community places but were also taken to existing community groups.

Results from the evaluation (see Section 5) showed that most participants were engaged in reasonable levels of physical activity already. This was particularly apparent at events such as ‘Where Wild Things Play’ where anecdotal evidence such as conversations with parents established that all of the families present were very active already and enjoyed a good outdoor life. The value of one-off events was fully discussed by the Steering Group and it was decided that the HDW’s efforts should be focused on sign-posted individuals and groups who represented the ultimate target audience such as those with mental health problems, the young families from deprived parts of Ludlow, and the senior participants.

However, it should be noted that the events were successful from the point of view of networking and awareness raising. Most participants were from within a ten mile radius, and many lived within local villages. Yet most were unaware of the open access to the woodlands before the Project hosted the events. Conversations with participants at some of the smaller events led to good networking opportunities and people sharing information about Wye Wood with relatives and friends etc.

## 4.6 Group activities

Numbers of participants involved:

Dates	Group	Activity	Numbers	Developments
Jan – June '06	Leominster Community Mental Health	Walking	3	Small group with committed participants; when numbers remained low & static participants were amalgamated into a public walking group
Feb-October '06	Public Walk for Health – Wigmore	Walking	10 different people. Feb – July 3 or 4. August – October, 6	Advertised locally as a moderate terrain, hour's walk. Intended for low ability but reassessed due to topography of area.
March – October '06	Public Walk for Health	Walking	6 different people – maximum 3 at a time	
Feb – Oct '06	Community Coppicing Group	Coppicing, coppice courses and learning coppice crafts	9 different people, at most 5 at a time	At any one time there were often 6 'committed' participants but for various, often health related reasons, only three to five came at a time.
May – August '06	Gentle Exercise Group	Extend exercise classes and local walks	6 different people, four at the most in one week	
August – October '06	All Ability Walk	Walking/ wheelchair visits to Mortimer Forest followed by tea and chat picnics	4	At the close of the Project, this walk began to grow. Exit strategy – hand to Walking for Health South Shropshire to co-ordinate.
July – Oct '06	Wigmore Buggy Walk	Buggy walk around local village – woods not accessible for buggies	5 different mums and their children. 3 at the most at one time	
Events and evening sessions – Feb, March, and Sept '06	Teme Valley Youth Group	Art activities, ball games, survival skills in the woods plus intro. sessions	12	

July '06	Rockspring Community Trust young families	'Toddle waddle' and environmental games once a month	8 mums and 6 children	A second event was planned in detail for September but the staff at the Trust reported that no mums were able to come do to dropping children off/ collecting toddlers from nursery.
Total of different participants with varying degrees of participation: 63				
Total of participants who have attended three or more sessions: 22				

### Comments on group numbers:

There follows a brief overview of the groups, their commitment to the Project, and the number of participants including:

- Barriers to commitment
- Other opportunities to grow
- Time taken to establish groups

Generally the Project activities attracted small group numbers of regular participants.

It was found that in a rural area such as North Herefordshire and South Shropshire, the public walking groups took time to grow and remained at three regular walkers for several months. It was necessary for the HDW to keep reminding the community about the walks using regular fliers in public places, and through direct mailing people who had come to the popular events. In the final three months of the Wigmore Walk for Health, six new people came. Likewise, as networks were established, there was a 'waiting list' to join the community coppice group.

The biggest challenges in terms of encouraging commitment to regular activity were that participants sometimes did not feel like walking/ coppicing due to mental/ physical health issues. Other common reasons for not coming from week to week were that the person who gave them a lift could not do so, or, as was quite common with the older people, they had other one-off commitments on a couple of weeks in the month.

The HDW returned to local medical practices with information, fliers and to see the practice manager/ practice nurse on a regular basis. One letter was received from a local GP which said that her and her colleagues had displayed posters provided in their consultation room and had suggested that patients join in, but that "we can't make them act on our suggestions."

The HDW found that building interest in the All Ability walk was easier, as participants and carers were more enthusiastic about finding suitable provision for them. At the end of the Project year, three new organisations (a sheltered housing co-operative, Age Concern and a local seniors' group the 'Evergreens') had expressed an interest in the walking/ wheelchair group for their clients.

Another group which it was challenging to recruit was the young families and mothers. Activities were aimed at parents and toddlers and were designed for

weekday late mornings. The parents were very busy and sometimes did not come along to the buggy walk as they had to go shopping on the bus, or had other family commitments.

### **Maintaining interest**

The Wigmore buggy walk is a good example of a group for whom walking for health was not motivation enough to always come. The only buggy-friendly route which could be used week after week without expensive mini-bus hire, was a lap of the village which they walk around to go to and from school anyway. After about five weeks' walking, the mothers asked if they could go somewhere else and so were invited on a trip to Mortimer Forest to break up the walking programme. However, they did not come to this either and so the HDW made special arrangements with them that they should lift share and as a group they could follow a loop walk in Wigmore Rolls.

It was felt, however that there were some regular Wye Wood users who engaged in the Walking for Health philosophy fully and were not bothered by following a programme of four familiar walks in Wigmore Rolls or Mortimer Forest. These participants were mostly those retired and with health problems – ie. those with leisure time and a motivation to get involved.

Over a longer period of time, and with more funds being invested in small groups like this the HDW considered that a thriving and active group could grow. When dealing with busy people who had not considered a regular exercise commitment, the HDW found that the activities naturally became audience – led once they had been advertised.

A successful aspect of the walking programme was the recruitment of three enthusiastic volunteers who were happy to find new walking routes in both forests. Between the team, at the end of the Project year, the programme featured six hour – hour and a half long walks in Mortimer Forest and four in Wigmore Rolls. There is a strong 'product' on which to build and the commitment of three regular walkers at each meet is a further demonstration of a good level of client satisfaction.

### **Regular activity groups – benefits to individuals**

The Wye Wood Project has attracted 22 participants who have come to three or more activity sessions. There have also been a handful of people who have opted in and out of the activity over several months.

Aside from the official interviews and data collection, the HDW has gathered anecdotal evidence through conversations which point to some key themes regarding participants' perceived benefit of involvement.

The case studies in Section 5 below will highlight the detail of two participants' stories.

Otherwise, this table summarises the primary benefits to the key 22 individuals, details the groups which they belonged to, their age and where they were signposted from.

The benefits have been categorised as either:

- Physical health improvement – ‘Physical’
- Direct improvements for mental health issues – ‘Mental’
- Social benefits – ‘Social’
- Structure to the week – ‘Structure’
- Work for completion of Probation Service Order – ‘Order’

The organisations signposting them included:

- Ludlow Community Mental Health – ‘LudCMH’
- Leominster Community Mental Health – ‘LCMH’
- The local Reverend
- Sure Start Wigmore village consultation day – ‘Sure Start’
- Shropshire Assertive Outreach who find placements for adults with long term learning disabilities and mental health problems
- West Mercia Probation Service
- Aspire Sheltered Housing – for adults with learning disabilities
- Acute Day Care Centre, Stonebow, Herefordshire

<b>Group</b>	<b>Age</b>	<b>Gender</b>	<b>Signposted from</b>	<b>Benefits</b>
Wigmore walk	60–70	M	Public	Physical
Wigmore walk	50–60	F	LCMH	Physical/ Mental
Wigmore walk	60–70	F	Public	Physical
Mortimer Forest walk	70–80	M	Public	Physical
Mortimer Forest walk	30–40	F	LudCMH	Physical/ social
Mortimer Forest walk	50–60	F	LudCMH	Physical/social
Mortimer forest walk	60–70	M	Lud CMH	Physical/ social
Leominster CMH walk	30–40	F	LCMH	Mental
Gentle Exercise Group	70–80	F	Public	Physical/ social
Gentle Exercise Group	80–90	F	Public/ Reverend	Physical/ Mental

Gentle Exercise Group	60–70	F	Public	Social/ Physical
All Ability Walk	80–90	F	Public/ Reverend	Physical/ social
Buggy walk	30–40	F	Sure Start	Physical/ social
Buggy walk	30–40	F	Sure Start	Physical/ social
Buggy walk	30–40	F	Sure Start	Physical/ social
Coppicing	30–40	M	LCMH	Physical/ment al
Coppicing	15–20	M	LCMH	Physical/ Mental
Coppicing	15–20	M	Shropshire Assertive Outreach	Physical/ Mental
Coppicing	40–50	M	LCMH	Physical/ Mental
Coppicing	25–30	M	West Mercia Probation	Physical/ social/ Order
Coppicing	40–50	M	Aspire sheltered housing	Physical/ social
Coppicing	30–40	M	Acute Day Care, Stonebow	Physical/ social

### **Benefits to other organisations and the wider community**

The HDW has been aware that, aside from the mental, physical and social benefits to individuals of being involved in activity, the networking, infrastructure, service provision and information provided by the Project, has also benefited the wider community and other organisations.

Part of these wider benefits highlight some of the ‘good news’ stories and general support for the Project.

Once again, these benefits are summarised in a table which captures the range of organisations involved, and the range of benefits to them.

### **Benefits to other organisations**

<b>Organisation</b>	<b>Activity</b>	<b>Dates</b>	<b>Number of sessions</b>	<b>Number of participants</b>
West Mercia Probation Service – 'Growing out of Crime'	Coppicing at Wigmore Rolls	Jan & Feb '06	3	4
Walking the Way to Health South Shropshire	On going walks programme in Ludlow has added to their portfolio of walks	March onwards '06		
Walking the Way to Health – Leominster	Occasional forest walks to embellish their programme	Jan & Feb '06	3	12
Etnam Street – Leominster Community Mental Health	Walks fortnightly, 5 participants in coppicing group	Feb onwards '06	Walks: Coppicing:	8
Echo – provision for adults with learning difficulties	Occasional walks to suit their staffing; attendance for individuals at events; One client on the coppicing group	Jan & May onwards '06	5	5
Bridgnorth Assertive Outreach	Coppicing courses	Feb onwards '06	23	1
Ludlow Community Mental Health Services	Walks programme and Wye Wood providing stand at mental health healing awareness day	May onwards '06	6	6
West Mercia Probation Service – Hereford	Coppicing courses	May – Aug '06		1
West Mercia Probation Service – Community Service	Deer fence building activity	July onwards '06	10 likely	4/5
Shropshire Youth Offending Team	Building celebratory benches for the Wye Wood Project	June & July '06	6	5
Caring for God's Acre	Hurdle making workshop and coppice materials for their project	May '06	21	4
Herefordshire Nature Trust	Venue for a public event	May '06	1	10
Shropshire Rights of Way Team	The Wye Wood Project hosted an event where they could showcase their work	April '06	1	10
Secret Hills Discovery Centre	The Wye Wood Project and Walking the Way to Health managed a family event at their venue	April '06	1	15
The Deer Initiative	Jointly hosted event in a 'Wye Wood' forest	April '06	1	150 visitors!!
Teme Valley Youth Project	Woodland craft activities for young people	Feb '06	2	12

Herefordshire Council Adult Learning / LSC	Hosting a Coppice Products course – funds received from Herefordshire Council	May & June '06	10	6
Rockspring Community Trust	Walks and environmental games for mothers and toddlers group	June & Aug '06	1 so far	10
SureStart (Children's Centres), Leominster	In consultation in Wigmore area to develop toddler waddles, wildlife games and teddy bear's picnics	July onwards '06	5	
Aspire Sheltered Housing	Woodland craft activities	Aug onwards '06	4	1
Acute Day Care Centre, Stonebow	Woodland craft activities	Aug onwards '06	4	1
Forestry Commission, Mortimer Beat	Installation of Shropshire oak wooden benches, erecting deer fencing and coppicing one acre.	Feb onwards '06	N/A	N/A
Age Concern	Shared promotion of activities for the elderly in North Herefordshire	Aug '06	N/A	N/A

**Benefits to the wider community:**

Other, more casual benefits to the wider community include –

- Increased community activity, and therefore social networks strengthened.
- Access and to local woodland improved.
- Exercise opportunities broadened – free activities on the doorstep available.
- Provision of local sustainably produced coppice material to community and private gardening projects.
- Education about local woodland and conservation available through events.

## 5. Evaluation

- 5.1 The evaluation was supported by Forest Research and allowed for £5k of research time provided by an independent consultant.

The objectives of the evaluation were to:

- Establish a demographic profile of participants
- Examine any effect the project has on the participants' physical activity levels
- Determine the factors that motivate participants to come to the activities
- To examine any perceived health benefits to participants

Further to these objectives, more general research questions were to be addressed:

- Has the Wye Wood project contributed to increasing physical activity levels in participants?
- Have the participants derived any other benefits from taking part which have impacted on their health and well-being?
- What is it about taking part in the activities that they enjoy?

- 5.2 The most appropriate methodology was deemed to be interviews and focus groups with a sample of available and willing participants. This decision about methodology was made by the Steering Group after a full discussion. The study is constrained in its scope of methodology and generalisation of its findings, as it was carried out in the middle of the year long project, and the sample of interviews is small which reflects the slow recruitment process. Although demographic data has been collected for all participants, gathering other empirical data on regular attendees was beyond the scope of this study due to the low numbers.

Participation and demographic data was collected from all participants and a record was kept of the time and type of activities they engaged in.

It was decided, given the slow recruitment process, that a series of interviews and focus group interviews would be carried out with a sample of participants, using qualitative research methods. Qualitative research focuses on experiences, interpretations, impressions or motivations of an individual or individuals and seeks to describe how people view things and why. It relates to attitudes, beliefs and changing behaviour. It sets out to develop a theory or pattern from collecting open ended, emerging data that can be developed into themes (Creswell, 2003).

Research questions and objectives were constructed following discussions with the Steering Committee and HDW. Once the research questions were established, the open-ended questions to be used in the interviews and focus groups were designed (Appendix D).

Participants were recruited into the study by the HDW who identified regular users of the activities. A focus group and a series of interviews were conducted by an independent researcher on the 1st June 2006. The focus group consisted of a regular walker who had been taking part for 6 weeks, two mental health service clients and their support worker and the project officer for Wye Wood. The focus group was facilitated using semi-structured questions attached as Appendix D.

In addition to the focus group session, interviews with individual participants in the woodland activities were conducted and transcribed and notes taken during the interviews. Six participants, one support worker, and one project worker were interviewed. Two of the participants were from the mental health service user group and provided little information themselves.

The tape recordings of the interviews and focus groups were transcribed using Microsoft Word. Qualitative data analysis was then conducted using the long table approach as suggested by Krueger and Casey (2000). The long table approach highlighted recurring themes. These themes fell broadly into three categories : Mental Health, Physical Health and Social aspects of taking part. Quotations representing each of these themes are presented in Table I.

In addition to the analysis of the three themes, two case studies of individuals who had taken part in two aspects of the Wye Wood project are presented. One of these individuals had joined the walking group and the other had joined the coppicing group. Their stories are presented in section 5.4 below.

### 5.3 Results of interviews and focus groups

The transcripts of the interviews and focus groups were transcribed and quotes were grouped into themes using the long table approach. Quotes grouped into themes are presented in table 1.

**Table 1: Quotes from participants**

Physical health	Mental health	Social aspects
<ul style="list-style-type: none"> <li>• “walking helps my illnesses”</li> <li>• “I don’t have to travel so far to do exercise”</li> <li>• “I now also swim”.</li> <li>• “It’s made me more energetic”</li> <li>• “Not really noticed any difference...asthma is better”</li> <li>• “Not sure how it makes me feel better – helps my metabolism...”</li> <li>• “I sometimes feel frustrated after a walk as my asthma impedes the amount I can do.”</li> <li>• “Frustrated .Because I get out of puff on the steeper bits – varies – not sure if it is getting better”</li> <li>• “Doing something constructive”</li> <li>• “It’s nice to get out and establish a sort of fitness again”</li> <li>• “Doing something constructive for the benefit of the environment.”</li> <li>• “ Good to try and be active but not push the boundary”</li> <li>• “naturally tired after a days work”</li> <li>• “Sleep a lot easier”</li> <li>• “Most energetic thing I’ve done in 3 years”</li> <li>• “The benefit of being here outweighs the physical comfort for me”</li> <li>• “become far more active”</li> <li>• “Good opportunity to get some exercise.”</li> <li>• “Better than sleeping all day”</li> <li>• “it’s had a huge benefit, no pain or discomfort, no more angina”</li> <li>• “I don’t want to sit at home and do nothing, I like getting out in a safe manner, this enables me to get out and carry on and do some of the work that I used to do”</li> <li>• “If I weren’t here I would be sitting in the pub”</li> </ul>	<ul style="list-style-type: none"> <li>• This makes me exercise more even when I’m not in the mood.”</li> <li>• “lost contact with people I used to walk with”</li> <li>• “Peaceful innit...”</li> <li>• “I wouldn’t normally go by myself – I wouldn’t trust myself”</li> <li>• “I feel more relaxed after a walk.”</li> <li>• “Because of the medication I’m on I can’t concentrate but I find the walks make me more relaxed...”</li> <li>• “It unclogs my head.”</li> <li>• “It’s good to get out and force yourself a little.”</li> <li>• “ I can’t concentrate. But after a walk I’m more relaxed”</li> <li>• “Being out in the fresh air and actually doing something practical”</li> <li>• “I didn’t have too much structure to my life before this began”</li> <li>• “Never be keen on an office job, Being outside is very important to me.”</li> <li>• “This is almost addictive”</li> <li>• “It has been a stepping stone in my life”</li> <li>• “Ability to put faith back into myself”</li> <li>• “Outdoor education”</li> <li>• “At the end of the day feel a bit of accomplishment”</li> <li>• “it’s had a huge benefit”</li> <li>• “Raised my confidence greatly”</li> <li>• “Doing me a lot of good”</li> <li>• “Unique Experience, which some people may not have”</li> <li>• “enthusiasm is always strong”</li> <li>• “I think it has been a refreshing experience”</li> <li>• “It’s nice to get out, I’ve been clean for 3 months now”</li> <li>• “relaxing”</li> <li>• “Keeps me busy, keeps my mind of things”</li> <li>• “It brings meaning to peoples lives”</li> </ul>	<ul style="list-style-type: none"> <li>• “but I also like the cup of tea”</li> <li>• .... likes ‘the women’!</li> <li>• “I’ve found that I’ve been out and about locally”</li> <li>• “Not so important to me to meet other people as to other people” “I’m not a team player – I prefer smaller groups.”</li> <li>• “Over the weeks we can ask each other...how your holiday was...you know.”</li> <li>• “I like the good company of the walks.”</li> <li>• “I like the cup of tea after. More socialising would be nice”</li> <li>• “I suppose what keeps me coming is the variety of the walks and also as it happens, the company.”</li> <li>• “cup of tea” (what do you like most about coming out?)</li> <li>• “cup of tea!”</li> <li>• “I needed to get out and socialise”</li> <li>• “Ability to socialise and to be out in the woods”</li> <li>• “Given me a chance to interact with other people”</li> <li>• “Not having spent the day alone.”</li> <li>• “ I find out more from my peers than the doctor sometimes”</li> <li>• “Better when fewer people are here”</li> <li>• “I much prefer to work alone”</li> <li>• “I think that a lot of Mental health problems come from social problems”</li> <li>• “Is a spring board for people socially”</li> </ul>

The first theme related to people's physical health and fitness and the impact that the activities had had on them. Although some participants were equivocal about the impact that the activities had had on their levels of fitness, others reported feeling much fitter and taking more exercise as a result of taking part.

The benefits to people's mental health and well-being came across very strongly from the interviews with participants reporting feeling more relaxed and sleeping better as a result of taking part. Many of the quotes falling under the 'mental health' theme related to the effect of nature, being outside and fresh air on people's well-being. This supports the theory (see Section 2 above) that nature itself can act as a motivation to take part in activities and helps to keep people coming back to the project. 'Doing something constructive' also emerged as a recurring theme. Clearly the participants appreciate the opportunity to channel their energy into something they consider to be worthwhile. Finally, the activities would appear to play a part in building people's self-esteem and confidence, enabling them to move onto other activities or return to activities that they had not felt able to do.

For some participants (but not all), the social aspects of the group were important and the fact that the activities offered the opportunity to socialise and meet other people was frequently quoted. 'The company' is cited on several occasions as being an element that motivates people to come back week after week.

#### 5.4 Case Studies

##### **CASE STUDY 1 – JOHN – Wye Wood Walking Group**

John (name has been changed) is a retired 64 year old who attended the launch event of the Wye Wood walks at Wigmore in February 2006. Since joining, he has consistently attended walks on a Tuesday and Wednesday morning. In addition, he has attended various Wye Wood public events designed to raise the profile of the project. With the exception of 6 sessions, he has attended for 15 weeks, on average twice a week. He came to the project through an article in the local parish newsletter.

He had suffered two heart attacks and was advised by his doctor to attend gym-based exercise classes for rehabilitation through a hospital referral programme. John is an outdoor lover and volunteers for several organisations including the National Trust. He is a wildlife enthusiast and writes regularly on local wildlife issues in the community press. Although he lives alone, he is an active member of the local community.

Because of his natural interest, John was disappointed that his health was likely to restrict the conservation and species survey work he was used to doing. He contacted the project as he felt that the walks would offer a safe and sociable way to return to spending time in the countryside. With his doctor's approval, he has used the walks as part of his rehabilitation. John reports that since joining the walks he has been less reliant on his angina medication and he had noticed more of an improvement since joining the walks than he did with his gym-based programme. He has been able to return to his volunteering work with confidence.

"This has given me the ability to get out of the gym and doing something I enjoy. I like being outside you see.... I can walk much further now as my angina is much better. When I came out of hospital I needed my spray... but I don't use it now.... not for a while since

I've been coming out on the walks. I believe that exercise is as important as the pills.... It's given me the confidence to get out and do surveys and I don't feel any pain. It's had a huge benefit, no pain or discomfort, no more angina. (My motivation) is not to sit at home. Wildlife is my main interest and I can get out in a safe manner (with the group), this enables me to get out and carry on and do some of the work that I used to do."

### **CASE STUDY 2 – DAVE – Wye Wood Coppicing Group**

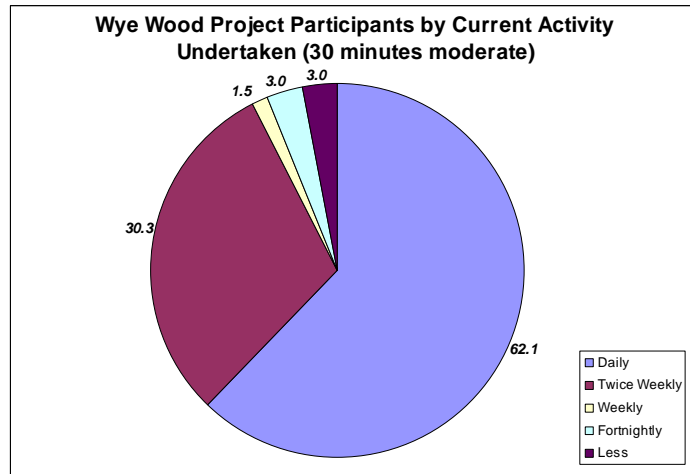
Dave is a young (25-35 year old) male who, at the time of the interview, had just found part-time work. He had been attending the coppicing sessions every Thursday since February and had volunteered at two of the public events. He had heard about the project through the Leominster Community Mental Health Service. He has suffered from some degree of mental ill-health for some time and had chosen to 'opt out' of 'society', spending much of his adult life living alone on a farm. He had expressed anger and frustration about aspects of contemporary society and when he came to the project he had a distinct apathy regarding the local jobs market. He has also suffered chronic back pain for several years which sometimes severely restricts his ability to be active. He has been attending a pain management course to help him cope. He thrives on outdoor labour and has found the exercise element of the coppicing work very appealing. He is often frustrated that his pain prevents him from doing more. He has gained his full three credits from the Open College Network course on coppicing and proved to be a valuable member of the group, often helping to tutor others. Following a spell as a volunteer with the local Youth Project, a part-time paid position became vacant which he applied for and got. It is his first paid employment in a number of years. He feels that the confidence he gained from coming to the coppicing group and the Centre has helped him to cope with social situations and take on his new role.

"What I like most about this (coppicing) work is doing something constructive, something practical and being out in the fresh air... I'm interested in the old ways of the world, doing things as they used to do.... I've become much more active since coming here. My spine has always limited me in what I can do but with this I've got back out there... and I'm benefiting the environment. It might mean I have a career change... I haven't had this amount of structure to my life for a while.. I like learning. Some things can make my problems worse, my rheumatoid arthritis... but I need to try and be able to be active but not push the boundary... After a day here I feel 'naturally tired' and I sleep easy... I feel like I've done something... It's the most active thing I've done in three years. I've never been keen on office work. I enjoy creating something, seeing the change in the seasons. I'm saddened I can't come anymore. This is addictive but hopefully it is something I can always come back to. It's been a stepping stone in my life and put faith back in myself. I feel a commitment to get up and do something. The benefit of being here outweighs the physical comfort for me..."

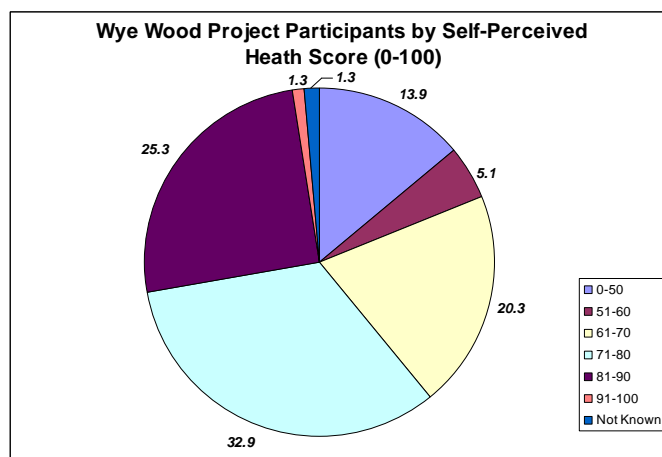
#### **5.5 Participation profiles on one-off events:**

Data was collected about 79 people who attended one-off events, and this showed that these were not particularly successful at attracting inactive people, or those who judge themselves to be in poor health.

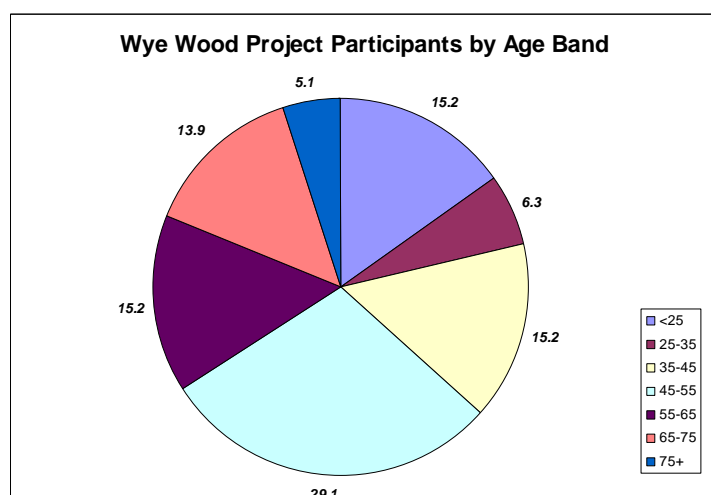
62.1% are already active at the recommended levels (30 x 5/week)



Wye Wood is going some way towards attracting people who are currently not active enough to benefit their health, but there is over-representation of active people. (70% of people in the general population not active at recommended levels.)



Using the self-report EQ-VAS health score, 32.9% of participants rate their health score as between 71-80. 20.3% between 61-70 and 25.3% between 51-60. 13.9% rate their health between 0-50. From this we can conclude that although, on the whole, participants judge themselves to be in good health, a significant proportion rate their scores quite low.



### How people heard about the scheme

It would appear that there are two main ways in which people have heard about the activities: newspaper/magazine articles and “word of mouth” or through a friend. Posters and flyers also appear to be effective in attracting a significant number of people. Only 2.4% of people had heard of the activities through the health centre.

### Prior use of wood

Of the 79 respondents, 44 had previously used the wood and 31 had not (4 missing data). This would indicate that the activities do appear to attract a significant number of new people to the woods. It would be interesting to follow up these first-timers to see whether they have since used the wood on their own. If it is the case that people need a catalyst such as an activity to attract them to the wood, then it would appear that running one-off activities does make a difference to the overall numbers using (and potentially benefiting) from the woods. Most of the people who had not used the woods before had no prior knowledge of them.

## 6. Conclusions

6.1 Wye Wood: the wider wood has had a successful pilot year, in that it has actively progressed its specific aims to:

- Increase opportunities to be physically active in an outdoor setting.
- Support individuals with particular needs to engage in these activities in a sustainable way.
- To work with people who are normally seen as hard-to-reach.
- Identify how best to reach hard-to-reach individuals.
- Facilitate a working and sustainable partnership between agencies who have an interest in promoting the health benefits of woodland so as to develop the “Wye Wood” project into its next phase.

All these aims were identified within the overall aim of maximising the health benefit of woodland and this was progressed with reference to social, physical or mental health benefit.

6.2 Numbers involved in the activities were relatively small. This was mainly because the development work on the project was time consuming so that numbers could

only build up gradually. Networks had to be built, and individuals identified. Although larger numbers could be involved in the project by one-off events aimed at the general public, these tended to attract people who were already physically active; those who were not in one of the identified priority groups; and people who had already used the wood recreationally.

- 6.3 Because development time has been significant, it is important that the full benefit of this is realised by the extension of the project. This requires new funding streams to be identified, and the partners on the Steering Group will be key in achieving this.
- 6.4 The most significant impact of this project at this stage is not the number of people involved, but the changes experienced by them. This type of impact is only captured by qualitative evaluation methodologies. Nevertheless, it is important that activity data continues to be collected and analysed.

## APPENDIX A:

### TERMS OF REFERENCE OF STEERING GROUP



Herefordshire Sustain Project is a partnership hosted by the Small Woods Association registered charity number 1081874 and established and funded by the Duchy of Cornwall, Small Woods Association and Forestry Commission

#### **Wye Wood – The Wider Wood Steering Group Guidance**

##### **The Steering Group comprises:**

Herefordshire Sustain Project  
The Green Wood Centre  
Herefordshire Primary Care Trust  
Shropshire Primary Care Trust  
Forestry Commission (National, Regional and Local)  
The Probation Service  
Herefordshire Council  
Learning and Skills Council  
Diocese of Hereford  
Forest Research Agency

##### **Role of the group**

- The primary function of the group is to advise the organisation/s delivering the project, to ensure the project/s is able to deliver its ambitions.
- The group will offer assistance where necessary to ensure compliance with relevant statutory requirements.
- The group will help to guide the wider aims of the project to enable outcomes to be embedded in to local/regional/national strategic policy where applicable.
- The members will advise the group on changes in legislation or guidance in their fields of expertise that could have a positive/negative effect on the project or the wider aims of the Wye Wood strategic plan.
- Members will help to disseminate outcomes to colleagues and other organisations that may find the outcomes of use
- Members will advise on the suitability of future funding applications and outcomes

##### **The group will not be responsible for:**

- Day to day management of the project/s
- For project outcomes unless specifically agreed
- For financial management, which will remain in the control of the accountable body

It is anticipated the group will meet 6 times a year

## APPENDIX B:

### PARTNERSHIP AGREEMENT



#### Wye Wood projects Partnership Agreement

##### **The Partners**

This Partnership Agreement is made between Herefordshire Sustain Project/Greenwood Centre and the Wye Wood - Wider Wood funders: Forestry Commission West Midlands, Forestry Commission National, Shropshire PCT, Herefordshire PCT, West Midlands Probation Service.

##### **Details of other partners in the project**

Herefordshire Council, Learning and Skills Council, Diocese of Hereford, Teme Valley Youth Project

##### **Project Description**

The project has been designed to utilise the woodland resource at Mortimer Forest and Wigmore Rolls in innovative ways to improve community health and well-being. This will be done using a Health Development Worker who will actively engage with community groups with an aim to develop a model for Health Workers in rural areas.

##### **Project Objectives**

To establish a model for a Health Development worker/Health trainer for rural areas in line with the Governments 'Choosing Health' white paper.

To engage with four different groups; Teme Valley Youth project, Sure Start Ludlow, Probation service and Wigmore group of parishes to find ways to encourage at risk groups to undertake healthier activity.

To coppice 1 acre of coppice at Wigmore

To develop links with the Growing out of Crime project based at Middleton on the Hill

## The Project

### Outline & Costs

ACTIVITY	COST
Identify 1acre of coppice to be cut in line with the developing woodland management plan, clear rides. Hire equipment Employ community coppice worker	£1,938
Calorie Count walks, establish health walks	£3,700
Publicity including distribution	£2,275
Seating – 4 benches	£1,000
Young peoples (14+) woodland activity pack	£500
Cooking with coppice foods the healthy eating option	£700
Travel @ 30p/mile for Health Trainer	£800
recruitment	£100
Health Development Worker + 11% on costs	£19,980
Employ part time coppice worker + on costs	£6,000
Office space	£2,000
Administration	£4,900 10% project costs
contingency	£107
Monitoring and Evaluation	£5,000

### Funding Secured:

Funder	2005/06	2006/7	Total
Forestry Commission West Midlands	£20,000		£20,000
Forestry Commission national	£10,000	£5,000	£15,000
PCT Herefordshire	£4,000		£4,000
PCT Shropshire	£4,000		£4,000
Probation Service	£6,000		£6,000
<b>Total budget</b>			<b>£49,000</b>

### Contribution in Kind:

Herefordshire Sustain Project – 1 Day per week for project duration

### Outputs

1 acre of restored coppice  
 Young peoples activity pack  
 4 benches made and installed  
 New walk programme with calorie counted walks  
 4 target groups engaged in healthy activity  
 Model for Health Development Worker in rural areas  
 Evaluation report

## **Outcomes & Benefits**

*New walk groups established*

*Greater walk capacity offered by WHI leaders*

*New Walk leaders trained*

*New health opportunities for communities of Ludlow (South Shropshire) and Wigmore (North Herefordshire)*

*Improved habitat for butterflies and other woodland flora and fauna*

*Greater knowledge of woodland environment and management*

*Additional opportunities for groups/projects in the area identified as the project progressed*

*Progression to further training and volunteering opportunities*

## **Management**

The project will be managed by the Green Wood Centre with the Herefordshire Sustain project who will undertake to:

- Appoint a Health Development worker and take responsibility for day to day and overall project management.
- Manage the project at all times in the best interests of the project.
- Subject to the above, manage the project in the best interests of the Partnership and component partner organisations.
- When subcontracting any part of the project or placing orders in connection with the project, ensure that best value for money is obtained bearing in mind the project objectives.

Project partners undertake to:

- Contribute to the project in the spirit of partnership.
- Guide the projects development through the steering group
- Acknowledge the contribution of partner organisations when developing/promoting elements of the strategy
- Recognise the authority of The |Greenwood Centre and Herefordshire Sustain Project to manage the project.

## **Finances**

The Green Wood Centre will manage project funds in accordance with its own finance codes.

## **Terms & Conditions**

The Green Wood Centre and The Herefordshire Sustain Project shall acknowledge the contribution in literature and press releases etc published about the project of the funding partners.

Wye Wood will be promoted as an Active Woods project

**Signed on behalf of** Forestry Commission West Midlands, Forestry Commission National, PCT Herefordshire, PCT Shropshire, West Midlands Probation Service

Name: Judy Walker, Green Wood Centre

Signature:

Date:

Name: Katie Eastaugh, Herefordshire Sustain Project

Signature:

Date:

Name: Dr Frances Howie, Herefordshire PCT

Signature:

Date:

Name: Miranda Ashwell

Signature:

Date:

Name: Simon West, Forestry Commission West Midlands

Signature:

Date:

Name: Helen Townsend, Forestry Commission National

Signature:

Date:

Name: Chris Barnes, West Mercia Probation Service

Signature:

Date

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## APPENDIX C:

### JOB DESCRIPTION AND PERSON SPECIFICATION OF HEALTH DEVELOPMENT WORKER



#### Health Development Worker

This post is part of a Forestry Commission national pilot project to better understand and promote the health and well-being benefits of trees, woodlands and forests. The post will also help the development of the concept of health trainers as outlined within *Choosing Health*.

Employer: Small Woods Association. Charity Number 1081874

Responsible to: The Director of Green Wood Centre, reporting to a steering group including the Directors of Public Health (Hereford and Shropshire)

Objective: To demonstrate how the post could contribute towards the future development of "Health trainers" throughout Herefordshire and Shropshire<sup>1</sup>

#### Main duties:

- 1) To liaise with health care workers, particularly GP practices to promote a greater knowledge and understanding of the health benefits of woodland
- 2) To ensure project targets are met and suitably recorded to enable future development of Health Trainer provision, particularly with regard to the benefits of woodland To encourage individual and community uptake of the developing natural health resource of local woodlands and green space

Salary: £18,000 one year fixed contract

#### Tasks:

- Establish, develop and maintain relationships with key target community groups (as identified by the Steering Group).
- In conjunction with local individuals and communities develop a series of health focussed initiatives based around local woodland, to include:
  - the recruitment and training of Walking your way to Health walk leaders

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<sup>1</sup> In future... everybody who wants to will be able to access personalised advice from health trainers, properly and professionally trained, and accredited by the NHS.  
Choosing Health white paper, DH 2004

- a programme of health walks in woodland linking with the Walking your way to Health Initiatives in Herefordshire and Shropshire
  - working with local GP practices, the LIFT referral team and specified officers within Herefordshire Council to encourage greater use of the LIFT referral scheme, particularly in the projects identified within woodland.
  - the development of tailored advice, motivation and practical support for individuals who want help to adopt healthier life styles
  - programmes to deliver wider mental and well-being benefits through a close working relationship with the Herefordshire and Shropshire Primary Care Trust Mental Health Teams.
  - the development of Initiatives that embrace wider concepts of healthy living including physical exercise, diet and nutrition, smoking cessation, sexual health, working through health specialists and advisors
- To regularly report to the Steering Group and seek their advice and guidance on the project development
  - To work closely with the Herefordshire Sustain Project to help meet project outcomes

## PERSON SPECIFICATION

	Essential	Desirable
Education / qualifications	Qualified to NVQ level 2 or similar Full driving licence	Qualifications and experience in: community work/health promotion/health care/sports development/GP/exercise referral
Skills and abilities	Experience of working with individuals and groups from local communities  A good knowledge of health promotion and the means to lead a healthy life	Experienced walker or walks leader Working within the voluntary/ charity / environmental sector.
Values and attributes	Responsible attitude Self motivated and enthusiastic Able to work well with a diverse range of people. Good communication and interpersonal skills. Able to keep good clear records of activity Flexible working attitude	Able to negotiate with potential partners Good time keeper



Shropshire County  
Primary Care Trust



Herefordshire  
Primary Care Trust



## **APPENDIX D:**

### **QUESTIONS USED AS PROMPTS/GUIDES FOR INTERVIEWS AND FOCUS GROUPS**

Opening question

One by one around the table.

- Q1 Tell us your name and tell us how long you have been involved with the Wider Wood project.
- Q2 What is the first thing that comes into your head when you think of Wye Wood
- Q3 Think back to when you first became involved – why did you join?
- Q4 What is it you like most about the project?
- Q5 Have your physical activity levels changed in any way since participating?
- Q6 Since being on the project in what if any way do you feel your general health or quality of life has changed? (feel better, energy, stamina, confidence, physiological, psychological?)
- Q7 What do you feel are important elements of the project that motivate you to keep coming along?
- Q8 How do you feel about the programme, the organisation, the leaders?
- Q9 If the project was to end, what do you feel would potentially be the short and long term effects on you?
- Q10 Do you think the project helps to relieve the pressure on the health care system in any way?
- Q11 Is there anything else you want to say?

## REFERENCES

Auslander and Litwin (1991) Social Networks, Social Support, and Self-Ratings of Health among the Elderly. *J Aging Health*.1991; 3: 493-510

Creswell, J.W. (2003) Research Design : Qualitative, Quantitative and Mixed Methods Approaches. London. UK Sage Publications.

Dawson, J, Boller, I, Foster, C, Hillsdon, M. (2006) Evaluation of Changes to Physical Activity amongst people who attend the Walking the way to Health Initiative (WHI) – A prospective survey. Published by The Countryside Agency ISBN 086170 694 3

Department of Health. Strategy statement on physical activity. London: Department of Health, 1996.

Hartig T, Mang M, Evans GW. Restorative effects of natural environment experiences. *Environment and Behavior* 1991; 23: 3-27.

Health Survey for England, 1998. London: The Stationery Office, 2000

Health Survey for England: Risk factors for cardiovascular disease. London: The Stationery Office, 2003.

Hillsdon M, Thorogood M, Anstiss T and Morris J (1995) Randomised Controlled trials of physical activity promotion in free living populations: a review. *Journal of Epidemiology and Community Health*; 49, 448-453

Krueger, RA and Casey MA (2000). *Focus Groups : A practical guide for applied research*. California. USA. Sage Publications.

Lamb SE, Bartlett HP, Ashley A, Bird W. (2002) Can lay-led walking programmes increase physical activity in middle aged adults? A randomised controlled trial. *J Epidemiol. Community Health*. 2002 Apr;56(4):246-52.

Pretty J, Griffin M, Peacock J, Hine R, Sellens M and South N, A countryside for Health and Well-Being: The Physical and Mental Health Benefits of Green Exercise Report for the CRN, February 2005

Reynolds V. (2002) Well-being comes naturally: an evaluation of the BTCV Green Gym at Portslade, East Sussex. Oxford Brookes University School of Health Care Report 17 ISBN 1-902606-15-9.

Ulrich RS, Simons RF, Losito BD, Fiorito E, Miles MA, Zelson M. Stress recovery during exposure to natural and urban environments. *Journal of environmental psychology* 1991; 11: 201-203.

Ulrich, R. S. (1984). View through a window may influence recovery from surgery, *Science*, vol. 224, no. 4647, pp. 420-421.

World Health Organization/ International Federation of Sports Medicine. Committee on physical activity for health. Exercise for health. *Bull Health World Organ* 1995;75:135-6.