

Evaluation of the Chopwell Wood Health Project

Hilary Snowdon
2006

CONTENTS

	Executive Summary	2
Section 1	Introduction	12
Section 2	Evaluation Process	16
Section 3	Evidence Review	19
Section 4	County Durham and Darlington Healthy School Standard - Derwentside Healthy School Programme Findings	23
Section 5	Gateshead 'GOAL' Scheme Findings	36
Section 6	Chopwell Wood Visitor Findings	42
Section 7	Summary and Suggestions for Future Development	50
Section 8	Acknowledgements	58
Section 9	References	59
Section 10	Appendices	61

EXECUTIVE SUMMARY

BACKGROUND

The potential for woodlands to contribute to the government’s health agenda was identified in the England Forestry Strategy (Forestry Commission, 1998). The Chopwell Wood Health Project was established to test whether this is the case and what the key contributions might be. It was chosen as the site for the project as it is in a Health Action Zone and has well documented needs for health improvement.

In 2003/4 the Forestry Commission allocated £51,000 to be used only for activity that was additional to existing work and which would not otherwise happen. The Forest District Manager, recognising the opportunity to develop and strengthen partnerships between the Forestry Commission, the local community and the health sector, approached the two Primary Care Trusts (PCTs) that are covered by Chopwell Wood (Gateshead and Derwentside). The aim was to examine the potential for offering enjoyable health promoting activities in an attractive environment, which at the same time would assist each of the organisations to meet their own objectives and targets.

As a result of these discussions, in October 2003 the Chopwell Wood Health Project Steering Group was formed, comprised of representatives from the Forestry Commission, Gateshead PCT, Derwentside PCT, Friends of Chopwell Wood (FOCW), Forest Enterprise and Forest Research. The brief for this group was to develop activity which was imaginative, innovative and was capable of leveraging additional funds. Forest Research managed the evaluation of the project for the Forestry Commission. The following aim and objectives were established:

- Aim**
- To build the evidence base in relation to woodlands and health.
- Objectives**
1. Develop a working partnership between the Forestry Commission, local community and the health sector.
 2. Employ a project officer to work between the forestry and health sectors, focussing on the two main project elements.
 3. Develop the potential and raise the awareness of woodlands, in particular Chopwell Wood as a resource for improving the health and well being of local communities.
 4. Develop and pilot techniques and practices for improving the health and well being of local communities that have the potential for being extended beyond the initial pilot period and/or being adopted in other parts of the region/country.
 5. Monitor and evaluate the project against objectives 1-4 and their specific measures.
 6. Publicise the project throughout its operation, from an event to promote the launch through to the dissemination of project findings.

7. Produce a final evaluation report summarising the outputs and findings of the Chopwell Wood Health Project.

The Chopwell Wood Health Project commenced in May 2004, with a formal launch taking place on 17th June 2004 in Chopwell Wood.

The project developed 2 key areas of work based on the respective interests and priorities of Gateshead and Derwentside PCTs:

- A General Practice (GP) woodland-based activity referral scheme (Gateshead Opportunities for Active Lifestyle (GOAL) scheme); and
- A programme for school visits in support of County Durham and Darlington Healthy School Standard (Derwentside Healthy School Programme).

Additional activities included:

- A launch workshop to engage local public and voluntary sector health and health education interests;
- A Chopwell Wood healthy walks leaflet; and
- A regional 'woodlands for health' leaflet;
- A celebration event held after the project had run for one year.

The Primary Care Development Centre at Northumbria University was appointed to evaluate the project. The methodologies utilised were dependent on the elements' respective objectives. In addition to evaluating the GOAL Scheme and the Healthy School Programme, the Forestry Commission also wanted to examine the perceptions of visitors to Chopwell Wood. The evaluation therefore included a variety of methods to elicit data and information, including a range of self-completion questionnaires, a questionnaire administered by the Friends of Chopwell Wood, telephone interviews and focus groups.

MAIN FINDINGS

Derwentside Healthy School Programme

- Over 200 young people and staff from 4 local primary schools participated in the programme.
- Young people had very positive perceptions of woodland prior to the programme. Post-programme, there was a significant increase in the percentage of pupils regarding the wood as 'a healthy place' (87% post, compared to 74% pre).
- Activities most enjoyed were 'WHY 5?' (promotion of at least 5 portions daily of fruit and vegetables), orienteering and complementary therapy (stress management techniques, relaxation).
- No specific activities were highlighted as not being enjoyable. Aspects not enjoyed related to those elements of the programme taking place in the woodland classroom, as opposed to being outdoor-based.
- Following the programme, there was increased usage of Chopwell Wood amongst young people, staff and families.
- Parents and staff felt very strongly that the programme had had a positive influence on young people, including:
 - Increased awareness of nutrition and healthy lifestyles.
 - Increased knowledge, awareness and appreciation of nature and the environment.

- Increased levels of physical activity.
- High level of recall amongst young people due to their engagement in the woodland based activities, which facilitated learning.
- The programme enabled young people of all academic abilities to participate in activities.
- Schools and parents regarded the programme as being an effective tool for learning which contributed well to the National Curriculum.
- The provision of free transport to the schools was a primary facilitator for becoming involved with the programme.
- All 4 schools indicated a strong willingness to be further involved with the programme.

Gateshead GOAL Scheme

- There were a total of 33 referrals to the GOAL scheme who subsequently participated in Chopwell Wood-based activities. Of these, 13 were from the 5 locally targeted GP practices and 20 from practices throughout Gateshead.
- The completion rate of the 13-week programme for these individuals was three times higher than that for the scheme overall (91% compared to 30%).
- Feedback from scheme participants indicates that the primary facilitator (and potentially the main barrier) to initial and continued engagement with the GOAL scheme and, participating in activities at Chopwell Wood is the Physical Activity Area Co-ordinator (P.A.A.C.).
- The majority of individuals continued to participate in Chopwell Wood activities post-programme.
- Proactive promotion of the project and engagement with stakeholders by the Project Co-ordinator contributed to 128 additional attendances at Chopwell Wood Health Project activities.
- Focus group participants indicated an apparent low level of awareness of the GOAL scheme amongst primary health care teams.
- Transport to and from Chopwell Wood based activities was highlighted as a barrier to continued participation, particularly for those individuals reliant on public transport which may necessitate several bus journeys, or for those reliant on the goodwill of others to drive them.
- The predominant impact in individuals' lives had been the improvement in physical health as a result of participating in the scheme, particularly due to significant weight loss. Social networks had also been developed.

Other Project Elements including the on site survey

- As part of the Chopwell Wood Health Project, 3 individuals, including the Project Co-ordinator, undertook training with Gateshead Council enabling them to be Walk Leaders. Six FOCW volunteers were also able to provide support to the scheme participants as Physical Activity Motivators (PAMs), following training provided by Age Concern.
- Only two respondents to the on site survey described themselves as from a mixed ethnic group and only one person was economically inactive due to illness/disability.
- 99% of respondents felt that visiting Chopwell Wood had a positive impact on their health and well-being.
- 60% thought that visiting had an impact on health through undertaking physical activity and 40% thought that visiting had an impact on both their mental and physical health.

- Health benefits were experienced by visitors regardless of the frequency of visits, indicating the potential for health improvement for all visitors.
- Additional facilities most frequently mentioned were toilets, although a substantial number stated they did not want anything in the wood changed.
- Only 16% had heard of the Chopwell Wood Health Project, indicating low awareness amongst the general public.

ACHIEVEMENT OF AIM AND OBJECTIVES

Derwentside Healthy School Programme

Key success indicators and evaluation objectives were:

a) Increases in numbers of young people undertaking physical activity

As baseline information regarding the pre- programme level of physical activity of the participating young people was not available, it is not possible to determine the extent to which this has been achieved. However, the evaluation has demonstrated that the number of young people visiting Chopwell Wood increased following the programme and the frequency of visits also increased. This could be used as a proxy indicator of increasing physical activity, although it is accepted that this may be an increase in those already physically active rather than an absolute increase in the numbers of young people undertaking physical activity.

b) Increases in the number of children making healthy choices

The evaluation has demonstrated that this has been achieved, although it is not possible to quantify. Both parents and staff stated that following the programme of visits, the young people had greater awareness of nutrition and the importance of having a healthy lifestyle.

c) Improvement in self-esteem and reduced levels of bullying

Staff reported that young people of all academic abilities were able to fully participate in, and engage with, the activities from a 'level playing field', thereby increasing self-esteem, particularly amongst those less academically able. Parents commented on improvements in self esteem as a result of the young people being trusted and given the responsibility of orienteering themselves without adult supervision. The evaluation did not address levels of bullying either prior to or after the programme; therefore, this is an area the project may want to explore with schools in the future.

d) Increases in environmental awareness

Both parents and staff stated that young people had become more environmentally aware both in and outside of school.

e) Creation of sustainable relationships between schools and Chopwell Wood

All four schools involved in the programme indicated a strong desire and willingness to be further involved with the Healthy School Programme, suggesting that these relationships can be sustained and further strengthened in the long-term, dependent on the continuation of the project.

f) The programme being regarded as an effective tool for learning

Staff and parents stated that the programme effectively contributed to the National Curriculum and there was the perception that there is the opportunity to link the programme to many other curriculum subject areas. Schools were ensuring that the

programme was used as the basis for additional activities once back at school and some were considering introducing some of the woodland based activities as regular school sessions, i.e. tai chi and complementary therapy.

Gateshead 'GOAL' Scheme

Key success indicators and evaluation objectives were:

- a) *The number of people engaged in walking groups that might be set up*
As a result of the project, a significant number of people engaged with walking groups. In addition to the 33 health professional referrals to the scheme, an additional 43 people joined the walking groups that had been established.
- b) *GP feedback on usefulness of woodland referrals and improved awareness of health practice staff of how Chopwell Wood could contribute*
Due to limitations on the evaluation, it was not possible to address these key success indicators.
- c) *The number of successful referrals (sustained woodland visits). As a target measure ten successful referrals would be categorised as 'good', twenty-five 'excellent'*
The 'excellent' target of 25 successful referrals (i.e. sustained woodland visits) has been achieved. Completion rate of the 13-week GOAL programme for those participating in Chopwell Wood activities was three times higher than for the GOAL scheme overall (91% compared to 30%). The majority of individuals have continued to participate in activities based at the wood and there have been examples of individuals purchasing bicycles in order to sustain their cycling activity.
- d) *Identification of facilitators and barriers to attending the GOAL scheme and establishing the reasons for people choosing Chopwell Wood activities*
Feedback from scheme participants indicates that the primary facilitator (and potentially the main barrier) to initial and continued engagement with the GOAL scheme, and participating in activities at Chopwell Wood, is the Physical Activity Area Co-ordinator (P.A.A.C.). Without the P.A.A.C.'s enthusiasm, motivation and support, it is unlikely that participants would have engaged with the project to the extent that they did. This also applies to the individuals leading the woodland-based activities and those accompanying the participants. This demonstrates the importance of these roles and shows how imperative it is that these post-holders have the appropriate personal qualities and 'people' skills.

Potential engagement with the scheme can either be facilitated or undermined by the awareness of the scheme by its 'gatekeepers', i.e. health professionals and practice staff. Participants at the evaluation focus group suggested a low level of awareness amongst staff about the scheme, making accessibility to the scheme more difficult.

Transport to and from Chopwell Wood-based activities was highlighted as a barrier to initial and continued participation.

Other Project Elements

Key success indicators and evaluation objectives are shown below. At present it is not possible to accurately comment on the extent to which the project has resulted in the achievement of most of these points as, to a large extent, the questionnaire being utilised by

volunteers from Friends of Chopwell Wood is providing the baseline data against which any future increases can be measured.

a) Ascertaining the characteristics of visitors to Chopwell Wood

The predominant characteristics of visitors to the wood are:

- 47% male and 53% female visitors.
- All age ranges represented, with slightly higher numbers in the 40-49 age group and a relatively low percentage of those aged 60 and over and under 30 years of age.
- The majority of visitors regarded themselves as being 'white'.
- In terms of employment status, the largest group are in full-time employment.

b) The number of previously inactive people using the wood regularly

The 'GOAL' scheme provides some evidence that previously inactive people are regularly using the wood. Although the Derwentside Healthy School Programme has promoted increased usage of the wood amongst staff, young people and their families, it is not possible to identify how many of these had been previously inactive.

c) Increases in the number of first-time visitors to the wood

From the questionnaire findings, 21% were first-time visitors. After the first five months of the on site survey it was found that 12% of respondents had heard of the project. At the completion of the survey after twelve months this level of awareness had risen to 16% amongst those who visited Chopwell Wood.

d) Increases in the number of people using the wood for mental relaxation

The findings from both the Derwentside Healthy School Programme and the GOAL scheme, as well as the visitor questionnaire, show the importance of mental relaxation to people using the wood and the positive impact of Chopwell Wood on people's mental well-being.

e) Increases in the diversity of woodland users including ethnic minorities and social classes

Only two of the respondents described themselves as from an ethnic minority group. Gateshead has the lowest proportion of residents from ethnic minority groups in Tyne & Wear (less than 2%), so a significant proportion of woodland users from ethnic minority groups would not be expected. However, ethnic minority groups are more likely to be vulnerable with regards to poor mental health and, therefore, the potential to benefit from accessing woodland is great.

The employment status of Chopwell Wood users indicates that the largest group of users are those in full-time employment, with only one of the visitors being 'unable to work due to ill-health/disability'. Evidence shows a clear link between economic inactivity and poor mental health, especially for those not working due to ill-health.

f) The number of Friends of Chopwell Wood trained as part of the project

The project has been successful in terms of volunteers from FOCW being trained as Walk Leaders and PAMs. Incorporating such capacity building into the project helps facilitate future sustainability.

g) Determining the perceived benefits of visiting Chopwell Wood

The majority of respondents to the visitor questionnaire stated that Chopwell Wood had a positive impact on their health and well-being. With 60% stating that visiting had an impact on health through undertaking physical activity and 40% stating that it had an impact on both their mental and physical health. Health benefits were experienced by visitors regardless of the frequency of visits, indicating the potential for perceived health improvement for all.

h) Identification of facilitators and barriers to visiting the wood

Only 3% of the respondents indicated that they had travelled to the wood by public transport, suggesting that access by public transport is a barrier and having access to a car or living within close proximity are facilitators. Many first-time visitors had not heard of the wood prior to their visit, indicating a low level of awareness amongst the general public, particularly amongst those outside of the immediate area.

Overall Project Aim and Objectives

Previous discussion has demonstrated the achievement of many of these overall project objectives.

The achievements of the project to date provide evidence of an effective working partnership between the Forestry Commission, local community and the health sector; the primary vehicle for this being the project's Steering Group. Joint-working is further evidenced by the success of the Project Launch and Celebration events, in that these were attended by representatives from a wide variety of stakeholder organisations including: Gateshead and Derwentside PCTs, GPs and other practice staff, school staff, Gateshead Council, the Strategic Health Authority and local community groups. The fact that more people attended the Celebration Event than the Launch indicates the extent to which the project has been promoted and has successfully engaged with existing and future potential partner organisations.

These achievements are in no small part due to the commitment and enthusiasm of the Project Co-ordinator, whose role cannot be over-emphasised. He has been pivotal to the project's success and has 'championed' the project, not only at a strategic level with stakeholders but also at an operational level with project users.

One of the potential problems for pilot projects such as the Chopwell Wood Health Project is that key workers, by necessity, are often employed on fixed term contracts. Invariably, this results in such people needing to seek employment prior to the contract coming to a natural end and, this has been the case for the Chopwell Wood project. Although the project is continuing to operate, by virtue of the goodwill of the FOCW (and additional funding from Gateshead and Derwentside PCTs until March 2006), this is not ideal and is not sustainable in the long term. The fact that the project is ongoing is testament to the strong link with the FOCW and the value they place on the project.

In terms of whether the project constitutes value for money, it is difficult to comment on as the evaluation did not include a cost-benefit analysis. The evaluation has only been able to

consider the achievements and impact of the project over its first 12 months and as such, the long-term sustainable changes the project may have effected are as yet unknown. In conclusion, the evaluation has shown that the project has achieved much and the evaluators would support the view that, through these achievements, the evidence base in relation to woodlands and health has been further augmented.

SUGGESTIONS FOR FUTURE DEVELOPMENT

The initial brief for the project Steering Group was to develop activity that is capable of leveraging additional funds. The 2 main project elements (Gateshead 'GOAL' programme and Derwentside Healthy School Programme) have both demonstrated the potential to have long-term sustainable impacts on the health of the local population. Given the current government emphasis on 'promoting health' rather than 'treating illness' (i.e. an upstream as opposed to a downstream approach), it could be argued that there is no better time for the project to showcase its achievements to potential funding organisations, which will hopefully, result in long-term sustainable funding.

There is the potential for the project to be significantly expanded; however, this needs to be carefully examined within the context that increasing numbers of visitors will have an impact on the wood itself, its residents, staff and existing users. The required increase in delivery capacity for an expanded project also needs to be considered. Therefore, the Steering Group should consider conducting a Health and Environmental Impact Assessment prior to any decisions being made.

Any bid for additional funding should include monies for a Project Co-ordinator, as this report has highlighted the benefits of having a dedicated 'proactive' champion.

It is also suggested that future project developments include robust monitoring and evaluation methodologies that will enable the longer term cost effectiveness to be determined.

In terms of the development of specific elements of the programme:

Derwentside Healthy School Programme

There is significant potential for roll-out of the Healthy School Programme to schools across Derwentside, Gateshead and other local areas, perhaps establishing itself as a Regional Educational Centre of Excellence. The programme should not only be linked to the National Curriculum and the Health School Standard, but also to any developments related to Children's Trusts, as the project has demonstrated potential long-term sustainable health benefits.

Suggestions at an operational level include:

- The provision of subsidised transport for schools.
- Forest Enterprise Rangers being trained to deliver more health messages to schools.
- Developing, in conjunction with schools, information leaflets for parents about the programme, including details as to how each activity links to the curriculum.
- Inviting parents to the last session so they can learn first-hand about the programme.
- Increasing the range of activities e.g. conservation work.

Gateshead 'Goal' Scheme

Suggestions for future development focus on the Chopwell Wood activity element of the programme, rather than the overall scheme.

Given that health professionals outside of the local vicinity have referred individuals to the scheme, there is potential to expand the programme across both Gateshead and Derwentside, although the following aspects would need to be considered:

- Initial and ongoing concerted engagement with GP practices and other health professionals to ensure an optimum level of referrals to the scheme. This could be facilitated by GPs and other relevant professionals being involved in future programme development.
- Facilitating access to Chopwell Wood for those referred to the scheme. Options could include full or partial reimbursement of travel costs which may be by public transport, taxi or other vehicle. Linking with local transport providers, including community transport schemes, could also facilitate access for scheme participants.

The provision of additional activities could be considered for the existing programme. Suggestions from existing scheme participants included archery and tennis. Given the success and perceived impact and benefits of the complementary therapy sessions in the Derwentside Healthy School programme, the project may want to consider incorporating this into the GOAL scheme.

As previously mentioned, one of the challenges for the project is the monitoring of the 'quality' and 'quantity' of physical activity being undertaken outside of the leisure centre environment. One option could be to provide participants with Chopwell Wood Activity Diaries, which would not only provide the scheme with detailed information as to the type and duration of activities undertaken, but would give participants evidence as to their ongoing progress and a record of achievement.

In order for the scheme to be able to determine the cost-effectiveness of the programme, it is suggested that robust, quantifiable monitoring and evaluation is built into any future development. This could include tracking participants and accessing their medical records to identify decreases in attendances with primary health care teams, changes in medication (e.g. reductions in prescriptions), decreases in contacts with secondary care services etc. The remit of this evaluation did not include these elements, which would require formal ethical approval and adherence to Data Protection and Human Rights legislation.

Other Project Elements

Future elements of the project could focus on the following target aspects / groups:

- The evaluation has shown that stress reduction and positive mental health are important to visitors to Chopwell Wood; therefore, there is the potential for future activity to be focussed on this.
- Given that only two of the respondents to the visitor questionnaire were from ethnic minority groups, the project should consider contacting local Black and Ethnic Minority (BME) community groups to establish the barriers for such groups visiting Chopwell Wood and exploring ways of facilitating access. There is also the potential for the project to focus on engaging with economically inactive groups, especially those who are unable to work due to ill-health or disability. Evidence shows that these groups are more likely to suffer from poor physical and mental health;

therefore, enabling them to visit and benefit from Chopwell Wood would contribute to a reduction in health inequalities.

As there was a generally low level of awareness of the existence of Chopwell Wood amongst first-time visitors prior to visiting and, a low level of awareness about the Chopwell Wood Health Project amongst all visitors, a promotional strategy should be developed, the focus of which would be dependent on future aims and objectives. Consideration should also be given to the provision of additional facilities at Chopwell Wood, e.g. toilets, although it is accepted that the logistics of this may not be feasible.

Section 1 INTRODUCTION

1.1 BACKGROUND TO CHOPWELL WOOD HEALTH PROJECT

The potential for woodlands to contribute to the government's health agenda was identified in the England Forestry Strategy (Forestry Commission, 1998). The Chopwell Wood Health Project was established to test whether this is the case and what the key contributions might be.

Chopwell Wood is a large Forestry Commission woodland just to the west of Gateshead and adjoins the communities of High Spen, Rowlands Gill and Chopwell. It was chosen as the site for the project as it is in a Health Action Zone and has well documented needs for health improvement and it is a 'walk-in-wood'. The wood has a strong history of community involvement, through the 'Friends of Chopwell Wood', who are a group of local volunteers.

In 2003/4 the Forestry Commission allocated £51,000 to be used only for activity that was additional to existing work and which would not otherwise happen. The Forest District Manager, recognising the opportunity to develop and strengthen partnerships between the Forestry Commission, the local community and the health sector; approached the two Primary Care Trusts (PCTs) that are covered by Chopwell Wood (Gateshead and Derwentside) to examine the potential for offering enjoyable health promoting activities in an attractive environment, which at the same time would assist each of the organisations to meet their own objectives and targets.

As a result of these discussions, in October 2003 the Chopwell Wood Health Project Steering Group was formed, comprised of representatives from the Forestry Commission, Gateshead PCT, Derwentside PCT, Friends of Chopwell Wood (FOCW), Forest Enterprise and Forest Research. The brief for this group was to develop activity which was imaginative, innovative and was capable of leveraging additional funds. The following aim and objectives were established.

Aim

To build the evidence base in relation to woodlands and health.

Objectives

1. Develop a working partnership between the Forestry Commission, local community and the health sector.
2. Employ a project officer to work between the forestry and health sectors, focussing on the two main project elements.
3. Develop the potential and raise the awareness of woodlands, in particular Chopwell Wood as a resource for improving the health and well being of local communities.
4. Develop and pilot techniques and practices for improving the health and well being of local communities, that have the potential for being extended beyond the initial pilot period and/or being adopted in other parts of the region/country.

5. Monitor and evaluate the project against objectives 1-4 and their specific measures.
6. Publicise the project throughout its operation, from an event to promote the launch through to the dissemination of project findings.
7. Produce a final evaluation report summarising the outputs and findings of the Chopwell Wood Health Project.

A Project Co-ordinator was appointed in May 2004, their role being to co-ordinate the project's operational components to ensure that the project met its objectives and to act as a direct point of contact for the 4 project partners, along with providing accessibility to members of the general public and other organisational groups. This 'accessibility' was facilitated by the Co-ordinator being based at one of the local GP practices, whilst being employed by and being an integral part of Gateshead PCT.

The majority of the budget expenditure (£64k) was related to the Project Co-ordinator's salary and set-up costs, with £21k of this being 'in-kind' from the Forestry Commission, the 2 PCTs, FOCW and one of the local GP practices.

The Chopwell Wood Health Project commenced in May 2004 with a formal launch taking place on 17th June 2004 in Chopwell Wood. A 'Celebration Event' was also held in June 2005 to showcase the project's achievements over its first 12 months. A wide range of stakeholders were invited to and attended both events.

1.2 PROJECT ELEMENTS

The project developed 2 key areas of work based on the respective interests and priorities of Gateshead and Derwentside PCTs:

- A General Practice (GP) woodland-based activity referral scheme (Gateshead PCT); and
- A programme for school visits in support of County Durham and Darlington Healthy School Standard (Derwentside PCT).

Additional planned activities included:

- A launch workshop to engage local public and voluntary sector health and health education interests;
- A Chopwell Wood healthy walks leaflet; and
- A regional 'woodlands for health' leaflet.

1.2.1 GATESHEAD OPPORTUNITIES FOR ACTIVE LIFESTYLE (GOAL) SCHEME

Gateshead's GP woodland-based activity referral scheme sought to link the 'outer west' of Gateshead into the Gateshead Opportunities for Active Lifestyle (GOAL) scheme which aims to "motivate Gateshead people towards healthy, independent, active lifestyles" and was established in January 2004 in partnership between Gateshead PCT and Gateshead Council. In addition to individuals being able to self refer to the programme, patients who meet certain health criteria (e.g. at risk from developing Coronary Heart Disease) are referred to the scheme via a health professional (e.g. GP, practice nurse, mental health team, diabetes team).

On receipt of the referral, a Physical Activity Area Co-ordinator (P.A.A.C.) contacts patients to arrange an initial consultation at which the individual's aims, needs, goals, and level of motivation are established. A health and well-being questionnaire is also completed following which, a thirteen-week programme of physical activity is developed that is individually tailored to the patient's own particular needs. Activities offered include local authority leisure centre activities such as individual gym sessions, group based circuits, aerobics, and aqua aerobics.

The Chopwell Wood Health Project enabled the activity base that is offered to clients to be broadened by introducing a programme of woodland based activities incorporating walking, cycling, tai chi, and woodland gardening. The P.A.A.C. liaises with the Project Co-ordinator regarding individuals who want to participate in Chopwell Wood activities and the Project Co-ordinator then contacts the individuals to arrange the specific activities that they are interested in. Participants are accompanied on all activities either by the activity leader and/or the Project Co-ordinator and all equipment is provided, e.g. bicycles, helmets, etc. Six bicycles were donated to the project by Raleigh following negotiations instigated by the Project Co-ordinator. The walking and woodland gardening activities were provided free of charge with a small charge payable for the cycling and tai chi.

Although open to all Gateshead residents, the project focused the promotion of these woodland based activities to five local GP practices in four villages close to Chopwell Wood (Areas A, B, C (two GP practices) and D. GP engagement was facilitated by the Project Co-ordinator visiting the GP practices to explain the project and its potential benefits and to encourage referrals. These visits were supplemented by the distribution of project leaflets to GPs and other practice staff.

Key success indicators for the GP referral scheme determined by the Steering Group were:

- The number of people engaged in walking groups that might be set up;
- GP feedback on usefulness of woodland referrals;
- Improved awareness of health practice staff of how Chopwell Wood could contribute;
- The number of successful referrals (sustained woodland visits). As a target measure ten successful referrals would be categorised as 'good', twenty-five 'excellent'.

1.2.1 DERWENTSIDE HEALTHY SCHOOL PROGRAMME

The Chopwell Wood Health Project in conjunction with Derwentside PCT worked with four local Derwentside Primary Schools (A, B, C and D) all located within seven miles of Chopwell Wood, to provide a series of woodland based activity sessions. These supported the aims and objectives of the County Durham and Darlington Healthy School Standard, which are to support children and young people in developing healthy behaviours; to help to raise pupil achievement; to help reduce health inequalities; and to help to promote social inclusion.

The woodland sessions were targeted at children from years 4 and 5 aged 7/8 and 8/9 and were linked specifically to Key Stages 1 and 2 of the National Curriculum. Activities were designed to be suitable for pupils of all academic abilities. Years 4 and 5 from each of the four schools attended a series of four half-day sessions across the academic year. Schools were able to choose from a 'menu' of activities including pond dipping, orienteering, complementary therapy, with all school years participating in a 'WHY 5?' session (focussed on the importance of consuming at least five portions of fruit and vegetables a day). The sessions were provided free of charge to schools, with transport also being provided free

gratis. The sessions were delivered by Chopwell Wood forest rangers as well the Project Co-ordinator and staff from Derwentside PCT.

Key success factors for this element of the Chopwell Wood Health Project were:

- Increases in numbers of young people undertaking physical activity;
- Increases in the number of children making healthy choices;
- Improvement in self-esteem and reduced levels of bullying;
- Increases in environmental awareness;
- Creation of sustainable relationships between schools and Chopwell Wood.

1.2.3 OTHER PROJECT ELEMENTS

The Forestry Commission and Friends of Chopwell Wood were keen to establish measures related to general public usage of Chopwell Wood and to ascertain if implementation of the Chopwell Wood Health Project promoted increased usage.

Key success factors developed were:

- The number of previously inactive people using the wood regularly;
- Increases in the number of people using the wood for mental relaxation;
- Increases in the diversity of woodland users including ethnic minorities and social classes;
- The number of Friends of Chopwell Wood trained as part of the project.

1.3 PROGRAMME EVALUATION

As the overall project aim was to build the evidence base in relation to woodlands and health, the Steering Group regarded it important to commission an external, objective evaluation of the project. A brief was therefore developed which was widely circulated to potential evaluators and the Primary Care Development Centre based at Northumbria University was successful in being appointed. The evaluators worked closely with the Steering Group and partner organisations to develop an appropriate and relevant evaluation (see Section 2 for more detail), which would be an integral and formative part of the project and its development as opposed to a summative evaluation only at the end of the project.

1.4 REPORT STRUCTURE

Section 2 describes the evaluation process adopted followed by an evidence review (Section 3) enabling the Chopwell Wood Health Project to be put into context at both the national and local level. Sections 4, 5, and 6 detail the findings of the three main evaluation elements, and concludes with a summary section including suggestions for future development (Section 7).

Section 2 EVALUATION PROCESS

2.1 INTRODUCTION

One of the key challenges for the evaluators was to develop SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) objectives and an evaluation plan that not only determined the extent to which the overall project objectives had been achieved but also met the needs of individual partners. Discussions were held with partner organisations, i.e. the Forestry Commission, Gateshead PCT, Derwentside PCT, Friends of Chopwell Wood to focus on what was feasible given the timescale and the limited resources available for evaluation purposes. Given this, it was not possible for the evaluation to address all the key success factors / measures mentioned in Section 1, therefore, partner organisations were asked to prioritise these in relation to what was most important and pertinent to them.

In the development of the evaluation objectives and the methodologies chosen to achieve these, the evaluators drew upon the monitoring and evaluation guide produced by Ecotec (2004), other community monitoring documentation available in the public domain, as well as their own experience of evaluating health related projects. Sections 2.2 to 2.4 describe the evaluation objectives for each of the main strands of the Chopwell Wood Health Project and the methodologies utilised.

In addition, the evaluators attended both the launch and the celebration events, which provided an opportunity to talk to other stakeholders to ascertain their perceptions of the project and the impact of the project on partnership working (one of the key objectives of the programme overall).

Meetings were held with the Project Co-ordinator throughout the duration of the project thereby providing an insight into the process of the project and, interim evaluation reports were produced for the project's Steering Group on a regular basis.

2.2 DERWENTSIDE HEALTHY SCHOOL PROGRAMME (DERWENTSIDE PCT)

2.2.1 EVALUATION OBJECTIVES

- To examine the views of young people, staff, schools and parents with regard to Chopwell Wood activity sessions being an effective tool for learning;
- To determine the impact of visits on young people;
- To identify facilitators and barriers to continued engagement with schools in terms of Chopwell Wood visits being effective in helping to deliver the school curriculum.

2.2.2 METHODOLOGY

Pre- and post- visit questionnaires were developed for completion by children and staff on their first and final visits to Chopwell Woods (Appendices 1 - 4). The pre- visit questionnaire asked about:

- Previous visits to Chopwell Wood (to determine baseline usage);
- Young people's views and perceptions of woodland;
- Staff views on the educational potential and perceived health benefits of the visits.

Post- visit questionnaires included questions on:

- Activities most/least enjoyed and the reasons for this;
- Visits to Chopwell Wood since the sessions;
- The extent to which visits contributed to curriculum targets;
- Appropriateness of facilities at Chopwell Wood.

Similar questions were included on both pre- and post- questionnaires to enable comparisons to be made pre- and post- woodland based visits.

Focus groups were held with staff from participating schools after the programme of visits to probe in more depth some of the facilitators and barriers to continued engagement with the programme and the impact on young people.

A questionnaire (Appendix 5) was produced and sent to the parents of all participating children on completion of the visits. This included questions on:

- The extent to which children had talked with their families about the visits;
- Activities most/least enjoyed;
- Visits made to Chopwell Wood since the programme;
- Perceived benefits of woodland sessions;
- Perceived barriers to families visiting Chopwell Wood.

2.3 'GOAL' SCHEME (GATESHEAD PCT)

2.3.1 EVALUATION OBJECTIVES

- To identify facilitators and barriers to attending the scheme;
- To establish the reasons for people choosing Chopwell Wood activities;
- To identify the perceived benefits of the scheme;
- To determine the level of sustained physical activity following completion of the initial thirteen-week GOAL programme.

2.3.2 METHODOLOGY

The methodology was developed focussing on the main categories of participants who had been referred to the scheme by the five local GP practices.

- Those who did not attend their initial consultation or activities (DNAs);
- Those who started but did not complete the thirteen-week programme (non-completers);
- Completers.

Letters were sent to participants from the local Physical Activity Area Co-ordinator (P.A.A.C.) inviting them to participate in the evaluation. The DNAs and non-completers were given the opportunity to participate in a telephone interview with either the P.A.A.C. or the external evaluator (dependent on personal preference). The semi-structured telephone interview (Appendix 6) asked relevant participants about:

- Information provided about the scheme;
- The referral process;
- The initial consultation with the P.A.A.C.;
- Choice of activities and reasons for these choices;
- Barriers to attendance and continuation;
- Suggestions for improvement.

Completers who had attended activities in Chopwell Wood were invited to attend a focus group towards the end of the project period which covered most of the aspects included in the telephone interviews with DNAs and non-completers and also included more detail on the perceived impact and benefits of the Chopwell Wood activities. It was agreed with the Project Co-ordinator that all completers of the GOAL programme (not just those from the five local GP practices) who had attended Chopwell Wood activities would be invited.

Due to the fact that some of the participants are referred onto the GOAL scheme via a health professional, and therefore some evaluation participants are participating as patients of the NHS, the Chair of the Gateshead Local Research Ethics Committee (LREC) was contacted to determine if ethical approval was required prior to commencing this part of the evaluation. Confirmation was obtained that formal LREC approval was not required, however Research Ethics and Governance Guidelines were adhered to throughout, i.e. potential participants were provided with information sheets to enable them to make an informed choice regarding their participation and all those who agreed to participate were given consent forms.

As Gateshead PCT had not yet commenced a formal evaluation of their overall GOAL scheme, it was agreed that this methodology would be used as a pilot to determine its feasibility as an evaluation tool for the whole scheme.

2.4 CHOPWELL WOOD VISITORS (FORESTRY COMMISSION AND FRIENDS OF CHOPWELL WOOD)

2.4.1 EVALUATION OBJECTIVES

- To ascertain characteristics of visitors to Chopwell Wood;
- To determine if the number of first-time visitors increases over the lifetime of the Chopwell Wood Health Project;
- To ascertain perceived benefits of visiting Chopwell Wood;
- To identify facilitators and barriers to visiting Chopwell Wood.

2.4.2 METHODOLOGY

A questionnaire (Appendix 7) was designed for use by the Friends of Chopwell Wood who administered the questionnaire throughout the project period on a face-to-face basis with visitors to Chopwell Wood at various locations. The questionnaire included questions relating to demographics (e.g. age, gender, distance lived from Chopwell Wood etc.), first-time visitors, activities undertaken in Chopwell Wood, perceived health benefits and awareness of the Chopwell Wood Health Project.

Following the production of interview guidance for the Friends of Chopwell Wood volunteers, the questionnaire was first utilised in January 2005 and continued until December 2005 so that results could be obtained for a full twelve month period to establish any seasonal differences.

Section 3 EVIDENCE REVIEW

3.1 CONTEXT

Gateshead

The current generation in the North East has the lowest life expectancy and the highest levels of ill health in the country. Socio-economic factors are key determinants of inequalities in health.

Gateshead represents 18% of the Tyne and Wear's population. Census data shows that Gateshead has the largest white population (95%) and Newcastle has the smallest white population in the North East (93%). Gateshead's Black and Minority Ethnic groups (BME) represent less than 2% of the population, which is the lowest for any district in Tyne and Wear. Consequently, Gateshead has the lowest proportion of Mixed (0.4%) and Asian or Asian British (0.7%) of any of the districts.

24% of residents in Gateshead have a limiting long-term illness compared with 23% of residents in Tyne and Wear in general. Poor health substantially suppresses economic activity rate, 81% of those in Gateshead have a limiting long-term illness (LLTI) are economically inactive, the highest proportion across Tyne and Wear. The rise in the proportions of people reported to be suffering from a LLTI over the decade ranged from 5.1pp (percentage points) in Newcastle to 6.9pp in Gateshead. Across Tyne and Wear, Sunderland and Gateshead have the highest proportion of men who consider their health as 'not good' (14.3%).

Derwentside

According to the mid-2003 population estimates there were 85,600 people residing in Derwentside, of whom 48.5% were male and 51.5% were female Derwentside. Twenty per cent of the population in Derwentside were of retirement age (65 and over for males or 60 and over for females) compared with 19% in England and Wales (Census 2003).

The 2001 Census demonstrated that the number of people suffering from a limiting long-term illness is higher in Derwentside (25%) when compared with the national average (18%).

The 2004 English Indices of Multiple Deprivation showed that Derwentside has an overall rank of 62 out of 354 local authorities; the most deprived Local Authority is indicated by a rank of 1.

3.2 NATIONAL AND LOCAL POLICY

There has been a wealth of recent Government Healthy Living Initiatives of which many can be tackled using woodlands.

The Department of Health's Choosing health White Paper (2004) identified six priority action areas, four of which can be addressed by woodlands:

- Tackling obesity;
- Increasing physical activity;

- Improving mental health and well-being;
- Reducing inequalities.

Increasing exercise is one of the overarching priorities of 'Choosing Health' (DoH, 2004). Only three in ten adults are currently taking enough exercise to benefit their health and the proportion of people engaging in physical activity tends to decline with age, particularly after the age of 35 (Wanless, 2002).

The Chief Medical Officer for England issued ten tips for better health in 2005. Woodlands have the potential to help with four of them:

- Be physically active for at least 30 minutes, five days a week;
- Maintain, or aim for, a healthy weight;
- Protect yourself from the sun;
- Manage stress levels – for example through physical activity.

National Service Frameworks, also issued by the Department of Health, outline ways to improve health for a range of health conditions and patient groups including people at risk of heart disease, cancer, diabetes and people with mental health problems.

A recent joint Department of Health and Department for Education and Skills (DfES) National Healthy Schools Standard outlines strategies to improve pupils' health. These include encouraging schools to promote physical and emotional health through curriculum and other activities. Local education authorities and Primary Care Trusts should support schools in these tasks.

3.3 EVIDENCE OF WOODLAND CONTRIBUTING TO HEALTH

Woodlands have the potential to contribute significantly to health by promoting a number of different activities. A recent report by the Forestry Commission (2004) highlighted the growing awareness amongst health professionals that woodlands are suitable venues for physical activity. Evidence has shown that regular exercise, including walking, is beneficial for reducing weight (Morris & Hardman, 1997), reducing the chance of developing type 2 diabetes (Lynch et al, 1996) and preventing and managing heart disease (Wannamethee et al, 1998). Someone who is inactive has as great a risk of developing coronary heart disease (CHD) as someone who smokes, has high blood pressure or has high cholesterol. Moreover, inactivity is twice as prevalent in the English population as these other risk factors. It has been estimated that just under one-third of all CHD incidence and one-quarter of stroke incidence could be avoided by appropriate exercise (HEA, 1995).

People tend to prefer walking in the countryside to walking in built up areas because of the scenery, lack of pollution and easier terrain. More than 80 per cent of people in the UK now live in urban areas, which by definition have less nature than rural spaces. Less green nature means reduced mental well-being, or at least fewer opportunities to recover from mental stress. Roger Ulrich, the American environmental psychologist, has shown that simply viewing green spaces produces measurable recovery from stress within three to five minutes, as detected by reductions in heart rates and blood pressure. He has also shown that prolonged viewing of green areas and parks can improve medical outcomes such as pain and reducing length of stay in hospital (Countryside Agency, 2004).

Pretty et al (2004) conducted research to explore the synergy in adopting physical activities such as walking whilst being directly exposed to nature, referred to as 'green exercise'. They found a significant improvement in self-esteem in nine out of the ten case studies, which

was found to be significantly correlated with an individual's body weight. Self-esteem was not affected by the intensity of the green exercise activities, which implies that all intensities and durations of activity generate significant mental health benefits. Taylor et al (2001) indicated that nature could have a particular impact on children with attention deficit disorder (ADD). Woodlands can also be the setting for a variety of social activities, including walking in groups or having picnics which can improve people's social well-being.

3.4 EXERCISE PROMOTION SCHEMES

In terms of primary healthcare promotion, a number of case studies have been identified. The Newcastle Exercise Project (Harland et al, 1999) was located in a socially and economically disadvantaged area of Newcastle and participants were recruited from a single general practice with a population of 11,400. Recruitment to this project was primarily opportunistic, whereby a researcher approached all patients aged '40-64' attending the surgery. In the latter stages, postal recruitment was used to increase lower levels of recruitment. The project approached 2,974 people, with 217 men and 306 women finally being recruited. Those who volunteered to take part had measurements of blood pressure, activity levels, aerobic capacity, and other measures recorded. They all then received information on the benefits of physical activity and recommended levels of physical activity, as well as the influence of various lifestyle factors on health. Following this, participants were randomised to one of four interventions or a control group. Group 1 attended for one motivational interview, group 2 for one motivational interview and were given 30 vouchers (which participants were able to exchange for one free aerobic activity in a local leisure facility), group 3 attended six motivational interviews, and group 4 attended six motivational interviews and were also given 30 vouchers. It was found that people were more likely to increase their levels of physical activity where incentives or vouchers are offered. The group with the highest physical activity scores was in the group with both multiple interviews and vouchers, with an increase of 39% from the control group. However, after 12 months the increase in physical activity was not sustained.

A large-scale study by Ridloch et al. (1998) consisted of a systematic review of empirical data relating to the effectiveness of health promotion schemes, and described three case studies of existing schemes. They found that '... published studies, demonstrate small but possibly meaningful improvements in physical activity patterns.' They hypothesised that schemes based in home or community based settings may be more successful compared to those based in leisure centres.

Exercise promotion schemes often fail to keep people exercising after the first few months, whereas schemes that promote walking have been associated with longer adherence to exercise. For example, Thames Valley Health Walks (also known as the Sonning Common initiative) is a community-based exercise programme that emphasises brisk walking in and around the local area. In the first year over 700 people took part in the scheme and the majority were women over 50 years of age, indicating the efficacy of this type of activity for older participants (Ashley & Bartlett, 2001). As part of an evaluation of the scheme, over three-quarters of participants reported a positive impact of Health Walks on their health.

Over 70 per cent of women said they were inhibited from taking country walks on their own because they felt vulnerable, so the regularly organised nature of the Thames Valley Health Walks was a real bonus. Participants who joined the scheme at the beginning had more input into the design and ownership of Health Walks, and were therefore more committed and took part in more walks. 'Maintaining or improving health' was given as the most important factor motivating individuals to join Health Walks.

3.5 WOODLAND SCHOOL PROGRAMMES

In the United Kingdom, woodland school programmes are still at an experimental stage but are growing fast. They offer children, young people and adults, regular opportunities to achieve and develop their self-confidence through hands on experience in a convenient, local woodland. This section describes some of the woodland school programmes available in the UK and, where available, provides information on any subsequent evaluations.

Bridgwater College Forest School is one of the pioneers of woodland school programmes in the UK. The members of the Forest School team have a variety of backgrounds and skills which enable them to meet the needs of a wide range of client groups, from Early Years, through Key Stages 1, 2 and 3, to adults, special needs, those with Emotional and Behavioural Difficulties, and those with mental health problems. The Forest School Evaluation Project (2003) reports on an evaluation of two pilot forest schools in Wales. The two pilots generated evidence from groups of children in different educational settings and from different parts of the country. The evaluation involved Forest School Leaders, and other educational professionals in a supported self-evaluation process using a series of focus groups and workshops. The project found that for children taking part there was a link between forest school activities and six specific, positive outcomes relating to self-confidence, self-esteem, team working, motivation, pride in, and understanding of their surroundings.

The Forestry Commission in collaboration with organisations near Bewdley has set up the 'Wyre Forest stride and stroll' walks which encourages children to walk in the woods through weekly 'Forest Friends' events for pre-school children and their parents or carers. The West Midlands Woodland and Health Pilot in 2003/2004 enabled woodland owners to apply for grants if they encouraged health-related activities.

The Bishops Wood Centre has developed a Forest School approach for Worcestershire. They offer sessions to foundation stage children at the woods as well as offering "taster days" to all ages at Bishops Wood and other sites. This demonstrates that woodland school programmes can be adapted to all ages and abilities including children with special needs.

3.6 SUMMARY

Woodlands have the potential to contribute to various Government targets and agendas as they encourage physical activity, improve mental health problems and encourage social activities. Forest schools are an innovative way of tackling the aforementioned issues and engaging young people in woodland activities. Although woodland health programmes are in their infancy in the UK, they are becoming increasingly widespread, and are perceived positively by those who use them.

Section 4 DERWENTSIDE HEALTHY SCHOOL PROGRAMME

4.1 VIEWS OF CHILDREN

4.1.1 INTRODUCTION

Over 200 children from 4 local primary schools experienced the Chopwell Wood woodland activity programme over a total of 32 sessions. All schools are located within 7 miles of Chopwell Wood, School A being the closest (3 miles) and School B the furthest (7 miles). Pre- visit questionnaires were completed by children at the beginning of their first visit to establish prior experiences of Chopwell Wood and to gain their perceptions of woodland in general. 229 pre- visit questionnaires were completed in total: 91 from School A, 41 from School B, 42 from School C and, 55 from School D.

On their final visit to Chopwell Wood, children were asked to complete post- visit questionnaires that focused on the activities the children had taken part in. Data was also collected on visits made to Chopwell Wood since the programme started and, their perceptions of woodland. This has enabled comparisons to be made pre and post woodland based sessions. 161 post- visit questionnaires were completed: 83 from School A, 39 from School B and, 39 from School C. Unfortunately, children from School D were not able to complete the questionnaire on their final visit; therefore, any pre- and post- comparative data does not include School D, as this would artificially skew and bias the findings.

4.1.2 PRE-VISIT FINDINGS

Previous Usage of Chopwell Wood

35% (n=80) of children had been to Chopwell Wood before attending the woodland sessions (ranging from 29% in School C to 39% in School B).

The majority (64%) of these children stated that their last visit had been during the Spring or Summer months, which is not surprising as the schools commenced the visits in Autumn. 79% (n=65) had visited with their family and 14% (n=12) with friends.

In the preceding 12 months, 35% (n=25) of those who had previously visited, indicated they had been to Chopwell Wood once, 21% (n=15) twice, 12% (n=9) three times and, 32% (n=23) had visited more than three times.

Perceptions of Woodland

Figure 4.1 overleaf shows the percentage of children (in total and, from each school) agreeing with a number of statements regarding their perceptions of woodland.

The main points arising from Figure 4.1 are:

- Overall, children had very positive perceptions of the wood at the start of the programme.
- 76% of children perceived the wood to be 'a healthy place'.
- School A's answer profile is significantly different to the other schools in regards to statements 1, 3, 6 and 7.

- Over double the percentage of children from School D thought the wood was a 'scary place' compared to the other schools.

Figure 4.1: Children's Perceptions of Woodland

	Statement	% Total (n=229)	% School A (n=91)	% School B (n=41)	% School C (n=42)	% School D (n=55)
1	The wood is an interesting place	96	89	100	100	100
2	The wood is a scary place	8	7	5	5	15
3	The wood is a friendly place	89	80	95	95	93
4	The wood is an exciting place	89	87	93	93	89
5	The wood is a boring place	5	8	0	2	5
6	The wood a healthy place	76	67	85	79	82
7	The wood is an good place to learn	91	84	100	98	93
8	Lessons will be more fun in the wood	91	90	90	88	95

4.1.3 POST-VISIT FINDINGS

Activities Most Enjoyed

The 'WHY 5?' and orienteering were the two activities most commonly mentioned as being the 'most enjoyable'. Searching for fruit and eating the fruit kebabs were particularly enjoyable and several children stated that they had enjoyed learning new things about food, such as the quantity of sugar in various foods and, how much water is in the body.

*"Looking for fruit was good exercise and fun."
 "When we made the fruit kebabs, they tasted great."
 "I learnt about other fruit."*

The main reason children said they had enjoyed the orienteering, was that they had been able to go into the wood themselves in small groups and explore, without adult supervision.

*"It was fun exploring the wood and getting lost and trying to find our way back on track. It was really challenging."
 "We went on a little mission."
 "I like going on adventures and, to me, that was a pretty good adventure."
 "It was a new adventure to go off by ourselves."
 "It was fun and I like challenges like that".*

Activities Least Enjoyed

The children were asked what activities they had enjoyed the least and the reasons for this. Many answers to this question were qualified with the statement that they had enjoyed all the activities, but that they had enjoyed others more.

Several comments were related to children being bored with, or disinterested in, some elements of the activities, particularly those that were classroom based rather than being outdoors. No particular activity was highlighted as being especially 'boring', suggesting that regardless of what activities are provided, some children will be bored by some aspects.

'Bad' weather was mentioned several times as reasons for not enjoying activities; as was not being able to find the objects in some activities, e.g. "*I couldn't find the brussel sprout – it was lost.*"

Several children did not enjoy 'catching bugs' as they were 'creepy' and they did not want to touch them. The 'memory game' was perceived as being 'hard' by several children and was particularly challenging for one young person as they "*can't remember anything*".

'Not liking walking' was highlighted by several children as a reason for not enjoying an activity and 3 young people commented as to how much their legs had hurt.

Visits to Chopwell Wood Post First Woodland Session

42% (n=68) of children stated that they had visited Chopwell Wood outside of the school sessions, the majority of these visits being made with family. Prior to the first visit, only 35% of children from schools A, B and C had previously visited Chopwell Wood, showing increased usage of Chopwell Wood following participation in the woodland sessions.

Increases in the percentage of children visiting Chopwell Wood since the start of the woodland sessions resulted in all 3 schools: School A - 34% pre and 43% post; School B – 39% pre and 49% post; and School C – 29% pre and 33% post.

The frequency of visits also appeared to have increased since the woodland visits commenced, with 48% of those children visiting Chopwell Wood, visiting more than 3 times in the few months since the programme started. This compares favourably with pre- visit findings which showed that 32% of children who had previously visited Chopwell Wood had visited more than 3 times in the preceding 12 months before the start of the woodland sessions.

These figures indicate that the woodland activities have acted as a catalyst in increasing the usage of Chopwell Wood amongst the families of those children attending.

Perceptions of Woodland

Figure 4.2 overleaf compares the percentages of children agreeing with each of the 8 statements previously discussed in Section 4.1.2 pre- and post- visit.

The figure shows a significant shift in perceptions, especially amongst children from School A, particularly in regard to statements 3, 6 and 8. At the start of the visits, School A was the school with the lowest percentage of children who perceived the wood to be a 'healthy place', however, at the end of the visits, this has had significantly increased from 67% to 93%. School A also showed an increase in the percentage of children regarding the wood as a 'friendly place' (87% compared to 80% pre- visits).

It is perhaps surprising and disappointing, that the percentage of respondents regarding the wood as a 'good place to learn' decreased slightly post- visit in Schools B and C and that fewer children from School A thought 'lessons were more fun in the wood' at the end of the visits, although it needs to be recognised that the baseline percentage figures were very high in the first place.

Figure 4.2: Children's Perceptions of Woodland Pre and Post Visits

	Statement	School A %		School B %		School C %		Total %	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post
1	The wood is an interesting place	89	93	100	97	100	100	94	96
2	The wood is a scary place	7	5	5	8	5	5	6	6
3	The wood is a friendly place	80	87	95	95	95	100	87	92
4	The wood is an exciting place	87	84	93	93	93	92	90	89
5	The wood is a boring place	8	11	0	0	2	5	5	6
6	The wood a healthy place	67	93	85	85	79	77	74	87
7	The wood is an good place to learn	84	88	100	92	98	95	91	91
8	Lessons will be more fun in the wood	90	83	90	90	88	87	90	86

The reasons for this reduction are unclear; however, feedback from staff and parents (see later sections) suggests that pupils may not have perceived the woodland sessions as being 'lessons' or 'learning' i.e. they may associate lessons and learning with formal teaching in a school classroom environment.

4.2 VIEWS OF PARENTS

4.2.1 INTRODUCTION

Forty questionnaires were returned by parents following the completion of the woodland visits, with responses evenly distributed across the 4 participating schools. 35 of the questionnaires were completed by women and, the age range of respondents was 30-60, with the majority of these, 55%, being in the 30-39 age group.

4.2.2 ACTIVITIES MOST ENJOYED

The visits had certainly stimulated conversation within families, with 93% (n=37) of parents stating that their children had talked to them about the Chopwell Wood programme.

Of these 37, none of the parents said that their children had not enjoyed the visits, with 68% (n=25) and 27% (n=10) stating that their children had 'really enjoyed' or 'mostly enjoyed' the visits respectively. In terms of the activities most enjoyed by their children, orienteering and complementary therapy were the activities most frequently mentioned.

With regard to orienteering, parents were very clear that the main reason for the children particularly enjoying this activity is that it allowed them the opportunity of doing something themselves in small groups, without adult supervision. Parents perceived this as being beneficial and valuable as it demonstrates to the children that they are being trusted and are themselves responsible for the success of that activity.

*"Was trusted to be on his own."
"Having no adults to help work out the maps was good fun."
"Enjoyed the freedom of not being constantly supervised."
"...had the opportunity to work with friends in a group without any adults or teachers."
"Working independently of teachers, using own initiative, realising they have their own abilities."*

These comments are similar to those of the children (Section 4.1.3), demonstrating the impact of such an activity on a child's development.

The relaxation benefits of the complementary therapy session were highlighted as the main reasons for children enjoying the session. Parents stated that there was a significant 'fun' element, primarily because some of the massage activities 'tickled' and, the 'singing doll' experiment, which was very popular. Parents were positive about the benefits of the session in terms of providing children with increased sensory awareness and its potential to aid relaxation.

*"It (the massage) made him forget something unpleasant that had happened at school during dinner break."
"Any relaxation is beneficial when they're growing up."*

These benefits were also reinforced by staff (Section 4.3.3) demonstrating the value and positive impact of such activity.

4.2.3 ACTIVITIES LEAST ENJOYED

With regard to activities least enjoyed by children, 5 parents did not answer this question, with a further 18 (49%) stating that there were no activities that their children did not enjoy.

*"It was all good."
"He enjoyed everything."
"There isn't anything she didn't enjoy."*

The fact that nearly half of the respondents made the effort to say this, rather than just leaving the question blank, shows the extent to which parents positively view the programme of visits.

Of those answering the question, no specific activities were highlighted by parents as activities that children did not enjoy. Reasons given for children not enjoying activities mainly focused on instances where some programme elements took place in the woodland classroom and parents felt that these could have been done at school i.e. they expected all activities to be outdoor based.

Activities where children were unable to find objects e.g. in Finding the Fruit, one parent said the fruit was 'too camouflaged' and instances of children not being able to find and catch insects were also mentioned. One parent also stated that because of the amount of walking, their child's 'legs hurt', similar to comments made by the children themselves (Section 4.1.3).

4.2.4 PERCEIVED BENEFITS OF THE PROGRAMME

All parents responding to the questionnaire commented on the benefits of their child attending the woodland sessions which included:

- Increasing children's awareness of nutrition and the importance of having a healthy lifestyle.
- An increased knowledge, awareness and appreciation of nature and the environment.
- The benefits of being outdoors rather than being in the classroom all the time i.e. increased physical activity, learning in a different environment.
- The sessions reinforcing and complimenting messages that families try to encourage with respect to appreciating nature and living more healthy.
- Increased awareness of what is available locally.

*"Reinforces the encouragement we give at home to appreciate and enjoy all natural environments."
"He wanted us to go back as a family and show us around."
"Has become much more independent and curious about his surroundings."
"Allows her to experience 'the woods' in a safe environment."
"Seemed much more happy when he arrived home from school and was really eager to tell (us) about his trip."
"Benefits have been great – she notices all different things when she's out and about."
"Encourages children to discover what's on their own doorstep."*

4.2.5 OTHER PERCEPTIONS

The questionnaire included 4 statements and parents were asked to comment on the extent to which they agreed / disagreed with each statement.

100% of parents said they thought pupils would welcome the opportunity to be involved in woodland activity in the future, with 68% (n=27) 'strongly agreeing'.

75% of parents thought the activities contributed well to the National Curriculum targets, with 30% (n=12) agreeing 'strongly'. The remaining 25% indicated that they 'did not know'. In the future schools may want to consider making parents more aware of the explicit links between the woodland visits and how these support the National Curriculum.

All parents agreed that the woodland activities have a positive influence on children (68% (n=27) agreed 'strongly'), and 93% said they would recommend woodland sessions to other parents (63% (n=25) agreed 'strongly' with this statement). The 3 (7%) respondents who said they 'didn't know' if they would recommend the sessions or not, were the same 3 whose children had not talked to them about the visits, therefore, it is not surprising that they 'didn't know'.

4.2.6 VISITS TO CHOPWELL WOOD SINCE THE WOODLAND SESSIONS

Parents were asked if they had visited Chopwell Wood since the children had attended the woodland sessions; 15% (n=6) stated that they had. Although some of these may well have visited the wood previously, it is clear from the answers that some were first-time visitors suggesting that a proportion of visits made have been as a direct result of the woodland programme.

Of the 6, 3 had visited once, 1 twice, 1 three times and, 1 more than three times. All 6 were satisfied with the facilities at the wood with 50% (n=3) being 'very satisfied'.

Suggestions for additional facilities were: - a café, more 'understandable signposts', a map of the wood and toilets.

4.3 VIEWS OF SCHOOLS AND STAFF

4.3.1 INTRODUCTION

Pre- and post- visit questionnaires were completed by staff attending the woodland sessions (19 pre- and 12 post-). As mentioned in Section 4.1.1 post- visit questionnaires were not completed by School D, hence the reason for the difference in the pre- and post- response rates. Given the small number of responses, care needs to be taken when drawing inferences from the questionnaire data.

Focus groups were held for staff from all 4 schools after the sessions had ended to ascertain the longer term impact of the visits. A total of 3 focus groups were held with 9 staff (including a head teacher) attending.

4.3.2 PRE- VISIT FINDINGS

Previous Usage of Chopwell Wood

4 out of 19 (21%) staff members from 3 of the 4 schools (A, B and C) had visited Chopwell Wood prior to the programme of visits. Similar to the children, the last visit had tended to be in the spring and summer months and, they had been in the company of family.

Staff Perceptions of Woodland Based Sessions

The questionnaire included 8 statements and staff were asked to comment on the extent to which they agreed / disagreed with each statement (Figure 4.3 overleaf).

The figure shows the very positive perceptions and high expectations of staff towards the programme at the start of the visits. The staff who did not respond to statements 3, 4 and 6 were 'non-teaching' staff, so it is not unexpected that these staff members did not feel able to give a view.

The fact that all staff had a very positive view of and, interest in the programme prior to it commencing, indicates that the Chopwell Wood Health project should not find it particularly challenging to engage the interest of other schools in the future.

Figure 4.3: Staff Pre Visit Perceptions of Sessions (n=19)

	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
1	The wood has great educational potential	63%	37%	-	-	-
2	I appreciate the health benefits for staff and children of being in the wood	68%	32%	-	-	-
3	I would expect some level of improvement in behaviour amongst the children through woodland lessons	5%	86%	5%	-	5%
4	Being in the wood can lead to a reduction in stress levels for staff	21%	58%	5%	-	16%
5	The woodland sessions will be fun for both children and staff	63%	37%	-	-	-
6	Organising these lessons to fit into the school timetable was easy	5%	79%	-	-	16%
7	The head teacher is supportive of these sessions	63%	37%	-	-	-
8	Parents are generally supportive of these sessions	32%	68%	-	-	-

4.3.3 POST- VISIT FINDINGS

Activities Most Enjoyed By Children

The post- visit questionnaires indicated that the activities most enjoyed by children were 'WHY 5?' and orienteering, reinforcing the results obtained from the children's post- visit questionnaires.

As with the children, the main reasons for enjoyment of the 'Why 5' session were related to searching for the fruit and making the fruit kebabs and, with orienteering, it was the opportunity provided to children to have the 'freedom of the woods'.

Five out of twelve (42%) staff stated that the children had enjoyed all the activities as they were "*all interesting, informative, practical, outdoors and well organised*".

It is interesting to note that the complementary therapy session was not mentioned as the 'most enjoyed' session either by children or staff in the post visit questionnaires, completed at the last session. This would seem at odds with feedback from parents which indicated that complementary therapy had been one of the most enjoyable sessions. However, complementary therapy was mentioned by staff in the focus groups as being very popular. The reason for this may be that both the parent questionnaires and the staff focus groups

were completed / held after the end of sessions, so it appears that the impact of the session was more longer term rather than immediate (see 'Perceived Benefits and Impact of Visits' section).

Activities Least Enjoyed by Children

Only 2 respondents provided comments to this question on the questionnaire and, similar to the children, they related to activities held in the woodland classroom as opposed to outdoors and, that some children found the insects 'scary'.

Perceived Benefits and Impact of Visits

100% (n=12) of staff agreed that the woodland activities had 'a positive influence on the pupils after the visits', with 75% (n=9) agreeing 'strongly'. The 'positive influence' and impact on the children is demonstrated by the following:

- Increased awareness of nutrition
 - There is much greater awareness amongst children as to what constitutes 'a portion' and children have quizzed each other as to how many portions of fruit and vegetables they have in their lunch boxes.
 - Lunchboxes have become more 'healthy' since the visits, particularly in respect to a reduction in fruit flavoured fizzy drinks and the introduction of different fruits, which staff said the children "*probably wouldn't have brought in before*".
 - Teachers are often asked: "*Is this healthy? Is this one alright to eat?*"
 - Children have used the recipe books provided at the visits, at home with their parents. Staff indicated that they had received positive feedback from parents with regards to this.
- Use of skills and knowledge learnt on the visits back at school
 - All staff mentioned that children's recall of information and skills learnt in Chopwell Wood has been very high, even after a significant period of time had elapsed. Staff feel that the main reason for this is that the woodland based activities allow children to 'experience' things rather than just being taught about them in the traditional manner. The high level of interaction meant the children were very engaged in the learning process and are, therefore, able to recall knowledge much easier.
 - Children had been using the massage techniques used in the complementary therapy session. One of the schools had bought some new sports equipment including 'sticks with balls on the end'. Several children had used these to massage each others' backs as shown to them at the Chopwell Wood session. The quote overleaf demonstrates how the techniques learnt have been used by children to influence their own behaviour.

"One of the children was starting to get a little bit annoyed, a little bit on edge and ... all of a sudden he just started tapping the side of his hand. He was just sitting quietly by himself and he was obviously getting uptight about something and he just started to tap and calmed himself down. It was obviously something that he'd remembered from while we were there".

- A clear message from staff at the focus groups was that the woodland sessions enabled children of all academic abilities to fully participate as everyone was 'starting from a level playing field' and this had led to increased

participation when returning to school especially amongst those with lower academic ability. This shows the strength of the programme in enabling inclusivity of pupils of all abilities.

- Greater awareness and appreciation of woodland and nature.
 - The visits to Chopwell Wood were regarded as a way of allowing children to appreciate and use the woodland in a 'safe' environment.
 - Since the visits, staff reported that children have been more environmentally aware and that they are more 'responsible users' of woodland as a result of the visits.

"It's given some of them, a little more confidence to venture out into the woodlands and give them more knowledge".

Staff also reported benefiting themselves from the visits in terms of gaining new knowledge (e.g. healthy eating); being able to stand back and see a "*different side to the kids*"; learning different teaching techniques from the activity leaders, which some staff have used within their own practice.

Visits to Chopwell Wood Post- First Woodland Session

Unlike the children, where visits to Chopwell Wood had increased since the start of the visits, only 2 (17%) of staff from Schools A, B and C stated on their questionnaires that they had visited compared to 4 (21%) visiting in the preceding 12 months. However, at the focus groups, staff indicated that in the weeks since the visits, more staff had visited and more were planning to go.

4.3.4 OVERALL PERCEPTIONS OF THE PROGRAMME

All staff were very positive about how well organised the programme had been, prior to and during the visits and, many commented on the high calibre and obvious expertise of the activity leaders. Facilities within the wood were regarded as being very good and appropriate.

Three of the 4 schools had linked the woodland based sessions to the National Curriculum and all staff from the 4 schools felt that the activities contributed well to National Curriculum targets. For example: design and technology elements linked to the nutrition session; physical education and geography linked to the orienteering activities; and literacy and numeracy can be linked to all the activities. As one staff member stated, "*I can't think of any subject within the curriculum that we couldn't fit in somewhere*".

All schools stated they had felt it important to ensure that the Chopwell Wood visits were used as the basis for follow-up activities at school, e.g. in nature, focussing more on plants and trees, rather than just animals; using what had been experienced to produce displays and to write about the visits.

Two of the 4 schools were considering introducing some of the activities as regular school sessions i.e. tai chi and complementary therapy.

Free transport to the wood was regarded as a key factor for schools participating in the visits. All spoke of the high cost of transport which apparently is the same regardless of whether it is a full or half day event and, therefore, it was felt that the cost of transport

would prohibit schools' ability to take part in a series of sessions. School D (which had not linked the visits to the National Curriculum) felt that if they had to pay for transport, they would probably not be able to participate in future visits and, certainly not in so many sessions. However, the other 3 schools felt that they would still consider going even if they had to pay.

In terms of length of sessions, all schools felt that half or full day sessions would be equally appropriate, although each would have advantages and disadvantages.

- If schools had to pay for transport, full days would be more cost-effective.
- Full days were regarded as being slightly easier to organise within the school timetable.
- Two schools mentioned that if the sessions were full days, then this may have implications for risk assessment i.e. for a full day, event permission is required from the Local Education Authority, whereas for a half day, only the Head Teacher's permission is required.
- Half-day sessions were regarded as being easier to manage by some staff, for example, if the weather is bad. Staff also felt that full day sessions would mean the need for many more visits to the toilet, which can be difficult if children are a distance from the woodland classroom.

Staff had received positive feedback from head teachers and parents; therefore, they would have no hesitation in recommending woodland sessions to other staff and schools and, would definitely provide endorsements to the project in any future funding bids.

The only negative comments from staff were in relation to the potential possibility of having to pay for transport in the future. No other negative comments were received either in the questionnaires or the focus groups.

All 4 schools felt very fortunate to have been given the opportunity of being involved in the programme and all wanted to be given the chance again. Two quotes best encapsulate staff overall views of the programme.

<p><i>"It's a brilliant concept".</i> <i>"Definitely be back again".</i></p>
--

4.3.5 SUGGESTIONS FOR THE FUTURE

Suggestions for the future generally relate to how the programme could be extended, rather than changes to the existing programme, as staff felt that the visits would be valuable for children of all ages and for all Key Stages of the curriculum.

Suggestions include:

- Nature trails connected to Stage 2 Science.
- Children being involved in conservation work e.g. planting, making bird boxes.
- Scavenger hunts linked to conservation i.e. for children to gain an appreciation that there is a need for them to put back what they find in the wood.
- Sessions for younger children e.g. teddy bears picnic, short guided walks linked to the sculptures, listening to a storyteller in the wood.
- Painting sessions.
- More sessions e.g. one a week so that topics can be covered on a half term basis.
- Learning about the history of the wood.
- Parents invited to the last session so that they can see what their children have been doing (this was also suggested by one of the parents).

Section 5 GATESHEAD 'GOAL' SCHEME FINDINGS

5.1 INTRODUCTION

The original intention of the evaluation of the GOAL scheme was to focus on those persons referred onto the scheme by the 5 local GP practices based in Areas A, B, C (2 GP practices) and D.

People referred to the scheme but who did not attend either the initial consultation with the Physical Activity Area Co-ordinator (P.A.A.C.) or, the activities following an initial consultation, were contacted by letter inviting them to participate in a telephone interview either with the P.A.A.C. or the external evaluators, dependent on the individual's preference. Two individuals came into this category; one was not available and the other consented to a telephone interview with the P.A.A.C.

Telephone interviews were also to be conducted with 'non-completers' i.e. those who had started the activities but did not complete the 13 week programme. 2 individuals from the referring practices fitted into this category but were not contactable, despite several attempts.

All individuals from all GP practices within Gateshead, who completed the 13 week programme, were invited to attend a focus group at the Chopwell Wood woodland classroom to discuss their experiences. 3 individuals participated in the focus group, with only 1 of these having been referred from the 5 local GP practices. The very poor weather conditions may have contributed to the low attendance figure at the focus group.

5.2 SCHEME PARTICIPANTS

5.2.1 LOCAL REFERRALS TO THE 'GOAL' SCHEME

Over a 12 month period (July 2004 to June 2005), there were a total of 23 referrals from the 5 local GP practices to the GOAL scheme: 1 from Area A, 7 from Area B, 8 from the two practices in Area C and, 7 from Area D.

Figure 5.1 below, shows the number of Did Not Attends (DNAs), non-completers and completers from each of the local areas for the GOAL scheme (i.e. those choosing local authority leisure centre based activities and activities at Chopwell Wood).

Figure 5.1: GOAL Referral DNAs, Non-Completers and Completers

GP Practice	No. of Referrals	DNA Consultation	DNA Activities	Non-Completers	Completers
Area A	1	1	-	-	-
Area B	7	-	-	-	7
Area C (2 practices)	8	-	-	2	6
Area D	7	1	-	-	6
Total	23	2	-	2	19

19 completers out of 23 referrals represent a completion rate of 83%, which is very high, in comparison to the completion rate for the scheme across the whole of Gateshead which was approximately 30% over the same time period (Source: Gateshead PCT).

Given the low level of referrals to the scheme from the GP Practice in Area A compared with the other practices, the Project Co-ordinator met with the practice to establish the reasons for this. Although satisfied with the scheme's structure, the practice felt that patients should undertake a private medical assessment at a normal cost of £60 to the patient, in order for the GP to confirm that the patient is fit to exercise. The practice is looking to develop this as an 'Enhanced Service' under the new GP contract, which would result in there being no charge to the patient. It should be noted that of all the GP practices referring to the GOAL scheme across Gateshead (over 30 practices), this is the only practice operating this way i.e. a private medical assessment prior to referral.

5.2.2 PARTICIPANTS IN CHOPWELL WOOD HEALTH PROJECT ACTIVITIES

Of the 21 referrals from the 5 locally targeted GP practices who took part in activities, 13 (62%) chose to participate in activities based at Chopwell Wood which included walking, tai chi and cycling. Five of these 13 were from Area B, 3 from Area C and, 5 from Area D.

Over the 12 months, there were an additional 20 individuals referred to the GOAL scheme from GP practices across Gateshead, who also chose to do activities based at Chopwell Wood, making a total of 33 referrals to the Chopwell Wood Health Project.

Of these 33, 16 were male and 17 female. The main reasons for referral were Coronary Heart Disease (CHD), weight, depression, raised blood pressure and, knee/back pain.

Monitoring statistics indicate that 30 of these 33 individuals completed the 13 week programme representing a completion rate of 91%; 3 times higher than the completion rate for the GOAL scheme overall. Anecdotal evidence from the P.A.A.C. indicates that the vast majority of these individuals continued to participate in Chopwell Wood activities following completion of the 13-week programme. Therefore, the Chopwell Wood Health Project has achieved its 'excellent' target of 25 successful referrals i.e. sustained woodland visits.

Over the duration of the project, there were a total of 223 attendances (including the 33 aforementioned referrals) at Chopwell Wood Health Project activities (see Section 5.4 for further detail). Given that these attendances included those present at the project's Launch and Celebration events (both events included a 'healthy walk') and that some individuals will have partaken in more than one activity; it is not possible to provide a definitive figure for the overall number of individuals engaging with the project. This highlights some of the difficulties associated with monitoring physical activity, particularly in environments outside of leisure centre based locations.

Costs of providing activities

Table 5.2 shows the costs of providing the cycling and tai chi sessions with participants paying a standard charge of £1.40 for all sessions to attend. The walks were led by volunteers and therefore did not cost anything. The table illustrates that the costs of providing these types of activities are relatively small.

Cycling	
Average cost per session	£15.96
Average number of people per session	7
Cost to participant of attending per session	£1.35 to April 2005 and £1.40 afterwards.
49 sessions provided	Total cost £782.15 from December 2004 to May 2005
Tai chi	
Average cost per session	£21.37
Average number of people per session	7
Cost to participant of attending per session	£1.35 to April 2005 and £1.40 afterwards.
21 sessions provided	Total cost £448.75 from January 2005 to August 2005

5.3 THE JOINING PROCESS

Only one of the three focus group participants had been informed about the scheme by their GP practice (this person had been referred by the practice nurse). The other 2 participants had found out about the scheme from the Physical Activity Area Co-ordinator (P.A.A.C.); one by meeting the P.A.A.C. at the swimming pool and the other who was already a regular walker at Chopwell Wood. They had then contacted their GP practice themselves and had asked to be referred. One of the GP practices was not aware of the scheme and the other had just recently received scheme information. This indicates that a proportion of those engaging with the scheme are likely to be already active, rather than those to whom the scheme is permanently targeted i.e. individuals who have a sedentary lifestyle and/or have particular health conditions.

This apparent low level of awareness of the scheme amongst GP practices is further supported by the telephone interview with the individual who had been referred to the scheme but had not attended the initial consultation with the P.A.A.C. This individual said that they had been given very little information about the scheme (just a leaflet) and, they hadn't felt sufficiently empowered to ask for more details.

The evaluators have worked with several projects which have been dependent on referrals from GP practices and, a constant theme arising from this work is that information sent to GP practices is not necessarily disseminated to the relevant people. Despite the Project Co-ordinator visiting all the practices, this demonstrates the need to continually proactively engage with GP practices (all staff, not just GPs) as to the scheme's potential benefits.

The key factor in determining participants' decisions to join the scheme at the initial consultation was undoubtedly the enthusiasm and motivation of the P.A.A.C. As with many projects, success is often due to specific individuals and their championing of a project which, although is a very positive factor, can make a project vulnerable should those individuals leave.

"She sort of like took me under her wing and she was finding out the sort of things I could do...and couldn't do. I really believe that I wouldn't have got through if it hadn't been for (the P.A.A.C.). She encouraged and she persuaded, coaxed. She really wanted you to do well. The other trainers don't encourage you the way (the P.A.A.C.) does, they haven't got the personality to encourage you have they? (She) has got that bit extra".

This is further supported by the fact that the individual who had participated in a telephone interview with the P.A.A.C. after not attending the consultation, subsequently decided to take part because of the P.A.A.C.'s motivation and has since commenced on the 13-week programme.

Motivating factors for joining the scheme were related to the desire to lose weight in order to ease existing health problems and to improve health in general.

5.4 CHOPWELL WOOD ACTIVITIES

As stated in Section 5.2.2, there were 223 attendances at the Chopwell Wood Health Project comprised of the following activities:

- Walking 139 attendances
- Cycling 60 attendances
- Tai Chi 23 attendances
- Gardening 1 attendance.

The 'high' number of walking attendances, compared with other activities, is due to this figure including those individuals attending both the projects' Launch and Celebration events (total of 62 individuals). Subtracting this number of 62 from the total, results in a walking figure of 77 and, the total number of attendances being 161. Therefore, approximately 128 (161 – 33 referrals) people attended Chopwell Wood activities as a result of the project. This demonstrated the importance and, effectiveness, of the Project Co-ordinator in proactively promoting and raising awareness of the project (including articles in the local press and Project Newsletters) and, engaging with stakeholders including the partner organisations, community groups, health professionals etc.

The low level of engagement with woodland gardening activities (1 attendance) was primarily due to a lack of light conservation activities available for individuals to participate in, rather than there being a lack of interest.

All 3 focus group participants had started the scheme with gym based activities and once they had increased their confidence in their own abilities, the P.A.A.C. encouraged them to participate in activities at Chopwell Wood. One participant was already a regular visitor at the wood, so took no persuasion in taking part in woodland based activities. One of the others was very enthusiastic about trying 'anything new' and one of their motivating factors was the opportunity to continually push themselves. The recommendations of the P.A.A.C. was key in deciding which activities to participate in, as it was felt that the P.A.A.C. had expert knowledge of an individual's health problems and their capabilities and, therefore, they trusted her recommendations.

All 3 participants in the focus group had taken part in walking and cycling and all commented on the enthusiasm, motivation and abilities of the activity leaders. Participants were impressed with the way that they were supported in trying out activities, such as cycling, when it had been perhaps many years since they had last participated in such an activity.

"They never left our sides. (They) stood beside us in the car park until we managed to ride around the car park. And then we ventured out a little bit, not a great distance but just to get a feeling. Because we hadn't been on a bike for years".

The above quote demonstrates the importance of the activity leaders in terms of their support and motivation. As part of the Chopwell Wood Health Project, 3 individuals, including the Project Co-ordinator, undertook training with Gateshead Council enabling them to be Walk Leaders. Six FOCW volunteers were also able to provide support to scheme participants as Physical Activity Motivators (PAMs), following training provided by Age Concern.

Participating in activities as part of a group was viewed as an advantage, especially for women, as it was felt that women would be less likely to participate in solitary activities.

5.5 IMPACT AND BENEFITS OF THE GOAL SCHEME

The predominant impact in individuals' lives had been the improvement in physical health as a result of being on the scheme, particularly due to significant weight loss.

"I was improving, not a great deal, but I was improving. In actual fact I stopped the heart spray and a lot of the tablets. I had been and got more tests done at the hospital and they said I didn't have angina. So the doctors are thrilled, the hospital is thrilled with me and the dietician is thrilled with me. So I've never looked back since the course began."

"Can I just say, that since I stopped (due to participant being ill), I know I'm not as fit as I was. So that proves to me I was feeling better."

"You've got to do it for the simple reason it gets your body moving and it eases your aches and pains for a little while you know. And it's good fun".

Another benefit of the Chopwell Wood activities has been the social aspect. Participants felt that everyone had been very friendly and as a result social networks have increased. Scheme members will undertake activities e.g. walks, bike rides, by themselves, as well as venturing outside the local areas for visits.

All of the 3 focus group participants had sustained their activities at Chopwell Wood following the completion of the 13 week programme, although some mentioned that numbers tend to reduce in the winter months as some people may believe that it is too cold to exercise. All said they would not hesitate to recommend the scheme to others.

The Project Co-ordinator reported that some of the individuals participating in the cycling activity had purchased their own bicycles following completion of the 13-week programme, in order to sustain their activities.

The positive impact of the Chopwell Wood Health Project is perhaps best demonstrated by one individual who, at the time of being referred to the programme by one of the local GP practices, was unable to work due to physical ill-health. On completion of the programme, this individual subsequently undertook Health Leader and PAM training and, has now been classed as being 'physically fit to work by their GP.

5.6 SUGGESTIONS FOR THE FUTURE

The provision of transport to enable people to get to and from the wood was mentioned by all participants. It was felt that people's ability to participate is limited if lifts from others are not available. The cost of public transport was perceived as being potentially prohibitive as was the fact that "*it's a 20 minute walk from the bus stop to the car park where we meet*". The provision of toilets was commented on, particularly for those 'over a certain age' when it was felt that the need for the toilet increases.

Future activities in the scheme included archery and tennis, using the tennis courts at Chopwell.

Section 6 CHOPWELL WOOD VISITOR FINDINGS

6.1 INTRODUCTION

This section provides findings for the questionnaire developed for use with visitors to Chopwell Wood, administered by the Friends of Chopwell Wood (FOCW). Data collection commenced in January 2005 and finished in December 2005, so that results could be obtained for a full 12-month period to establish any seasonal differences. 207 questionnaires have been completed and returned.

6.2 RESPONDENT INFORMATION

Of the 207 people surveyed; 93 (47%) were male and 105 (53%) female. All age groups were represented in the sample, with slightly higher numbers in the 40-49 years age group and relatively low percentages of those aged over 60 years of age and under 30 years of age.

Figure 6.1: Age of Respondents¹

Age	Number	%
Under 20 years	8	4
20-29 years	15	7
30-39 years	39	19
40-49 years	62	31
50-59 years	40	20
60-69 years	33	16
70 years and over	5	3
Total	202	100

203 out of the 207 (99%) respondents surveyed described themselves as 'White' in terms of ethnic background. Two participants described themselves as from a mixed ethnic group and one further participant stated their ethnicity was categorised as 'other'. However, these respondents did not specify their ethnicity further. Gateshead has a low percentage of residents from ethnic minority groups; therefore, a high number of respondents from such groups would not be expected. It had been hoped that a focus group could have been held with people from ethnic minority groups who visited the wood in June, to ascertain if people from such groups face specific barriers in terms of being able to access woodland. Unfortunately, it was not possible to arrange this.

40% (n=82) of respondents were parents with children under the age of sixteen.

With regards to employment, most visitors (45%, n=90) were employed full time; the second largest group of respondents being retired people (22%, n=45). Only one respondent categorised themselves as 'not working due to illness/disability', suggesting that those individuals who could potentially most benefit health wise from visiting Chopwell Wood, either do not or cannot access it.

¹ Not all of the respondents answered every question which is why the total number of responses may sometimes be less than the 207 questionnaires completed.

Figure 6.2: Employment Status of Respondents

Employment Status	Number	%
Employed full time	90	45
Employed part time	39	19
Doing Voluntary work	4	2
Student/training	12	6
Retired	45	22
Not working due to illness / disability	1	1
Looking after home/family	10	5
Total	201	100

Of the 207 respondents, only 10% (n=20) visited the wood when wet. This may indicate that poor weather conditions act as a barrier to visiting Chopwell Wood. At the same time, it may be that fewer respondents were questioned when it was raining than when it was dry.

The distances people had travelled to visit Chopwell Wood was fairly evenly spread, with most people travelling between 4-10 miles and the least number of people travelling less than 1 mile.

Figure 6.3: Distance Travelled to Chopwell Wood

Distance	Number	%
Less than 1 mile	45	22
1-3 miles	50	24
4-10 miles	63	30
Over 10 miles	49	24
Total	207	100

6.3 FIRST-TIME VISITORS TO CHOPWELL WOOD

44 (21%) respondents were first-time visitors to Chopwell Wood, although two thirds had visited other woods, including woods local to the North East e.g. Derwent Walk, Thornley Woods, Whittle Dene, Ovingham, Ebchester, Hamsterly Forest, Kielder, Simonside, Plessey and Barlow Woods as well as woods in Yorkshire and in Scotland.

The most common reason reported for not visiting Chopwell Wood before this visit was not knowing about the wood or the available activities (e.g. cycling). A number of participants also reported living away from the area; not being able to find the wood, not having enough time, being new to the area and; the wood being too far to get to as reasons for not having visited the wood before.

'Didn't know it (Chopwell Wood) was here'
'Lack of time'
'Just moved to the area'

Other reasons included no company, no opportunity, unaware of cycling facilities, never wanted to, and that they prefer the seaside.

*'No company or transport'
'Live by sea - don't feel the need to come to woods'*

25% (n=11) of first-time visitors had not previously heard of Chopwell Wood. Given 91% of these first-time visitors thought they would visit the wood again, there appears to be an opportunity for the Forestry Commission to increase regular visitor numbers by more effectively promoting Chopwell Wood.

When asked what might put people off from visiting Chopwell Wood, answers included: difficulty in finding it, bad weather, lack of advertising, poor transport, no toilets, crime and safety, dog mess, no tea-room and, no seats.

*'Finding the place was difficult - went to Chopwell village first!'
'Access road easily missed'
'Bad weather'
'Lack of toilets'*

'Entrance road not safe'

Other people thought that there was nothing to put people off and that they had liked what they had seen so far.

'No reasons it's beautiful'

6.4 REGULAR VISITOR INFORMATION

86% (n= 139) of the sample regarded themselves as being 'regular visitors' to Chopwell Wood. There was a fairly even spread of visitors attending daily, weekly, or 1-2 times a month, with fewer people visiting less than once a month.

Figure 6.4: Frequency of Visits

Frequency	Number	%
Daily	39	24
Weekly	45	28
1-2 times a month	32	20
4 - 11 times a year	23	14
Less than 4 times a year	23	14
Total	162	100

The vast majority of regular visitors (86%, n=139) visited the wood all year round and, for 58% (n=93) of visitors, these visits took place on both weekdays and weekends, indicating usage is spread across the week and not just concentrated at weekends. Most people (62%, n=99) visited for a period of 1-2 hours.

Figure 6.5: Days of the Week Visited

Days of Week	Number	%
Weekdays only	28	18
Weekend only	39	24
Weekdays and weekend	93	58
Total	160	100

Figure 6.6: Duration of visit

Duration	Number	%
Less than 1 hour	19	12
Between 1 and 2 hours	99	62
2 or more hours	42	26
Total	160	100

In terms of visiting Chopwell Wood alone or being accompanied on visits; 29 (18%) visited on their own; 87 (53%) visited with a dog; 45 (28%) visited with family or friends and; 33 (20%) visited with a group. Women were less likely to visit the wood on their own compared to men (10% of women, 28% of men). The most popular mode of transport to travel to Chopwell Wood was by car, although as previously mentioned this may not be an accurate reflection as the majority of questionnaires had been administered in the car park. The number of people travelling to the wood by public transport is extremely low suggesting access by bus does not facilitate visits. The single-track entrance to the wood where sections are barely wide enough for a car may be a factor in further deterring those who make the journey by bus. Other modes of transport to Chopwell Woods reported by respondents included bikes, horses, and coach/minibuses.

Figure 6.7: Mode of Transport to Chopwell Wood

Mode of Transport	Number	%
By car	82	57
Walk	45	32
By bus	4	3
Other	12	8
Total	143	100

In terms of the activities visitors engaged in when at Chopwell Wood, 'walking' was the most popular pastime with 128 (92%) of regular users engaging in this activity. Mountain biking and horse riding were also popular.

Figure 6.8: Activities engaged in at Chopwell Wood (people could tick all the categories that applied to them)

Activity	Number	% (n=139)
Walking	128	92
Dog walking	20	14
Nature watching	17	12
Attend special events	7	5
Children playing	52	37
Mountain biking	88	63
Picnicking	23	17
Cycling	35	25
Horse riding	74	53
Other: Jogging, orienteering, photography, mental well-being, chatting with friends, team-building, and visiting sculpture	27	19

6.5 BENEFITS OF VISITING CHOPWELL WOOD AND IMPACT ON HEALTH

Respondents reported the main benefits of visiting Chopwell Wood as being outdoors enjoying nature, being in peaceful, relaxing and beautiful surroundings and, physical exercise.

Figure 6.9: Benefits of visiting Chopwell Woods

Benefits	Number	% (n=207)
Being outdoors/enjoying nature	85	41
Being in beautiful surroundings	36	17
Being in peaceful/relaxing surroundings	31	15
Exercise	24	12
A good place to walk the dog	7	3
Social	10	5
Safe	8	4
Other: e.g. Good for children Looking at sculptures Meeting young people	26	13

'Strengthens heart and mind'
'Stress relief'
'Collecting woodland fruits and fungi'
'Find out about nature and especially for children'
'Helps to lose weight'
'Relaxing away from hustle and bustle'
'Being out in fresh air, seeing wildlife and sculptures'

Less commonly cited benefits included the wood being a good place to walk the dog, social benefits including meeting new people, safety, being away from the traffic, the wood being educational for children, having a change of scenery and good horse riding.

'Educational - particularly for kids'
'Nice place to walk and fairly safe for dog'
'See something new and different environment'

99% (n= 203) of respondents thought that visiting Chopwell Wood had a positive impact on their health and well-being. The 3 respondents, who thought there was no health benefits associated with visiting the wood, had not previously visited. Most thought that visiting had an impact on health in terms of undertaking some form of physical activity. However, there were other important health benefits which were not physical, but concerned with being in a peaceful atmosphere that reduced stress, being out in the fresh air and *'in tune with nature'*, and liking the *'beautiful' surroundings – it's so lovely here'*. Other reasons cited by respondents included *'stops people vegetating'*, *'mentally stimulating'*, *'weight control'*, and *'keeps the dog fit'*.

Figure 6.10: Perceived Impact on Health

Impact	Number	% (n = 207)
Physical activity	158	76
Being outdoors/enjoying nature	44	21
Peaceful/relaxing	53	26
Being in beautiful surroundings	14	7
Other: e.g. Stops people vegetating Keeps dog fit Weight control	8	4

Responses regarding impact on health and well – being were recorded into those who mentioned the impact being on both mental and physical health, those who only mentioned an impact on physical health and those who only mentioned an impact on mental health. Whilst most mentioned improvements in physical health, 40% (n= 83) mentioned the impact being on mental and physical health or on mental health alone, making the positive impact on mental health an important aspect of visiting Chopwell wood.

Figure 6.11: Mental and Physical Health

	Number	%
Only mentions improving physical health	124	60
Improves mental and physical health	38	18
Only mentions improving mental health	45	22
Total	207	100

6.6 SUGGESTIONS FOR THE FUTURE

When asked what extra facilities people felt would improve Chopwell Wood, a large proportion of respondents suggested toilets. Other suggestions included a visitor’s centre/café, dog bins, improved access roads and signage, improved paths, shelters, and more events.

Figure 6.12: Suggestions for Additional Facilities

Suggestion	Number	% (n=207)
Toilets	72	35
No changes	53	26
Café/shop	34	16
Dog bins	12	6
Information centre	11	5
More signs	10	5
Shelters	7	3
Improved paths	5	2

'Refreshment facilities'
'A few more signs to indicate distance from car park/entrance'

'Signs at every entrance to point way to car park for info board - took ages to find if first time'
'Access improvements at Garesfield - the path is getting worse'
'A cafe and visitors centre'
'Toilets and repair muddy dips in footpaths'
'Cup of tea at the end of walk'
'More shelters if weather turns poor'
'More information boards here and there'
'Events and activities for children'
'Better signage at Rowlands Gill and Chopwell'
'Improve signposting, information centre, local ads, toilets'
'Toilets, information office, better and more signage on approach roads'
'More free activities and conservation activities. Dry stonewalling and charcoal courses'
'Personal contact/info centre'
'Things for children to see (more sculptures)'

However, a substantial number, 26% (n=53) did not want anything changed and were happy with the way the wood was being run.

'Fine as it is'

These findings are not dissimilar to those of a 2003 national survey (Forestry Commission; 2003), which also indicated that those in the North East tend to have the highest expectations in England as to the variety of available woodland facilities.

A large number of respondents thought that more advertising would encourage increasing numbers of people to visit Chopwell Wood.

'Possibly more publicity'
'Wider publicity over greater area'
'To get kids to visit, need to advertise in schools'

However, some respondents did not want to encourage any more people to visit and felt there were already too many people coming to the woods and that further people may detract from the peaceful, tranquil setting.

'Don't want more people'
'Nothing - already got enough visitors too many would spoil it!'

Figure 6.13: Suggestions for Encouraging More People to Visit Chopwell Wood

Suggestion	Number	% (n=207)
Advertising	57	28
Better signs to Chopwell Woods	29	14
More events	13	6
Café / Place to get snacks	11	5
Toilets	11	5
Information centre	9	4

6.7 OTHER FINDINGS

Of all visitors, 45% (n=93) had been to Chopwell Wood for the Forest Festival and 42% (n=85) had previously bought a Christmas tree from the wood. The North East is the region with the highest percentage throughout England aware that the Forestry Commission sells Christmas trees (Forestry Commission; 2003) indicating the success of the Forestry Commission and FoCW in the provision of such a service.

Only 16% (n=33) of respondents had heard of the Chopwell Wood Health project, indicating a low awareness about the project. People had heard about it from Friends of Chopwell Wood (7 people); from a leaflet (7 people); from a relative or friend (6 people); an article in a newspaper about tai chi (4 people); from a magazine/paper (3 people); via the internet (3 people); an event (1 person); at work (1 person) and on a notice board (1 person).

A benefit of the survey has been greater contact between the FoCW and the wider public. The FoCW have, as part of the survey, given people leaflets, directions and advice about Chopwell Wood. The public have also been able to feedback comments to the FoCW concerning any issues or damage they have noticed while using the wood. Some members of the public have been interested enough to buy books and maps related to the woodland and the FoCW have gained a few new members.

Section 7 SUMMARY AND SUGGESTIONS FOR FUTURE DEVELOPMENT

7.1 ACHIEVEMENT OF AIM AND OBJECTIVES

This section examines the extent to which the Chopwell Wood Health Project has achieved the aim and objectives that were determined at the start of the project.

The level of achievement for each of the main elements of the Chopwell Wood Health Project is also considered within the context of the key success indicators and the evaluation objectives developed at the commencement of the project.

7.1.1 DERWENTSIDE HEALTHY SCHOOL PROGRAMME

Key success indicators and evaluation objectives were:

g) Increases in numbers of young people undertaking physical activity

As baseline information regarding the pre- programme level of physical activity of the participating young people was not available, it is not possible to determine the extent to which this has been achieved. However, the evaluation has demonstrated that the number of young people visiting Chopwell Wood increased following the programme and the frequency of visits also increased. This could be used as a proxy indicator of increasing physical activity, although it is accepted that this may be an increase in those already physically active rather than an absolute increase in the numbers of young people undertaking physical activity.

h) Increases in the number of children making healthy choices

The evaluation has demonstrated that this has been achieved, although it is not possible to quantify. Both parents and staff stated that following the programme of visits, the young people had greater awareness of nutrition and the importance of having a healthy lifestyle. This is evidenced by:

- The children quizzing each other as to how many portions of fruit and vegetables they have in their lunch boxes.
- Lunch boxes becoming more 'healthy' following the 'WHY5?' session, particularly in respect of a reduction in fruit flavoured fizzy drinks.
- Use at home of the recipe books provided to young people on the programme.

i) Improvement in self-esteem and reduced levels of bullying

Staff reported that young people of all academic abilities were able to fully participate in and, engage with, the activities from a 'level playing field', thereby increasing self-esteem, particularly amongst those less academically able. Parents commented on improvements in self esteem as a result of the young people being trusted and given the responsibility of orienteering themselves without adult supervision.

The evaluation did not address levels of bullying either prior to or after the programme; therefore, this is an area the project may want to explore with schools in the future.

j) Increases in environmental awareness

Both parents and staff stated that young people had become more environmentally aware both in and outside of school.

k) Creation of sustainable relationships between schools and Chopwell Wood

All four schools involved in the programme indicated a strong desire and willingness to be further involved with the Healthy School Programme, suggesting that these relationships can be sustained and further strengthened in the long-term, dependent on the continuation of the project.

l) The programme being regarded as an effective tool for learning.

Staff and parents stated that the programme effectively contributed to the National Curriculum and there was the perception that there is the opportunity to link the programme to many other curriculum subject areas. Schools were ensuring that the programme was used as the basis for additional activities once back at school and, some were considering introducing some of the woodland based activities as regular school sessions i.e. tai chi and complementary therapy.

7.1.2 GATESHEAD 'GOAL' SCHEME

Key success indicators and evaluation objectives were:

e) The number of people engaged in walking groups that might be set up

As a result of the project, a significant number of people engaged with walking groups. In addition to the 33 health professional referrals to the scheme, circa an additional 43 people joined the walking groups that had been established.

f) GP feedback on usefulness of woodland referrals

g) Improved awareness of health practice staff of how Chopwell Wood could contribute

Due to limitations on the evaluation, it was not possible to address these 2 key success indicators.

h) The number of successful referrals (sustained woodland visits). As a target measure ten successful referrals would be categorised as 'good', twenty-five 'excellent'

The 'excellent' target of 25 successful referrals (i.e. sustained woodland visits) has been achieved. Completion rate of the 13 week GOAL programme for those participating in Chopwell Wood activities was three times higher than for the GOAL scheme overall (91% compared to 30%). The majority of individuals have continued to participate in activities based at the wood and there have been examples of six individuals purchasing bicycles in order to sustain their cycling activity indicating a life style change.

i) Identification of facilitators and barriers to attending the GOAL scheme and establishing the reasons for people choosing Chopwell Wood activities

Feedback from scheme participants indicates that the primary facilitator (and potentially the main barrier) to initial and continued engagement with the GOAL scheme and, participating in activities at Chopwell Wood is the Physical Activity Area Co-ordinator (P.A.A.C.). Without the P.A.A.C.'s enthusiasm, motivation and support, it is unlikely that participants would have engaged with the project to the extent that they did. This also

applies to the individuals leading the woodland based activities and those accompanying the participants.

This demonstrates the importance of these roles and shows how imperative it is that these post-holders have the appropriate personal qualities and 'people' skills and abilities.

Potential engagement with the scheme can either be facilitated or undermined by the awareness of the scheme by its 'gatekeepers', i.e. health professionals and practice staff. Participants at the evaluation focus group suggested a low level of awareness amongst staff about the scheme, making accessibility to the scheme more difficult.

Transport to and from Chopwell Wood based activities was highlighted as a barrier to continued participation, particularly for those individuals reliant on public transport which may necessitate several bus journeys, or, for those reliant on the goodwill of others to drive them.

Details of the specific medical conditions of those who were referred was not obtained as this would have required approval from the Gateshead Local Research Ethics Committee which might have required more time than the project evaluators had available.

CJC Consulting (2005) in a report on the economic benefits of accessible green space for physical and mental health suggest that capital expenditure for physical exercise projects in woodlands is minimal when compared to leisure centre and gym complexes. In addition the running costs of these projects can be very low when activities are led or facilitated by volunteers. The key expenditure for the Chopwell Wood Health Project was the funding of the project co-ordinator post. It is clear from this evaluation that the project co-ordinator role is particularly important for encouraging and enthusing people to get involved. Table 5.2 illustrated that the costs of providing the cycling and tai chi sessions were low and a small income was gained by participants paying to attend each session.

The report (CJC Consulting, 2005) used the Chopwell Wood Health Project as a case study to explore economic benefits concerning the GP referral element of the work and tentatively suggested that the Chopwell project might save 2 to 6 lives per 1000 participating in the project. This suggestion is based on the effect of the project returning participants from an above average Standardised Mortality Rate (SMR) to an average SMR.

7.1.3 OTHER PROJECT ELEMENTS

Key success indicators and evaluation objectives are shown below. At present it is not possible to accurately comment on the extent to which the project has resulted in the achievement of most of these points as, to a large extent, the questionnaire being utilised by volunteers from Friends of Chopwell Wood is providing the baseline date against which any future increases can be measured.

i) Ascertaining the characteristics of visitors to Chopwell Wood

The predominant characteristics of visitors to the wood are:

- 47% male and 53% female visitors.
- All age ranges represented, with slightly higher numbers in the 40-49 age group and a relatively low percentage of those aged 60 and over and under 30 years of age.
- The majority of visitors regarded themselves as being 'white'.
- In terms of employment status, the largest group are in full-time employment.

52% of questionnaire respondents used Chopwell Wood on a daily or weekly basis emphasising that the role of woodlands is particularly valuable when used regularly by members of the local population.

j) The number of previously inactive people using the wood regularly

The 'GOAL' scheme provides some evidence that previously inactive people are regularly using the wood. Although the Derwentside Healthy School Programme has promoted increased usage of the wood amongst staff, young people and their families; it is not possible to identify how many of these had been previously inactive.

k) Increases in the number of first-time visitors to the wood

From the questionnaire findings, 21% were first-time visitors. After the first five months of the on site survey it was found that 12% of respondents had heard of the project. At the completion of the survey after twelve months this level of awareness had risen to 16% amongst those who visited Chopwell Wood.

l) Increases in the number of people using the wood for mental relaxation

The findings from both the Derwentside Healthy School Programme and the GOAL scheme, as well as the visitor questionnaire, show the importance of mental relaxation to people using the wood and the positive impact of Chopwell Wood on people's mental well-being.

m) Increases in the diversity of woodland users including ethnic minorities and social classes

Only two of the respondents to the visitor questionnaire were from ethnic minority groups. Gateshead has the lowest proportion of residents from ethnic minority groups in Tyne & Wear (less than 2%), so a significant proportion of woodland users from ethnic minority groups would not be expected. However, ethnic minority groups are more likely to be vulnerable with regards to poor mental health and, therefore, the potential to benefit from accessing woodland is great.

The employment status of Chopwell Wood users indicates that the largest group of users are those in full-time employment, with only one of the visitors being 'unable to work due to ill-health/disability'. Evidence shows a clear link between economic inactivity and poor mental health, especially for those not working due to ill-health.

n) The number of Friends of Chopwell Wood trained as part of the project

The project has been successful in terms of volunteers from FOCW being trained as Walk Leaders and PAMs. Incorporating such capacity building into the project helps facilitate future sustainability.

o) Determining the perceived benefits of visiting Chopwell Wood

The majority of respondents to the visitor questionnaire stated that Chopwell Wood had a positive impact on their health and well-being. With 60% stating that visiting had an impact on health through undertaking physical activity and 40% stating that it had an impact on both their mental and physical health. Health benefits were experienced by visitors regardless of the frequency of visits, indicating the potential for perceived health improvement for all.

p) Identification of facilitators and barriers to visiting the wood

Only 3% of the respondents indicated that they had travelled to the wood by public transport, suggesting that access by public transport is a barrier and, having access to a car or living within close proximity are facilitators. Many first-time visitors had not heard of the wood prior to their visit, indicating a low level of awareness amongst the general public, particularly amongst those outside of the immediate area.

7.1.4 OVERALL PROJECT AIM AND OBJECTIVES

The project aim and objectives were as follows:

Aim

To build the evidence base in relation to woodlands and health.

Objectives

1. Develop a working partnership between the Forestry Commission, local community and the health sector.
2. Employ a project officer to work between the forestry and health sectors, focussing on the two main project elements.
3. Develop the potential and raise the awareness of woodlands, in particular Chopwell Wood as a resource for improving the health and well being of local communities.
4. Develop and pilot techniques and practices for improving the health and well being of local communities, that have the potential for being extended beyond the initial pilot period and/or being adopted in other parts of the region/country.
5. Monitor and evaluate the project against objectives 1-4 and their specific measures.
6. Publicise the project throughout its operation, from an event to promote the launch through to the dissemination of project findings.
7. Produce a final evaluation report summarising the outputs and findings of the Chopwell Wood Health Project.

Sections 7.1.1 to 7.1.3 demonstrate the achievement of many of these overall project objectives.

The achievements of the project to date provide evidence of an effective working partnership between the Forestry Commission, local community and the health sector; the primary vehicle for this being the project's Steering Group. Joint working is further evidenced by the success of the Project Launch and Celebration events, in that these were attended by representatives from a wide variety of stakeholder organisations including: Gateshead and Derwentside PCTs, GPs and other practice staff, school staff, Gateshead Council, the Strategic Health Authority and, local community groups. The fact that more people attended the Celebration Event than the Launch indicates the extent to which the project has been promoted and has successfully engaged with existing and future potential partner organisations.

These achievements are in no small part due to the commitment and enthusiasm of the Project Co-ordinator, whose role cannot be over-emphasised. He has been pivotal to the project's success and has 'championed' the project, not only at a strategic level with stakeholders, but also at an operational level with project users.

One of the potential problems for pilot projects such as the Chopwell Wood Health Project is that key workers, by necessity, are often employed on fixed term contracts. Invariably, this results in such people needing to seek employment prior to the contract coming to a natural end and, this has been the case for the Chopwell Wood project. Although the project is continuing to operate, by virtue of the goodwill of the FOCW (and additional funding from Gateshead and Derwentside PCTs until March 2006), this is not ideal and is not sustainable in the long term. The fact that the project is ongoing is testament to the strong link with the FOCW and the value they place on the project.

In terms of whether the project constitutes value for money, it is difficult to comment on as the evaluation did not include a cost-benefit analysis. The evaluation has only been able to consider the achievements and impact of the project over its first 12 months and as such, the long term sustainable changes the project may have effected are as yet unknown. CJC Consulting (2005) suggest that the evaluation of these type of projects needs to carry on with monitoring people over 1-2 years after the intervention has ended in order to assess whether changes in lifestyle carry on in the long term. Unfortunately this was not possible for this project given the resources available. However this is something that should be considered for future projects were practicable.

O'Brien (2005) in a recent publication has outlined the key areas where trees and woodlands can contribute to the Government priorities outlined in 'Delivering choosing health: making healthy choices easier' such as: tackling obesity, improving mental health and well-being and helping children and young people to lead healthy lives. The evaluation of the Chopwell Wood Health project indicates that the project has contributed in engaging with young people and getting them to think of what a healthy lifestyle involves, and in enabling the GP referrals and self-referrals to increase their activity levels. The woodland has also provided a resource for local people who, from the questionnaire analysis, feel that their mental well-being is improved by visiting Chopwell Wood.

In conclusion, the evaluation has shown that the project has achieved much and the evaluators would support the view that, through these achievements, the evidence base in relation to woodlands and health has been further augmented.

7.2 SUGGESTIONS FOR FUTURE DEVELOPMENT

The initial brief for the project Steering Group was to develop activity that is capable of leveraging additional funds. The 2 main project elements (Gateshead 'GOAL' programme and Derwentside Healthy School Programme) have both demonstrated the potential to have long term sustainable impacts on the health of the local population. Given the current government emphasis on 'promoting health' rather than 'treating illness' (i.e. an upstream as opposed to a downstream approach), it could be argued that there is no better time for the project to showcase its achievements to potential funding organisations, which will hopefully, result in long term sustainable funding.

There is the potential for the project to be significantly expanded, however, this needs to be carefully examined within the context that increasing numbers of visitors to such an extent will have an impact on the wood itself, its residents, staff and existing users. The required increase in delivery capacity for an expanded project also needs to be considered. Therefore,

the Steering Group should consider conducting a Health and Environmental Impact Assessment prior to any decisions being made.

Any bid for additional funding should include monies for a Project Co-ordinator, as this report has highlighted the benefits of having a dedicated 'proactive' champion.

It is also suggested that future project developments include robust monitoring and evaluation methodologies that will enable the longer term cost effectiveness to be determined.

In terms of the development of specific elements of the programme:

7.2.1 DERWENTSIDE HEALTHY SCHOOL PROGRAMME

There is significant potential for roll-out of the Healthy School Programme to schools across Derwentside, Gateshead and other local areas, with perhaps Chopwell establishing itself as a Regional Educational Centre of Excellence. The programme should not only be linked to the National Curriculum and the Healthy School Standard, but also to any developments related to Children's Trusts, as the project has demonstrated potential long term sustainable health benefits.

Suggestions at an operational level include:

- The provision of subsidised transport for schools.
- Forest Enterprise Rangers being trained to deliver more health message to schools.
- Developing, in conjunction with schools, information leaflets for parents about the programme including details as to how each activity links to the curriculum.
- Inviting parents to the last session so they can learn first hand about the programme.
- Increasing the range of activities e.g. conservation work.

7.2.2 GATESHEAD 'GOAL' SCHEME

Suggestions for future development focus on the Chopwell Wood activity element of the programme, rather than the overall scheme.

Given that health professionals outside of the local vicinity have referred individuals to the scheme, there is potential to expand the programme across both Gateshead and Derwentside, although the following aspects would need to be considered:

- Initial and ongoing concerted engagement with GP practices and other health professionals to ensure an optimum level of referrals to the scheme. This could be facilitated by GPs and other relevant professionals being involved in future programme development.
- Facilitating access to Chopwell Wood for those referred to the scheme. Options could include full or partial reimbursement of travel costs which may be by public transport, taxi or other vehicle. Linking with local transport providers, including community transport schemes, could also facilitate access for scheme participants.

The provision of additional activities could be considered for the existing programme. Suggestions from existing scheme participants included archery and tennis. Given the success and perceived impact and benefits of the complimentary therapy sessions in the Derwentside Healthy School programme, the project may want to consider incorporating this into the GOAL scheme.

As previously mentioned, one of the challenges for the project is the monitoring of the 'quality' and 'quantity' of physical activity being undertaken outside of the leisure centre environment. One option could be to provide participants with Chopwell Wood Activity Diaries, which would not only provide the scheme with detailed information as to the type and duration of activities undertaken, but would give participants evidence as to their ongoing progress and a record of achievement.

In order for the scheme to be able to determine the cost effectiveness of the programme, it is suggested that robust, quantifiable monitoring and evaluation is built into any future development. This could include tracking participants and accessing their medical records to identify decreases in attendances with primary health care teams, changes in medication (e.g. reductions in prescriptions), decreases in contacts with secondary care services etc. The remit of this evaluation did not include these elements, which would require formal ethical approval and adherence to Data Protection and Human Rights legislation.

7.2.3 OTHER PROJECT ELEMENTS

Future elements of the project could focus on the following target aspects / groups:

- The evaluation has shown that stress reduction and positive mental health are important to visitors to Chopwell Wood; therefore, there is the potential for future activity to be focussed on this.
- Given that only two of the respondents to the visitor questionnaire have been from ethnic minority groups, the project should consider contacting local Black and Ethnic Minority (BME) community groups to establish the barriers for such groups visiting Chopwell Wood and exploring ways of facilitating access. There is also the potential for the project to focus on engaging with economically inactive groups, especially those who are unable to work due to ill-health or disability. Evidence shows that these groups are more likely to suffer from poor physical and mental health; therefore, enabling them to visit and benefit from Chopwell Wood would contribute to a reduction in health inequalities.

As there was a low level of awareness of the existence of Chopwell Wood amongst first-time visitors prior to visiting and, a low level of awareness about the Chopwell Wood Health Project amongst all visitors; a promotional strategy should be developed, the focus of which would be dependent on future aims and objectives.

Consideration should also be given to the provision of additional facilities at Chopwell Wood, e.g. toilets, although it is accepted that the logistics of this may not be feasible.

Section 8 ACKNOWLEDGEMENTS

The evaluation would not have been possible without the help, assistance and time from all those who took part in the evaluation including, pupils, parents, school staff, GP referral scheme participants and visitors to Chopwell Wood.

In particular, the following are acknowledged for their assistance in the production of this report; Nick Powell, Project Co-ordinator; Dr Liz O'Brien, Forest Research; Liz Searle, Friends of Chopwell Wood; Graham Gill, Forest District Manager; Kim McGarry, Derwentside PCT; Michael Chappell, Gateshead PCT, Vivienne Thompson, Gateshead Council; all members of the Steering Group; those members of FOCW who gave up their time to administer the questionnaire in Chopwell Wood and; Barbara Harrington at the Primary Care Development Centre.

Section 9 REFERENCES

Ashley A, Bartlett H (2001) An evaluation of a walking scheme based in primary care: the participants' perspective. *Primary Health Care Research and Development*, 2: 98-106.

CJC Consulting (2005) Economic benefits of accessible green spaces for physical and mental health: scoping study. *Report to the Forestry Commission*.

Countryside Agency (2004) *Chief Executive's lecture at the Birmingham Children's Hospital*, 13 October, www.countryside.gov.uk.

Department of Health (2004) At least five a week. Evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer. Department of Health. London

Department of Health. Choosing Health: making healthier choices easier. *London: Department of Health*, 2004

Department of Health & Department for Education and Skills (DfES). (2004). National Healthy Schools Standard.

Forestry Commission (1998) The England Forestry Strategy, *Forestry Commission*

Forestry Commission (2004). West Midlands Woodland Health Pilot Project Evaluation. *Forestry Commission*

Harland J, Chinn JD, White M, Drinkwater C, Rayboald S. (1999). Barriers to physical activity and socio-economic position: implications for health promotion. *Journal for Epidemiology Community Health*; 53:191-192.

Health Education Authority (1995) *Health update 5 – Physical Activity*. Health Education Authority: London.

Lynch J, Helmrich SP, Lakka TA, et al (1996) Moderately intense physical activities and high levels of cardio-respiratory fitness reduce the risk of non-insulin dependent diabetes mellitus in middle-aged men. *Archives of Internal Medicine*, 156: 1307-1314.

O'Brien, E (2005) Trees and woodlands: nature's health service. *Forest Research, Farnham*.

Morris JN, Hardman AE (1997) Walking is particularly important in preventing weight gain. *Sports Medicine*, 23: 306-332.

Pretty J, Griffin M, Peacock J, Hine R, Sellens M, South N (2004) *A countryside for health and wellbeing: the physical and mental health benefits of green exercise. Executive summary*. Countryside Recreation Network, www.countrysiderecreation.org.uk.

Riddoch, C, Puig-Ribera, A, Cooper, A. (1998). Effectiveness of physical activity promotion schemes in primary care: a review. *Health Education Authority, London*.

Taylor, A. F., Kuo, F. E. & Sullivan, W. C. 2001. Coping With ADD: The Surprising Connection to Green Play Settings. *Environment & Behavior*, 33, 54-77.

The 2001 Census of Population. *UK Census Stationary Office.*

The 2003 Census of Population. *UK Census Stationary Office.*

Wannamethee G, Shaper AG, Walker M (1998) Changes in physical activity, mortality and incidence of coronary heart disease in older men. *Lancet*, 351 (9116): 1603- 1608.

Wanless D. Securing our future health: taking a long-term view. Final report. *London: HM Treasury*, 2002 .

Section 10 APPENDICES

Appendix 1	Children Pre-Visit Questionnaire
Appendix 2	Staff Pre-Visit Questionnaire
Appendix 3	Children Post-Visit Questionnaire
Appendix 4	Staff Post-Visit Questionnaire
Appendix 5	Parent Post-Visit Questionnaire
Appendix 6	GOAL Scheme Semi Structured Interview Example
Appendix 7	Chopwell Wood Visitor Questionnaire

Question 2

Agreement Statements:

2a The wood has great educational potential
Strongly Agree Agree Disagree Strongly Disagree

2b I appreciate the health benefits for staff and children of being in the wood
Strongly Agree Agree Disagree Strongly Disagree

2c I would expect some level of improvement in behaviour amongst the children through woodland lessons
Strongly Agree Agree Disagree Strongly Disagree

2d Being in the wood can lead to a reduction in stress levels for staff
Strongly Agree Agree Disagree Strongly Disagree

2e The woodland lesson will be fun for both children and staff
Strongly Agree Agree Disagree Strongly Disagree

2f Organising these lessons to fit into the school timetable was easy
Strongly Agree Agree Disagree Strongly Disagree

2g The head-teacher is supportive of these sessions
Strongly Agree Agree Disagree Strongly Disagree

2h Parents are generally supportive of these sessions
Strongly Agree Agree Disagree Strongly Disagree

Appendix 3: Children Post Visit Questionnaire

Name of School.....

School Year.....

Question 1

For each of the activity sessions that you took part in on your visits to Chopwell Wood, tick the box that best describes how much you enjoyed it.

	<i>"Really enjoyed"</i>	<i>"Mostly enjoyed"</i>	<i>"It was OK"</i>	<i>"Didn't enjoy"</i>

Question 2

For the activity that you enjoyed the **most**, what was it about it that you really enjoyed?

Activity that I most enjoyed was: _____

I enjoyed it because:

Question 3

For the activity that you enjoyed the **least**, what was it about it that you didn't enjoy?

Activity that I least enjoyed was: _____

I didn't enjoy it because:

Question 4

Apart from coming to Chopwell Wood for the school sessions, have you made any other visits to Chopwell Wood?

Yes ____ No ____ (If 'No', go to Question 5)

If 'Yes', how many times have you been since starting the school visits?

1 ____
2 ____
3 ____
More than 3 ____

On your **last visit**, who did you come with?

Family ____
Friends ____
A group (Brownies/Cubs etc) ____
Other (Please write down) _____

Question 5

Did you think the wood was an interesting place?	Yes	No
Did you think the wood was a scary place?	Yes	No
Did you think the wood was a friendly place?	Yes	No
Did you think the wood was an exciting place?	Yes	No
Did you think the wood was a boring place?	Yes	No
Did you think the wood was a healthy place?	Yes	No
Did you think the wood was a good place to learn?	Yes	No
Do you think lessons were more fun in the wood?	Yes	No

Appendix 4: Staff Post Visit Questionnaire

Name of School.....

School Year.....

Position: Teacher Non Teacher

Gender: Male Female

Age Group: 20-29 30-39 40-49 50-59 60-69

Question 1

For each of the activity sessions that the pupils took part in on the visits to Chopwell Wood, tick the box that you think best describes how much they enjoyed it.

	<i>“Really enjoyed”</i>	<i>“Mostly enjoyed”</i>	<i>“It was OK”</i>	<i>“Didn’t enjoy”</i>

Question 2

For the activity that you think they enjoyed the **most**, what was it about it that they really enjoyed?

Activity that the pupils most enjoyed was: _____

They enjoyed it because:

Question 3

For the activity that they enjoyed the **least**, what was it about it that they didn’t enjoy?

Activity that they least enjoyed was: _____

They didn’t enjoy it because:

Question 4

Apart from coming to Chopwell Wood for the school sessions, have you made any other visits to Chopwell Wood?

Yes ____ No ____ (If 'No', go to Question 5)

If 'Yes', how many times have you been since starting the school visits?

1 ____
2 ____
3 ____
More than 3 ____

On your ***last visit***, who did you come with?

Family ____
Friends ____
A group ____
Other (Please write down) _____

Question 5

For each of the following statements, please indicate how strongly you agree or disagree

	Strongly Agree	Agree	Disagree	Strongly Disagree
<i>I think staff would welcome the opportunity to be involved in woodland activity in the future.</i>				
<i>The activities contributed well to the targets set in the National Curriculum.</i>				
<i>Facilities in the wood are appropriate for schools, e.g. toilets, size of classroom etc.</i>				
<i>The woodland activities had a positive influence on the pupils after the visits.</i>				
<i>I think staff would endorse the woodland sessions in any future funding bids.</i>				
<i>The organisation of the overall programme was good.</i>				
<i>These sessions help maintain staff motivation and interest in the County Durham and Darlington Healthy School Standard.</i>				
<i>The head-teacher is supportive of these sessions.</i>				
<i>Parents are generally supportive of these sessions.</i>				
<i>I would recommend woodland lessons to other members of staff.</i>				

Post-Visit Questionnaire For Parents / Guardians

Name of School:

Your Gender: Male Female

Your Age Group: 20-29 30-39 40-49 50-59 60-69

Question 1

Has your son/daughter talked with you about their visits to Chopwell Wood?

Yes ____ No ____ (If 'No', go to Question 5)

Question 2

Overall, to what extent did they enjoy the visits?

Really enjoyed ____
Mostly enjoyed ____
They were OK ____
Didn't enjoy ____

Question 3

*What activity / activities did they **enjoy the most** and why?*

Question 4

*What activity / activities did they **least enjoy** and why?*

Question 5

Since your son/daughter attended the woodland sessions, have you made any visits to Chopwell Wood?

Yes ___ No ___ (If 'No', go to Question 6)

If 'Yes', how many times have you been since the school visits started?

1 ___
2 ___
3 ___
More than 3 ___

How satisfied were you with the existing facilities in Chopwell Wood?

Very satisfied ___
Satisfied ___
Dissatisfied ___
Very dissatisfied ___

What extra/additional facilities would have made your visit more satisfactory?

Question 6

What do think the benefits have been for your son/daughter of attending the woodland sessions in Chopwell Wood?

Question 7

What do think may put families off from visiting Chopwell Wood?

Question 8

For each of the following statements, please indicate how strongly you agree or disagree

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
<i>I think pupils would welcome the opportunity to be involved in woodland activity in the future.</i>					
<i>The activities contributed well to the targets set in the National Curriculum.</i>					
<i>The woodland activities have a positive influence on young people.</i>					
<i>I would recommend woodland lessons to other parents.</i>					

Thank you very much for taking the time to complete the questionnaire.

Please return your completed questionnaire in the prepaid envelope to:

Hilary Snowdon, External Evaluator, HCES, Northumbria University,
Ellison Building, Ellison Place, Newcastle upon Tyne, NE1 1BR

Appendix 6:

TELEPHONE INTERVIEW GUIDE FOR PARTICIPANTS OF THE GOAL PROGRAMME
--

1. I'd like to start by asking you how you first found out about the scheme.
(Prompts: via GP, other health professional)

2. What information were you given about the scheme?
 - What were you told it would involve?
 - Did you feel you were given sufficient information?
 - If not, what information would you have liked?
 - Were you given any information about the potential benefits of taking part in the scheme?

3. What were you told about the referral process?
 - Was this explained sufficiently?
 - If no, in what way?

4. Were you given any information on what would happen at your first consultation with the Physical Activity Area Co-ordinator?
 - If yes, what?

5. Can you tell me what happened at the initial consultation?
 - What information were you given on the activities available?
 - What information were you given about what would happen to you when you take part in the activities?
 - Was this sufficient?

6. From your point of view, is there anything that could be done to improve the first consultation?
(Prompts: more convenient time, additional information)

7. What activity sessions have you attended?
 - What made you choose these?

8. What was good about the sessions you attended?

9. What did you particularly enjoy / dislike
 - Why?

10. Is there anything you could suggest to improve any of the activity sessions?
(Prompts: other activities, timing of sessions)

11. Was there anything in particular that meant you weren't able to continue with the activity sessions?

12. Is there anything that could be provided to make it easier for people to attend the activity sessions?

13. What do you think may put people off from going on an exercise referral scheme such as the Chopwell Wood Health Project?
(Prompts: not enough time, difficult to get to, don't like exercise, can't see the benefits of exercise, not having the right clothes, timing of activities)

14. What could be done to make the scheme more attractive to people?
(Prompts: more advertising, provision of transport)

15. Thank you very much for taking part in this evaluation. Before we end, is there anything else you'd like to add?

Appendix 7: Friends of Chopwell Wood – General Public Questionnaire

Date: FOCW Interviewer:

Weather Conditions:

1. Have you ever visited Chopwell Wood before (apart from at Christmas to buy a tree or for the Forest Festival)?

- Yes (go to Question 7)
- No (go to Question 2)

If 'No' to Question 1:

2. Do you visit any other woods?

- Yes No

If 'Yes', which ones?

.....

3. What is the main reason you have not visited this wood before?

.....

4. Had you heard of Chopwell Wood before your visit today?

- Yes
- No

5. Do you think you will visit Chopwell Wood again?

- Yes
- No

6. What do you think may put people off from visiting Chopwell Wood?

.....

GO TO QUESTION 15

If 'Yes' to Question 1:

7. How often would you say that you visit the wood?

- Daily

- Weekly
- 1-2 times monthly
- 4 or more times a year
- Less often

8. Do you tend to visit the wood:

- All year round
- Spring
- Summer
- Autumn
- Winter

9. If you visit regularly, do you tend to visit:

- On weekdays only
- On the weekend only
- Weekdays and the weekend

10. If you visit regularly, do you tend to visit:

- Before 9am
- Daytime (9-5)
- Evening
- It varies

11. Do you usually visit: (tick all that apply)

- On your own
- With the dog
- With family/friends
- With a group

12. How do you usually get to the wood?

- Walk
- By car
- By bus
- Other
- (please state)

13. What do you usually do in the wood? (tick all that apply)

- Walking
- Cycling
- Mountain biking
- Horse riding
- Attend special events
- Dog walking
- Picnicking
- Children playing
- Nature watching
- Other (please state)

14. On average, how long does each visit last?

- Less than 1 hour
- Between 1 & 2 hours
- 2 or more hours

15. Have you ever been to Chopwell Wood for:

- | | Yes | No |
|-------------------------|-----------------------|-----------------------|
| The Forest Festival | <input type="radio"/> | <input type="radio"/> |
| To buy a Christmas Tree | <input type="radio"/> | <input type="radio"/> |

16. Have you heard of the Chopwell Wood Health project?

- Yes No

If 'Yes', how did you hear about it?

.....

17. Do you think visiting Chopwell Wood has any impact on your health and well-being?

- Yes No

If 'Yes', how?

.....

.....

18. What do you think are the benefits of visiting the wood?

.....

.....

19. What extra/other facilities do you think would improve the wood?

.....

.....

.....

20. What do you think could be done to encourage more people to visit Chopwell Wood?

.....

.....

A FEW QUESTIONS ABOUT YOURSELF:

Gender: Male Female

Age: Under 20 20-29 30-39
 40-49 50-59 60-69
 70 & over

How would you describe yourself? (Please tick one box only)

- White Chinese
 Indian Pakistani
 Bangladeshi Black-Caribbean
 Black African
 Black-Other (Please write in))

Mixed ethnic group (Please write in))
 Other (Please write in))

Do you have any children living in your household?

- Yes No
- ▶ **If yes, how many are aged?**
- 0-4 years old(number)
 5-16 years old(number)

Employment status:

- Employed/self employed (full time)
- Employed/self employed (part time)
- Unpaid voluntary work
- Student/training scheme
- Retired
- Not working due to illness/disability
- Looking after home/family

How far away do you live?

- Less than 1 mile
- 1-3 miles
- 4-10 miles
- Over 10 miles