



The Ramblers

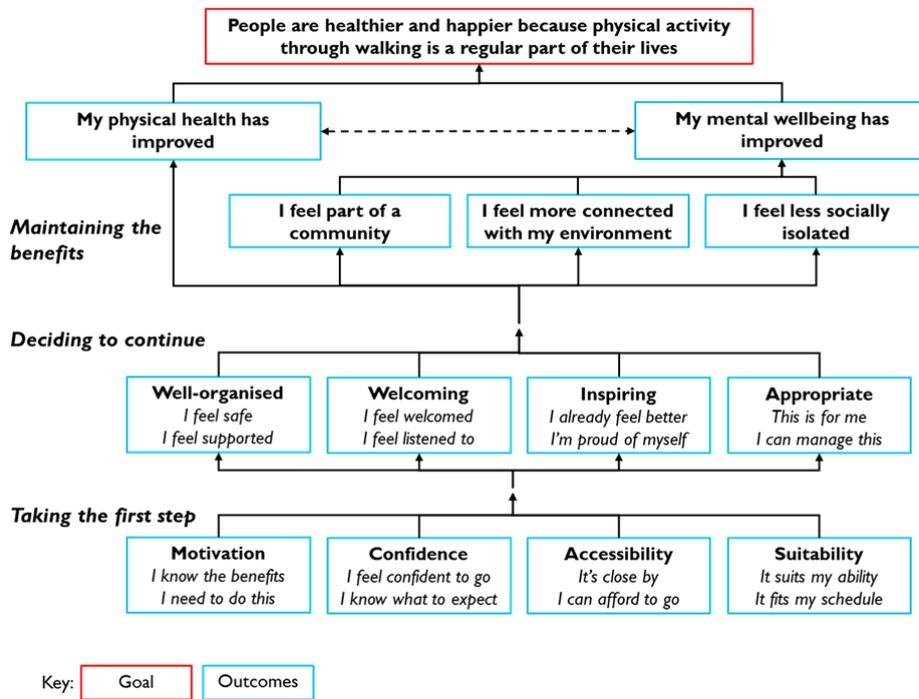
Walking for Health – Theory of Change

This report summarises the results of a theory of change process for the England-wide Walking for Health programme which took place in July and August 2017

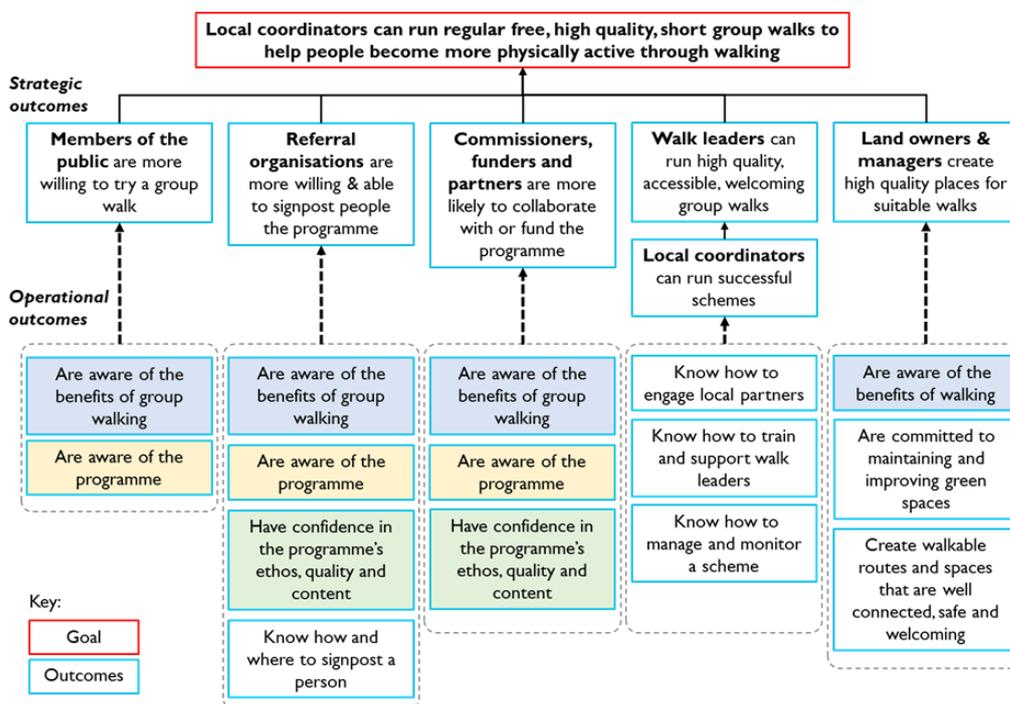


Research & Evaluation Services

The Participant theory of change



The National theory of change



Introduction

Purpose

This report summarises the results of a theory of change process for the England-wide Walking for Health programme which took place in July and August 2017. The Ramblers commissioned Cloud Chamber, a research consultancy, to conduct this process.

The process was prompted by the forthcoming ending of the exclusive Ramblers-Macmillan Cancer Support partnership, which has run and governed the national programme since 2012.

The new Theory of Change is a blueprint for the future ensuring shared understanding within the Ramblers and with various stakeholders. It reflects the reality of the programme as it is currently run, draws on a wide range of evidence, and provides the basis for further decision making.

About Walking for Health

The Ramblers took responsibility in perpetuity for the programme from Natural England in 2012.

Walking for Health is an umbrella programme for a range of local schemes that are independently managed and funded in different ways. Local schemes have to meet national accreditation criteria.

Local group walks operated by the schemes must be regular, short, graded, free, and led by a trained walk leader.

The national programme team is not involved with the direct delivery of walks.

Work completed

The fieldwork for this project took place over July and August 2017 and comprised the following:

- Four joint workshops with Ramblers trustees and staff.
- Seven workshops across England for local stakeholders involved with local Walking for Health schemes, Ramblers groups or local physical activity and health projects.
- One workshop for national charities/potential future partners.
- An online consultation for local stakeholders (those involved with Walking for Health and Ramblers) who couldn't attend a regional workshop (433 responses).
- Six face-to-face and telephone interviews with policy and strategy level stakeholders (including Sport England and Public Health England).
- A desk-based review of research evidence of the effectiveness of the Walking for Health model and similar interventions/approaches.

The theory of change is strongly grounded in evidence from research and the consultation process. For the sake of brevity in this report, we have limited the references to individual pieces of evidence.

It is worth noting that the process of engagement has clearly demonstrated:

- The very strong, positive feelings that all of the programme's current stakeholders have towards Walking for Health, and their desire to see it continue in future.
- The potential value of bringing Walking for Health schemes and Ramblers groups closer together (shared outcomes, potential to cross-promote, to share experience and expertise, etc.).
- The goodwill and interest demonstrated by potential national funders and partners towards the programme.

The variety within the programme

There is an enormous variety of local walks and schemes under the Walking for Health banner, and this was regarded by consultees as a strength of the programme. Some walks are good at engaging people who suffer from poor health which affects their ability to be more active, for example, while others are better at engaging people who are keen to maintain their current activity levels. Some local schemes are led by volunteers, others by paid staff. The theory of change cannot recognise the full variety within the programme, but it is important to bear it in mind when considering the report.

What is a theory of change?

A theory of change is a process to understand the changes (or outcomes) that are required for a programme, service or organisation to achieve its anticipated goals, and how they happen. It seeks to challenge a programme on whether the changes required to deliver on its goal are sufficient and likely to happen. In identifying the required changes *first*, a programme can develop a much clearer understanding of the activities it needs to deliver and where its priorities should lie.

The elements of a theory of change

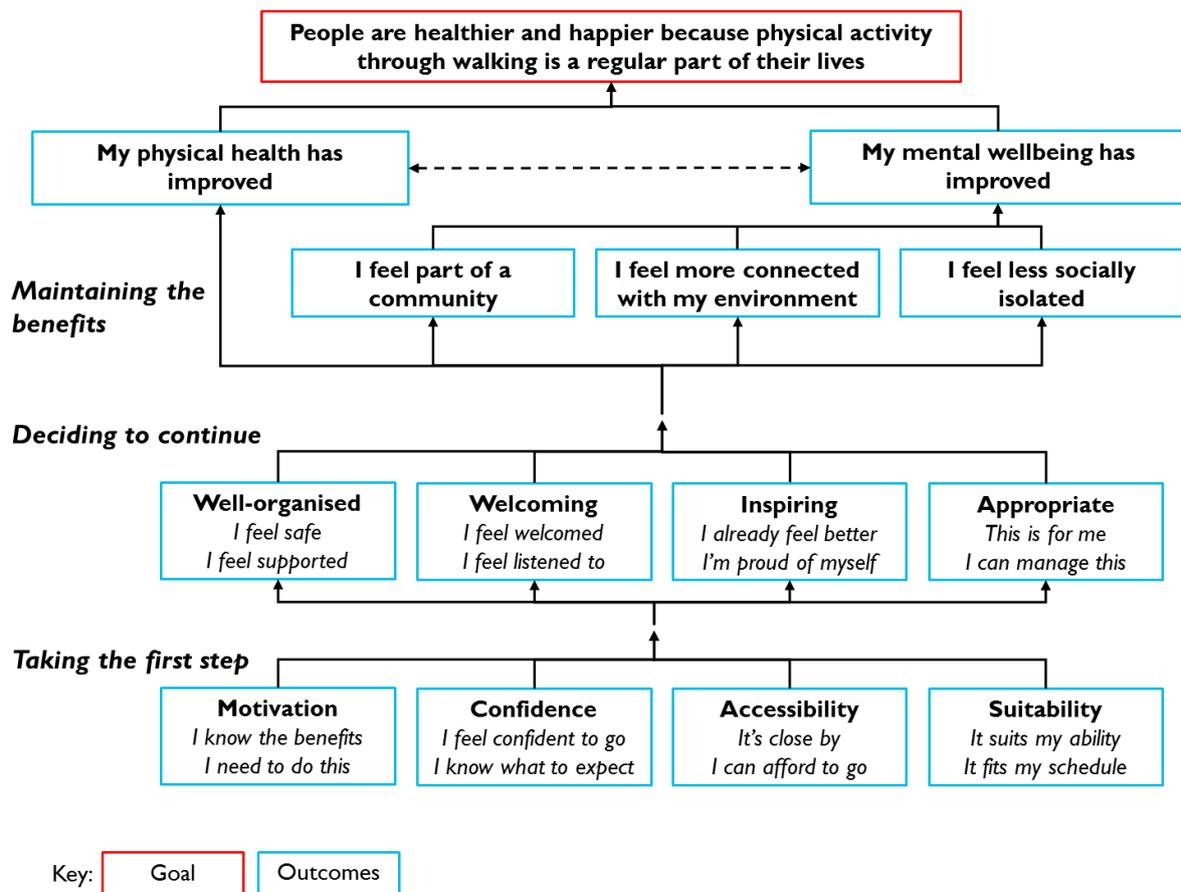
- **The Goal** is the ultimate impact that the programme is seeking to bring about. This is likely to be long term and focused around a specific need, challenge or problem affecting society that requires addressing.
- **Outcomes** are the changes that need to happen for the goal to be achieved, and a theory of change tries to describe how that change occurs. Some or all of the outcomes may occur sequentially, and there is likely to be a causal link between outcomes as some may need to be achieved in order to ensure that others are possible. This is reflected in the diagrammatic structure of the theory of change. Outcomes may occur as a result of something the programme does directly or indirectly, and/or may require the explicit involvement of others.
- **Activities** are those actions that the programme should undertake to bring about the required changes (outcomes) that will ultimately deliver the programme's goals. These are not specified in this theory of change; rather it is expected to prompt a subsequent discussion within the Ramblers and with programme stakeholders about which activities should be prioritised at the national level.

Two theories of change

The theory of change is divided into two distinct parts, reflecting the different nature and focus of local activity, and the outcomes delivered by the Ramblers that governs the national programme and supports the infrastructure to enable local delivery.

- **The Participant theory of change** describes the goal and outcomes expected for participants, as a result of their involvement in the walks. This is where the theory of change process started, by focusing on those individuals for whom the whole programme exists, and what they get out of taking part. This theory of change is described in the first person to make a clear and explicit link between what the national programme does, and how it makes a difference to those who participate.
- **The National Programme theory of change** describes the goal and outcomes expected among a range of stakeholders whom the national programme can influence. The focus in this theory of change is on the support and direction that the national programme can provide in order to support and enable local walks and schemes achieve the participant goal.

The Participant theory of change



Goal

The major societal challenge that the programme seeks to address is **inactivity**. It's a problem that faces the general population as a whole (more than a quarter of people are inactive, according to a recent Sport England national survey), but some people face more barriers to getting or staying active. Research evidence shows that physical activity has a positive impact on people's **physical health and mental wellbeing** (for mild depression, for example, physical activity can be as good as antidepressants). Current Government policy is focused on tackling inactivity in recognition of the health and wellbeing benefits of physical activity for individuals, and the wider societal impacts such as reducing the burden on health and social care services.

Inactivity may be addressed through many different routes, but walking is the focus of this intervention because it has been recognised as being particularly appropriate for enabling inactive people to become and stay more active: it is cheap to participate, low impact, can be done just about anywhere, and requires no specialist skills or equipment.

Outcomes

This section describes the outcomes or changes needed to achieve this goal from the bottom up, in the broadly chronological order that they might expect to be realised.

Taking the first step

Consultees told us that turning up to a first walk can be a big step for some people. A number of outcomes are therefore required in order to position people to make that initial decision:

- People need to be sufficiently **motivated** to come to their first walk which, for some, may be their first experience of physical activity in a long while. People often make such a decision after significant life events or ‘teachable moments’ (such as the death of a partner, or an illness) according to consultees. Trusted professionals (like GPs) who are aware of the programme may be able to pick the right opportunity to mention a walk in these circumstances. Potential participants also need to be aware of the likely benefits of walking/physical activity to make the commitment worthwhile from their perspective.
- People need the **self-confidence** to turn up to their first walk. This may involve the encouragement of others: word of mouth is regarded by Walking for Health walk leaders and coordinators as the most important source of referrals. For some participants, knowing you will see a friendly face on the walk may help to overcome initial barriers. Signposting, particularly by health professionals who can also reassure an individual about their physical ability to take part is also important. People can fear the unknown, so knowing what to expect from the walk – that it will be safe, well-organised, and a group activity for example – will also build self-confidence.
- People need to feel that the walk will be **accessible**. The potential physical, logistical and financial difficulties of getting to a walk can be barriers to participation in physical activity.
- People need to feel that the walk will be **suitable** for their ability and availability. The timing, location and difficulty of a walk will all influence the type of participants. For example, many walks currently take place during conventional working hours during the working week. This means that participants tend to be older people who are retired.

Deciding to continue

Once someone has attended their first walk, it’s important that the experience is one which encourages and motivates them to continue to attend in order to maximise the chances of generating the longer term outcomes. The immediate or short term outcomes of walk participation, which should lead to continued engagement, are as follows:

- A walk needs to be **well-organised**, to ensure that people feel sufficiently safe and well-supported to be confident of returning.
- Participants need to feel **welcomed**. Being made to feel part of the group is an important element of the experience – it’s what sets group walks apart from individual walks – and a number of workshop consultees noted that an unenthusiastic or neutral reception was a quick way to put people off from coming back. As is noted later in this section, addressing social isolation is a key outcome of the programme, and this starts with a warm welcome.
- Participants need to be **inspired** by the experience. The sense of achievement on completing a first walk (or even just turning up) is an important positive feeling, particularly for new walkers. Some may also feel an immediate physical improvement, although for others (depending on their specific health conditions, for example), it may not have felt so beneficial.
- A walk needs to be **appropriate**, in that it should not put an individual in a position where they feel unsafe or over-stressed (e.g. the walk is too long, too strenuous, etc.).

If these outcomes are achieved, then there is a strong expectation that an individual will come back again after their first experience, and over time change their behaviour to make walking a part of

their everyday life, opening up opportunities for greater long term health and wellbeing benefits. This may mean that people move on from Walking for Health, for example if they feel ready for a more challenging type of exercise. This should not be regarded as a negative if it still leads people to achieve the goal.

Maintaining the benefits

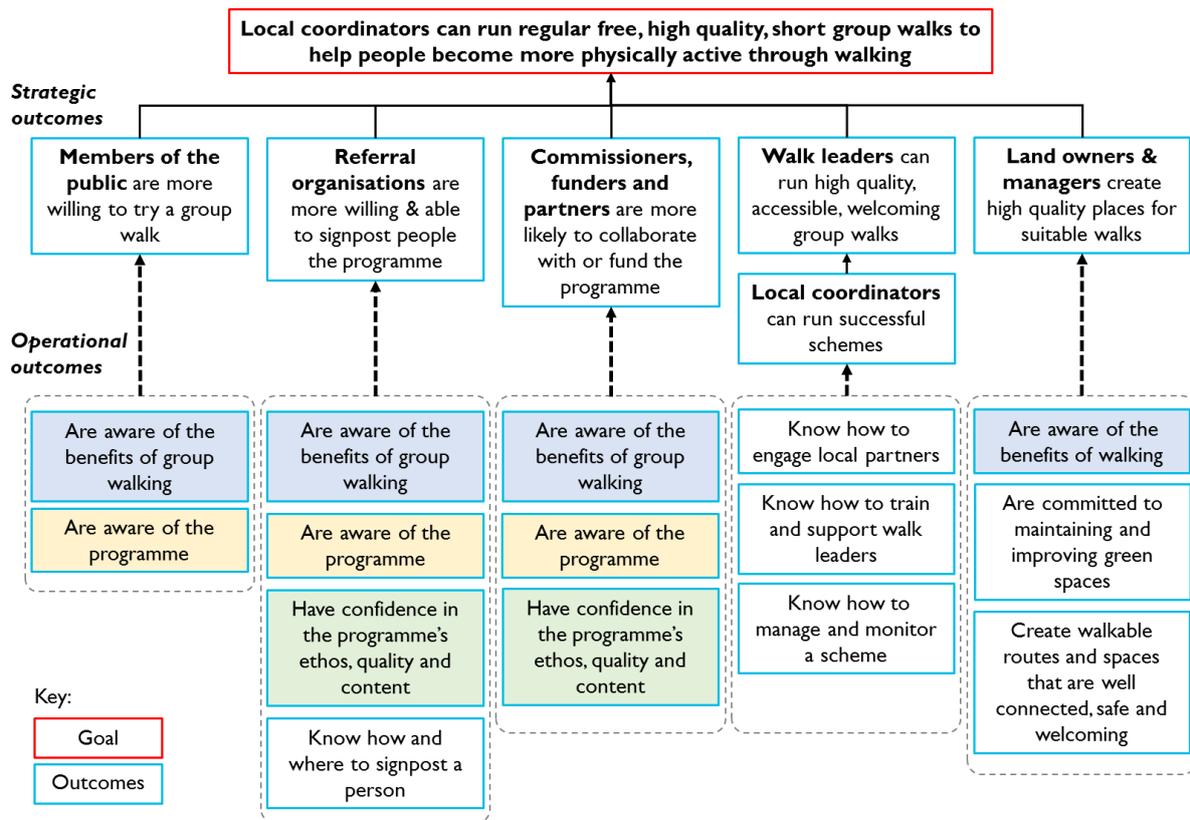
It is important to recognise that participants will benefit in different ways, and that the outcomes will occur at different times depending on individual circumstances. However, research indicates that the generation and maintenance of health and wellbeing benefits requires regular, sustained physical activity, which is why it is so important for the programme to support or enable longer term behaviour change.

Specifically, the programme should expect to generate the following longer term outcomes for participants:

- Participants will improve their **physical health** by walking regularly. For simplicity's sake, the Theory of change uses the term 'improved', but for some people it may be more about arresting or managing a decline in health (for example among older people). Walking for Health consultees report that the programme is important for older walkers – including Ramblers members – who can no longer manage strenuous walks but who want to continue with walking in a supportive group environment.
- Participants will improve their **mental wellbeing** through a number of associated outcomes:
 - Participants improve their **physical health**. Research evidence shows that better physical health can help to improve mental wellbeing (in particular lower rates of depression and anxiety), and vice versa (stronger mental wellbeing can help to overcome internal resistance to exercise and activity) - hence the dotted line on the diagram.
 - Participants feel **part of a community**. Consultees told us that a group walk could help to strengthen communities – creating a sense of place, or binding non-geographical communities together (such as specific age groups or health conditions); research also demonstrates that the programme can help to build social capital.
 - Participants feel **more connected with the environment**. All walks, whether urban or rural, can be full of interest in the broadest sense of environment – nature, architecture, or simply getting to know parts of the local area with which participants were previously unfamiliar. Interesting walks are more likely to bring people back for more. Regional consultees stressed the important role of the walk leader in selecting interesting routes and taking the time to draw attention to particular points of interest.
 - Participants feel **less socially isolated**. Within all the workshops, this came across as the strongest outcome from the programme, and is a key feature of a group walk. To an extent, this may reflect the age groups most commonly associated with the programme at present (older people); but walk organisers and leaders almost universally described this as the most significant and obvious outcome from Walking for Health, as people make new friends and establish new social links. Being connected is known to help improve mental wellbeing.

With the delivery of these longer term outcomes, short free group walks are helping to ensure that **people are healthier and happier, because physical activity, through walking, is a regular part of their lives.**

The National Theory of Change



Goal

The national programme goal has added a more practical aspiration to the Participant theory of change, reflecting the national programme's role of enabling and supporting local coordinators and walk leaders to deliver the anticipated long term benefits to participating walkers, and embedding the principles of the programme for walks as **being free, high quality, short and for groups**.

Outcomes

The national outcomes focus on changes for specific stakeholder groups that the national programme can influence (given that the national team does not have a direct influence on participating walkers themselves); and areas where capacity, knowledge and scale considerations suggest that a national approach is best suited.

Operational-level outcomes have been grouped together but not in a particular chronological/causal order (there is no particular order in which they need to be delivered). Some outcomes have been given colours to reflect the fact that they are similar across stakeholder groups, thereby indicating where key activity themes may lie.

Members of the public

In order to increase the number and range of people participating in the walks, population-level change is required to raise awareness of the programme and walking to ensure that **more people are willing to try a walk** (supporting the motivation and confidence elements of the Participant theory of change). Through national-level activity:

- The public will be **more aware of walking as a health-promoting physical activity**; and **recognise the wider benefits of group walking** (for example, the wellbeing benefits of social interaction). Research evidence and the views of Walking for Health and Rambler consultees indicate that public awareness of these benefits is very low. Awareness of the potential benefits also varies between different communities and groups within the population as a whole; more detailed targeting may be an option if the programme seeks to broaden its appeal or wishes to focus support on particular groups (e.g. those facing the most barriers to activity).
- The public will be **more aware of local health walks**. Local coordinators and walk leaders do what they can to raise the profile of their walks locally, primarily through leaflets and word of mouth. But local and regional consultees thought that their ability to encourage more people to take part would benefit from the programme having more of a national profile.

Referral organisations

While word of mouth is the most significant source of new participants for Walking for Health (and has its benefits – see Participant theory of change), it is not the only source; and there is a risk that word of mouth referrals will reinforce existing patterns of participation (the demographic of the programme hasn't changed significantly in recent years). So ensuring that other local organisations are **more willing and able to signpost people to the programme** should help both with the diversity and the number of people who take part.

Some local walks and schemes successfully encourage signposting and referrals from other sources (such as GPs and physiotherapists), but the picture is not consistent and consultees suggested this as an area where the national programme could help, by ensuring that:

- Organisations are **more aware of the benefits of group walking**, like with the public, but messaging may need to be couched in more detailed terms (such as the clinical case for increasing physical activity through walking).
- Organisations are **more aware of the programme and what it offers**, supplementing the work at local level by raising the profile of the programme with relevant national bodies (e.g. health professional associations and societies).
- Organisations **have sufficient confidence in programme's ethos, quality and content** to allow them to give appropriate advice to people looking to address their inactivity. This reinforces one of the benefits noted by consultees, that being part of a national, accredited programme provides reassurance to organisations and individuals that they are signposting people to a safe and appropriate physical activity initiative.
- From a practical perspective, organisations **know how and where to signpost a person** to a walk delivered by the programme.

Commissioners, funders and other partners

Wider **collaboration, commissioning and funding** are critical to the programme's ability to deliver on its intended outcomes and goals. These relationships – national, regional and local – are likely to focus on other charities and public bodies with shared interests or objectives in increasing physical activity to improve physical health and mental wellbeing. To facilitate this potential national, regional and local commissioners, funders and partners need to be:

- **Aware of the benefits of group walking.** Consultations with national stakeholders suggest that awareness is mixed when it comes to the benefits of walking (and group walking) for physical health and mental wellbeing.
- **Aware of the programme and what it offers.** More specifically, consultees suggested that Walking for Health did not have a particularly high national profile. National health charities who were part of the consultation process indicated their interest in collaboration once they knew more about the programme, and efforts to widen awareness are likely to be beneficial.
- **Confident in the programme's ethos, quality and content** to allow them to invest, signpost or support delivery. This reinforces the importance of ensuring consistently high quality delivery of walks.

Local coordinators

The outcomes for local coordinators practical, but no less important. It is crucial that they are **able to coordinate local activity successfully**, including ensuring that **walk leaders can run high quality, accessible, welcoming group walks**. To achieve this, coordinators need to be able to:

- **Engage local partners** to encourage signposting/referral to walks; raise awareness of the programme and specific local walks; and exploit local funding opportunities.
- **Train and support walk leaders** to ensure that they have the necessary knowledge, skills and resources to lead on delivering the Participant theory of change.
- **Manage and monitor local activity** in an efficient and cost-effective manner.

The national programme's ability to deliver these outcomes through coordinators and walk leaders is crucial. Direct support like this is an important reason why local walks stay within the national programme; there is no obligation for them to do so.

Land owners and managers

The quality of the walking environment is important for walks to generate some of the wider wellbeing outcomes, and to encourage walkers to participate. Some consultees noted that the quality of paths for walks could be a limiting factor (for example uneven surfaces posed problems for people with mobility problems).

There is, therefore, a potential role for the programme in encouraging land owners and managers (including local authorities, highways agencies and others) to **create high quality places for short, accessible group walks** by ensuring that:

- They are **aware of the benefits of regular walking and the part they can play in encouraging it**.
- They **create or enable walkable routes and spaces that are well connected, safe and welcoming**.
- They are **committed to maintaining and improving urban green space**.

Summary

The two theories of change outlined in this document are grounded in evidence and complementary. The National Programme theory of change provides a supportive structure to give local schemes and walks the best chance of delivering the Participant theory of change.

The model as a whole aligns well with national and local policy priorities, especially those seeking to address the inactivity challenge facing society. The model also fits with the Ramblers' vision for a country where everyone enjoys the outdoors on foot and benefits from the experience.

www.ramblers.org.uk

<http://www.cloud-chamber.co.uk>

