



Dementia Friendly Walking Project

EVALUATION REPORT

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1. ACKNOWLEDGEMENTS

We thank all the Health Walk Coordinators who gave their time to participate in this evaluation.

2. INTRODUCTION

The evaluation project explored the final year of the dementia friendly walking project. There are approximately 100 walking for health projects across Scotland, with 500 walks taking place per week. Currently 22 of these projects are either working towards or have been accredited as being dementia friendly. *Paths for All* invited researchers from the University of Stirling to conduct the evaluation as a follow-on from a report earlier in 2017 that explored the views of people with dementia and carers regarding their experiences of attending dementia friendly walks.

The purpose is to investigate the provision, opportunities and barriers to the effective delivery of the dementia friendly walking group programme from the perspective of Health Walk Coordinators. The project also explored Health Walk Coordinators' opinions about current resources provided to raise awareness of dementia, and whether there is sufficient communication, training and support available to assist them in delivering and sustaining dementia friendly walks in their localities.

The goals of the evaluation were:

- To explore what Health Walk Coordinators perceive as the main outcomes and impact of dementia-friendly walks.
- To identify perceived opportunities and barriers to delivering dementia friendly walks effectively.
- To explore levels of satisfaction with current support provided to Health Walk Coordinators, and how this might be improved.
- To identify what communication and networking opportunities are available for Health Walk Coordinators and how these might be improved.
- To ascertain how groups can increase healthy-living awareness and dementia awareness through dementia friendly walks.
- To explore how Health Walk Coordinators understand dementia-friendly language/design and use related resources to support them.

The evaluation project took place from October 2017 to March 2018. Fieldwork was conducted during December 2017.

3. BACKGROUND

Paths for All is a Scottish charity, comprising a partnership of 28 national organisations, whose goal is to promote everyday walking in order to promote a healthier, happier Scotland. As part of their remit, *Paths for All* have been funded by the Life Changes Trust to carry out a project which encourages dementia friendly walking in Scotland. The goal of the funding is to provide training, funding and support to make its existing Walking for Health network dementia friendly and additionally establish new dementia friendly walking groups. The dementia friendly walking project has been funded for three years, and at the time of writing (February 2018) is towards the end of year 3 of the project.

Goals of the dementia friendly walking project are to:

- Develop the existing walking for health network to make walking more accessible to people living with dementia.
- Help raise awareness of the benefits of walking to people living with dementia.
- Work with over 20 projects over three years to support them to become dementia friendly walking projects.
- Develop training, resources and sharing of good practice with partners and projects.
- Ensure *Paths for All* becomes a dementia friendly organisation.
- Develop strong communication plans and link in with policies.

Locales of dementia friendly health walks vary, with walking projects being either specifically for people living with dementia and their carers, or mixed environments which welcome people living with dementia. The project involves developing existing health walks, developing new dementia friendly walking groups, and providing support to Health Walk Coordinators and training regarding dementia friendliness and dementia friendly walking for volunteer walk leaders within each walking group.

For this evaluation, Health Walk Coordinators were invited to take part in a focus group discussion, held in Stirling and Kirkintilloch. Those unable to take part in a focus group were invited to take part in a telephone interview. Following the focus groups, all Health Walk Coordinators were invited to complete a questionnaire survey to supplement data from the discussions.

4. METHODOLOGY

The project continued to use the methodology developed in the first *Paths for All* dementia friendly walking project evaluation. This methodology is based on principles of co-production and co-creation. Building upon the previous report, this project continued to involve two older people as volunteer community researchers. These community researchers held equal status in this project and were actively involved in both the collection and analysis of data.

4.1 COMMUNITY RESEARCH METHODOLOGY

Two volunteer community researchers (RH and ST) who have been involved in other co-produced research projects exploring ageing and dementia were part of the research team. Both community researchers had been involved in the first *Paths for All* evaluation project and had also received training in research principles, methodology, methods and data analysis during the first-stage evaluation and the 'A Good Life' research project.

The project methodology involved a series of two workshops, with fieldwork (focus groups, telephone interview and survey questionnaire) taking place between workshops. In workshop one, community researchers were given an introduction to the project and project objectives. Community researchers then engaged in discussions in order to identify priorities for the research project, research methodology and research methods.

After workshop one, community researchers conducted fieldwork alongside one of the academic researchers (CP). Fieldwork involved focus groups with Health Walk Coordinators. Data analysis was conducted during workshop two. During this workshop transcripts were coded and major themes were identified jointly by the academic and community researchers.

Ethical approval for the project was received from the University of Stirling General University Ethics Panel. An invitation letter with information sheet (Appendix 1) was emailed to Health Walk Coordinators ahead of fieldwork inviting participation in one of the focus groups. Written consent was obtained from all participants at the beginning of the focus group (Appendix 2). Following the focus groups, Health Walk Coordinators were emailed with an invitation to participate in a questionnaire survey to supplement the data collected from the focus group discussions.

4.2 FOCUS GROUP DISCUSSIONS

Two focus group interviews were conducted, with CP co-facilitating discussions with RH and ST. Twelve Health Walk Coordinators took part across two focus groups. A topic guide (Appendix 3) posed questions regarding the delivery and sustainability of dementia friendly walking groups, communication, resources, training and support provided to Health Walk Coordinators.

4.3 TELEPHONE INTERVIEWS

Health Walk Coordinators who were unable to participate in the focus groups were offered the opportunity to take part in an individual telephone interview. To preserve anonymity, analysis of data from this method has been combined with data analysis of focus group discussions.

4.4 QUESTIONNAIRE SURVEY

Following the focus groups, Health Walk Coordinators were invited to take part in an online survey. The survey (Appendix 4) was hosted on the Qualtrics online survey tool with questions about the delivery and sustainability of dementia friendly walking groups, communication, resources, training and support provided to Health Walk Coordinators. Six people completed the survey.

4.5 DATA ANALYSIS

All focus group discussions and telephone interviews were audio recorded and transcribed. Qualitative, thematic analysis was undertaken to provide in depth understanding of Health Walk Coordinators' perspectives on delivery and sustainability of dementia friendly walking groups.

After fieldwork was concluded, a workshop was held in February 2018, during which the data were analysed together by community and academic researchers. Within the workshop, transcripts were divided between pairs of researchers, with each pair including an academic (GG, JR) and community (RH, ST) researcher. Researchers read and coded the transcripts in pairs using thematic analysis. Following the initial coding process, researchers then came together to develop a series of general themes based on the data analysis. Themes identified in the workshop were then used to develop the structure of this report that was written by JR, GG and CP. Recommendations from the findings were agreed by researchers at the end of the workshop.

To preserve anonymity of the participants, qualitative data generated from the three methods are presented together, below.

5. FINDINGS

5.1 DELIVERING DEMENTIA FRIENDLY WALKS EFFECTIVELY

Maximising positive outcomes from participation in dementia friendly walking groups was a key focus for Health Walk Coordinators. This section explores their perspectives on facilitators and barriers for delivering dementia friendly walks effectively. Understanding Health Walk Coordinators' viewpoints on the nature of these opportunities and challenges provides important contextual information for supporting the long-term delivery and sustainability of dementia friendly walking groups.

This section is separated into three themes:

- Supporting different abilities and needs;
- Facilitating an inclusive ethos;
- Negotiating organisational frameworks.

5.1.1 SUPPORTING DIFFERENT ABILITIES AND NEEDS

Finding routes that would be considered interesting and stimulating for participants, including promoting reminiscence, was an important goal for Health Walk Coordinators. Getting fresh air was considered another important dimension for those who had few opportunities to go outdoors and enjoy the health benefits of physical exercise.

I think this one [an image chosen to represent positive aspects of dementia friendly walks] is quite a good one because it has a nice place to walk / a nice place to be in terms of a positive angle for our walking groups – to choose routes that are interesting (maybe has a bench in this area here); smells of the flowers.

And lots of stimulating colours and that just reminds us of your botanic walk.

Scoping out routes that were suitable for a diverse range of participants was considered a potential challenge. Different levels of health, sensory challenges, ranges of mobility and types of dementia all impacted on the perceived appropriateness of routes and the amount of support required for participants. The detailed ways in which Health Walk Coordinators discussed dementia friendly design suggested a good degree of knowledge in this area as a result of the training they had received from *Paths for All*.

Some Health Walk Coordinators distinguished between people with dementia and people without dementia who were attending walks and highlighted the need to balance their different needs, which required resources and time.

I think it is a challenge picking routes that are going to be suitable for everybody.

With this in mind, accessibility was an important consideration for Health Walk Coordinators, with dementia friendly training providing necessary guidance around environmental design

e.g. handles/rails and marked contrasts between different physical elements of a route, such as between rough ground and a path. Health Walk Coordinators drew from this training extensively when highlighting barriers, such as steps and tunnels, and perceived hazards such as water, which could be difficult for some participants to navigate due to either mobility difficulties or dementia.

While Health Walk Coordinators were conscious of the challenges associated with both the diversity of walkers and environmental issues that could often be outside of their control, having trained volunteers who supported participants alongside Walk Leaders provided confidence that these challenges could be negotiated safely and effectively. Therefore, having sufficient personnel was considered crucial; yet, having an adequate ratio of staff or volunteers to participants could be a challenge for some Health Walk Coordinators.

One of the challenges we often experience is the resources in terms of people, in terms of Walk Leaders. If somebody did get into difficulty and they needed that one-to-one reassurance, support and guidance, do we have the pool of trained volunteers [in order] to be able to guide that person make them feel comfortable to be able to go through the tunnel?

The location of walks – whether rural or urban – had an important impact on the perceived safety or accessibility of routes, with traffic perceived as a potential hazard and traffic noise potentially distracting for people with dementia. Improved lighting and additional signage were aspects of routes that some Health Walk Coordinators thought would be beneficial. Despite these challenges, the training provided by *Paths for All* - considered in more detail in Section 5.2 below - provided Health Walk Coordinators with a sense of competence when identifying, planning and risk assessing walking routes.

Additionally, the need to adapt to evolving needs and abilities was recognised as an aspect of supporting walking groups that could provide both opportunities and challenges. For instance, some participants' fitness improved to the extent that they could progress to more challenging walks. While this was an advantage for the person's health, moving to a different group might mean the person was no longer able to socialise with existing friends. It could also require new Walk Leaders to support those whose abilities had advanced by providing a range of walks from slow, moderate to brisk.

5.1.2 FACILITATING AN INCLUSIVE ETHOS

Fostering inclusion was an important goal of dementia friendly walking groups for Health Walk Coordinators, although facilitating groups that were open to all could prove challenging in terms of recruiting people living with dementia, including receiving referrals.

We do not get many referrals, so in terms of the number of people with dementia walking with us [this] is still quite low (...) We are like a health walk scheme in the community – it is for everyone who wanted to join, so it is not specific in a care home or day care setting, and I suppose this is why it has been a challenge for us.

With inclusiveness considered an essential element of dementia friendly walking groups, an inclusive attitude extended to volunteers.

And the other volunteers that I have, there is somebody with mental health issues, somebody who is on the autistic spectrum, and there is somebody who has a physical condition, the oldest woman is 85 or something, but these are all my volunteers and bring something very different to the group than the Walk Leaders ... we just build on whoever has the skills.

Providing opportunities to socialise and create a cohesive group was considered an important dimension of a socially inclusive group. For example, one Health Walk Coordinator described participants rarely wanting to separate from one other, and the natural way in which the subgroups clustered together enabled individuals to walk at different rates if they chose.

It is such a social event that, actually, we do not find often that people separate off. There is one man who wants to stride out, but we always have somebody with him. But the rest of the group tend to go in clusters, so there is always somebody together with folks.

While some couples, where one person had a diagnosis of dementia, found it helpful to have someone other than their partner to walk with, as this provided a break for the carer.

The wife got to go and speak to somebody else and somebody else walked with her husband, so she actually got an hour's respite, and somebody else was chatting to him.

On the other hand, some Health Walk Coordinators described challenges such as: an existing health walking group refusing to include people with dementia so that a separate 'dementia' group had to be created, concern about how to keep people together in walks if some participants choose to walk away from the group, supporting people with dementia who attended without a relative or friend, or encouraging the person with dementia to mingle with the rest of the group if a paid supporter was present. One Health Walk Coordinator found that a group was unable to support a long-term walker who developed dementia due to the level of confusion he was experiencing, with behaviour being considered challenging to the extent that he was eventually asked to stop attending. It appeared that whether the group was 'closed' (exclusively for people living with dementia), or 'open' (with a broader group of participants), might impact on its perceived cohesiveness, with open groups more challenging in relation to the issue of inclusion.

Some Health Walk Coordinators emphasised the value of identifying as a group to members of the public, which could be achieved by asking walkers to wear high visibility vests to make themselves identifiable to others and to each other. Conversely, other Health Walk Coordinators felt that making people stand out could be unhelpful, such as if people were to go into a café for a coffee after a walk: they felt this identified people as ‘clients’ in an inequitable way. Others felt that only the Walk Leader needed to be easily identifiable to walkers.

5.1.3 NEGOTIATING ORGANISATIONAL FRAMEWORKS

Variability in how Health Walk Coordinators responded to some of the inherent challenges in supporting people with a progressive neurodegenerative condition was evident. While some groups were willing to facilitate the participation of people living with dementia without a supporter, such as a relative or friend, other groups required a carer or supporter to attend alongside the person with dementia.

Health Walk Coordinators expressed uncertainty about whether some participants had a diagnosis of dementia, and about whether it was necessary or even helpful to know this information.

For us, it is hard to get a dementia diagnosis for people (...) unless we go to every single [person] in the group and ask, have you got dementia?

We take anybody, so we do not know.

We could have a walk with 20 people on it and five people could have dementia, but we would not know one of the people or we could have 15 people with dementia – it is really hard for us to record who has a diagnosis, or not even a diagnosis – who has dementia.

Because they are not always willing to share that.

One Health Walk Coordinator contextualised dementia as one of many long-term conditions that the health walk supported, and consequently did not feel it was important to know a diagnosis. Another Health Walk Coordinator described having a question in the application form for joining the group that asked about whether the person has dementia, and their specific diagnosis, that they used alongside an intake visit to complete a risk assessment for the new participant. While other Health Walk Coordinators used the application form, it was not always completed fully by participants.

While Health Walk Coordinators benefited from having a framework provided by *Paths for All* around which to facilitate dementia friendly walking groups, some Health Walk Coordinators liked to “do their own thing”. As will be discussed further in Section 5.3 below, some Health

Walk Coordinators described taking this approach in terms of designing their own posters for recruitment. Most felt able to negotiate the level of flexibility and autonomy that suited them, although there was an example of one Health Walk Coordinator feeling constrained by organisational processes, such as a lack of flexibility in how training could be delivered.

As long as I achieve those things [required by Paths for All] – how I achieve them, what difference does it make? (...) I found it very frustrating.

Although this Health Walk Coordinator found the approach to training overly prescriptive, other Health Walk Coordinators described being able to integrate an individualised approach for their group within the required parameters of the training programme. While most Health Walk Coordinators appeared to be content with the level of autonomy they had in coordinating dementia friendly walks, use of the Health Walk Agreement was one area where there seemed to be uncertainty about when and how to use the resource, for instance with some querying whether it was necessary for insurance purposes. Whether carers or supporters were attending with the person with dementia was considered an important element of whether there was value in using the Health Walk Agreement. Some felt that it was an unrealistic expectation to complete this with a group of people with dementia without support from carers, and that a full risk assessment conducted before the walk was sufficient and pre-empted the need for a signed Agreement.

I have a group with a number of carers, but the other group has no carers in it at all, so it is all people with dementia on their own, so for that particular group (...) I know for a fact that within two minutes they will have forgotten that they have said this.

But it is part of it that you have validated your insurance?

Yes, you have the question – if anyone is feeling unwell on that day.

That is my understanding as well, that it is not actually handed out for them to read, it is to say you are ...

And to sign the register, which a carer can then do.

They do not sign a register on the day because I have done a risk assessment beforehand so the Walk Leaders know exactly what to look out for (...) You have got 12 people with dementia all doing their own things and to try and get every single one of them to do it at the start of a walk when it is cold and wet [is too challenging] – you know. And trying to explain to them what this is again [is difficult].

Therefore, while some Health Walk Coordinators stated that all their volunteers used it at each walk, some either did not recognise the resource or did not use it consistently. Those who did not use the Health Walk Agreement regularly cited concern about whether people reading it had capacity to sign an agreement, and whether they would understand and

remember the information, which is considered further in Section 5.3 below. On the other hand, its use was cited as reassuring for carers who could read about the route and risk assessment. Adapting the content and process of consenting to the health walk for people with dementia was considered an option that could be explored further, or just checking everybody was 'well' at the start of each walk.

5.2 COMMUNICATION, SUPPORT AND TRAINING

Each dementia friendly walking group existed in the context of a national programme of walk groups in conjunction with *Paths for All*, as well as a series of other local and national organisations involved in either directly providing health and care services, or in supporting communities to become dementia friendly. This section explores Health Walk Coordinators' perspectives in relation to support and training received, and communication within groups and between groups and other organisations.

This section is separated into three themes:

- Training for Health Walk Coordinators, Leaders and Volunteers;
- Support provided to Health Walk Coordinators;
- Communicating across groups and with other organisations.

5.2.1 TRAINING FOR HEALTH WALK COORDINATORS, LEADERS AND VOLUNTEERS

The majority of Health Walk Coordinators were happy with the training they had received, both in terms of launching new walks, and in making their existing walks dementia friendly. In the online survey, five of six respondents gave a maximum rating of '8' to say they were extremely satisfied with the training they received, with the remaining respondent giving a rating of '7', indicating high satisfaction. Similarly, when asked about cascade training for their Walk Leaders, four respondents gave a maximum rating of '8' and two gave a rating of '7' to indicate high levels of satisfaction. Training was described as well-designed and comprehensive. Health Walk Coordinators also discussed the role of training in encouraging people, including people with dementia, to become volunteers.

Training is vital within that and it gives them confidence to be able to do what they are doing and, like yourself, we have several walk leaders who have dementia and for them, actually, it was a very positive experience, doing the training and finding out far more about the dementia that they had and are more confident when they are chatting to people that they are walking with, with the lived experience that they have. You cannot put a price on that - that is all just down to their people skills, but it comes from the training they have had.

Confidence, empowerment and up-skilling were terms used by a number of Health Walk Coordinators to describe the impact of training for themselves and Walk Leaders. While

training encouraged new volunteers to join walk programmes, some Health Walk Coordinators also raised concerns about their ability to recruit new volunteers as existing volunteers gave up their roles, and the resources that might be available for them to do so.

I guess it is when they have had training already for that amount of people that it is hard to find new people that want to do it. I only did it for six people and that was fine. I thought that was okay to do it.

Cascade training, in which Health Walk Coordinators received training that they would subsequently provide to others locally, was an important part of the overall training programme. The resources provided, including slides, the subsequent ongoing support from *Paths for All* and the meetings that followed were all important dimensions of delivering this training.

I think the training was excellent - it was really good. It helped for me personally because I had not done training before and it really helped in doing presentations and involving the group (...) I think it was excellent overall: lots of resources; lots of support; follow up meetings and keeping in contact with you - I think it is really, really good.

This training was considered valuable for general skills development as well as in relation to content about establishing and delivering dementia friendly walking groups.

Because the training was sort of two-fold; it was on general personal skills and delivery skills, as well as then the core content of the training course (...) the balance was ideal (...) it has helped my personal development as well.

The information and skills gained from cascade training could also be used to introduce dementia friendliness to any other leisure activities Health Walk Coordinators were involved in.

I think for us it brought dementia into focus more, and, actually, it made people/volunteers (and us) think about our other activities because we have not only walks, we have other different activities and within the last couple of weeks we have had a few things cropping up from our buddy swimming programme and our indoor curling.

The training – which was conducted over two days – could be difficult for some to attend, with the option of shorter evening sessions suggested as an alternative. However, the vast majority of Health Walk Coordinators were satisfied with the cascade training and other forms of training and support received from *Paths for All*. Providing a structured framework with some opportunities for adaptation according to a group's local circumstances, appeared to offer the most appropriate context in which dementia friendliness training could be delivered. One Health Walk Coordinator suggested that a list of commonly asked concerns and questions with

suggested answers or key fact cue cards would be a helpful additional resource for the cascade training.

Beyond the benefit of cascade training for developing dementia friendly walking groups at an organisational level, one Health Walk Coordinator commented on the added value of sharing broad knowledge about how to increase awareness to develop dementia friendly communities.

In terms of overall positives, that is a big one for me, personally, just to have a greater sense of the day to day life of people that I may come across (...) and what [dementia] means for them. Just a general community wide awareness.

Being able to deliver cascade training effectively relied on more than just the initial training, although this was important, and therefore Health Walk Coordinators emphasised the value of long-term support from *Paths for All*.

I think we could easily phone [a Development Officer] at any point and say, we have this situation – what do you think? And that feels quite nice to get that support. And that kind of goes back to what you are saying, that the funding – where do we go with that?

Ongoing access to the Development Officer was considered an important element of support beyond this initial training period to benefit from the specialist knowledge provided by *Paths for All*, which links to the issue of sustainability considered further in Section 5.4.

5.2.2 SUPPORT PROVIDED TO HEALTH WALK COORDINATORS

Health Walk Coordinators felt that they were well supported by *Paths for All* when making their walking groups programmes dementia friendly, with regular contact and updates from relevant staff, and in launching their programmes, for example by engaging with local media.

The support from Paths for All has been brilliant.

I think they (the Paths for All team) have been really supportive. We had the launch of our dementia friendly (the official launch) at the end of August and (...) the Paths for All team were so supportive with helping us get media coverage, helping out on the day, just hands on - absolutely fantastic - yes, really good.

Development Officers played a crucial role in helping Health Walk Coordinators to feel supported right across all stages of establishing and sustaining walking groups.

I have felt really well supported through the whole process – from those early stages in the consultation to going on to making our groups accessible for people with

dementia. I felt every single stage has been very well supported by [the Development Officer] and the rest of the team.

While some Health Walk Coordinators questioned whether they were meeting the expectations placed upon them in managing their walking group programmes, such as whether they were collecting the right kind of feedback for the consultation exercise, they felt that they were well supported by the *Paths for All* team in overcoming any issues they faced.

For me, the challenge was, what is it they are wanting - am I giving enough - is it to be done in a different format? For one woman walking along with her husband with the walker (he has Lewy Body) and I said to her, what would you say about the group, and she said, I would say love, laughter and understanding are the three words that describe this group, and then she went on to say why. I had a lot of feedback from people already that I could use towards the portfolio, but it was just - am I hitting the mark here/what is it they are looking for? That is the only hesitation, but, obviously, in conversation with [Development Officer] that was fine, we sorted that out.

Support was also available in the form of written resources that could be provided to walkers, as considered in Section 5.3 below, as well as providing a framework for consultations and feedback to other bodies, such as local authorities.

Also in terms of, for me, it was just very affirming because every group that I run every day, every time a group happens, I have to do a consultation at the end - I have to get feedback at the end because otherwise people will forget. As part of our outcomes that we have to report back to the Council, we were already doing it so it was really great to see it out in a structure - that is what I do, oh right, we are doing okay/good.

Paths for All provided a shared branding for dementia friendliness, which could be used by all groups in the network. In using the same branding, the provision of written materials using the same template helped give individual walking groups an overall sense of being part of a wider initiative rather than at the level of their individual walking group projects. One Health Walk Coordinator suggested a separate web page for Health Walk Coordinators to upload and share resources they had adapted, developed or found.

What I particularly like about the template that has been provided, instead of us using our own template with our own design for existing walks, this one is just very clear about dementia friendly walking so rather than using what we were already using with the dementia friendly logo, it is much more catching and, as it is the same for all the health walk schemes, it really helps to promote dementia friendly walking on a bigger scale than individual schemes.

I particularly like this one because it has been provided by Paths for All so I assume all the health walk schemes have got access to it, so if everyone is using it puts the word out more about dementia friendly walking rather than individual schemes using their own designs, with the wee dementia friendly logo - that just gives it much airing.

The relationship between branding and the concept of 'dementia friendliness' as perceived by Health Walk Coordinators is considered further in Section 5.3 below.

Health Walk Coordinators felt it was very important that formal support from *Paths for All* continued, as they felt this support played a vital role in enabling groups to continue to provide their programme of walks, and to support the development of new groups.

For new groups starting, I think it is essential that their funding be maintained just because it is more support in terms of new groups that want to start - it is real bonus to have that team.

The support *Paths for All* provided to walking groups was therefore seen as critical to the launching of groups and for their continued development in the future.

5.2.3 COMMUNICATING ACROSS GROUPS AND WITH OTHER ORGANISATIONS

Meetings and networking events between *Paths for All* Health Walk Coordinators were considered beneficial. Although it was noted that – depending upon which days Health Walk Coordinators worked – the part-time nature of the role could make attending meetings difficult for some. Networking provided Health Walk Coordinators with the opportunity to share ideas, support best practice, and generally to feel supported by each other.

I do find the opportunities that they have at the [Walk] Coordinators' meetings and they are a really useful thing. Obviously, having [staff member] here today just to hear different people - how you deliver it - that is really useful. Also, it makes us feel, as [Walk] Coordinators, part of a network as well, and that we are supported, so I think those meetings are really useful.

Experiences of recruiting people to walks, either as volunteers or participants, varied. Several Health Walk Coordinators stated that their groups did not experience any problems in recruiting walkers, or in walkers being referred to their groups.

That is one thing we did not have an issue with - we have more than enough people to actually participate in the walks. Sometimes we run an array of activities and some are more popular than others, but, no, referrals is not a problem for us.

Those who did not have issues around recruitment appeared to have developed links with local organisations who provided referrals for people living with dementia – which in at least one instance facilitated additional support for the person during a walk.

We have linked up with localities support service (...) we built up links and they are very kindly referring people and then providing support to them, so that has been working quite well.

However, several Health Walk Coordinators did note that they had difficulties with raising awareness about their programme of walks among the general public, and also with other related organisations. For some, the rate of referral into their programme was limited.

One thing that has been a little bit disappointing from our perspective is that we have seven walks with volunteers trained and, whilst we do have people, we are not (I would consider) getting that many people getting referred in. With the whole health and social care agenda going on, we are starting to make more contacts and more inroads into services, who, traditionally, have just done it their way.

It appeared that Health Walk Coordinators did not routinely share these different experiences, and lacked specific support around recruitment and referral routes, leading them to rely on their own contacts and knowledge about how to access potential walking group participants. Based on discussion generated by the focus group, one Health Walk Coordinator emphasised the value of more opportunities for sharing knowledge and practical advice.

I think we can make links and it is nice to hear other peoples' stories and what you do (...) and I am thinking, maybe we could do a little bit more.

Ensuring people knew about and could access walking groups could be achieved by building links with health or social care services or with other local organisations. Where such links had been made, this usually led to greater levels of awareness about walking groups and their programmes, and ultimately a greater number of people attending walks.

We have linked up with localities support service: in one area in [local authority area] there is, for some reason, a much higher percentage of early onset dementia and so people with that, they get support from the service because their husband or wife is still at work. (...) We built up links and they are very kindly referring people and then also providing various support to them, so that has been working quite well.

Several individuals did however describe difficulties in making links with other third sector organisations that may already be in contact with people with dementia. Specific difficulties were raised with regard to building links with care home providers and in supporting care

home residents to attend. In some cases, difficulties related to the extra support care home residents were expected to need.

We have connections to a care home and I can see [the] problem there. With care homes there is a higher level of need and for a higher level of need, there is a higher level of input required to accommodate it. (...) One of our major problems is finding the time because we already have a full programme. (...) [but] in terms of the people that you want to attract to this - it is ideal.

In other cases, difficulties with physical mobility were also identified as barriers to the participation of people in sheltered or supported housing.

In sheltered housing there is still that physical capability of being able to walk. We have, maybe, four walks that go from sheltered housing or day centres and stuff like that, so there is a good target market there.

Health Walk Coordinators also noted the challenges involved in trying to persuade health and social care organisations, or dementia organisations in the third sector, to either formally refer people to their walks, or to raise awareness about their walking programmes.

I have got a slightly unusual situation where I have a load of leaders who are really keen and want to take people out, but we have not got the people with dementia (or whatever condition) coming. I do not know what it is in terms of - we are working with [dementia third sector organisation] and that has come to a dead end. They were not referring people into us.

Well, if I give you an example: I pitched up at a group at (...) Community Hospital, which I thought was being run by the NHS because I was invited by an NHS nurse. I walk in and I am busy chatting to people who seemed absolutely ideal for walking because it was early stage, they were still reasonably fit bar a few of them, and I was chatting to them before anyone else arrived (before dementia charity people arrived). And I thought, this is great - I have cracked this at last and then in walked two people that I know very well, who are supposed to be supporting us, whose faces dropped to the floor when they saw me - oh what are you doing here? I said I was invited by (...) - I said, these people are ideal. Now they had been working with them for I do not know how long. There is a real "these are ours" [mentality].

Concerns were raised therefore about the quality of links with other organisations supporting people with dementia, and whether their own provision of walks may put them in competition with the dementia activity programmes provided by other organisations. Developing links at national and local levels with health and social care organisations and other organisations supporting people with dementia in the third sector should be pursued in order for dementia

friendly organisations such as the *Paths for All* walking groups to continue to thrive in the future.

5.3 USING RESOURCES PROVIDED BY *PATHS FOR ALL*

Health Walk Coordinators discussed the various challenges associated with raising awareness within the community, and successfully recruiting walkers to their groups. These discussions reflected on the various resources and techniques that they used to make sure that the walk was well advertised and well attended by people living with dementia as well as those without dementia. They also reflected on how they used resources to support people living with dementia to participate in the group. These perceptions were linked to how Health Walk Coordinators perceived the concept of ‘dementia friendliness’ which is considered at the end of this section.

This section is separated into three themes:

- Raising awareness and recruiting walking group participants;
- Using resources with people living with dementia;
- Promoting the concept of ‘dementia friendliness’.

5.3.1 RAISING AWARENESS AND RECRUITING WALKING GROUP PARTICIPANTS

Posters formed a key part of raising awareness for many Health Walk Coordinators, but also became a source of concern. As a first point of contact between the walking group and its walkers, several Coordinators reflected that it was difficult to strike the right ‘tone’ in the amount of emphasis on dementia within a health walk when creating posters and flyers for recruitment.

I have had, just recently, a lot of people saying that they do not like the label dementia and they would not come [to the walk because it is labelled dementia] (...) and when [one walker] spotted this apparently she went home to her husband and said, I am never going walking again. I think that is a fairly extreme case, but the walk leaders have come to me and said, take that off the literature, and I said, well, I cannot.

We had it when we were doing the consultations, but also talking to other people saying, yes, they do not want to be labelled as dementia and they do not want to go to specific dementia walks. So, I am trying to explain, ‘no, these are just normal health walks and it is just that they are now dementia friendly: we have taken into consideration a few more things so that people with dementia (I am not saying, you), in general, feel more included.’

I think you have got to include [the dementia friendly logo], but it is has to be as unobtrusive as possible. They are trying to attract people with dementia and it might be that their carer or loved ones are the people you are targeting and if you do not include dementia they will not be aware. You have to get a balance right, but I think the balance is there.

Having a picture that reflected ordinary people enjoying going for a manageable (rather than physically challenging) walk was therefore considered helpful to avoid 'labelling' people, with some Health Walk Coordinators explaining that they deliberately avoided using the term 'dementia friendly' when advertising health walks but rather focusing on inclusion more broadly.

It just looks normal as well. It is just a group of folk out for a walk and the majority of them are smiling and having fun (...) I think the picture itself is really good because it compliments inclusiveness of everything else as well.

And it does not look difficult. It looks like somebody could easily join in with that and it is not too in your face about the dementia part, so somebody with dementia would look at it and think I am not going to be labelled as having dementia, but it looks like I can just come along and do a walk.

Some Health Walk Coordinators discussed the need for greater diversity in the images used to create less stereotypical images and potentially condescending messages. For instance, in one focus group discussion, using a picture of a young Walk Leader showing a 'thumbs up' to older walkers was thought to be unhelpful. The need to consider producing resources in languages other than English was also raised, although this was not considered necessary by all.

Beyond the difficulty of how, or where, to advertise that the walks were dementia friendly, coordinators also discussed the difficulty of trying to design posters that would draw the attention of potential walkers in a range of environments, and discussing the *Paths for All Empty Belly* poster specifically.

[The poster] is quite bright. (...) If you are advertising in the likes of the local supermarket or community boards you have mass of flyers and things - I think that would stand out quite well. Do you know it is just something what would draw someone's eye to it, because we did ours all in a sort of bright yellow paper with the black. It is dementia friendly and it also stands out, but actually when I went down to quite a few of the boards, there are quite a lot of other posters and flyers that colour, so it was not really drawing your eye attention to it, whereas I think that would.

Participants reflected that it was difficult to strike a balance between the poster being bright enough to stand out and inviting enough to draw new walkers, without becoming childish.

I am sure we had one, but (for want of a better word) we thought it was a bit naff. (...) It was almost like we were kind of thinking it was along the lines of a children's activity (...) There are a lot of different colours going on.

I can understand why it [the 'Safe and Friendly' logo] is there - also for carers or family members who have maybe seen it and are thinking, actually, mum or dad

could go along to that and they are reassured that it is going to be safe and friendly, but I think if you are more targeting the person living with dementia, it is not the message you want.

For some participants, however, these issues were less pressing, with many Health Walk Coordinators reflecting that they used the poster provided by *Paths for All* with success.

I do not think changing [the poster] - one of the things my annual survey says is that 15% of my walkers come because they saw a poster: 51% of my walkers come because somebody asked them, so howsoever you design or redesign the poster it is only going to bring in 15% of the people.

Overall, Health Walk Coordinators reflected that posters and flyers were “just part” of the process of advertising and raising awareness of their dementia friendly walks. In the focus groups and telephone interview Health Walk Coordinators discussed the importance of working with other existing groups and businesses in order to access potential walkers and recruit in person.

Going along to some of the dementia cafés (...) speaking to folk, hopefully, triggers thoughts in the supporters, the carers, the partner or whatever (...) hopefully, it makes them think it is somewhere else we can go... That is why I keep circulating round the clubs and things when I can go.

If you are approaching them to do with dementia cafés side of things, they have people coming in all the time, different organisations to try and get more awareness of things (...) because that is how we did it - we went and spoke to the group (...) and said, listen are you guys up for possibly doing a health walk, and then because it was monthly, the volunteers then would come along and do the walk from there. I do not mean loads, but once they did it a couple of times and they got used to it, then that is a good link to then go on your normal kind of walk.

Most leisure centres do this now - speak to them and let them know that you are there, and you have got people ready to lead walks. We did a lot of our walks from the leisure centre because it is familiar to [walkers] and they can have a cup of tea and a chat as well.

Therefore, while posters had a role in recruitment, referrals from health, social care and the third sector appeared to be a particularly important route for recruiting participants with posters potentially more important for recruiting volunteers. Health Walk Coordinators discussed the need to reach ‘further afield’ when raising awareness and recruiting, commenting that it was not always necessary to have a dementia-specific recruitment strategy, but rather to link for example with broader groups of older people.

Linking in with older populations because the dementia will follow on.

Just taking a broader approach that will link into other things.

Therefore, while some walking groups had good relationships with other organisations who provided supportive referral routes, particularly in the health and social care sectors, Health Walk Coordinators felt that stronger links with organisations that supported older people as well as dementia-specific organisations could be beneficial for improving recruitment and referral.

5.3.2 USING RESOURCES WITH PEOPLE LIVING WITH DEMENTIA

While Health Walk Coordinators spoke positively about the amount of resources and materials provided by *Paths for All* to support dementia friendly walking groups and walkers living with dementia, there was some concern over how useful they would be for each person, and for how long. In addition to difficulties with reading or retaining information due to dementia, the font size of the text on some resources was considered too small.

There is a bit in my head, I have never asked anybody, that if somebody has dementia and does not remember stuff, giving them a leaflet to remind them – will they remember what it is. I thought that from day one, but they are useful for some people.

I suppose my initial reaction, just having seen [the Health Walk Agreement], is I only do the walk if I am fit enough and if I feel unwell or walk away - I do not know that anybody reading that will a) can they read it, because there are a number of people who could not, and, b) they would forget within five minutes.

I have a group with a number of carers, but the other group has no carers in it at all, so it is all people with dementia on their own, so for that particular group that would be / I know for a fact that within two minutes they will have forgotten that they have [signed the Health Walk Agreement].

However, as with the posters, Health Walk Coordinators commented that resources which might not be useful for walkers with dementia might nevertheless be useful for others.

If it is one of our walks and it was a parent or a guardian that came along, this is quite reassuring, I think, as a walker agreement we will try and make it safe; we will risk assess it; we will describe the route and if there are any hazards. If you were taking your mum or dad along, that is quite reassuring.

Yes, every effort is being made to ...

And that is what our walks would probably involve - very different to what you said where it is a group of twelve people who have dementia who do not have a carer with them, whereas, for ours I like it because it gives that extra reassurance.

Where *Paths for All* provided resources that did not rely on a participant with dementia remembering the contents, Health Walk Coordinators enthusiastically expressed their appreciation. The new fabric Lanyards and Dementia Friendly Pins were both discussed as making it easier for new walkers to identify volunteer walk leaders and to create a sense of pride.

We have awards, bronze/silver, for the amount of walks that people do and people have them on their jackets and are very proud of those, or on their caps and things like that.

The Walking Reminder card was used by some Health Walk Coordinators, but not others. One Health Walk Coordinator planned to adapt the card by using pictures rather than text about meeting time, place and clothing for people who had difficulty with reading. Another had created an A4 sheet with walk details and photograph of the walking group to act as a memory prompt. Therefore, attempts were being made to personalise resources for individuals. Given that resources were aimed mainly at people with dementia, some Health Walk Coordinators felt that social signage rather than words could be helpful to describe information generally. The image of walkers' backs – and not being able to see their faces – was considered an unhelpful feature of the Walking Reminder card that might be changed to reflect smiling faces.

Other resources could also be given to walking group participants about exercise and healthy living, such as the Physical Activity Infographic and the Sensory Challenges Booklet. These resources were thought of as being generally helpful and useful, both in terms of walks and as a means of engaging with other organisations.

I use [the Physical Activity Infographic] all the time because I teach strength and balance to walking groups. I quite often go out to mainstream walks and do strength and balance sessions for them, and, for me, it is just having instead of if you do not have slides and projectors and you do not want to cause death by PowerPoint anyway, it is just a really nice cue card when I am taking people through exercises. On Thursday last week we trained eighteen walk leaders on strength and balance - they loved it. And I also had some care homes' staff on that training who are going to carry out strength and balance within a care home setting.

When completing the survey, Health Walk Coordinators were asked the question of what aspects they liked and disliked about the resources that were provided by *Paths for All*, and were asked to rank the resources in terms of usefulness, with 1 being the most useful, and 8 being the least useful. From the six responses received, there was no single resource which could be considered a 'one size fits all' that everybody found useful. Although too small a number of responses were received to generalise, survey respondents tended to highlight

resources that supported the practical aspects of the walking groups as most helpful, such as the name badge and lanyard. Health Walk Coordinators often found different resources to be useful for different groups, and at different times. They also expressed the opinion that resources could be useful for the purpose of training – opening up ideas around what types of support or information are helpful to share, or providing a template, particularly when starting out in the role – without necessarily using the resources in everyday practice.

While the Guide on Consulting People Living with Dementia was not rated as highly useful in the survey, focus group participants emphasised the value of the guide as “handholding resource” that gave them confidence about how to seek feedback and gather evidence.

[It gave me] a wee bit of knowledge about (...) what kinds of things to do (...) how to prepare ourselves and what kinds of questions to use. I found it a really useful kind of handholding resource (...) I went back to it to gather evidence, as well, because I was missing evidence that was very difficult to gather, so I went back to it for ideas on how to gather evidence in the later part of our project.

Therefore, while not all resources were used directly by all Health Walk Coordinators, or were necessarily rated as highly useful in everyday practice, they acted as helpful tools that Health Walk Coordinators could use for guidance and to confirm “good practice”, especially amongst newer members of staff. Having access to this type of resource instilled a sense of confidence and related to the sense of support provided by *Paths for All*, as considered in Section 5.2.

5.3.3 PROMOTING THE CONCEPT OF ‘DEMENTIA FRIENDLINESS’

In relation to branding, the *Paths for All* ‘footprints’ logo that was printed on resources was perceived positively by Health Walk Coordinators that promoted a positive message about dementia friendly walking and instilled a sense of pride through association with the organisation.

We use this logo quite a lot. We use this more than the safe and friendly – we put this logo on all of our schedules to denote that a walk route is suitable for people living well with dementia. I would say that was a nice thing to use, and that should be maybe more prominent because it says everything on the tin – dementia friendly walking and it has the web friendly [font], and it has the two footprints, as well.

Some of my Walk Leaders are very, very proud of their badge. Some wear them ‘24/7’.

Health Walk Coordinators were more ambivalent about the ‘dementia friendly’ logo. Some perceived the logo to be childish due to the primary colours that were used, while others felt it was useful as a ‘brand’ that people would understand and that promoted continuity.

Like a brand, so that if you see it, yes, actually, somebody told me about that – oh, you have it on your logo – that means the same.

All the Walk Leaders often either have [the Dementia Friendly Pin] on their jackets, but some of them have started putting them on their backpacks or on their lanyards (...) to identify [with the] logos that are on the posters, it is a continuation of the use of the logo.

Some were concerned that ‘dementia friendliness’ was associated with promoting safety. While safety and support were identified as important aspects of dementia friendly walks, as indicated in Section 5.1, Health Walk Coordinators most wanted to emphasise fun and enjoyment when promoting the friendliness of walks to people living with dementia. On the other hand, Health Walk Coordinators recognised that an emphasis on safety could be important for encouraging family members to support the person with dementia to attend. While Health Walk Coordinators thought that the resources they used were aimed primarily at people with dementia, they recognised that they also had a potential (secondary) role in providing reassurance for carers.

5.4 ACHIEVING SUSTAINABILITY

When discussing the future of their dementia friendly walking groups, Health Walk Coordinators reflected on two areas that posed a particular challenge: maintaining group size in the long term, and creating groups that could sustain themselves into the future. In the online survey, all respondents thought that their dementia friendly walks were sustainable in the long term. With '1' being 'not at all sustainable' and 8 being 'absolutely sustainable', three respondents gave a rating of '8', three a rating of '6', and one a rating of '5'.

For most, the goal of sustainability was seen as tied to the continuing processes of raising awareness and recruiting described above. Critically, however, it was only when sustainability was specifically discussed that funding became a central issue.

Sustainability also depends on being able to secure future funding for our health walk project.

When people say, we would like to start a walk or we would like to try a walk, I have developed a documents that says, here is what I will do for you, here is what I would expect from you and if you do not produce a volunteer walk leader by the time the next training comes up, the walk will finish. So they are told up front, this is my exit strategy - if they do not find a volunteer, it will disappear because I am not paid ...

Health Walk Coordinators questioned whether their walking group programme would be sustainable if the support provided by *Paths for All* were to cease.

My concern would be that the funding stops for them because it is externally funded. Because [Paths for All staff] are externally funded positions and, so as with anything, what would happen? I know that some of us are now cascaded to be able to train, but would that mean there is no new dementia friendly projects?

In some cases Health Walk Coordinators had addressed the issue of sustainability by focusing on building dementia-friendliness into existing groups, rather than running separate walking groups for people with dementia which would require additional volunteers or staff time. Additionally, integrating dementia friendliness into existing health walks was considered by some to promote inclusion and thereby resist labelling by running closed dementia groups.

I think, as we discussed, as well, that people maybe want to go and join a walking group - it does not have to be specifically dementia. If people want to go for walks safely. I agree with what you are saying - it is a walking group and anybody can come and there is a walking group for you if you are living well dementia, you are going to be supported.

There is no real massive difference from the dementia friendly-type to a normal health walk.

Or any of the long term conditions that we work with. It is considering all the same things. It really is just badging another service that we can put onto our health walk that is there. I do not think it was ever a barrier to what we were doing.

I just think that more and more awareness about that with regards to exactly that.

In these cases, focus often moved towards 'upskilling' existing Walk Leaders and providing support and training to help them feel confident in supporting walkers who had dementia alongside other walkers. It was during this process of training and reassuring Walk Leaders to make their walks dementia friendly that *Paths for All* became an invaluable resource.

I think for us (working with Paths for All) brought dementia into focus more, and, actually, it made people/volunteers (and us) think about our other activities because we have not only walks, we have other different activities and within the last couple of weeks we have had a few things cropping up from our buddy swimming programme and our indoor curling. So that has been really useful for us and having that, I guess, resource from (them) to run that, I think we could easily phone her at any point and say, we have this situation - what do you think - and that feels quite nice to get that support.

At the outset of the establishment of a dementia friendly walk, setting out a timeframe in which to train and recruit a volunteer Walk Leader was considered one model for ensuring that sustainability was integrated into the development of walking groups.

There was also some concern that *Paths for All* were operating in a crowded 'marketplace' with other organisational competitors vying to provide similar services.

We are promoting dementia friendly walking [here], but there are (...) other dementia friendly walking groups and they were doing it before we started promoting it. So, it is almost like we are trying to push in to a crowded marketplace and saying, yes, we do this as well.

This context of other organisations positioning themselves as potential competitors relates to some of the challenges around recruitment and referral routes identified above.

6. RECOMMENDATIONS

Based on findings of the report above, this report makes the following recommendations -

Delivering dementia friendly walks:

- Consider how to further integrate people with dementia into existing health walks, including tackling resistance to including people with dementia: develop video testimonials or written case studies of walk participants with a range of conditions, including people living with dementia, to promote dementia inclusiveness and physical/social benefits of health walks for living well
- Consider how to facilitate people living with dementia continuing to attend walks when they do not have relatives or friends who can accompany them
- Provide further clarity around use of the Health Walk Agreement during walks
- Provide guidance about dementia diagnosis disclosure requirements

Communication, support and training:

- Continue to provide ongoing support to Health Walk Coordinators beyond initial training, with the current model of support from the Development Officer being considered accessible and effective for establishing and maintaining groups in the longer-term
- Consider the required level of direction / flexibility of cascade training
- Provide more time for reflection and sharing of good practice at existing network events and develop guidance notes/design workshops around topics including dementia friendly design, marketing of dementia friendly walks (recruitment and referrals) and guidance on the use of resources (including Health Walk Agreements)
- Provide links to useful resources and good practice examples through newsletters

Using resources provided by *Paths for All*:

- Continue the shared branding of *Paths for All* across resources as a helpful way to promote organisational identity, with a focus on inclusion and enjoyment for supporting people with dementia to live well
- While dementia friendly design is an important feature, the 'dementia friendly' logo could be used more sparingly on paperwork as an aspect of branding, although the dementia friendly pin was viewed positively as a way to identify walk leaders
- Review some of the design features of resources provided to groups to promote diversity and move away from the potentially childish connotations associated with some 'dementia friendly' design features e.g. font, colours and use of images
- Recognise that current resources are beneficial as a starting point, including training for new personnel; rather than investing significantly in developing current resources further, providing support to personalise for individuals and groups

- For recruitment, recognise that referral routes are likely to be more important than posters, so focus on ‘connectors’ in communities rather than upgrading resources

Marketing of dementia friendly walks:

- The level of promotion around dementia friendliness depends upon the context of specific groups, and we would suggest that Health Walk Coordinators decide on whether to use branding that highlights dementia depending upon the main referral routes into their walking groups, for instance whether via family carers who are likely to be reassured by a walk that is promoted as ‘dementia friendly’, or whether directly to people living with dementia who may be more likely to connect with an inclusive group that focuses on ‘living well’ more broadly; for recruiting via health services, branding the walks around social prescribing might be helpful; using images and language that promote walking for living well more broadly in relation to cognitive, social, physical and mental health may be more attractive to potential participants than the label of dementia friendliness
- In relation to the above recommendation about the level of promotion around dementia friendliness, and linking to sustainability issues below, it would be helpful for *Paths for All* to capture data about the referral routes of participants in different walking groups, and also analyse data about the number of participants and walk leaders in each group to support Health Walk Coordinators in promoting dementia friendly ways effectively and through which routes in their local area

Achieving sustainability:

- Assist Health Walk Coordinators to strengthen connections with organisations that could provide local referral routes, and sharing good practice around this with the network
- At a strategic level, develop national links with health and social care organisations and other organisations supporting people with dementia in the third sector
- Continue to integrate dementia friendly walking with existing health walk groups

7. CONCLUSIONS

Health Walk Coordinators overwhelmingly reported that *Paths for All* provided excellent support for developing and delivering dementia friendly walks and they were adamant about the need to maintain ongoing support from the organisation to ensure sustainability of the programme.

While there were some areas of uncertainty around certain organisational requirements – namely the use of Health Walk Agreements and whether participants needed to disclose a diagnosis of dementia – Health Walk Coordinators appeared confident in their knowledge of how to support people living with dementia to manage the practical and environmental elements of walking routes. There was some variability in how Health Walk Coordinators included people with dementia who required greater support but who did not have a supporter available to accompany them on walks although a strong ethos of inclusion was communicated by all.

Similarly, Health Walk Coordinators responded very positively when asked about training and communication provided by the *Paths for All* team, and the Dementia Friendly Walking Development Officer in particular. The ongoing support and accessibility of Development Officers was clearly valued and something that Health Walk Coordinators did not want to lose. Current networking opportunities were reported positively, although there remains some scope for providing more space for reflection and sharing of good practice at events. While training resources were viewed positively, several Health Walk Coordinators highlighted the need to provide more flexibility when training their Walk Leaders. Training was considered helpful not only for the specific purpose of developing dementia friendly walks but also for improving dementia awareness in communities more broadly.

The resources currently provided by *Paths for All* were again viewed positively, although most Health Walk Coordinators used resources flexibly, adapting them to the needs of the individuals and groups they supported. Health Walk Coordinators found sample resources particularly helpful for training purposes and when training newer personnel. Branding of materials using the *Paths for All* logo was considered helpful for group identity and Health Walk Coordinators described their Walk Leaders and Volunteers being proud to be associated with the brand. While Health Walk Coordinators wished to engage with dementia friendly design, some aspects could be improved to promote diversity and move away from childish connotations. While Health Walk Coordinators used and valued the resources provided for recruitment purposes, it was clear that word of mouth and referral routes from other organisations were more important for accessing participants on dementia friendly walks.

To promote the sustainability of dementia friendly walking groups, further work to develop and strengthen local and national links with other organisations would be beneficial given the importance of accessing participants through referral routes. Some Health Walk Coordinators

had successfully developed such links and sharing learning of what worked well would be helpful for those who are experiencing challenges in recruiting people with dementia. While closed walking groups for people with dementia continue to have their place within the programme, integrating dementia friendly walks into existing health walks may be a more effective route both for fostering inclusion and achieving long term sustainability.

8. APPENDICES



***Paths for All* Evaluation: Group interview Information sheet**

About the project

We are a team of researchers from the Faculty of Social Sciences, University of Stirling. We are working alongside volunteer community co-researchers who have been co-producing research at the University of Stirling over the last year. We have been funded by *Paths for All* to explore the effectiveness of dementia friendly walks and consider how to sustain these walks in the longer-term. We also would like to explore the support currently provided to Coordinators and how this might be improved, including networking opportunities, resources and training. We hope that the findings from our evaluation can help to improve the development of dementia friendly walking groups in the future.

What does the research involve?

We are asking people who coordinate dementia friendly walking groups to take part in our research. We would like to invite everyone who is a Coordinator to take part in a group discussion to discuss current opportunities and barriers for delivering and sustaining dementia friendly walks.

The session will be attended by other Coordinators and will last around 90 minutes. We will be running two sessions to provide a choice of venue: one will take place at the University of Stirling at 10:30 on Thursday 7th December, and the other at Kirkintilloch Leisure Centre at 13:00 on Monday 11th December.

During the session we will discuss the effectiveness and long-term sustainability of the dementia friendly walking groups, and how to improve the resources and support provided by *Paths for All* to help you in your role as a walk coordinator.

Do I need to take part?

No, your participation in this research is completely voluntary. It is important to make clear that you do not have to take part if you would prefer not to. You do not have to explain or say why. Your decision to take part or not to take part will have no effect on your work at *Paths for All* or anywhere else. If you agree to take part, you can stop taking part at any time without saying why.

APPENDIX 1



What will happen to the information I give?

With your agreement, we would like to record the discussion. All the information we collect will be treated in confidence. All information will be stored securely and when reporting the findings we will not use any names or information that might identify you.

We will have the audio recordings transcribed. During this process any information that identifies you, or others, and specific places will be removed so that the transcripts of the recording are anonymous. Transcripts will be kept for 10 years in line with the University of Stirling data protection policies.

We will write a report based on the findings of the project and might like to quote you to illustrate the points made. We will ensure that you cannot be identified in any written report or publication.

Will taking part benefit me?

We cannot promise that taking part will benefit you directly. However, we hope that the findings will help improve walking groups in the future.

How will we use the information?

The information will be used to write a report about the walking groups for *Paths for All*. We may also write a journal article and/or present papers at academic conferences based on the project findings.

Further information

If you would like to take part, or would like to discuss this opportunity further, you can contact Jane Robertson at j.m.robertson@stir.ac.uk or at 01786 466322. Please remember that you can ask questions if you would like more information and you can change your mind about taking part at any time.

If at any time you have concerns about the project, you may contact Professor Alison Bowes, Dean of the Faculty of Social Sciences, University of Stirling at a.m.bowes@stir.ac.uk or at 01786 467695, who is not connected with the evaluation. Thank you for taking the time to read this information leaflet.



Consent form

Group interview to discuss dementia friendly walking groups

Please initial all boxes below

1. I confirm that I have read and understood the information sheet. I have had the opportunity to ask questions and I feel happy with the answers provided to me.	
2. I understand that my participation is entirely voluntary and that I am free to leave at any time without giving a reason why.	
3. I give my permission for the group discussion to be audio recorded.	
4. I understand that all information will be kept confidential.	
5. I agree that the information can be used on condition that it is anonymised.	
6. I understand that all information will be accessed only by the project team and that audio recordings will be deleted upon completion of the study.	
7. I agree to take part in the above research.	

Participant's name

Signature

Date

Researcher's name

Signature

Date

APPENDIX 3

Paths for All (PFA) Evaluation – Stage II Topic Guide

Welcome and introduction (5 mins)

Activity 1: Icebreaker with visual images to explore general perceptions of walks (15 mins)

Images from PFA and Stage I Evaluation as focus for discussion

Capture data using audio recording and flip chart to note participants' ideas

- Choose an image to represent a positive aspect of the walking project you lead
 - explore perceived benefits for Coordinators/volunteer walk leaders/walkers
 - ask about social engagement, being outdoors, atmosphere, health benefits
- Choose an image to represent a difficulty or challenge of the walking project you lead
 - explore perceived challenges Coordinators/volunteer walk leaders/walkers
 - ask about safety and security, leadership and organisation

Activity 2: Resources for recruitment, dementia/healthy-living awareness (20 mins)

Current resource packs from PFA as focus for discussion; explore both content and format

Capture data using audio recording and 3 posters - participants highlight issues on post-its

- What resources do you currently use to promote a) dementia awareness b) health-living awareness?
- How well is dementia-friendly language/design incorporated in the resources?
- Which resources work and why?
- Which resource don't work and why?
- What resources are missing that would be helpful?

Activity 3: Group discussion to explore communication, support and training (40 mins)

Topic guide of evaluation questions as focus for discussion

Capture data using audio recording

- What are current opportunities and barriers for delivering dementia-friendly walks effectively in your area? What works and doesn't work? What else would you like to see happening? How can the Dementia Friendly Walking team support you with this?
- What are the main outcomes/impact of the dementia friendly walks in your area?
- How satisfied are you with current levels of support and training (both Dementia Friendly Walk Leader training to Volunteers and Cascade Dementia Friendly Walk Leader training to Coordinators) provided by the Dementia Friendly walking team (timing, types, content and delivery)? What else might be offered?

APPENDIX 3

Paths for All (PFA) Evaluation – Stage II Topic Guide

- What communication and networking opportunities do you use with (PFA, across the Walking for Health network and with volunteer walk leaders)? What else would you like to be available (explore opportunities for online and face-to-face engagement)?
- How might a) dementia awareness b) healthy-living awareness be increased? What might be done differently? What would help you to increase awareness?
- How might walks be sustained in the longer-term? How effective is the Cascade Dementia Friendly Walk Leader course to coordinators? What might be improved? What could be done differently?
- How did you find the process of carrying out consultation with people living with dementia? What worked well? What didn't work as well?
- How easy or difficult did you find it to establish partnerships with relevant organisations?
- How did you find the process of completing the Evidence Portfolio?

Activity 4: Final feedback (10 mins)

Final opportunity for people to share feedback verbally to group or individually on paper

Capture data using audio recording and written feedback

- What haven't we captured that you would like to highlight today?
- What message(s) would you like to reinforce?

Close and reminder of survey (5 mins)

PFA Evaluation

Survey Flow

Block: Consent (1 Question)

Standard: Participant Data (3 Questions)

Standard: Delivering Effective Dementia Friendly Walks (5 Questions)

Standard: Reviewing DMWT Support (5 Questions)

Standard: Cascade Training (6 Questions)

Standard: PFA and WFH Networking (2 Questions)

Standard: Resources (3 Questions)

Standard: Sustainability (5 Questions)

Page Break

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Start of Block: Consent

Q1

Thank you for following the link to this survey.

The current study is being run by researchers at the University of Stirling, and has been commissioned by Paths for All to explore Coordinator's perspectives about Dementia Friendly walks, how they can be supported and their long term sustainability. We are interested in finding out about the opportunities and challenges you encounter when trying to lead Dementia-Friendly walks, your opinions about the dementia-specific resources that are currently being provided, and how current methods of communication, training and support work for you.

We estimate that this survey will take around 20 minutes to complete. We will be collecting responses until **11.59pm on Sunday the 7th January 2018**, after which the survey will close.

It is important to note that your participation in this research is entirely voluntary: you do not have to take part if you do not wish to, and there is no need to provide an explanation as to why. The answers that you give will be anonymised, so your decision to take part, or not to take part, will have no effect on your work at Paths for All or anywhere else. While the survey does ask for some details about you (gender, geographical region) this will not be used to identify you, and you do not have to answer any question you do not want to.

Information gathered by this survey will be used to inform our report to Paths for All, highlighting ways in which they can best support Coordinators who facilitate Dementia Friendly walks. To do this, we may include a summary about the ways in which people answered survey questions and pick out specific quotes to highlight people's experiences and opinions- but these will be made anonymous. Answers gathered by the survey may also be used in reports published by Paths for All, or journal articles about the project but here, too, all responses will be anonymised.

We hope that you feel able to complete this survey- however if at any time you wish to stop, you may do so by closing the browser window. If you exit the survey before answering the final question, your responses will not be included in the project. If you complete the survey but change your mind and wish to withdraw your responses, you may do so by emailing j.m.robertson@stir.ac.uk within 2 weeks of completing the survey and noting your participant code (generated on the next page). If you choose to withdraw your responses we will not communicate this to Paths for All, and you do not have to provide a reason for your choice. Taking part in this survey is voluntary, and you may choose to continue or stop

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

at any time and for any reason.

If you experience problems accessing this survey online and would like to complete the survey over the telephone instead, then please email j.m.robertson@stir.ac.uk or telephone 01786 466322 to arrange a time to do this.

If you would like further information about this project, you can email the Principal Investigator, Dr Jane Robertson, at j.m.robertson@stir.ac.uk. If you have concerns about this survey, or the conduct of this project, then please email Professor Alison Bowes, Dean of the Faculty of Social Sciences at the University of Stirling, at a.m.bowes@stir.ac.uk

If you understand the information above, and are happy to complete the survey, please click 'Next' at the bottom of your screen.

Page Break

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

End of Block: Consent

Start of Block: Participant Data



Q2 In order to anonymise your responses while still allowing you to withdraw if you change your mind, we must create a participant code for you.

Please create a participant code using the following format: The first two letters of your mothers' maiden name, the first two letters of your birthplace, and four digits of a year that is personally meaningful to you.

Example: Anne's mother's maiden name was Smith, she was born in Glasgow and she has chosen the year 1968 , so her participant code is 'SMGL1968'

Q3 Are you...

- Male (1)
- Female (2)
- Prefer not to Answer (3)

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Q4 Where do you live?

- Northern Scotland (1)
- Central Scotland (2)
- Southern Scotland (3)
- Prefer not to Answer (4)

Page Break

End of Block: Participant Data

Start of Block: Delivering Effective Dementia Friendly Walks

Q5

The following questions ask about how effectively you feel Dementia Friendly walks are delivered in your area, what you see as the opportunities and challenges of supporting these walks, and how well the communication, training, and support provided by Paths for All and the Dementia Friendly Walking Team works for you and other Coordinators in your area.

There are no right or wrong answers: we are interested in your personal views, experiences and opinions.

Please click Next to continue.

Page Break

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Page Break

Q6 What do you feel are the benefits of running Dementia Friendly walks in your area?

Q7 What works well when delivering Dementia Friendly walks in your area?

Q8 What works less well when delivering Dementia Friendly walks in your area?

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Q9 What would help you deliver Dementia Friendly walks more effectively in the future?

Page Break _____

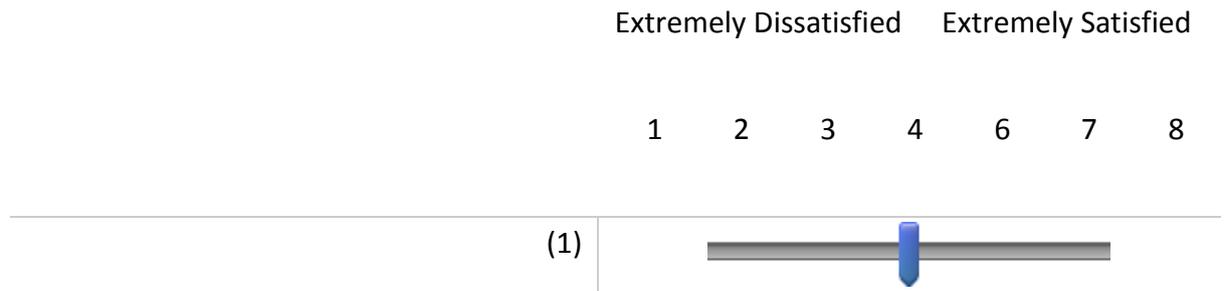
APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

End of Block: Delivering Effective Dementia Friendly Walks

Start of Block: Reviewing DMWT Support

Q10 How satisfied are you with the support you receive from the Dementia Friendly Walking Team?



Q11 What aspects of the support provided by the Dementia Friendly Walking Team are the most important to you?

Q12 How might the Dementia Friendly Walking Team improve the support they provide to coordinators?

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Page Break

Q13 How satisfied are you with the Dementia Friendly training provided by Paths for All to your Walk Leaders?

Extremely Dissatisfied Extremely Satisfied

1 2 3 4 6 7 8



Q14 How might the Dementia Friendly training provided to your Walk Leaders be improved?

Page Break

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

End of Block: Reviewing DMWT Support

Start of Block: Cascade Training

Q15 As a Coordinator, can you deliver Cascade Dementia Friendly Walk Leader training to volunteers?

Yes (1)

No (2)

Display This Question:

If Q15 = Yes

Q16 Which aspects of the Cascade Dementia Friendly Walk Leader training work well for Coordinators?

Display This Question:

If Q15 = Yes

Q17 Which aspects of the Cascade Dementia Friendly Walk Leader training work less well?

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Display This Question:

If Q15 = Yes

Q18 How could the Cascade Dementia Friendly Walk Leader training be improved?

Q19 Since receiving the Cascade Dementia Friendly Walk Leader training, have you delivered your own course to volunteers?

Yes (1)

No (2)

Display This Question:

If Q19 = Yes

Q20 How well do you think your training course went?

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Page Break

End of Block: Cascade Training

Start of Block: PFA and WFH Networking

Q21 What communication and networking opportunities do you use to keep in contact with the Paths for All and Walking for Health network?

Q22 What could be made available to better support communication and networking across the Paths for All and Walking for Health network in the future?

End of Block: PFA and WFH Networking

Start of Block: Resources

Q23 Please rank following resources in terms of how useful they have been to you as you plan, promote and deliver Dementia Friendly events.

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Please drag and drop these resources into order, with the most useful item at the top and the least useful item at the bottom.

- _____ A4 Health Walk Agreement Card (1)
- _____ Walking Reminder Card (2)
- _____ Name Badge on Lanyard or Clip (3)
- _____ Dementia Friendly Pin-Badge (4)
- _____ Physical Activity Info-graphic (5)
- _____ Sensory Challenges and Dementia Booklet (6)
- _____ Dementia Friendly empty Belly Poster (7)
- _____ Guidance on Consulting with People Living with Dementia. (8)

Q24 What other resources have you used for your Dementia Friendly walks, if any?

Q25 How would you describe "Dementia Friendly" language?

End of Block: Resources

Start of Block: Sustainability

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Q26 How sustainable are your local Dementia Friendly walks in the long term?

Not at all sustainable Absolutely sustainable

1 2 3 4 6 7 8



Q27 What could be improved to make your local Dementia Friendly walks more sustainable?

Q28 What helps your local Dementia Friendly walking groups to be sustainable in the long term?

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Q29 What support could Paths for All provide in the future to support Dementia Friendly walking groups?

Page Break _____

APPENDIX 4

Paths for All (PFA) Evaluation – Stage II Survey

Q30

Thank you for completing this survey!

We hope that the findings of this project will provide a better understanding of how to effectively support Coordinators to deliver Dementia Friendly walks, ultimately benefiting people with dementia and their families. We anticipate that the 'Evaluation Findings' from our project will be available to download from the Paths for All website in April 2018.

In the meantime, if you have any questions about the project or would like to make any comments about supporting people with dementia or facilitating Dementia Friendly walks, please email Dr Jane Robertson at j.m.robertson@stir.ac.uk

Please click Next to submit your answer.

End of Block: Sustainability
