



Volunteer Walk Leader training manual



**WALKING
FOR HEALTH**



ramblers
at the heart of walking

**WE ARE
MACMILLAN.
CANCER SUPPORT**

The Ramblers and Macmillan Cancer Support are working together to help you enjoy inspiring health walks, whatever your level of fitness.

This training manual supports the one-day Volunteer Walk Leader training course and covers the issues that a Volunteer Walk Leader would need to know to lead a safe, effective and enjoyable health walk.

Acknowledgements to:

Dr William Bird MBE
Prof. Len Almond, BHF Centre for Physical Activity
Paths to Health, Scotland

All the volunteers who have trained as Walk Leaders and made Walking for Health the success it is today.

Your local scheme co-ordinator's contact details:

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Walking for Health supports the Change4Life movement to help people eat well, move more and live longer. Search for Change4Life or call 0300 1234567 for more information.

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Hello and welcome

You've been given this manual as part of your Walking for Health (WfH) Volunteer Walk Leader training course. Thank you for taking part - we hope you find the course an enjoyable and useful day and that you will want to go on to lead health walks.

Walking for Health is England's national network of health walks schemes, with over 600 local schemes and more than 75,000 regular participants. Our main aim is to get more inactive people out walking in their local communities, for the benefit of their health and well-being.

While the walks themselves are run by a variety of organisations – councils, the NHS, voluntary organisations and charities, they are supported by the WfH national centre, which provides resources like training for Walk Leaders, advice on setting up a new scheme, insurance, evaluation and free materials and information to help promote walking.

Walking for Health (WfH) is a cost effective way of helping people take control of their own health and lead more active lives by taking part in regular led health walks. It can have a real impact on spending on health care.

WfH was originally a government initiative but since April 2012 the national centre is run by Britain's leading walking charity, the Ramblers, in partnership with Macmillan Cancer Support. The national centre currently receives no government funding although it works alongside the Department of Health.

Volunteer Walk Leaders are key to the success of Walking for Health. We've trained over 42,000 people so far, giving them the confidence to lead walks safely and effectively. We estimate that since 2000 they've encouraged over a million people to get out walking. Whatever the type of scheme, they all have Volunteer Walk Leaders giving people their first taste of Walking for Health. Our leaders are what really make our schemes work.

Happy walking!
The Walking for Health Team
July 2012

Don't forget to check out our online resources:

The Walking for Health website at www.walkingforhealth.org.uk has basic information about health walks, a WalkFinder to help people find their local scheme, and extensive resources for Volunteer Walk Leaders, scheme coordinators and Walk Leader cascade trainers. We recommend you register on the site and sign up for the WfH newsletter.



This symbol denotes a key responsibility of a Volunteer Walk Leader. All Walk Leaders need to be competent and confident in this role or responsibility.



This symbol denotes an activity that a Walk Leader may want to get involved with, but is beyond the 'essential' requirements of the role of a Walk Leader.

The health benefits of walking

The importance of physical activity and health

Encouraging people to become more active can bring about a wide range of benefits such as:

- Disease prevention
- Helping people recover from certain long term illnesses
- Weight management and the prevention of associated illnesses
- Positive mental health promotion
- Specific benefits for older people



Being a Walk Leader is about helping others, seeing a person's health improve... and then giving that person confidence to go on to other things. It's very worthwhile and rewarding

Jenny Luscombe
Walk Co-ordinator



Why walk for health?

- It is free and requires no special equipment.
- It is accessible to all regardless of age, income, location and ability.
- It is an easy activity to start doing, build up gradually and continue long-term.
- It is within the physical capabilities of most people, and is a realistic goal for inactive people.
- People are more likely to continue walking long after the structured walking programme has finished (compared to other physical activity programmes).
- It combines all the physical benefits of activity with an opportunity for social contact and support.
- Walking with a group can make you feel safer and more confident.
- Walking can easily be incorporated into our daily lives.
- It can be enjoyed safely and there is a low risk of injury.
- It can start people thinking about a healthy lifestyle, such as healthy eating, relaxation and giving up smoking.

Why walking works

Here is a summary of the benefits of walking in relation to some of the major health problems in the United Kingdom.

Physical activity and coronary heart disease

Coronary heart disease is the leading cause of death in the UK causing 101,000 deaths a year. One in five men and one in six women will die from the disease. Physical inactivity is one of the major risk factors for coronary heart disease. Inactive and unfit people have almost double the risk of dying from CHD compared with more active and fit people.

Useful links:

British Heart Foundation (BHF) – www.bhf.org.uk

BHF National Centre for Physical Activity and Health – www.bhfactive.org.uk

Physical activity and strokes

Every year, an estimated 150,000 people in the UK have a stroke. Most people affected are over 65. A stroke is the third most common cause of death in the UK. It is also the single most common cause of severe disability. More than 250,000 people live with disabilities caused by strokes. Regular physical activity prevents or delays the development of high blood pressure which can cause strokes and helps to reduce blood pressure in individuals with elevated blood pressure. It is also one of the most effective means of managing mild to moderate hypertension.

Useful link: The Stroke Association – www.stroke.org.uk

Physical activity and cancer

Two million people in the UK today have had a cancer diagnosis and this is growing with more than one in three of us getting cancer in our lifetime. Being physically active to the recommended levels can significantly reduce the risk of getting certain cancers, for example the risk of breast cancer can be reduced by 20-40% and colon cancer by 30-50% while being inactive is responsible for 13-14% of bowel cancers and 11% of breast cancers.

As well as prevention Macmillan Cancer Support recognise that physical activity like walking can help during and after cancer treatment by reducing fatigue, stress, anxiety, and depression and helping to maintain a healthy weight. There is also some evidence to show that being active at the recommended levels and maintaining a healthy weight can reduce the risk of some cancers progressing or coming back.

Useful link: Macmillan Cancer Support – www.macmillan.org.uk

Physical activity and obesity

In England, the proportion of adults categorised as obese increased from 13.2% of men in 1993 to 23.6% in 2004 and from 16.4% of women in 1993 to 23.8% in 2004. More than two-thirds of women and three-quarters of men aged 55-74 in England are overweight or obese. Obesity rates are predicted to soar over the next few years based on the current trends. To reduce weight effectively our energy expenditure needs to exceed our energy intake. A healthy diet can reduce our intake and regular physical activity is essential to increasing our expenditure. Being regularly active is also important to maintaining a healthy weight – particularly as we grow older and our metabolism slows down.

Useful link: National Obesity Forum – www.nationalobesityforum.org.uk



I'm much fitter than I was, I've got more energy and I've lost weight. I have never felt so well and joining the health walks is the best thing that has happened to me.

Ann Jacobs
cancer survivor and walker

Physical activity and diabetes

Type II diabetes is rapidly increasing in the UK (largely as a result of the soaring obesity rates) and is set to double during 2010. Regular physical activity has a protective effect against developing type II diabetes, lowering the risk by 33-50%.

Useful link: Diabetes UK – www.diabetes.org.uk

Physical activity and older people

The general benefits of physical activity for older people are well established. Older people who are regularly active are more likely to remain independent for longer. When older people become dependent on others they can feel isolated, may have a reduced social life and the choices they are able to make are limited.

Useful link: Age Concern – www.ageconcern.org.uk

Physical activity and osteoporosis

Osteoporosis affects 1 in 3 women and 1 in 12 men over the age of 50 in the UK and results in bones becoming so porous that they can break very easily. Bones need regular weight-bearing exercise (such as brisk walking) to stimulate and strengthen them and therefore reduce the risk of osteoporosis and the associated fractures. Physical activity helps to maintain the bone mass necessary to prevent the onset of osteoporosis. Physical activity is essential for maintaining the health of joints and appears to be beneficial for controlling the symptoms of disabling conditions such as arthritis and osteoarthritis.

Useful link: National Osteoporosis Society – www.nos.org.uk

Physical activity and dementia

Physical activity, and walking in particular, can contribute significantly to the prevention of dementia. Dementia affects one person in 20 aged over 65 years and one person in five over 80. Physical activity is a means of enhancing and protecting brain function. Research has shown that regular exercise reduces the risk of dementia and Alzheimer's Disease by up to 40%. Even taking up exercise in your late 60s will help and, for those who already have the disease, taking up physical activity can slow down progression of the illness.

Useful link: Alzheimer's Society – www.alzheimers.org.uk

Physical activity and mental health

Mental health and well-being are an essential part of people's quality of life. One in four people will experience some kind of mental health problem in the course of a year. Each year more than 250,000 people are admitted to psychiatric hospitals. Regular physical activity improves mood, helps relieve depression and increases feelings of well-being. A survey carried out by the charity Mind found that 83% of people with mental health problems looked to physical activity to help lift their mood. Studies have shown that being active in the outdoors conveys additional mental health benefits further reducing stress and improving mood: this is sometimes called the 'biophilia effect'.

Useful links:

MIND – www.mind.org.uk

www.naturalengland.org.uk/ourwork/enjoying/health/default.aspx



How much is enough?

150 minutes a week (or 5x30)

The UK Chief Medical Officers recommend that all adults should be at least moderately active for at least 150 minutes every week. This can be split into several different sessions. One good way of meeting the recommendation is to be active for 30 minutes on five days a week.

The recommendation for children is for 60 minutes of physical activity every day.

Walking is the closest thing to perfect exercise.

Every little bit counts. For good health, try to be active throughout the day as well as taking regular walks. Walk to the post office, park further away from the shops, use the stairs, get off the bus one stop early.

The Chief Medical Officers' recommendations state that physical activity should be of 'moderate' intensity to benefit health. The types of activity that fit this description include brisk walking, cycling, gardening, dancing and heavy housework.

All activity is beneficial and walking at any pace has benefits. For some people, 30 minutes of continuous walking may be too difficult to manage. In this case, people should start gently – just 10 or 15 minutes at a time, and build up to a continuous 30 minutes or more.

5x30

Everyone should be physically active for 30 minutes a day on at least 5 days of the week.

Barriers to walking

Physical inactivity

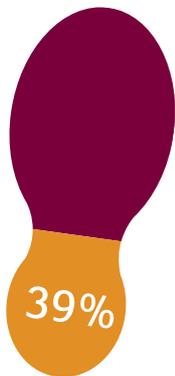
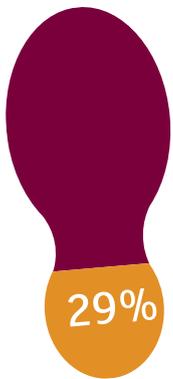
Physical inactivity has been described as the ‘silent killer of our time’. Lack of physical activity is one of the biggest causes of illness and death in the United Kingdom and increasing people’s activity levels is now a priority for many national and local organisations. People who are active are more likely to live longer, enjoy more healthy years of life and remain independent. Currently around six in ten men and seven out of ten women in the United Kingdom are not taking enough exercise to benefit their health.

Only 39% of men and 29% of women meet the Chief Medical Officers’ minimum recommendation.

There is a growing body of evidence which clearly demonstrates a link between lack of physical activity and poor health. Many of the leading causes of disease and disability in our society are associated with physical inactivity. These include coronary heart disease, strokes, obesity, type II diabetes, hypertension, colon cancer, stress, anxiety, osteoarthritis, osteoporosis and lower back pain.



As a Walk Leader, part of your role is to encourage and motivate people to walk more and to gradually increase the intensity of their walk where appropriate. Being sensitive to people’s barriers to exercise is important as everyone will have different reasons for not increasing their activity levels. See also page 18 on Motivating Walkers.



In 2008, based on self-reported physical activity, 39% of men and 29% of women aged 16 and over met the Chief Medical Officers’ minimum recommendations for physical activity in adults (using information from the enhanced 2008 questionnaire). The proportion of both men and women who met the recommendations generally decreased with age.

Government recommendations specify that physical activity should be in 10 minute bouts to count towards meeting the targets.



If walking is so good, then why don't more people do it?

Many people do not realise that regular walking can be enough to keep you healthy. There is a myth that to be fit and healthy you need to join a gym or take up running. But evidence shows that regular brisk walks for 30 minutes on five or more days of the week can give you all the health benefits listed on pages 6-7. Studies also show that exercise in the natural environment brings additional health benefits, reduces stress and improves mood.

Most health conditions benefit from regular moderate physical activity and walking is almost always better than doing nothing. People who join your walks and who report that they have a particular health condition may need extra support and encouragement to reassure them that the activity is safe. Using the information from their Outdoor Health Questionnaire (see page 26) and the 'Special conditions guidance' on page 34 you will be able to adapt the walk to suit their level of ability or fitness.

For some people there are other barriers which prevent them from being more active. Below are some of the reasons people may give for not walking more or taking more physical activity and some suggestions to help them overcome these barriers:

I don't have time.	You can fit walking around your busy schedule. Try walking the children to school or parking further away. You can change your journey to work by walking a part of it. It's sometimes quicker than being stuck in traffic or looking for a parking space. It's only 30 minutes – you have 1440 minutes in a day!
I find exercise boring!	Walking gets you out and about and exploring new places. There is always plenty to see, even if it's just the changing seasons.
Gyms and fitness gear costs money.	Walking is free and accessible to all. By joining a free health walk group in your area you will also get to meet people and make new friends.
I am embarrassed to exercise because I am so overweight.	Joining a walking group can help give you confidence and offer support if you feel that you lack the motivation to get fitter.
Exercise isn't safe – I might get injured.	Walking is low risk and walking in a group can make you feel safer than being out on your own.

**You have
1440
minutes
in a day!**

Try to think of some reasons why you might not want to exercise or walk and some suggestions for overcoming your barriers.

Health walks – the basics

What is a health walk?

It's a 'purposeful, brisk walk undertaken on a regular basis' and it can include any walk which is specifically designed and carried out for the purpose of improving an individual's health.



Walking at any pace can

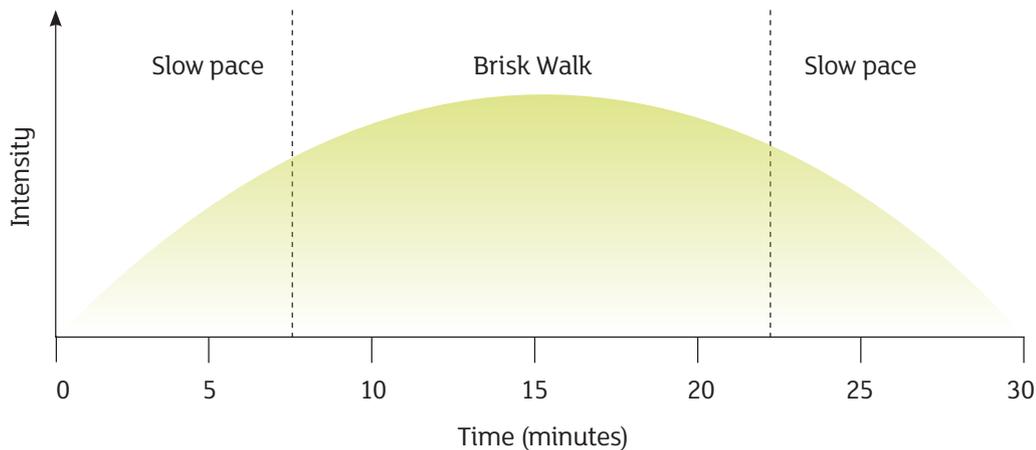
- Give mental health benefits
- Improve sleep
- Help prevent diabetes
- Increase 'good' cholesterol
- Help manage weight
- Prevent the development of osteoarthritis and osteoporosis
- Reduce risk factors for falls in the elderly
- Reduce risk of bowel and breast cancer
- Benefit the immune system

Walking at a 'brisk pace' can

- Improve the functioning of heart and lungs
- Reduce blood pressure

The structure of a health walk

A typical health walk is made up of three key stages. A health walk can last for anything between 20 minutes and an hour. It will have a slow beginning (a 'warm up part'), a brisk part in the middle and a slow ending ('cool down'). For new walkers, people recovering from illness or people who are very overweight, 30 minutes may be too much to begin with and the walk may be 'slow' for the duration. Consider offering 15 minute walks for the very unfit people joining your group for the first time.



Setting the pace

As a Walk Leader you can motivate walkers to increase their pace, even for a few minutes and then return to a slow pace. Walkers can increase to a faster pace as they become more physically active.



The structure of a health walk

'Brisk' walking is different for everyone. There is no rule to say that a brisk walk should be at 3 or 4 mph. For some people a brisk walk would be less than 2 mph. To know whether you are walking at a brisk pace follow the signs below:

- Breathe a little faster
- Feel a little warmer
- Feel your heart beating a little faster

You should feel comfortable and be able to talk.

Because everyone's walking pace is different, it can be useful to know how people feel when they are walking. Using a 'Rate of Perceived Exertion Scale' can be useful to help establish people's own 'brisk' pace.

Motor-car gear analogy

If the human body was a car with five gears, then the walker should be in third or fourth gear. The warm up should take the car up through gears one and two in a controlled manner. The 'cool down' phase of the health walk should last about five minutes and 'take the car back down through the gears'!

How it feels scale (rate of perceived exertion)

1. Very, very light/no problem	
2. Very light/very easy	
3. Fairly light/easy	
4. Moderate/beginning to feel puffed	Brisk pace
5. Fairly hard/feeling a bit puffed	
6. Hard/feeling puffed	
7. Very hard/tiring	
8. Very, very hard/tiring	
9. Exhausting/out of breath – shattered	
10. Maximum – exhausted	



A health walk session should have a beginning, a middle and an end. Make sure you meet and greet your walkers and complete all the paperwork at the beginning. Give your walkers a good walk experience in the middle, and allow some time to give encouragement and praise. Remember to socialise at the end!



Roles and responsibilities of a Walk Leader

A Walk Leader is responsible for making sure that the health walk is safe and effective and that the walker's experience is a positive one. This session lists the main responsibilities of a Walk Leader. You may also like to take on extra responsibilities for your health walk scheme, such as route planning and risk assessing walks. These extra responsibilities are marked throughout this manual with the following symbol. 



How many leaders per walk?

An 'average' walking group might contain around 10 walkers, although this can vary considerably. Each walk should ideally have two leaders: one towards the front of the group leading the way and one at the back - the 'back marker'. For larger groups you may also want to have a leader in the middle of the group in case it gets spread out. The front leader does not necessarily need to stay at the front, they may 'float' back through the group, ensuring that all walkers are comfortable. See also page 17 'managing a group of walkers'.

If you are new to walk leading, you may like to spend a few weeks 'assisting' the main Walk Leader until you feel confident enough to lead a walk by yourself. We suggest you copy the 'cue card' on page 16 to help you to remember what to say when you lead a walk for the first few times.

Children on health walks

Health walks are primarily targeted at adults; however, from time to time children may join your group. Often grandparents will bring children along during school holidays. Children are the responsibility of the parent or guardian. Parents or guardians take the responsibility for informing the Walk Leader of any health conditions which may affect their ability to take part. The health screening form and questionnaire are not designed for children and need only to be completed by people over 16 years old.

WfH has issued guidelines for the optimum number of leaders per walk. For insurance purposes, the ratio is one leader to a maximum of 20 walkers; however, WfH strongly recommends that all walks should have at least two leaders. If the group has a number of people who need more individual support, then common sense should be used and an appropriate number of leaders should be provided. If you are the only leader at a walk session, then ask one of your regular walkers to lead the way and make sure that you stay at the back of the group to support anyone who is falling behind. The back marker is always the most important Walk Leader as it is their responsibility to ensure that everyone is safe. See page 17 'managing a group of walkers'.



How to lead a walk

Before the walk

- Be familiar with the route.
- Look at a copy of the risk assessment for that route and know the kinds of hazards that you may encounter.
- Check you have any equipment you may need such as a mobile phone, paperwork and cue card. A first aid kit is also recommended.

Start of the walk

- Introduce yourself and any other leaders and welcome everyone.
- Ask new walkers to fill in an Outdoor Health Questionnaire (OHQ - see page 26).
- Follow up with anyone answering 'yes' to any of the questions in the screening form and share this with other Walk Leaders (see page 23).
- Keep the register of walkers attending (see page 28).
- Introduce the route (length/time/terrain).
- Explain any hazards you may encounter.
- Emphasise that walkers should walk at their own pace and not leave the group without telling one of the leaders.

During the walk

- Manage the pace to suit all walkers; if appropriate use a marker to increase or decrease the pace to introduce a 'brisk' walk in the middle.
- Be observant and continue to point out hazards.
- Make sure all walkers are comfortable and look for signs of distress. Check that walkers are able to talk – if they are unable to sustain a conversation you may need to slow the pace.

At the end of the walk

- Check all walkers have returned.
- Congratulate all.
- If possible, have some social time, refreshments etc.
- Tell walkers of time and place of next walk and opportunities for volunteering.
- Encourage walkers to walk at other times to build up to '5 x 30'.
- Encourage walkers to bring a friend next time.

Bring a friend

Encourage walkers to 'bring a friend' next time.

Walk Leader cue card

Individual welcome

- Hand out health questionnaire to new walkers.
- If 'yes' answers on health screening part of form, advise walker to consult with GP or health professional. (May walk today 'at own risk').
- Discuss any individual needs (eg disability).
- Tell walkers they must inform leaders of any changes in their medical status and fill out new screening form if necessary.
- Share relevant information with other leaders.
- Complete the register.

Group welcome

- Introduce self and back leader.
- Explain the roles of each leader – first aid with back up leader etc.
- Route information – How long? How far?
- Explain any hazards; from risk assessment or particular to the day/group, eg adverse weather.
- Reminder of pace: 'It's not a competition, walk at your own brisk pace'.
'You should still be able to talk.'
- Don't leave the group without informing the leaders.
- If feeling unwell, wait for back marker.
- Start off slowly and build up to a faster pace.

After 5 minutes

- Pick up pace 'as if you are late for an appointment'.

In last 5 minutes

- Start slowing down – 'moving back down through the gears'.

End of walk

- Check all walkers have returned – complete register.
- Encourage some social activity.
- Tell walkers about other walks and encourage them to walk 'on most days'.
- Thank walkers for coming.
- Remind walkers of opportunity to become a volunteer.

Walk at your own brisk pace

Reminder of pace:
'It's not a competition, walk
at your own brisk pace'.
'You should still be able
to talk.'

Managing a group of walkers

You will find that your walking group is made up of people with varying abilities in terms of pace and fitness. Ideally you want all walkers to find their own brisk pace. This will mean that the group is likely to get stretched out along the route. Sometimes you may find that with a large mixed-ability group you will need to enlist the help of extra Walk Leaders.

Consider splitting the group into different abilities if you have enough leaders. You can both start from the same point, but the slower group may choose a shorter route or take a short-cut.

Allowing the group to spread out will ensure that everyone walks at their own optimum pace. Forcing the group to 'walk together' will mean that only a small number will benefit.

Top tips for managing a walking group

- Plan (and risk assess) two variations of the same route – one with a shortcut.
- Look for 'figure of 8' routes where the faster group will complete the whole '8' and the slower walkers will just walk the lower loop.
- Use playing fields or open green spaces to split the group and keep them within sight – faster walkers can walk the outer perimeter, slower ones stick to the middle.
- Ask faster walkers at the front to 'double back' on the group; when they reach a particular landmark to allow slower walkers to catch up. Alternatively, agree a time when you will all turn back, regardless of where you are, say 15 minutes into the brisk walking session.
- On longer routes, plan a stop at a particular point of interest to allow walkers to re-group. If you do this, make sure that the faster walkers don't set off just as the slower ones catch them up. Allow slower walkers a bit of a break too!

Look for 'figure of 8' routes

Faster walkers will complete the whole '8' while slower walkers will just walk the lower loop.

Targeting and motivating walkers

The primary audience for health walks are people who are currently not active enough to benefit their health or people who are recovering from illness or who are too unfit to take up more strenuous activities.

You will find that your walks will attract people with a range of abilities and fitness levels. The table opposite shows a list of different types of walkers who might attend and some options for them.

Type of Walker	Options
New walker who cannot walk for 30 minutes in one go	This is the type of walker we want to attract. This person should be offered a short walk (maximum 15-20 minutes) at a relatively slow pace. The pace and length of the walk can be increased over time as fitness increases.
New walker who can walk for more than an hour in one go	If the walker is keen to be part of a health walk, make them welcome and ask them to stay at the pace of the front Walk Leader or to double back when they get to a certain landmark. Encourage these walkers to consider becoming a Walk Leader!
Walker who has increased their physical activity through the health walks and wants to walk faster and longer	Some walking groups are now making provision for longer fitness walks and you may be able to offer them this option. You may also want to signpost them to other organisations running walks for fitter people. If the walker is still keen to be part of a health walk, make them welcome and ask them to stay at the pace of the front Walk Leader.

Motivating Walkers

Many walkers need support and encouragement to show them that they have progressed and are getting more active. Motivating others is a skill which many Walk Leaders have or develop with experience. Some people are motivated by finishing a walk, or meeting new friends. Sometimes you can help build confidence in walkers simply by taking some of the strain out of walking, by setting the route, guiding them on the route and being a trained Walk Leader.



Here is some guidance for Walk Leaders on motivating walkers:

Do	Don't
Emphasise individual strengths to walkers eg ability to walk further	Compare one walker's pace with another
Promote choice - walkers can opt to attend different levels of walks that will suit their individual pace	Walk at your pace - do walk at the walker's pace
Remind them of the benefits of walking at any pace - remembering to build up the pace gradually	Get stuck in a rut leading 45 minute walks - remember that newer walkers may need to start at a lower level and will require more support
Remember that walkers can set individual goals	Allow your time to be dominated by one walker - you are there to support all the walkers.



Becoming a Walk Leader has been a very rewarding, enjoyable and satisfying activity. Just to see others getting so much out of the walks makes it definitely all worthwhile.

Angela Carpenter
Volunteer Walk Leader



Insurance

The Walking for Health national centre carries reasonable third party public liability insurance cover for its Walking for Health activities. Please bear in mind, however, that:

- in order to make a claim the person who suffers an injury or damage to personal property will have to prove that this was caused by the negligent actions of Walking for Health or the Walk Leader.
- anyone on a walk who suffers injury or damage to their personal property eg spectacles, caused by accidental means where Walking for Health or the Walk Leader are not negligent, a claim would not be allowed under the Walking for Health Public Liability Insurance policy.

It is also good practice that:

- Walk Leaders should be trained;
- Walk Leaders should be trained first aiders;
- registers should be completed for every walk;
- all walkers should complete an Outdoor Health Questionnaire;
- all routes should be risk assessed;
- accurate records of risk management should be kept for the insurers; and
- there should be a ratio of at least 1 Walk Leader to 20 walkers on each walk.



First aid



Although walking is very low risk and injuries and accidents are rare on health walks, WfH strongly recommends that Walk Leaders undergo basic first aid training in CPR (Cardio-Pulmonary Resuscitation); however, this is currently not an insurance requirement. Walk Leaders should carry a first aid kit but should only administer first aid if they are qualified to do so. The British Heart Foundation delivers free basic CPR courses under its 'Heart Start' programme. For courses near you, contact www.bhf.org.uk.

General guidelines

In the event of an accident you should:

- Stay calm
- Ensure the safety of the injured person and other walkers
- Assess the situation and decide if you need medical assistance
- If you do need medical assistance do not move the injured person, keep them safe, keep talking to them and call for help
- If you do not need medical assistance – encourage the person to take their time and recover in a safe place
- Ensure safety of the rest of the group, asking a fellow leader to take them home
- Ensure you complete an accident report form, even if the person seems fully recovered (see page 29).

A Walk Leader's kit

Some of the things that a Walk Leader would have in their bag:

- Outdoor Health Questionnaires to hand out to new walkers
- Register for the day's walk (including emergency contact numbers for walkers)
- Accident report forms
- A small first aid kit
- A mobile phone or a whistle for attracting attention of other leader or walkers

They may also want to carry:

- Water – all walkers should be encouraged to bring water, particularly on a hot day
- A copy of the risk assessment of the route they are planning to walk
- Any medication that they themselves require, eg inhaler (it is the individual walker's responsibility to bring along their own medication although the Walk Leader may want to remind people at the start of the walk that they may want to make sure they have anything they need with them.)
- Some Walk Leaders like to use walkie-talkies to keep in touch with each other

You may decide to issue each leader with their own kit, or keep a kit somewhere convenient so that it can be shared by several leaders. It is advisable to appoint one person to make sure that the kit is kept complete and up to date.

“

The walks are very inspirational and fantastic for my mental health. The health walk on a Wednesday is the highlight of my week!”

Adrian Cull
Walker

Route planning



As a Walk Leader you will probably be leading walks along routes that have already been planned and risk assessed by another Walk Leader or a scheme co-ordinator. However, many Walk Leaders enjoy planning their own walk routes.

When planning a health walk route it is important to ensure that it is suitable for the type of walker that you want to attract. Any health walk scheme should have a variety of walks to choose from that can cater for a range of abilities. Some health walks schemes choose to 'grade' their walks in terms of distance, time, terrain or pace. If you have enough Walk Leaders, one route can be used to cater for a range of fitness levels as described on page 17, 'Top tips for managing a group'.

As a general guideline, because health walks are primarily aimed at people who are sedentary or unfit, routes should be on flat, even surfaces whenever possible and not have too many obstacles such as stiles or road crossings.

A good health walk route should be:

- Simple
- Short
- Well-maintained
- Safe – free from too much traffic
- Accessible – think about access by public transport/car parking
- Appealing – including green space and other attractive environments
- Have facilities en route (toilets, benches etc)



Routes can be either circular or linear. Linear routes are useful for mixed ability groups as you can agree that everyone will turn back at a particular time regardless of how far they have got. This ensures that the group is kept together. Circular routes can have 'shortcuts' built in so that slower walkers can catch up. Circular routes can seem very different when walked in the other direction, so try it both ways before deciding which is the most appealing.

Look for wide footpaths and open views. People on health walks like to chat so single file footpaths are not ideal. Wider footpaths allow people to overtake if they find they want to increase their pace. Points of interest along the way can also make for a more enjoyable walk.

Ensure that there are routes within your health walk scheme that are suitable for pushchairs, buggy and wheelchair users. Many people, particularly older people, find they cannot use a stile. Where possible avoid these or speak to your local authority footpath officer about replacing them with gates.

In reality, it is often necessary (and sometimes desirable) to add hills or gradients to your routes. Avoid using these routes with very unfit people or at least ensure that the gradient comes towards the middle or end of the walk. Starting off on a hill may be too difficult for some people. As people become fitter, a gradient may be just what is needed to increase the intensity of the walk.

Once you have planned a route, make a note of the time it takes you to walk it at a brisk pace and again at a stroll. Make sure that a full risk assessment is carried out before using the route with your group. See also page 17 on 'Managing a group of walkers' for ideas about route planning.

Friendly and reliable

are some of the qualities required to be a good Walk Leader

Qualities of a good Walk Leader

What makes a good Walk Leader? Everyone will bring their own unique set of skills to leading walks. Many people find that they develop skills that they didn't know they had when they start getting involved with health walks.

You may be feeling slightly daunted at the prospect of leading your first walk and that is only natural. Try co-leading with another more experienced leader to begin with; you will soon build up your confidence. Don't think that you need to be super-fit to be a Walk Leader – other skills are far more important!

Here are some of the things that make a good Walk Leader:

- Friendly and approachable
- Makes the walk a 'social occasion'
- Enthusiasm
- Reliability and punctuality
- Observant (route hazards/ people in difficulties)
- Familiar with route
- Fills in the appropriate paperwork

Doing the paperwork

The Outdoor Health Questionnaire, the Walk Register and the Accident Report form



Nobody likes filling in forms, but it is an essential part of leading a safe health walk. All Walk Leaders will need to be familiar with the three main pieces of paperwork that are essential in order for the Walk Leader and the walkers to be covered by the WfH insurance.



The Outdoor Health Questionnaire

An example of the standard WfH 'Outdoor Health Questionnaire' (OHQ) is reproduced on page 26. Versions of this standard form are widely used to screen and monitor participants on walking and other outdoor physical activity programmes in England. Note that some schemes modify the OHQ with additional questions and text – in this case your scheme coordinator should give you more details.

The first section of the OHQ (**questions 1-9**) records the walker's contact details. These are used by schemes and the national centre for keeping in touch with walkers.

Question 10 is a health screening question, designed to pick up any reason why it would not be advisable for a walker to join a health walk. Although walking is very low risk and recommended for many health conditions, for a very small number of people it may pose a problem. Anyone answering 'yes' to one or more of these five questions should seek advice from their GP or health professional before joining a health walk.

Note that the OHQ no longer includes a space for an emergency contact number for each walker. Different schemes have different ways of managing this. A template for an emergency contact card that can be issued to walkers is downloadable from the WfH website.

What to do with a 'yes' answer to Question 10

- Recommend that the walker speaks to their GP or health professional before joining the walks. You may say that they can join the walk today 'at their own risk' and/or ask them to sign the form saying that they have agreed to this.
- You do not need to see proof that they have consulted their GP. You have passed this responsibility back to them in telling them to do so.
- If they say that they have already spoken to their GP who says it is fine for them to walk, discuss with them how you might best meet their needs on the walk. Remind them to walk at their own pace and build up gradually!
- Share any 'yes' answers with other leaders, but be discreet and do not divulge medical information to anyone who does not need to know.

Questions 11-13 identify walkers who may have certain medical and other conditions that can be improved by walking. This is part of the evaluation of WfH. We monitor this to find out how WfH can help to contribute to reducing the burden on health services by getting more people to participate in health walks. If a walker ticks one or more of the boxes in this section, but has not ticked a 'yes' answer in Question 10, you do not need to recommend that they speak to their GP. These questions are for monitoring purposes only. However, you may want to discuss a walker's individual needs if they indicate that they have a particular medical condition or disability. For instance, it may be particularly important for a diabetic to know how long or how far they may be walking or for an asthmatic to know that you might be walking alongside a busy road with lots of car fumes.

You may like to refer to the 'Special conditions guidance' on page 34 so that you can get an idea of how exercise may affect people with certain conditions.

If a walker indicated on the OHQ that they have a disability then discuss with them how you can best accommodate their needs on a walk. All Walk Leaders have a responsibility to ensure that no walker is discriminated against on the grounds of their disability.

If a particular walk is unsuitable for a person with a disability, then discuss with the walker how you might be able to cater for their needs and try to arrange another walk – even if it is on another day – that is appropriate for them.



Remember:

a Walk Leader is not expected to be a medical expert. The person who knows most about their condition and how it affects them is the walker.

The Outdoor Health Questionnaire page 2

Don't forget the OHQ has two sides and both need to be filled in! The second page of the OHQ (questions 14-20) is important for monitoring purposes. The information this provides enables WfH to monitor who it is reaching, including whether walkers are 'active' or 'inactive'. It is this type of information that enables WfH to report its successes and ensure that funding for health walks continues into the future. Walk Leaders' cooperation in encouraging walkers to complete this section is essential for the future of health walks.

It is also important that walkers read and sign the data protection statement under Using and Sharing Your Information, otherwise neither the scheme nor the national centre is legally entitled to store and use the information the walker has given



Walk Leaders have a responsibility to ensure that any information they collect is kept confidential and in a safe and secure place. Please make sure that all completed forms are kept in a safe place or returned to the scheme coordinator if appropriate.

More information about the OHQ can be found on the WfH website www.walkingforhealth.org.uk.

The Health Walk Register



All Walk Leaders must ensure that a walk register is completed. Completed registers should be kept on file and can be used to monitor attendance rates at walks. A template of a standard WfH register can be found on page 28.



The Accident Report Form



In the event of an accident, Walk Leaders should complete an accident report form and ask the walker who has been injured and a witness to sign it. It is advisable to complete an Accident Report Form even if the walker appears to be fully recovered, as injuries may sometimes take several days to appear. A template for an Accident Report Form can be found on page 29.

Outdoor health questionnaire



Welcome to Walking for Health! Before you start please complete this form so your walk leader has a clear idea of your level of fitness and any specific health problems you have. **Please print clearly in block capitals.**

Your health walks are provided by your local scheme with support from the Walking for Health national centre, run by the Ramblers in partnership with Macmillan Cancer Support to help everyone enjoy healthy physical activity. Visit us at www.walkingforhealth.org.uk.

NOTE to health walk staff and volunteers: This form will contain sensitive or personal data once completed and **must** be handled and stored securely.

1. Name of scheme

2. Name of walk

3. Your name

4. Title (Mr, Ms, etc)

5. Address

6. County

7. Postcode

8. Tel No.

9. Email

Outdoor Health Questionnaire

10. For most people, physical activity does not pose a hazard. The questions below have been designed to identify the small number of people who should seek medical advice before starting.

- a. **Has a doctor** ever said you have a heart condition?
 Yes No
- b. **Do you feel pain in your chest** when you do physical activity?
 Yes No
- c. **Do you ever lose balance** because of dizziness or ever lose consciousness?
 Yes No
- d. **In the past month have you had pain** in your chest when you were **NOT** doing physical activity?
 Yes No
- e. **Do you have a bone or joint** problem that could be made worse by a change in your physical activity?
 Yes No

I understand that if I have answered yes to any of the previous Health Screening questions, I must seek medical advice before attending a walk. I agree to tell the walk leaders if there is a change in my medical condition. I understand that I walk at my own risk.

Signed

Date

Please help us make the case for funding and improve our walking schemes by answering the following questions:

- 11. Have you ever been diagnosed** by your doctor or health professional with any of the following?
 Heart disease High blood pressure
 COPD (Emphysema and chronic bronchitis)
 Diabetes Asthma
Please advise the walk leader if you have any other conditions you feel they might need to know of.
- 12. Do you have a long-standing** (for more than 12 months and likely to continue) illness or disability which affects (or limits) your day to day activities?
 No Prefer not to say Yes
If **Yes**, please tick all that apply:
 Physical disability Sensory disability
 Learning disability Learning difficulties
 Mental health issues
 Other long term or life limiting illness
 Other Prefer not to say
- 13. Have you ever been diagnosed with cancer?**
 No Yes Prefer not to say

About You

14. Are you a trained walk leader?

Yes No

15. Have you been recommended by your doctor or a health professional to come on this scheme?

Yes No

16. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate? *This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.* Please tick one box:

0 1 2 3 4 5 6 7

17. Age:

16-24 25-34 35-44
 45-54 55-64 65-74
 75-84 85+

18. Gender: Male Female

19. Ethnicity:

White British White Irish
 White Other Chinese
 Traveller/Roma/Irish Traveller
 Mixed/White and Black Caribbean
 Mixed White and Black African
 Mixed/ White and Asian
 Mixed/ Other
 Asian or Asian British/Indian
 Asian or Asian British/ Pakistani
 Asian or Asian British/ Bangladeshi
 Asian or Asian British/ Other
 Black or Black British/ African
 Black or Black British / Caribbean
 Black or Black British /Other
 Other
 Not disclosed

20. Please tell us how you found out about this scheme (please tick any that apply):

GP/ Health professional referral
 Library Walking Group
 Poster/advertisement
 Leisure centre
 Residents' Association
 Health trainer referral
 Macmillan Cancer Support Ramblers
 Told about it by someone (not covered above)
 Other – please state

Using and Sharing Your Information

The information you give us here will be stored on a secure database managed by BTCV on behalf of the Ramblers, who host the Walking for Health national centre. This form will then be shredded or if needed stored securely by your walk scheme. The Ramblers will hold your information in accordance with the Data Protection Act 1998. Access to the database is strictly controlled and monitored. Your information can only be viewed by those who need to do so at the Ramblers, Macmillan Cancer Support, your local health walks scheme, and others who work with us on the project. It will only be used to help evaluate and manage Walking for Health and, if you agree, to contact you in connection with health walks. Our organisations will not pass on your information to anyone else without your permission. Your information helps us to show the success of the project and to help ensure your walks continue.

Your local scheme and Ramblers would like to contact you to tell you more about health walks, walking events and other walking news.

How would you like to be contacted? *Tick all that apply.*

Post Phone email Please don't contact me

Macmillan Cancer Support would like to tell you more about their work and ways they can support you.

How would you like to be contacted? *Tick all that apply.*

Post Phone email Please don't contact me

Signed

Date

Thank you for completing this questionnaire

The Ramblers' Association is a registered charity (England & Wales no 1093577, Scotland no SC039799) and a company limited by guarantee (England & Wales no 4458492). Registered office 2nd Floor, 87-90 Albert Embankment, London SE1 7TW.

Macmillan Cancer Support is a registered charity (England and Wales no 261017, Scotland no SC039907, Isle of Man no 604) and a company limited by guarantee (England and Wales no 2400969, Isle of Man no 4694F).

BTCV is a registered charity (England no 261009, Scotland no SC039302) and a limited company (England no 976410).

Health walk register

Date:

Name of scheme:

Time:

Name of walk and location:

Leader:

Walk duration (average):

Please PRINT details below

	First Name	Surname	New Walker?	Change to Health?*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

*If there is any change to a walker's health since their last completed Outdoor Health Questionnaire, please ensure that a new Outdoor Health Questionnaire is completed.

Weather conditions:

General comments:

Accident report form

Walk Leader's name (front leader)	
Walk Leader's name (back leader):	
Name of casualty:	
Date/time of accident:	
Place of accident:	
Details of accident:	
Action taken by leader:	
Signatures:	
Leader (1):	
Leader (2):	
Casualty (if possible)	
Witness 1	
Witness 1 Address	
Witness 2	
Witness 2 Address	

One other essential piece of paperwork for insurance purposes is the risk assessment of a walk route. This may be completed by a trained Walk Leader or by the scheme's coordinator.



The Risk Assessment Sheet

All health walks need to be adequately risk assessed. This can be done by a Walk Leader who has attended the one day Walk Leader course that this manual supports or, in some schemes, this may be done by the scheme coordinator. Regardless of who completes the risk assessment, all Walk Leaders should see a copy of the risk assessment.



Risk assessments are usually done every few months, or as each season changes. It is a process of assessing hazards and risks associated with the health walk. It also involves planning action to reduce those risks to provide a safer environment to people attending health walks.

'**Hazard**' means anything that can cause harm (eg car traffic, falling trees). '**Risk**' is the chance, high or low, that somebody will be harmed by the hazard.

The level of risk reflects a combination of:

- The likelihood of the hazard arising
- What the hazard is
- Who might be affected

Risks are prioritised and, where possible, removed or managed to reduce the risk. A template Risk Assessment Sheet is provided on page 31, although you may wish to develop your own risk assessment using templates from other organisations you may work with.

All Walk Leaders will need to see a copy of the risk assessment before leading a walk. Walk Leaders should report any risks or hazards that are not included to the person who completes the risk assessment for the scheme.



Risk assessment sheet

Route

Date

Assessment carried out by

Hazard

Who might be harmed?

How is the risk controlled?

What further action is necessary to control the risk?

Hazard	Who might be harmed?	How is the risk controlled?	What further action is necessary to control the risk?

Example of a completed risk assessment

Route *Route 15 - New Park to Sandbanks*

Date *13/01/09*

Assessment carried out by *John Smith, Walk and Talk*

Hazard	Who might be harmed?	How is the risk controlled?	What further action is necessary to control the risk?
<i>Crossing New Park Street</i>	<i>All walkers</i>	<i>By informing walkers at the start of the walk that they cross the road at their own risk</i>	<i>Tell them at the start of every walk</i>
<i>Paddling pool in park</i>	<i>Small children</i>	<i>Inform all guardians at the start of the walk</i>	<i>Inform them at the start of every walk where necessary</i>
<i>Uneven pavements in High Street</i>	<i>All walkers particularly partially sighted walkers</i>	<i>By informing walkers at the start of the walk Ensure a 'buddy' is allocated to partially sighted walkers</i>	<i>Tell them at the start of every walk</i>
<i>Dogs off leads in park</i>	<i>All walkers</i>	<i>By informing walkers at the start of the walk</i>	<i>Tell them at the start of every walk</i>

Insurance

The WfH national centre provides adequate third party civil liability insurance cover for all trained Walking for Health walk leaders in England when they are leading health walks.

You are automatically covered by this insurance when you have completed the Volunteer Walk Leader training – there is no longer a need to register separately for insurance or to renew on an annual basis. However your scheme will need to be registered with the national centre – please contact us for details.

This insurance covers you only in the event that a legal claim for damages is made against you alleging you were negligent on a health walk. It is not personal accident or medical cover insurance.

All accidents or other incidents that might result in a claim must be reported to us using an accident report form (see p25).

For more about insurance see www.walkingforhealth.org.uk/our-work/insurance.



Evaluation

WfH and your local scheme will carry out research to monitor the number of people who are taking part in health walks and how these might be benefiting their health. The Outdoor Health Questionnaire on page 26 is the main data collection tool for WfH and the information it provides is used to make the case for future funding for WfH. Your own local scheme may also be carrying out research to evaluate the benefits to your walkers. Your co-operation as Walk Leaders in encouraging walkers to fill out the necessary monitoring forms is essential.

Each health walk scheme will have its own procedure for handling the evaluation process. More information about this can be obtained from your scheme co-ordinator or from WfH. Any information sent to WfH will be stored and used in accordance with the Data Protection Act. The information will be used for health walks purposes only and not shared with third parties.

Special conditions guidance

For people with particular medical conditions who are not used to walking, it is important that they start slowly and build up gradually. This guidance gives you some basic information to help you cater for everyone's needs on a walk.

Diabetes - All walkers should be encouraged to wear comfortable shoes. For diabetics this can be very important as some diabetics have poor circulation. It is also a good idea for diabetics to carry a sugary drink with them in case they suffer low blood sugar levels. This can be indicated by symptoms such as tremors, blurred vision, and confusion.

Overweight - It may be necessary to reduce the pace of walks in hot weather.

Asthma - Asthmatics should carry their inhaler with them if necessary.

Arthritis - People with osteoarthritis should walk at a pace that does not increase their pain. A walker with rheumatoid arthritis who is experiencing a flare-up in their symptoms should not be encouraged to walk.

High Blood Pressure (Hypertension) - Moderate intensity activity (a brisk walk) is to be encouraged. However, vigorous intensity activity should be avoided, and any activity which encourages 'breath holding'.

Angina - Walkers with angina should start exercising gently. If they use a GTN spray or tablets, they should carry this with them, and use it as they have been advised. They should follow their GP's advice on taking exercise. Walking in cold or windy weather affects angina sufferers and they may want to opt out or 'wrap up' well.

Heart Attack - Exercising after a heart attack can bring benefits but must be carefully managed. People who have had heart attacks are usually advised to first attend exercise programmes which are supervised by specialist staff. Ensure that walkers who have had a heart attack are walking with the consent of their GP.

Sensory impairments - Walkers with sensory impairments may be accompanied by a co-walker and will be able to advise Walk Leaders on how best to accommodate any needs they may have. In terms of visual materials such as leaflets, ask your co-ordinator about their availability in accessible formats.

General accessibility - Where possible, health walks should be located on flat, even surfaces. If the walks do have physical barriers, such as steps or gates, then this should be clearly stated on any maps or leaflets produced and stated before the start of every walk. In order to ensure that the health walks are accessible to all, Walk Leaders should ensure that they welcome all walkers, regardless of ability or fitness. Carers are welcome to join in walks where Walk Leaders feel that they may need extra support with someone with a disability.

Using a step-o-meter

A step-o-meter is a device that clips to your waist-band and measures the number of steps you take when you walk.

Step-o-meters can be useful for monitoring and helping to increase the amount of walking you do. By counting the number of steps you take in a day, you can see whether you are active at the recommended level and set yourself goals to increase your activity level. Make sure you buy a reliable model of step-o-meter, as cheaper versions can be very inaccurate. You may be able to borrow a step-o-meter from your GP or local NHS services.

Experts recommend that we accumulate 10,000 steps every day for good health. Most people only take approximately 2,500 – 3,500 steps every day.

Set a baseline

Wear your step-o-meter for a whole week without changing your usual routine and record the number of steps you take each day. Put your step-o-meter on in the morning and take it off at night before you go to bed. At the end of the week, add up the total number of steps and divide by seven to obtain your daily average number of steps.

Set realistic goals

The following week, aim to increase your daily average by 10% or 500 steps a day. Do this each week until you reach your target number of 10,000 steps a day.

Thank you for becoming a Volunteer Walk Leader!

Your local scheme coordinator will discuss with you how you would like to use your training to lead walks. The level of commitment for each Volunteer Walk Leader is down to the individual. Most Volunteer Walk Leaders are happy to lead a couple of walks a month. Some will lead a walk every week. It is up to you how much time you would like to commit to your local health walk scheme. You may even have taken this training course as a first step to setting up your own scheme! If this is the case, then WfH is on hand to help you.

If you do decide to become a Volunteer Walk Leader, WfH will expect you to follow the guidelines outlined in this manual and the one day Volunteer Walk Leader training course. This includes completing the necessary paperwork for each walk. In return, as well as support from your local scheme, WfH will provide national and regional support where needed. **We hope that you enjoy your experience of being a Volunteer Walk Leader!**



Physical activity is the key to longevity; I fully support the encouragement of walking



John Perkins
GP



Walking for Health (WfH) is England's national network of health walks schemes, offering regular short walks over easy terrain with trained Walk Leaders. Local schemes are run by local councils, the NHS, charities, voluntary and other organisations with the help of free resources provided by the WfH national centre. The national centre is run by the Ramblers in partnership with Macmillan Cancer Support.

Contact

Walking for Health national centre
The Ramblers
2nd Floor, 89 Albert Embankment
London SE1 7TW

T: **020 7339 8541**

E: walkingforhealth@ramblers.org.uk
www.walkingforhealth.org.uk



ramblers

at the heart of walking

The Ramblers is Britain's leading walking charity, working to promote walking and to protect and improve the places where people walk. Established in 1935, it has 116,000 members and around 17,000 volunteers. It promotes walking for the contribution it makes to health and well-being and a more sustainable way of life. The Ramblers also works to keep the footpath network clear, to secure better access to open land and the coast, and to protect the outdoor environment.

For more about the Ramblers and how to support its work or become a member see www.ramblers.org.uk or call **020 7339 8500**.

**WE ARE
MACMILLAN.
CANCER SUPPORT**

Macmillan Cancer Support improves the lives of people affected by cancer, providing practical, medical, emotional and financial support. Being more physically active can help with some of the side effects during and after cancer treatment, such as fatigue and depression. Macmillan wants to support more people affected by cancer to take up moderate exercise and walking is an accessible way to participate, whatever your level of fitness.

For more information about Macmillan Cancer Support, visit www.macmillan.org.uk or call our support line free on **0800 808 0000** (Mon-Fri 9am-8pm).

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change
4 life

WALKING FOR HEALTH

ramblers
at the heart of walking

**WE ARE MACMILLAN.
CANCER SUPPORT**

The Ramblers and Macmillan Cancer Support are working together to help you enjoy inspiring health walks, whatever your level of fitness.