

WALKING FOR HEALTH



Walk Leader training manual

This training manual supports the one day Walk Leader course and covers the issues a Walk Leader would need to know to plan, organise and deliver safe and effective health walks.

This manual has been prepared in partnership with the:

- Public Health Agency
- Belfast Health and Social Care Trust
- Northern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Southern Health and Social Care Trust
- Western Health and Social Care Trust

We would like to acknowledge the contribution of Paths to Health Scotland and Natural England, as well as volunteer Walk Leaders throughout Northern Ireland.

Your local Walking for Health programme is coordinated by:



Contents

Hello and welcome	Page 02
Introduction	Page 03
Walking and health	Page 05
Barriers to walking	Page 09
Components of a health walk	Page 11
Route planning	Page 13
Physical activity and special conditions	Page 18
Roles and responsibilities of a Walk Leader	Page 21
References	Page 28
Useful websites	Page 29
Essential paperwork	Page 31

Hello and welcome

The Walking for Health programme was established in 2001 and continues to be an integral part of government policy to address the health and wellbeing of the population in Northern Ireland. Walking for Health aims to encourage inactive people to increase their level of physical activity by participating in local led health walks. Walk Leaders are key to the success of Walking for Health in Northern Ireland and they have a unique and valuable contribution to make to health improvement, complementing the work of Health and Social Care (HSC) staff. There are currently around 1,500 active Walk Leaders supporting 250 Walking for Health groups throughout Northern Ireland.

Walk Leaders play a significant role in getting people more active, more often. By leading health walks in local communities, Walk Leaders are vital to the success of many walking programmes. Feedback from walkers shows the significant contribution this programme has had on their social and emotional wellbeing as well as increasing their physical activity levels.

The programme is delivered through HSC Trusts across Northern Ireland and is supported by the Public Health Agency (PHA). All Walk Leaders are provided with training updates, networking opportunities, and advice and support on establishing, promoting and running a successful walking group. Insurance cover is also provided in some cases. Please contact your local coordinator for further information.



Introduction

This manual accompanies the one day training course designed for those who wish to lead health walks. It should be used during and after the course to clarify and reinforce all the elements required to lead a health walk safely and effectively.

What is a health walk?

A health walk is a purposeful, brisk walk undertaken on a regular basis. It can include any walk that is specifically designed and undertaken for the purpose of improving an individual's health. The walks should:

- be on flat or low level inclines;
- last anything from 10 minutes upwards.

Health walks are intended to target people who are inactive or who do not take the recommended levels of physical activity in order to benefit their health.¹ The route and length of the walks should be designed to suit the ability of the walkers, not the Walk Leaders. All walkers should be supported and encouraged to walk at their own pace.

Most health walks have at least two Walk Leaders, one at the front and one at the back. Both play a key role in managing the walk.

As time goes by, some walkers will improve their fitness levels and may want to explore other challenges. They could:

- continue to walk with their health walk group, at the pace set by the Walk Leaders;
- become a Walk Leader themselves and help others become active;
- walk independently on other days of the week;
- join a walking group that offers more advanced walks.

The Walking for Health programme in Northern Ireland offers:

- training to develop and support Walk Leaders in their role;
- free insurance for Walk Leaders who complete the training course and meet the insurance criteria (contact your local coordinator for more details);
- opportunities to network with other Walk Leaders and walking groups;
- advice and support to help Walk Leaders carry out their role effectively, with the first point of contact being the local coordinator.

In return, the Walking for Health programme expects Walk Leaders to:

- deliver a programme of health walks that correspond to the aims and values of the Walking for Health initiative;
- attend update training and support sessions as and when required;
- respect other Walk Leaders and walkers;

- respect confidentiality when dealing with information;
- carry out tasks to ensure the health and safety of themselves and others;
- complete and return paperwork as required.

By the end of the training day, you will be able to:

- understand that your local Walking for Health programme is part of a regional initiative to improve the health and wellbeing of people in Northern Ireland;
- discuss the main benefits to be gained from a programme of regular walking;
- recognise the main reasons why people do not take part in physical activities like walking;
- explain the current recommended amount and type of physical activity that is needed to benefit a person's health;
- explain the concept of a 'brisk walk' and how to monitor it;
- explain what is meant by a 'health walk' and understand the different stages;
- describe the main issues and considerations in organising a health walk;
- advise on practical issues, such as clothing and footwear, in relation to a health walk;
- safely accommodate participants with different medical conditions on a health walk;
- recognise potential hazards on a health walk;
- recognise suitable routes for a health walk;
- understand what is meant by, and the purpose of, hazard identification;
- outline the roles and responsibilities of a Walk Leader;
- outline the essential qualities of a Walk Leader;
- provide advice and motivation to encourage walkers to take up walking as a regular and long-term activity;
- know how to promote and advertise your walking programme locally.



Walking and health

Walking is such a natural activity, both as a means of getting from A to B and as a leisure pursuit. However, given our increasingly busy lives, many of us are not walking enough to benefit our health.

The *Northern Ireland adult sport and physical activity survey 2010 (SAPAS)* highlighted that only 35% of respondents achieved the recommended levels of physical activity.¹

How much physical activity should we do?

Lack of physical activity is one of the biggest causes of illness and death in Northern Ireland. Increasing physical activity levels across the whole of our population is a major aim for those with an interest in health. Active people are more likely to live longer and healthier lives and to retain their independence throughout life.

The most recent recommendations by the four UK Chief Medical Officers indicate that adults aged 19–64 years should do at least 150 minutes (two hours and 30 minutes) of moderate intensity physical activity each week.² Moderate intensity means working hard enough to raise your heartbeat and break a sweat. Moderate intensity activities include brisk walking, cycling, gardening, dancing and heavy housework.

Walking has been described as a near-perfect exercise. Compared with many sports and other recreational pursuits, walking:

- is free and you don't need special equipment;
- is accessible, regardless of age, income or location;
- is easy to start, build up gradually and continue long-term;
- is within the physical capabilities of most people, and is a realistic goal for inactive people;
- combines the physical benefits of activity with an opportunity for social contact and support;
- with a group can make you feel safer, more confident and motivated;
- can be easily incorporated into our daily lives;
- can be enjoyed safely and has a low risk of injury;
- is a great introduction to a healthy lifestyle including healthy eating, stopping smoking and reducing stress.

People are more likely to continue walking long after a structured walking programme and, given that walking is a near-perfect exercise, let's get more people walking more often!

What level of walking is needed to benefit health?

Walking will only contribute to the maintenance and improvement of health if it is of sufficient intensity, is carried out with sufficient regularity and is performed for a sufficient length of time. It is important that a Walking for Health programme encourages people to walk at an appropriate level to achieve this.

However, **any walking is better than none** – people may need to build up their level of activity gradually and, for some previously inactive people, gentle strolling is a good start.

The level of regular walking required to gain health benefits is indicated below:

How often?	Ideally every day or at least five days a week
At what pace?	Brisk walking (which is different for everyone) Walk at a pace that makes you: • breathe a little faster; • feel a little warmer; • feel your heart beating a little faster. You should still feel comfortable and be able to talk
For how long?	Build up to 30 minutes a day, perhaps in 10 minute sessions. Ideally build up to a single 30 minute walk

For more information on the new physical activity guidelines for early childhood (under 5 years), young people (5–18 years), adults (19–64 years) and older adults (65 years and over) issued by the four UK Chief Medical Officers, please see the Department of Health website.²



Why walking works

Lack of physical activity is one of the biggest causes of illness and death in Northern Ireland and, as a consequence, increasing activity levels is now a major health priority.

The following paragraphs outline the benefits of walking in relation to some of the major health problems in Northern Ireland.

Physical activity and cardiovascular disease

Diseases of the circulatory system (including heart attacks and stroke) killed 3,951 people in Northern Ireland in 2011 (28% of all deaths).³ Physical inactivity is one of the major risk factors for coronary heart disease. Inactive and unfit people are at almost double the risk of dying from coronary heart disease than more active, fit people.

Approximately 4,000 people in Northern Ireland suffer a stroke every year. Most of those affected are over 65 years of age. An additional 32,000 people in Northern Ireland are living with a stroke, which can cause severe disability.⁴ Regular physical activity is known to help protect against the risk of stroke.

Physical activity and cancer

Research has shown that physical inactivity increases our risk of certain cancers – it may be the cause of approximately 12% of bowel cancer and more than 10% of breast cancer.

Being active, however, helps protect against some cancers. One study of 40,000 men showed that those who walked or cycled for an hour each day were 16% less likely to develop cancer, and people who walked or cycled for just 30 minutes a day were 34% less likely to die of cancer. Being active has also been shown to reduce the risk of breast cancer by up to 40%, with reductions in bowel, prostate and womb cancer also evident in those who are regularly active.⁵

Physical activity and obesity

It is estimated that 59% of adults aged 16 and over are either overweight (36%) or obese (23%).⁶ This trend seems likely to continue unless major changes are made to diets and lifestyles. To reduce weight effectively, our energy expenditure (ie how many calories we burn up each day) must exceed our energy intake (the amount of calories we consume in our food and drink).

While a healthy diet can reduce our energy intake, the vast majority of us need to increase our energy expenditure through regular physical activity. Regular walking combined with healthy eating not only helps us lose weight, it is also necessary to maintain weight loss. Walking just one mile can burn up 100 calories. Walking two miles, three times a week, could reduce your weight by 14 pounds (a stone) in three to four months.

Physical activity and diabetes

It is estimated that 73,500 people in Northern Ireland have diabetes. Approximately 80% of diabetes cases are attributable to weight gain, which is strongly linked to type 2 diabetes (but not the only cause).⁷ Regular physical activity has a protective effect against developing type 2 diabetes, lowering the risk by as much as half. People who have diabetes also benefit from regular physical activity as this helps to lower blood sugars and maintain healthy blood pressure.

Physical activity and older people

People tend to become less active as they get older but this needn't be the case. Having an active lifestyle into old age has been shown to maintain mobility and independent living. Older people who become less active miss out on the benefits that physical activity brings to both physical and mental health.

Falls are a major cause of death and disability in older people. Being regularly active is essential for maintaining muscle strength and balance, and has been shown to reduce the incidence of falls.

Physical activity and osteoporosis

Osteoporosis is the gradual weakening of bones with age to the extent that they are at risk of fracture from relatively minor injuries. The health benefits of regular physical activity on bone strength have been shown in both men and women up to the age of 90. To keep bones healthy and strong, activity should be maintained throughout life. For post-menopausal women in particular, the most effective form of exercise to strengthen bones is impact exercise, including walking.

Physical activity and dementia

There were 18,286 people living with dementia in Northern Ireland in 2011.⁸ There are various types of dementia and although their causes are not fully understood, research has shown that regular physical activity can reduce the risk of developing dementia and Alzheimer's disease by up to 40%. Taking part in regular activity, particularly when done as part of a group, can also help alleviate symptoms and slow the progression of dementia.

Physical activity and mental health

Mental health is an area that people can be uncomfortable discussing and is often overlooked. Our mental health and wellbeing is an essential part of our overall health and quality of life. With mental health problems very prevalent in our society (affecting as many as one in five people), regular physical activity has an important role to play in improving our mental health and wellbeing. Physical activity is known to improve mood and helps reduce the symptoms of anxiety and depression. Physical activity can be considered for both its preventative and therapeutic effects on mental ill health.

For a full list of websites relating to the conditions outlined here, please refer to pages 29–30 of this manual.

Barriers to walking

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 walking where appropriate. Being sensitive to what stops people being more active is important, as everyone will have different reasons for not increasing their activity levels.

Here are some common reasons why people feel they can't go for walks. Are any of them familiar? Hopefully you'll see that anyone can start walking, whatever they do and wherever they live.

'I don't have the time'

Walking is the easiest exercise to fit into a busy lifestyle because you can do it anywhere and at a time that suits you. It's better than sitting sweating on a packed bus or train, or getting stressed out in a traffic jam. You'll still have to make a little effort to find time, but remember – active people live longer and have a healthier old age. So think of your walking time as a good investment!

'I don't know any good places to walk'

*Sometimes, main roads don't feel like the nicest and safest places to walk. But there are lots of quieter streets, parks, waterways and green spaces, even in our towns and cities, if you know where to look for them. Ask friends if they know any good areas to walk, visit your local council's website, or go to your library and look up maps of your area. You can also find lots of information on suitable walks at: **www.walkni.com***

'I don't feel safe on the streets'

It's understandable that people are concerned for their personal safety, but it doesn't have to stop you from enjoying the benefits of walking. If you can, walk with a companion or on an organised walk. Also, the more people who walk, the safer the streets will be!

'I don't have anyone to walk with'

Ask your family, friends and colleagues if they're interested in walking with you. Try an organised walk – this is hopefully what you'll be delivering in your local area!

'My kids won't walk'

Exercise is really important for children, but it can be difficult to get them away from indoor activities like watching TV or playing computer games. Make the walk interesting and get them to look out for things along the way. Walks are a great way to get children interested in the world around them and it won't be long until they realise just how much they're missing.

'I'm too unfit to walk'

Walking is a natural and easy exercise that you can start doing in small amounts and build up slowly. That makes it perfect for people who are very unfit or recovering from an illness. Very few of us are so unfit that we'd endanger ourselves by walking, but if you have any doubts, talk to your doctor first.

There are so many good reasons to start walking; the only thing you have to do now is choose where to go first!



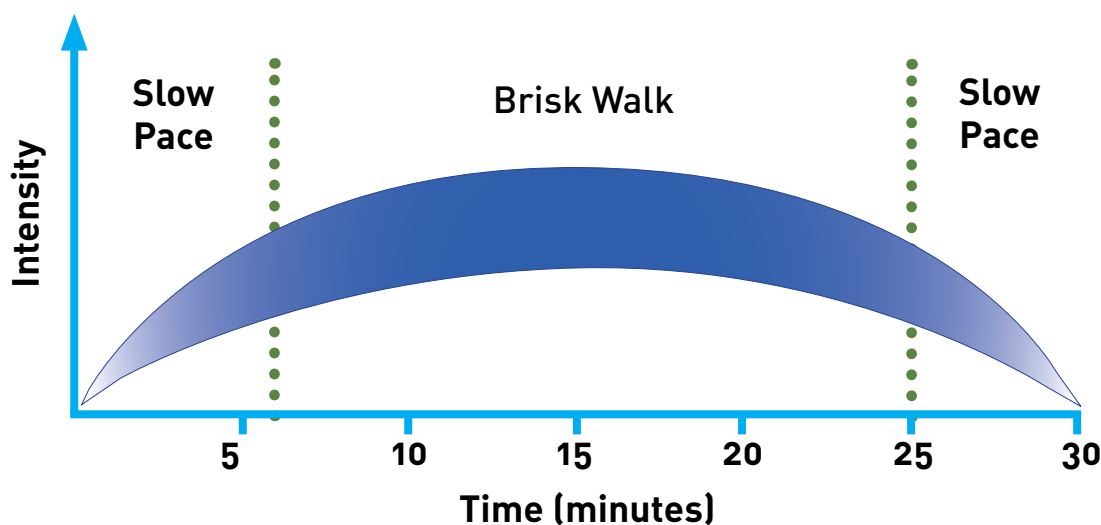
Components of a health walk

A typical health walk is made up of three key stages:

1. Warm up.
2. Brisk walk.
3. Cool down.

A health walk is designed to promote physical, mental and social wellbeing. New walkers who have not been doing any physical activity should try to build up to a brisk pace in the middle of the walk. Until walkers feel comfortable, the pace may be slow for the whole walk. 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 the faster pace as they become more physically active.

The three stages are shown below:



Get into gear

If the human body was a car with five gears, slow pace would be first or second gear and a brisk walk would be third or fourth gear. The idea is to take participants up through the gears in the first five minutes of a walk (warm up), stay in gear three or four in the middle of the walk if possible (brisk walk), and slow down to a lower gear in the last five minutes of the walk (cool down).

Why a brisk walk?

Brisk walking is the pace that health walks are aiming to provide. It is at this intensity that health benefits will be gained.

A brisk walk for one person might not be brisk for another – it will depend on gender, age and fitness level. A Walk Leader's role is to ensure that every participant is walking at a pace that suits them – their own brisk pace, not the Walk Leader's. Too fast a pace and they may not complete the walk; too slow a pace and they may not gain all the health benefits they desire.

Let new walkers know how a brisk pace should feel. They should:

- breathe a little faster;
- feel their heart beating a little faster;
- feel comfortable talking while walking;
- feel a little warmer.

A step at a time

If a walker can only walk for a few minutes, then it is a good start. No one should overdo it. Any walking is better than none, and for some inactive people a gentle stroll is the best place to start.

By beginning gradually, people are more likely to increase the amount they do and keep at it. The more walks they take, the further they will be able to walk each time. For those who are unfit, going for a walk every other day is a good plan.

When new walkers start walking, they often need to gain confidence in their ability by walking at a slow pace for the whole walk, gradually increasing their pace over time until they feel confident to walk at a brisk pace.

Clothing

Walkers should wear loose, comfortable clothes that are appropriate for the weather conditions. Wheelchair users should wear gloves.

Footwear

It isn't necessary to go out and buy a pair of walking shoes. The important requirement is a good fit. As most pressure is at the heel and ball of the foot, this is where good cushioning is required.

Route planning

When planning a health walk route, it is important to ensure that it is suitable for the walkers in your group, or for those you want to attract. Any health walk programme should have a variety of walks to choose from, which can cater for a range of abilities.

Walking routes

What should I look for when planning my routes?

A good walking environment requires you to consider the following:

Accessibility

Are there footpaths of a suitable width and flat, even paths with few obstacles, ie steps or stiles? Routes shouldn't be too muddy in winter and should be relatively clear of undergrowth in the summer. Can the route be used by people with disabilities, eg does the route have dropped kerbs or appropriate stiles and gates? Ideally, local people should be able to access routes from their home so that walking can be established as part of people's everyday lifestyles.

Environment

Provide pleasant, attractive walking environments that are safe, free from rubbish, and where crime and fear of crime are reduced.



Photo provided by Michael Bradshaw (Volunteer Walk Leader)

Connected

Maximise the use of existing and well-established walking routes and ensure that, if possible, walks are accessible by public transport. Walk NI (www.walkni.com) is a great local website with a wide range of signposted walks catering for all abilities.

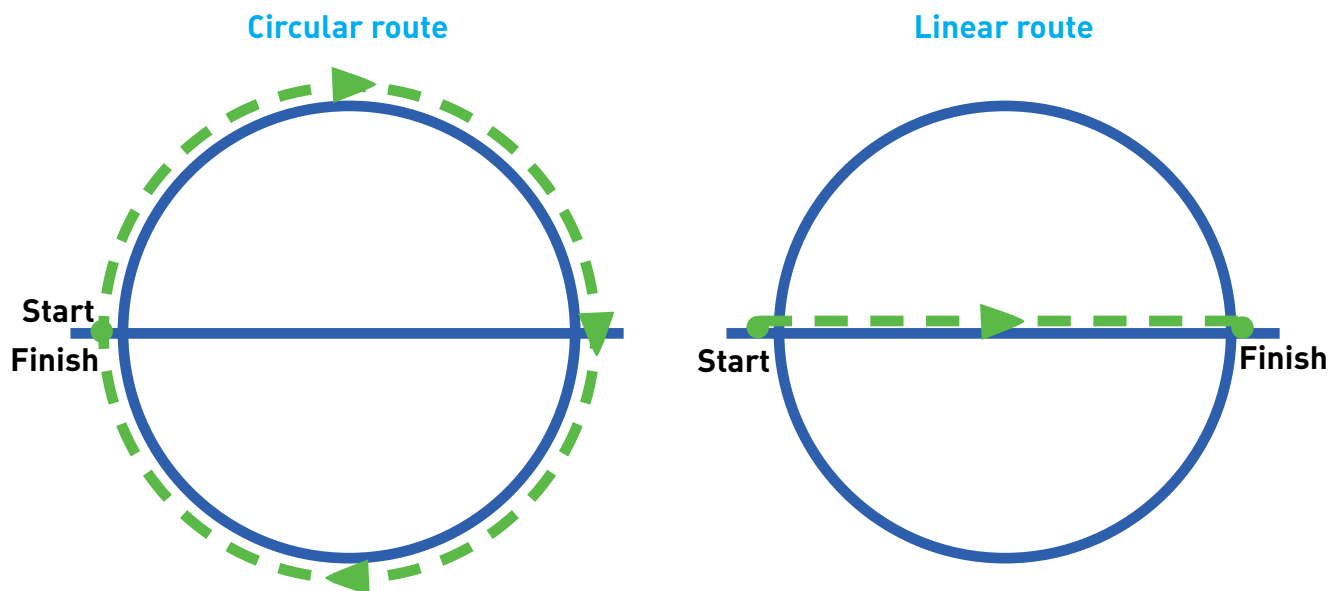
How do I choose the best walking routes?

Walking routes should be:

- safe;
- simple;
- easy to follow;
- measured and short;
- well-maintained;
- able to cater for all abilities;
- appealing.

Types of walking routes

Walking 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 walked. This ensures the group is kept together. Circular routes can have 'shortcuts' built in so the 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.

It is often necessary (and sometimes desirable) to add hills or gradients to your routes. Avoid using these routes with very unfit people, or if this is not possible, ensure 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.

How do I choose a safe route?

To ensure a health walk is safe and appropriate for the participants, the route needs to be adequately risk assessed. This could be done when the route is initially planned, and then updated every few months or as each season changes.

Route planning is a process of assessing the hazards and risks associated with the health walk. It also involves action to remove or reduce those risks and provide a safer environment for people.

‘Hazard’ means anything that can cause harm, eg car traffic or falling trees. When the hazard identification is complete, the risk they pose to the walkers is assessed.

The level of risk reflects a combination of:

- what the hazard is;
- the likelihood of a hazard arising;
- who might be affected.



Remember that different types of walkers will present a different risk in relation to the same hazard, eg a gentle incline might prove extremely arduous to a person with angina but will present little risk to other walkers.

There are five steps in risk assessment:

1. Look for the hazards.
2. Decide who might be at risk and how.
3. Evaluate the risks and decide whether or not the existing precautions are adequate, ie can more be done?
4. Record your findings.
5. Review your assessment and revise as appropriate, eg every season.

The following template highlights some identified hazards and risks, as well as suggested methods of control. This is intended only as a guide and, ultimately, the individual walker is responsible for his/her own safety.

Hazard/risk	Who might be harmed?	How is the hazard/risk controlled?
Traffic/roads Add specific details about the walk, eg very busy junction at Cushendall and Broughshane Roads.	All walkers	- Warn walkers in pre-walk talk. - Cross at safer places, eg pedestrian crossings. - Keep group together. - Wear luminous bibs.
Road with no footpath	All walkers	- Warn walkers in pre-walk talk and as necessary during the walk. - Walk on the correct side of the road according to the Highway Code.
Weather Add specific details about the walk, eg very exposed on the A26 Newbridge Road.	All walkers, particularly those who are frail and have inappropriate clothing or footwear.	- Remind walkers to wear appropriate clothing and footwear. - Take water. - Be aware of places to shelter. - Abandon walk if necessary.
Slips, trips and falls - Add specific details about the walk, eg paths beside river prone to flooding. - Slippy/uneven terrain on the Ecos route, especially from late autumn through to early spring. - Exposed tree roots on the Valley Park route.	All walkers, particularly those with balance difficulties/mobility issues.	- Warn walkers in pre-walk talk and as necessary during the walk. - Help walkers around muddy spots, narrow paths etc. - Ask walkers to pass the warning of obstacles down through the walking group. - Abandon the walk if the path's accessibility is very bad.

Risk/hazard	Who might be harmed?	How is the hazard/risk controlled?
Inclines/steps Add specific details about the walk, eg steep path to Blackhead lighthouse, with some damaged steps.	All walkers, particularly those with heart problems, eg angina.	- Warn walkers in pre-walk talk. - Be aware of walkers' health problems, medications etc. - Allow everyone to take inclines at their own pace. - Take care not to jar knees when descending. - Rest at the top of hills and wait for the rest of the group.
Dogs	All walkers, particularly those fearful of dogs.	- Warn walkers in pre-walk talk and as necessary during the walk. - Keep nervous walkers away from dogs and warn dog owners to keep their dogs away from the group.
Stiles, swing gates	All walkers, particularly those with balance difficulties/mobility issues.	- Warn walkers in pre-walk talk. - Help walkers over stiles as necessary. - Take care not to catch fingers in latches or hinges.
New walkers	All walkers, particularly the new walker.	- Read through the health walk questionnaire with the new walker. - Be extra vigilant while walking. - Buddy the new walker up with a regular walker or another walk leader. - Accompany the new walker back to base if necessary.
Participants with a medical condition	The individual participant and possibly all walkers.	- Be aware of any participants with a medical condition. - Remind this person to carry their medication if required. - Ensure this person checks with their GP before participating in the walk programme. - Carry a list of emergency contact details for these participants.
Other people		- Keep the walking group together. - Move past the other people, avoiding eye contact if they look threatening. - Carry a charged mobile or be aware of the location of phone boxes.
Other		

Physical activity and special conditions

For anyone who is not used to being regularly active, it is important that they start gently and build up the intensity over weeks and months. For people with particular medical conditions, this is especially important and it is best if this is done with the knowledge and support of a medical professional.

The human body is designed to be active and needs regular physical activity to remain healthy and strong. In fact, inactivity is the major contributor to ill health in our population today and all of the following conditions can be improved by regular physical activity at the appropriate intensity.

Diabetes

Walkers should be encouraged to wear comfortable, well-fitting shoes. This is very important for diabetics as this condition often causes poor circulation in the feet. Diabetics should also carry a sugary drink and glucose tablets when out for a walk in case they suffer low blood sugar levels. Signs of low blood sugar to look out for are:

- feeling shaky;
- abnormal sweating;
- confusion;
- blurred vision.

Overweight/obesity

It is important that those who are overweight build up the intensity of their walking gradually. It is essential to be adequately hydrated (always carry a water bottle) and it may be necessary to reduce the pace in hot weather.

Asthma

Asthmatics should always carry their inhaler with them when exercising and should take care in cold weather.

Arthritis

Keeping mobile is very important for those with arthritis and often helps relieve the pain associated with this condition. Those 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)

Regular walking will help reduce high blood pressure and moderate intensity activity (such as a brisk walk) should therefore be encouraged. However, vigorous intensity activities and those that encourage holding your breath (eg heavy lifting) should be avoided.

Angina

Walkers with angina should start any activity gently and very gradually build up the intensity. They should carry their GTN spray with them and use it as prescribed if necessary. Walking in windy or cold weather affects those with angina and they should wrap up well.

Heart attack

Physical activity after a heart attack is important for recovery but must be done with the advice of a medical practitioner. Ensure that walkers who have had a heart attack are walking with the consent of their GP.

Chronic Obstructive Pulmonary Disease (COPD)

COPD causes an increasing shortness of breath and any physical exertion will be difficult. However, regular physical activity is known to help with the management of this condition and has been shown to increase life expectancy. Maintaining a good level of physical activity is important because it will help maintain muscle strength, which is essential for breathing. Those with COPD should be encouraged to walk every day, and to walk a little further each day, but any increase in activity should be with the consent of their doctor and walkers should be observed for signs of distress when out walking.



Photo provided by Michael Bradshaw (Volunteer Walk Leader)

Cancer

Physical activity is important for people living with and beyond cancer. During treatment, physical activity improves or prevents the decline of physical function, and it can also reduce some of the side effects of treatment such as fatigue, stress, anxiety and osteoporosis. After treatment, it can aid the recovery of physical function and can reduce the risk of breast, colorectal and prostate cancer reoccurring. Patients who are undergoing treatment, or who have just had surgery, should seek advice from their doctor before walking.

Sensory impairments

Walkers with a visual or hearing impairment may require a co-walker to provide support and will be able to advise Walk Leaders on how best to accommodate their particular needs.

Physical disability

Surveys have repeatedly shown that people with disabilities have fewer opportunities to become involved in sport and physical activity. This results in many disabled people missing out on the benefits of an active lifestyle.

To promote the Walking for Health programme to people with a disability, the following should be considered when planning walks for those with a visual or hearing impairment, those with mobility impairment or wheelchair users:

- steps or stairways;
- hills or steep inclines;
- length of the walk;
- rest areas;
- rough / uneven or muddy surfaces;
- dropped kerbs and road crossings;
- traffic;
- special individual requirements;
- additional support requirements.

It can be difficult to know how to best cater for the needs of everyone in your group, for example ensuring access to toilet facilities. The important thing is to consider these things and don't forget to ask.

Roles and responsibilities of a Walk Leader

A Walk Leader is responsible for ensuring the health walk is safe and effective, and making the walker's experience a positive one. A Walk Leader may also like to take on extra responsibilities for the health walk programme, such as route planning and risk assessment.

How many Walk Leaders per walk?

Walking for Health Northern Ireland recommends, for insurance purposes, a ratio of one Walk Leader to a maximum of 20 members of the public, but strongly recommends that all walks should have at least two Walk Leaders.

Consideration should be given to the ratio of walkers to Walk Leaders when planning the route. For example, if the group has a number of vulnerable people with serious medical conditions or a disability, an appropriate extra number of Walk Leaders should be present to meet that need.

If you are the only Walk Leader at a walk session, ask one of your regular walkers to lead the way and make sure you stay at the back of the group to support anyone who falls behind. **The Walk Leader at the back is always the most important as it is their responsibility to ensure everyone is safe.**

For larger groups, you may also want to have a Walk Leader in the middle in case the group gets spread out. As long as a competent walker has been asked to lead, the Walk Leader at the front may roam back through the group, ensuring all walkers are comfortable.

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 use the cue card to help you remember what to say when you lead a walk for the first few times.

If you are leading health walks as part of your paid employment, you must first check with your employer regarding staff to client ratios and ensure you adhere to these, for example day care settings may require one adult for every two children aged under five years.

Children on health walks

Health walks are primarily targeted at adults; however, from time to time children may join the group. Often, grandparents will bring children along during the summer holidays. Children are the responsibility of the parent or guardian, who should inform the Walk Leader of any health conditions that may affect the child's ability to take part. **The health walk questionnaire is not designed for children and need only be completed by people aged 18 years and over.**

Key roles during the walk

The **front Walk Leader** leads the walkers along the set route. They may help set the pace of the walk, particularly through the warm up and cool down stages, but they need to ensure this is an appropriate pace for the rest of the group.

The **back Walk Leader** often has the more important and challenging role. They need to motivate and encourage the slower, less experienced walkers who are at the back of the group. They may also need to deal with any illness or injuries.

The **assistant Walk Leader** provides assistance and encouragement to walkers in the middle of the group. In addition, the assistant Walk Leader needs to be able to slot into either the front or back Walk Leader role when others are unable to attend.

Walking buddies walk on a one-to-one basis with an individual who is less able or uncomfortable walking in a group. The walking buddy takes on the role of a friend and is required to support and motivate the walker.

Walk Leaders or group members are not expected to provide individual support for walkers who require a significant level of assistance due to medical needs or disability. Walkers with additional specific support needs should bring a friend or carer to support them.

Other responsibilities that assistant Walk Leaders can undertake

- Source suitable routes.
- Assist with risk assessing routes.
- Measure routes.
- Promote the Walking for Health programme by developing and circulating posters and leaflets.
- Participate in local and regional events to promote walking.
- Provide background knowledge to make routes interesting for the participants.
- Assist with administrative duties, eg collate information from walkers.



How to lead a health walk

Before the walk

- Be familiar with the route.
- Look at a copy of the route planner and know the kinds of hazards you may encounter.
- Check you have any equipment you may need, eg mobile phone, first aid kit, paperwork and cue card.

Start of the walk

- Introduce yourself and any other Walk Leaders and welcome everyone.
- Ask new walkers to fill in a health walk questionnaire.
- Follow up with anyone who answers 'yes' to any of the questions in the screening form and share this with other Walk Leaders.
- Keep the register of walkers attending.
- Introduce the route (length/time/terrain).
- Explain any hazards you may encounter.
- Emphasise that walkers should walk at their own pace and should not leave the group without telling one of the Walk Leaders.

During the walk

- Manage the pace to suit all walkers; if appropriate, use a marker to increase or decrease the pace, or 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 that all walkers have returned.
- Congratulate all walkers.
- If possible, have some social time, refreshments etc.
- Inform walkers of the time and place for the next walk and any opportunities for volunteering.
- Encourage walkers to walk on most days to achieve the recommended 150 minutes (two and a half hours) of moderate physical activity per week. A simple way to promote this is 5 x 30 minutes of physical activity per week.
- Encourage walkers to bring a friend next time.

Targeting and managing a group of walkers

Health walks are aimed at people who are inactive. On walks that you lead, you may have a mixture of walkers with different levels of physical fitness and ability. Your role is to manage the pace of the group so that a range of individual paces can be accommodated.

It is important that Walk Leaders work together and carry out tasks that are best suited to them. If you enjoy motivating people, you can take a key role in this; if you prefer to manage the registers and questionnaires, you can take a lead on this.

This table shows a simplified list with 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 session.	This is the type of walker we want to attract. This person should be offered a short walk (less than 15 minutes) at a relatively slow pace. The pace and length of the walk can be increased over time as fitness improves.
New walker who can walk for more than an hour in one session.	This type of walker may become frustrated at the length and pace of a health walk. It would be best to refer them to other local walking or rambling groups that offer walks to suit their needs. If the walker is keen to be part of the health walk, make them welcome and ask them to match the pace of the front Walk Leader.
Walker who has increased their physical activity through the health walk group and wants to walk faster or longer.	The walker can be made welcome within the group as long as their pace matches that of the front Walk Leader. If this is too frustrating for the walker, they can be referred to other local walking or rambling groups that offer walks to suit their needs.
Walk Leader who is walking too fast	It can be difficult to walk at a pace that is significantly different to your own normal walking pace. It is crucial for Walk Leaders to remember that the health walk is for the walkers in the group and should therefore suit their pace.

Motivating walkers

Many walkers need support by showing them they have progressed and are becoming more active. Motivating people is a skill many Walk Leaders have naturally or develop with experience. Some people are motivated by finishing a walk or by meeting new friends.

Help build confidence in walkers, especially those who are new to the walk, by guiding them from A to B and letting them know you are trained in leading health walks. Remember, everyone will bring their own unique set of skills to walk leading and you will find that you develop skills you didn't know you had when you start leading health walks.

Guidance on motivating walkers

Do	Don't
Emphasise individual strengths to walkers, eg ability to walk further.	Compare one walker's pace with another's.
Promote choice – they can attend different levels of walks that suit their pace.	Walk at your pace – you should walk at the walkers' pace.
Make the walk fun and enjoyable.	Allow the walk to become boring.
Remind the walkers of the benefits of walking at any pace, dispelling myths about 'no pain, no gain'.	Get stuck in a rut leading 40 minute walks – remember that new walkers will be starting at a lower level and will require support.
Recommend that walkers set individual goals.	Allow your time to be dominated by one walker – you are there to support all the walkers.

Another great way to motivate walkers is to get them to use a pedometer. Pedometers are small devices that are worn on the waistband and measure each step you take. They are great for letting people know how many steps they are taking each day and have been shown to help motivate people to increase their physical activity levels.

Walkers should be set realistic targets for steps per day (eg 6,000) and, by recording this, they will see the importance of their walks and be encouraged to keep up the habit. It is recommended that once physical activity levels are built up, where possible people should aim to take 10,000 steps a day.

Insurance

Walk Leader insurance is funded by the Public Health Agency (PHA) on an annual basis. The Walking for Health programme insurance covers:

- liability for injury to third parties, including participants;
- damage to other people's property.

As a Walk Leader, you are also covered to conduct health walks anywhere in the UK and Republic of Ireland.

For the insurance to be valid, Walk Leaders must ensure:

- they are registered with the Local Coordinator (it is the responsibility of Walk Leaders to ensure the coordinator has up-to-date contact details);
- all walkers complete an annual health walk questionnaire;
- all routes that are walked are planned, with potential hazards identified and recorded (any identified hazards must be shared with the walkers during the pre-walk talk);
- all walks are led by trained Walk Leaders (ie they have attended the one day Walk Leader course delivered by the local Health and Social Care Trust);
- a register is completed for each walk;
- all records are kept for future reference (including the route plans/hazard identification, health walk questionnaires and health walk registers).

Insurance cover is not provided for employees who are leading walks as part of their paid employment. If you are leading health walks as part of your job, you must first check with your employer regarding insurance cover.

Walks involving children or vulnerable adults

If you intend to develop a walking programme or set up a walking group that specifically targets children or vulnerable adults, it is essential that you contact your Local Coordinator first for guidance and responsibilities as outlined under the Vetting and Barring Scheme 2009.

The Vetting and Barring Scheme aims to prevent unsuitable people from undertaking certain paid or volunteer work with children or vulnerable adults.

Definition of a 'vulnerable adult'

A vulnerable adult is defined by the Safeguarding Vulnerable Groups (NI) Order 2007 as a person who is aged 18 years or over and who:

- lives in residential accommodation, such as a care home or a residential special school;
- lives in sheltered housing;
- receives domiciliary care in their own home;
- receives any form of healthcare;
- is detained in lawful custody (in a prison, remand centre, young offender institution, secure training centre or attendance centre, or under the powers of the *Immigration and Asylum Act 1999*);

- is under the supervision of the probation services;
- receives a welfare service defined as the provision of support, assistance or advice by any person, the purpose of which is to develop an individual's capacity to live independently in accommodation or support their capacity to do so;
- receives a service for participating in an activity for people who have particular needs because of their age or who have any form of disability;
- is an expectant or nursing mother living in residential care;
- receives direct payments from a local authority or Health and Social Care Trust in lieu of social care services.

First aid

Walking is very low risk and accidents are rare on health walks. However, although it is not an insurance requirement at present, it is recommended that Walk Leaders undergo basic first aid training. Contact your Local Coordinator for information on first aid training available in your area.

General guidelines

Always complete an accident report form, even if the person seems to have fully recovered. Any accident must be reported immediately to your Local Coordinator and the original copy of your accident form should be forwarded to them.



References

1. Donnelly P. The Northern Ireland adult sport and physical activity survey (SAPAS): Baseline report (2009–10). Belfast: Sport Northern Ireland, 2011. Available at: www.sportni.net/NR/rdonlyres/92BCC8C0-0AC6-4E06-B87A-772FCB10E90A/0/SAPASReport.pdf Accessed 1 October 2012.
2. Start active, stay active: A report on physical activity for health from the four home countries' Chief Medical Officers. London: Department of Health, 2011. Available at: www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers Accessed 20 January 2015.
3. Northern Ireland Statistics and Research Agency. Deaths in Northern Ireland 2011. Belfast: NISRA, 2012. Available at: www.nisra.gov.uk/archive/demography/publications/births_deaths/deaths_2011.pdf Accessed 1 October 2012.
4. There are over 1,000,000 stroke survivors in the UK. Stroke Association. Available at: www.stroke.org.uk/sites/default/files/files/AOS%20Statistics.pdf Accessed 1 October 2012.
5. Campbell A, Foster J, Stevinson C, Cavill N. The importance of physical activity for people living with and beyond cancer: A concise evidence review. London: Macmillan Cancer Support, 2012. Available at: www.macmillan.org.uk/Documents/AboutUs/Commissioners/Physicalactivityevidencereview.pdf Accessed 1 October 2012.
6. Department of Health, Social Services and Public Safety. Health Survey Northern Ireland: first results from the 2010/11 survey. Belfast: DHSSPS, 2011. Available at: www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-151111-health-survey-northern.htm Accessed 1 October 2012.
7. Diabetes in Northern Ireland. Diabetes UK. Available at: www.diabetes.org.uk/In_Your_Area/N_Ireland/Diabetes_in_Northern_Ireland/ Accessed 1 October 2012.
8. Dementia 2012: A national challenge. Alzheimer's Society. Available at: www.alzheimers.org.uk/infographic Accessed 1 October 2012.

Useful websites

Name	Web address
Action Cancer	www.actioncancer.org
Age NI	www.ageuk.org.uk/northern-ireland
Alzheimer's Society	www.alzheimers.org.uk
Arthritis Care	www.arthritiscare.org.uk
British Heart Foundation	www.bhf.org.uk
British Heart Foundation National Centre for Physical Activity and Health	www.bhffactive.org.uk
Cancer Focus	www.cancerfocusni.org
Cancer Research UK	www.cancerresearchuk.org
UK Physical Activity Guidelines	www.gov.uk/government/publications/UK-physical-activity-guidelines
Diabetes UK	www.diabetes.org.uk
Disability Sports Northern Ireland	www.dsni.co.uk
Get a Life, Get Active	www.getalifegetactive.com
Get Walking Keep Walking	www.getwalking.org
Let's Walk Cymru	www.letswalkcymru.org.uk
Living Streets	www.livingstreets.org.uk
Macmillan Cancer Support	www.macmillan.org.uk
Mental Health Foundation	www.mentalhealth.org.uk
Minding Your Head	www.mindingyourhead.info
National Asthma Campaign	www.asthma.org.uk
National Obesity Forum	www.nationalobesityforum.org.uk

National Osteoporosis Society	www.nos.org.uk
NHS Choices Website	www.nhs.uk
Nordic Walking UK	www.nordicwalking.co.uk
Northern Ireland Chest Heart and Stroke	www.nichs.org.uk
Northern Walking	www.northernwalking.com
Outdoor Activities in NI	www.outdoorni.com
Outdoor Recreation NI	www.outdoorrecreationni.com
Paths for All	www.pathsforall.org.uk
Rambling	www.ramblers.org.uk
SportEX	www.sportex.net
The Stroke Association	www.stroke.org.uk
Ulster Federation of Rambling Clubs	www.ufrc-online.co.uk
Walk Northern Ireland	www.walkni.com
Walking for Health	www.walkingforhealth.org.uk
Walking to School	www.saferoutesinfo.org

Local HSC websites

Name	Web address
Public Health Agency	www.publichealth.hscni.net
Belfast HSC Trust	www.belfasttrust.hscni.net
Northern HSC Trust	www.northerntrust.hscni.net
South Eastern HSC Trust	www.setrust.hscni.net
Southern HSC Trust	www.southerntrust.hscni.net
Western HSC Trust	www.westerntrust.hscni.net

Essential paperwork

Nobody likes filling in forms, but it is an essential part of leading a safe health walk. All Walk Leaders need to be familiar with the following pieces of paperwork, which are essential to ensure good practice and enable the Walk Leader and walkers to be covered by insurance.

Appendix 1: Route planning and hazard identification/risk assessment

To ensure a health walk is safe and appropriate for the participants, the route needs to be adequately planned and risk assessed (see pages 13–17) and the information recorded on the hazard identification/risk assessment form. This must be made available to Walk Leaders using that route.

Appendix 2: Health walk questionnaire

Those attending a health walk will have made a decision to increase the level of physical activity in their life and, for most, this should not pose any problem or hazard. However, there will be a small number of people for whom it would be wise to have medical advice before starting.

As a condition of insurance, all walkers must complete a health walk questionnaire before they begin walking with a health programme. This means it is safe for them to take part and ensures they inform Walk Leaders of any specific medical conditions. All information should be treated as confidential and retained for the Walking for Health programme only.

Appendix 3: Health walk register

All Walk Leaders must ensure a walk register, with the names of all walkers attending each walk, is completed. The completed registers should be kept on file and can be used to monitor attendance rates at walks.

Appendix 4: Incident/accident report form

In the event of an incident or accident, the Walk Leader should complete an incident/accident report form and ask the walker who has been injured, and a witness, to sign it. It is advisable to complete this form even if the walker appears to be fully recovered, as injuries may take several days to appear.

Appendix 1: Route planning and hazard identification/risk assessment

Route _____

Date _____

Carried out by _____

[illegible]

Appendix 2: Health walk questionnaire

If you have decided to increase the level of physical activity in your life, start by answering the questions below. For most people, physical activity should not pose any problem or hazard, but this health walk questionnaire has been designed to identify the small number of people for whom it would be wise to have medical advice before starting.

1. Have you been diagnosed by your doctor or health professional with any of the following medical conditions?

Heart disease	☐	High blood pressure	☐
COPD (emphysema and chronic bronchitis)	☐	Diabetes	☐
Asthma	☐		

2. Do you feel pain in your chest when you are physically active?

Yes ☐ No ☐

3. In the past month have you had chest pain when you were not physically active?

Yes ☐ No ☐

4. Do you lose your balance because of dizziness or have you ever lost consciousness?

Yes ☐ No ☐

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity levels?

Yes ☐ No ☐

6. Do you have a long-standing (ie for more than 12 months and likely to continue) illness or disability that affects (or limits) your day to day activities?

Yes ☐ No ☐

If 'yes', please give brief details (eg epilepsy, allergies, mental health issues)

Please advise the Walk Leader of any other condition you feel they might need to know about, or tell us how we may best support you to walk with our group

DECLARATION

- I understand that if I answered 'yes' to one or more of the above questions, I should seek medical advice before participating in a walking programme.
- I understand this information will be retained for Walk Leader records only.
- I understand this information will be shared with other Walk Leaders.
- If my condition changes, I understand it is my responsibility to tell the Walk Leader and complete a new health walk questionnaire.
- I understand I am walking at my own risk.

Signed _____ Date _____ Full name (BLOCK CAPITALS) _____

EMERGENCY CONTACT DETAILS

Please provide the name and telephone number of someone who can be contacted in the event of an emergency

Name _____ Relationship _____ Tel no _____

Appendix 3: Health walk register



Walking group _____ Walk Leaders _____

	Name	Contact telephone number	Next of kin emergency telephone number	Health walk questionnaire completed: yes/no	Date	Date	Date	Date	Date
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
					Walk location				
					Weather conditions				

Appendix 4: Incident/accident report form



Walk Leader's name (front leader) _____

Walk Leader's name (back leader) _____

Name of casualty _____

Date/time of incident/accident _____

Location of incident/accident _____

Details of incident/accident _____

Action taken by Walk Leader _____

Signatures

Walk Leader (1) _____

Walk Leader (2) _____

Casualty (if possible) _____

Witness 1 _____

Witness 1 address _____

Witness 2 _____

Witness 2 address _____



Public Health Agency

12-22 Linenhall Street, Belfast BT2 8BS.

Tel: 0300 555 0114 (local rate).

www.publichealth.hscni.net

www.choosetolivebetter.com