

EVIDENCE OF NEED AND OUTCOMES

1. DEMENTIA FRIENDLY WALK LEADER TRAINING

1.1. National Evidence of Need

Prime Minister David Cameron, speaking at the Alzheimer's Society Conference, March 2012 stated

“One of the greatest challenges of our time is what I'd call the quiet crisis, one that steals lives and tears at the hearts of families, but that relative to its impact is hardly acknowledged. We've got to treat this like the national crisis it is. We need an all-out fight-back against this disease; one that cuts across society.”

1.2. Lincolnshire evidence of need

1.2.1. The Lincolnshire “Joint Strategy For Dementia” document predicts:

“11,170 in year 2014 rising to 13,589 in year 2020”

1.2.2. Dementia Friendly Walk Leader training has been delivered to over 50 walk leaders and coordinators County wide. The training has been delivered to Walking For Health walk leaders and the dementia Friendly walks programme has started in a number of locations. With Lincolnshire being a large county it is difficult to provide frequent dementia friendly walks from the walking for health walk leaders. To enable more walks to be programmed, it is necessary to obtain assistance from the Alzheimer's Society volunteers. In order to do this, further funding is sort to train these volunteers to lead dementia friendly walks.

1.3. Rutland Evidence of need

1.3.1. HealthWatch Rutland Bulletin states that 563 people in Rutland are diagnosed with dementia. In 2025 they project there will be 959 people.

1.3.2. Rutland has very few Walking for Health walk leaders, to ask them to also deliver dementia friendly walks would impact on the Walking for Health programme. The best option for Rutland would be to obtain assistance from the Alzheimer's Society volunteers. In order to do this funding is sort to train these volunteers to lead dementia friendly walks.

1.4. Evidence of Outcomes

1.4.1. The Forestry Commission Scotland, published research note, Forests as places of mental well-being for people with dementia, by Mandy Cook, June 2015 summary stated:

“This Research Note is based on a PhD research study ‘Forests as places of mental well-being: the meaning and use of urban forests by people with early-stage dementia’. The study examines and develops ways for people with dementia (especially those in the early stages) to engage with nature, and with other people, in the context of trees, woodlands and forests. Initial results from the study found that a pilot programme of activities, led by Forestry Commission Scotland rangers in an urban

woodland setting, provided an overwhelmingly positive experience for people with early-stage dementia, by offering meaningful experiences that contributed to well-being and feelings of self-worth. The woodland environment also provided a ‘library’ of resources and stimulation. The programme helped people with early-stage dementia remain active and connected within the community, enabling them to maintain their independence for as long as possible, and provided support for carers. Such programmes can be seen as a new and innovative way of engaging with people with early-stage dementia, which could complement traditional therapeutic interventions. As the Note stresses, an ‘end of the road’ approach to people with dementia is no longer acceptable. We need to explore more ways of providing care with an emphasis on empowerment and maintaining the best possible quality of life. It is hoped that this Note will provide a valuable resource, not only for people who manage woodlands and other green spaces, but also for health-care professionals. Download the [Research Note here](#) (pdf)”

1.4.2. We also have the Greening Dementia review by Natural England and Dementia Adventure which highlights all the relevant studies showing benefits. Please see the link <http://publications.naturalengland.org.uk/publication/6578292471627776>

2. INCLUSIVE COUNTRYSIDE ACCESS TRAINING

2.1. National Evidence of Need

2.1.1. The Royal College of General Practitioners (RCGP) state they :

Estimate one in every 20 patients registered with a GP practice is providing unpaid care.

About 40% of carers are thought to be at risk of depression or stress because of their caring role. Charity Carers UK said GPs had a vital role to play in supporting carers.

It is estimated that seven million people in the UK currently provide unpaid care to a sick or disabled child or an adult who could not otherwise live independently.

Many of them are already known to GPs, but the RCGP says more should be done to improve the support and services offered to carers.

It is recognised that one in twenty (4%) indicates that the carers and the people they care for, represent 8% patients registered with a GP practice and their number of visits are more likely to be more frequent than the average patient visits to the practice.

2.1.2. It is also recognised that there is a lack of opportunities for the disabled to enjoy the countryside due to the lack of information of suitable places to visit. With an ageing population profile there is a possibility of more people becoming weaker and again access to the countryside may seem to become a barrier.

2.1.3. Young families with push chairs also need improved access to the countryside

2.1.4. It is known that visiting the countryside and countryside walks can reduce stress and improve health and general well being. To improve access and provide factual information so people can identify and visit a route which is enjoyable and suitable for them, training is required for land owners/managers who provide public access.

2.2. Lincolnshire and Rutland Evidence of Need

Through discussions with disability groups it is clear people are not aware of the opportunities there are to visit and enjoy countryside routes and walks in the two counties. This appears to be through land owners/ managers with public access not understanding or providing factual information to enable people to make a judgement on whether a route is suitable for them.

2.3. Evidence of Outcomes

A course in inclusive countryside access training has previously been delivered to external organisations. This has resulted in the Leicestershire and Rutland Wildlife Trust auditing and creating a countryside for all route, A Leicestershire district council delivering the same course to other district councils within Leicestershire and Leicester City Council, The Woodland Trust keen to produce countryside for all routes in the National Forest (the National Forest extends into three county boundaries). The course has also encouraged a number of organisations to create countryside for all routes.

3. COUNTRYSIDE FOR ALL ROUTES

3.1. Regional Evidence of Need

Visits are made to disability groups outside the Lincolnshire and Rutland area, to display and discuss the countryside for all routes in the two counties. The interest shown by the amount of people wanting the leaflets, so they can visit the countryside for all routes in Lincolnshire and Rutland is impressive. The reason they want to visit these sites is due to not having access to this type of route information in the counties which they live.

3.2. Lincolnshire Evidence of Need

The disability groups in Lincolnshire are asking for more routes, more variety and routes spread round the county. The LAF have aimed to create four routes per year. With Lincolnshire being a large County we have realised we are not producing enough routes. Hence the need to train other organisations in creating routes.

3.3. Rutland Evidence of Need

Currently we only have two Countryside For All routes and the number of opportunities for many routes in Rutland are limited. We have included the Rutland Access Group (a voluntary group campaigning for improved access), in our discussions in trying to identify suitable routes. In order to increase the accessibility in routes we have identified as most accessible, we need funding to pay for the improvements in routes and creation of route literature.

3.4. Evidence of Outcomes

Increasing countryside access for the disabled has also increased opportunities for walking for other people who would not normally walk in the countryside such as young families with pushchairs. The disability sub group promotes the countryside for all routes, walking for health and dementia friendly walks by visits to shows. A clinical commissioning group are also interested in introducing the slideshow to doctors surgery and health centre waiting rooms in their area. This will increase the awareness of these routes and get more people using and enjoying the countryside.

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