



High Peak Walking Engagement

Final Report

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November 2024

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Summary



HP walking
engagement Summary

High Peak Walking Engagement Summary

Who?

- 97 people engaged.
- 75% had a long-term condition or disability.
- 28 sharing work perspectives.
- 79% lived or worked in the focus communities of Gamesley, Ollersett, Fairfield, and Hope Valley (graph shows resident locations only).

Resident Location	Count
Glossopdale	25
Buxton	25
New Mills	15
Hope Valley	15

Shared narratives across places

- Not everyone was hearing or seeing positive messages about walking and physical activity. People wanted to hear or see these messages from trusted sources, who could be family, friends, or members of the workforce.
- Health conditions and/or disabilities restrict both what people perceive they can do and what they physically can do.
- Despite the above challenges, many are determined to do something.
- Local people do not always know where to walk, if routes are suitable, or where to find information about walks.
- Paper, verbal, and digital means of communication and promotion were valued.
- Group/organised walks received a mixed response. Many people like the social, physical, and/or emotional support walking with someone else offers. People like to know what a walk involves to help them decide if it is suitable.
- For those who are less able, support for walking and movement around the home environment or near vicinity needs consideration.
- Lack of infrastructure and maintenance is a big issue such as overgrown vegetation, no or inaccessible paths, uneven paths, and lack of dropped kerbs.
- People would like open and green spaces to be more accessible.

Overall recommendations

1. Both digital and offline communication and promotion are needed to ensure the widest reach of information.
2. Collaboration between organisations is needed to support infrastructure and maintenance improvements and planning, with accessibility at the forefront.
3. Careful thought is needed when planning group or organised walks to tailor to community needs, and sub-groups within communities.
4. Local maps of routes, open and green spaces would be helpful. These should indicate distance, gradient, seating, toilets, refreshments, bus routes, parking etc.
5. Work is needed to promote positive, clear, and concise messages including imagery about walking and physical activity among the workforce and residents.
6. Co-production of workstreams with residents and other key stakeholders is important.

November 2024



Background

The vision of Walk Derbyshire is to make every day walking the norm for all residents of Derbyshire. To develop the understanding of the barriers and opportunities to support High Peak residents to walk more, funding was identified for a small piece of community engagement. REAP Consultancy Services was selected to deliver this work, led by Dr Jo Blackwell.

The High Peak Walking Consortium worked collaboratively to identify a place-based approach across the borough, with the place focus on New Mills, Buxton, Glossop and Hope Valley. Specifically, the communities of Gamesley, Ollersett, and Fairfield were identified as key audiences. Further, the consortium identified older people and people living with long-term conditions and/or a disability as people they would like to see engaged. The consortium was also interested to understand the perspectives of those working in the focus places and with the identified resident groups.

From May to December 2024 REAP undertook the following activities:

1. Coordination of opportunities for engagement and community conversations with the identified groups.
2. Engagement.
3. Documenting the insight gathered.
4. Regular feedback to the consortium.
5. Produce a presentation of findings and final report.

There are several pieces of work that either have taken place or are taking place that have relevance to this engagement work:

- Desk-based walking research conducted by The Bureau/Lauren Moore.
- Derbyshire County Council Public Health Needs Assessment.
- Active Travel masterplan consultation – in Glossop this was latterly extended to include Gamesley.
- Hope Valley Travelling Light community engagement.
- Buxton Town Team active travel survey.
- Move More Gamesley walking research.
- Press Red insight from Active Lives and OHID data.

There are aspects of the above that resonate with the findings of this engagement adding extra weight to their relevance such as the impact of health conditions, pavement parking,



poor path maintenance, traffic volume, and wayfinding as an important tool for active travel alongside enhancements to local routes. Anonymised data from this engagement can be shared with interested stakeholders such as those above.

Methodology

An initial meeting with the consortium was held in early May 2024. During the rest of May familiarisation work was undertaken involving spending time in each target community getting to know the local area and meeting people, also speaking to people on the phone, via email, and online meetings. Coordination of engagement activity began in May and continued until September 2024. This involved reaching out to organisations and groups via email or telephone and visiting places. The project was explained to each potential participant, and they were then asked if they would like to take part. Those that agreed were asked to provide written consent (see appendix 1 for a copy of the consent form).

Engagement activity took place from June until early October 2024. The primary intention was to undertake engagement face to face via interviews or focus groups (n=82).

Conversations were informal, taking place where the participants were, such as during a coffee morning, during an open day, during or after an organised group, at a school sports day, or in a shop. Further interviews took place via video call (n=2) and telephone (n=2).

Latterly to try and recruit further individuals who had not been successfully engaged thus far, a questionnaire was introduced, and this engaged a further 11 people. The High Peak Borough Council community engagement lead supported engagement at two face to face sessions but otherwise all engagement was undertaken by Jo Blackwell. A semi-structured question guide was developed, one for residents and one for workforce conversations (appendix 2). These were utilised to guide but not rigidly lead conversations. Instead, the interviewer asked some questions and followed the track of the conversations building in relevant prompts and follow-up questions, sometimes using aspects of the interview guide to do this. This meant that whilst not all conversations were the same, each provided rich insight relevant to the perspectives of those engaged but with walking, and the challenges and enablers surrounding this a central part. The questionnaire was designed based on the interview guide, mixing open and closed questions and utilising some of the early findings from interviews and focus groups to probe into matters of importance in relation to walking. Conversations were not recorded, instead field notes were taken either at the time as jottings and then with added detail as soon after the conversation as possible. Where jottings at the time were not possible, such as when on a walk, detailed notes were written as soon as possible after the conversation. All participant details were anonymised.



Thematic analysis was used to analyse the data and look for patterns across all the data collected, but exceptional data was also considered where although not fitting in with the patterns across other data it provided interesting insight that may be relevant to the consortium. The socio-ecological model (Move More High Peak strategy, 2023, p.5) was used as a lens through which to view the data and construct themes. Often referred to as the 'onion model' due to its representation of the layers of influence, the model provides the following six themes:

- Cultural norms and mindsets
- Individual
- Social environments
- Physical environments
- Organisations and institutions
- Policy

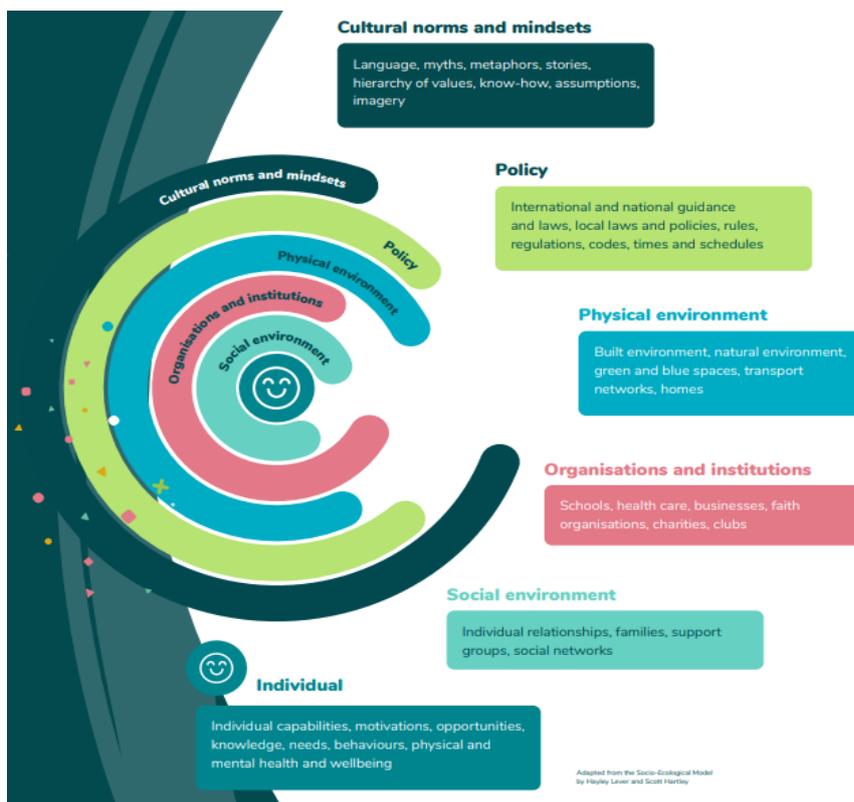


Figure 1: The socio-ecological model



Findings

3.1 Quantitative findings

In total 97 people contributed to the engagement, 76 of which shared their perspectives as a resident. Seven shared their perspectives as residents and as a member of the workforce. The remainder shared their perspectives as workforce members. For the purposes of this project an older adult was considered as anyone aged 50 or over. Participants were asked if they had any long-term conditions (LTCs) or a disability, and if they were a carer, using question wording in line with those asked as part of the census. The breakdown is shown in the table below:

	Men	Women	Older adult	LTC	Older adult with LTC	Carer
Residents	17	59	9	7	50	11

Table 1: Breakdown of resident participants of community engagement

The majority of people spoken to were women (80%). In each area visited, the groups attended, and those willing to share their perspectives, these were mostly women. This was also the case in the workforce members who were engaged, with the majority of these also being women.

Three quarters of those engaged had a LTC or disability that affected their life to some degree every day. Whilst not everyone chose to share specific details, where shared, musculoskeletal conditions were the most common LTC. This included conditions such as osteoarthritis, osteoporosis, and bursitis and the influence of these conditions on walking were discussed further as part of the qualitative data gathered.

79% of participants lived or worked in the focus communities. The location of resident participants is shown in the chart below, with the darker area indicating the number of people from the specific communities within each locality (Glossop – Gamesley, Buxton – Fairfield, and New Mills – Ollersett). Reflected in the numbers engaged, New Mills (Ollersett) and Hope Valley were the most challenging places for engagement. Ollersett has very few immediate amenities and thus natural places where local people would gather. Whilst the leisure centre is in near proximity, helpful scrutiny of exercise class attendees by the fitness



manager indicated very few people from Ollersett attending. In Hope Valley, contact with several organisations went unanswered despite repeated attempts and several other organisations declined to engage. Some scepticism was encountered due to other engagement that was happening or had happened, and also feelings that nothing that needed to change could or would be. This reticence was most notable in Hope Valley and Gamesley.

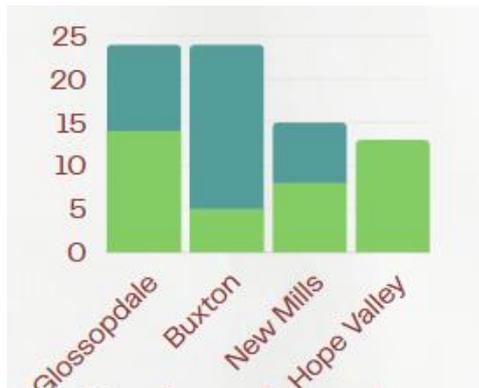


Figure 2: Resident participant locations by place

28 people shared their perspectives as someone working in and with the focus communities. The workforce breakdown by occupation grouping and work location are shown in the charts below, with VCFSE representing Voluntary, Community, Faith, and Social Enterprise organisations.



Figure 3: Workforce participant occupation groupings



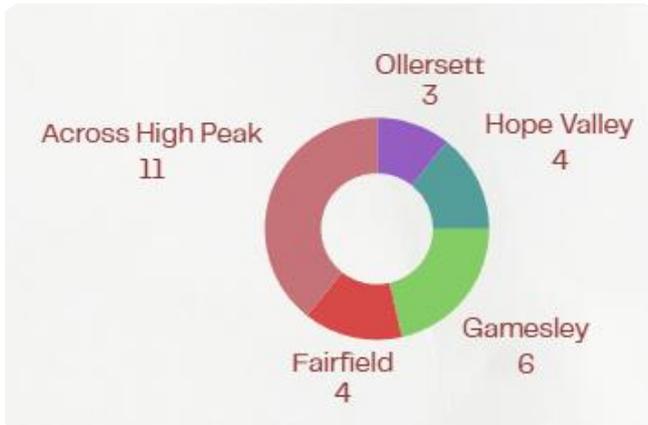


Figure 4: Workforce participant locations

3.2 Qualitative findings

Each area will be discussed individually to reflect the perspectives relevant to each community and the barriers and enablers around walking that have come through the data collected. However, there are broad reflections to be made about the data and these will first be shared. Recommendations are made after each place discussion and as overall findings at the end of the section. The following icons have been used alongside the recommendations.

	Relates to promotion and sharing information.
	Relates to working with others.
	Relates to groups and social opportunities.
	Relates to maps, routes, and wayfinding.
	Relates to messaging.

Table 2: Explanation of symbol meanings



Cultural norms and mindsets

Trusted sources, such as family and friends, play a central role in influencing walking habits, while some messages from professionals (e.g. health and social care staff) are inconsistent. Residents highlighted how many of the messages they had received via health and social care professionals linked to the cultural norms people held. For example, the language used, the assumption that being limited in what activity can be done was normal as we age, but also that being younger and having a LTC should not be limiting, as shared by this 46-year-old woman from Gamesley:

“The doctor says I’m too young to have certain things, and I hate that because if my pain and symptoms could be eased it could be life changing”.

There is a delicate balance to be struck with how information and messages are shared. One woman from Glossopdale, aged 69, stated that she feels:

“Organisations use their language and don’t make this easy to follow or relatable. People don’t want to be told by ‘authority’ what to do when they don’t know what it’s like to live their life”.

Furthermore, a GP working in Hope Valley highlighted how they feel about talking to people about physical activity:

“Body shaming has become a prominent worry, meaning that I must tread carefully when discussing things with people, but I don’t want to miss the opportunity to raise the matter... the conversation must be personalised”.

Individual

Many individuals demonstrate resilience and a determination to stay active despite personal health challenges, such as chronic pain or mobility issues. As noted above, musculoskeletal conditions were the most prominent LTC amongst residents. Reflecting on her need to go out and walk for her mental and physical wellbeing one 68-year-old woman with Parkinsons living in Hope Valley feels that being outside in the fresh air is enjoyable and it’s something she must try to do even if this is a risk because of her health condition saying:

“You’ve got to go out to not go out of your head”.



Others also reflected on how keeping moving was an important part of staying independent and being able to do the things they want. As stated by one woman aged 86 and living in Ollersett:

“I don’t feel I’m ready to rely on family. I want to be independent”

Another woman aged 93 living in Hope Valley explained that when she walks, she likes to lean on people as this gives her confidence, and although she has a walker, she prefers not to use this. She says that she knows she should stay on the move, but no professionals have said anything to her about doing so. Of her own volition in the sheltered housing scheme where she lives, she goes up the stairs (two flights) using the banister and takes the lift down, doing this ideally every day. She explained that she does this when nobody is around as she doesn’t want to feel pressured or judged. She said that her daughter encourages her to do this as this helps her when she stays at their house, and it is important to her that she can continue to visit. She feels that “when you don’t walk you get very lazy”.

There were other stories like this, where walking activity related to the immediate environment, sometimes outside into the garden or to the seat outside the front door, sometimes slightly further from their front door building up the time and/or distance with a friend for social and physical support. One of the common features amongst these stories was how the physical environment and also the social environment greatly influenced the individual actions, and these are points that will be discussed below.

There were many people who knew few if any walking routes or groups, some also not knowing where green and/or open spaces were. Some workforce members felt that local people would know the area where they lived, whereas other members of the workforce and residents themselves highlighted how that was not always the case, even when they had lived there for some time. Knowing the suitability of potential routes was an important factor in this, in addition to not knowing where to find out information about routes or groups. Limited internet use and particularly social media was mentioned by several people. Some people did not know how to look for information, others chose not to use the internet and/or social media, some found it difficult to see due to health conditions, and others felt that they might not know where to look for things and could easily miss information such as adverts for walking groups. This was also relevant to printed leaflets that directed people to a website or email address for further information. One woman aged 89 and living in New Mills



highlighted how important the volunteer centre had been to her, connecting her to opportunities and being a source of information and support noting that:

“Old people don’t necessarily use the internet; they often can’t see it very well and don’t know how to use it”.

Social Environment

Group walks were both appreciated and critiqued. Some see them as an opportunity for social interaction and encouragement, while others find set times, not knowing the distance or pace, or the idea of walking with others unappealing.

“When I walk with others, I feel slow, so it’s important to know the likely pace, and I also want to go for a brew and socialise. If I know these things in advance I can decide if it’s something I’d like to do” (Woman, aged 54, Fairfield resident).

However, companionship, even outside of organised groups, is a key motivator for many individuals to walk. The emotional, physical, and social support provided by walking with others is highly valued.

For many people who are older and with LTCs, especially those often seldom heard because they do not go out much, existing led group walks are unsuitable. The walks these people do are typically short and slow, with their fear of falling an important consideration. Walks for them either need to start or be within where they live or if they are to walk further, they or someone they know will need to be able to drive to the walk location and someone walk with them. Support in terms of someone to lean on when needed and places to rest are important features when deciding whether to walk. Also access to toilets and refreshments are advantages. In these circumstances efforts to harness the determined spirit of residents and turn this into action could rest on local collective interest and enthusiasm. Reflecting on the current physical activity opportunities she is aware of, one VCFSE staff member working with older adults in Ollersett said:

“A lot of work in this area [walks and physical activity] is simply aimed too high for the people I work with. On paper it looks possible, but the reality of their lives makes it difficult for them to access. Working with community groups is the best way to reach and help these people”.



Physical environment

As mentioned above, the physical and geographic environment were important influences on walking behaviour across each of the areas. Naturally one of the things nearly everyone said was that the area is called the High Peak, therefore it is hilly and rural. This had made some people consider whether they might need to move in future, so that they were closer to amenities, away from steeper inclines, or more able to access transport options. The location of Gamesley, Ollersett, and Fairfield all share the same feature of being outside of the town accessed via an incline. In each case the out-of-town centre location and hill naturally detaches each community from easy access to central amenities, this is compounded by as workforce members suggest car ownership and usage being lower than other areas, and residents indicating the limited public transport options, as highlighted by this Gamesley resident, aged 42:

“It’s a must to travel out to things because there isn’t stuff on the estate, but bus routes are an issue... you can’t get to the hospital directly. There are no late buses, they often don’t turn up, and there aren’t any timetables at the bus stops”.

Poor footpath conditions such as overgrown vegetation, slippery surfaces from moss and weather conditions, uneven surfaces, and missing or mismatched dropped kerbs are a recurrent issue across communities. A 35-year-old carer from Fairfield stated:

“It’s odd that the dropped kerbs don’t match on both sides of the road. It means you have to go on the road sometimes to find the other one”.

Many people also mentioned footpaths changing from one side of the road to the other requiring crossing, sometimes on a bend and/or busy roads. One person highlighted that the route they walk regularly from Hadfield to Glossop requires a minimum of five crossings. People in Hope Valley and Glossop highlighted the importance of proper crossing points, and where possible push button crossings as mobility issues meant more time was needed to cross. A woman aged 72 and a man aged 80 both from Hope Valley noted how parked cars made crossing difficult, and this was exacerbated by visitors to the area.

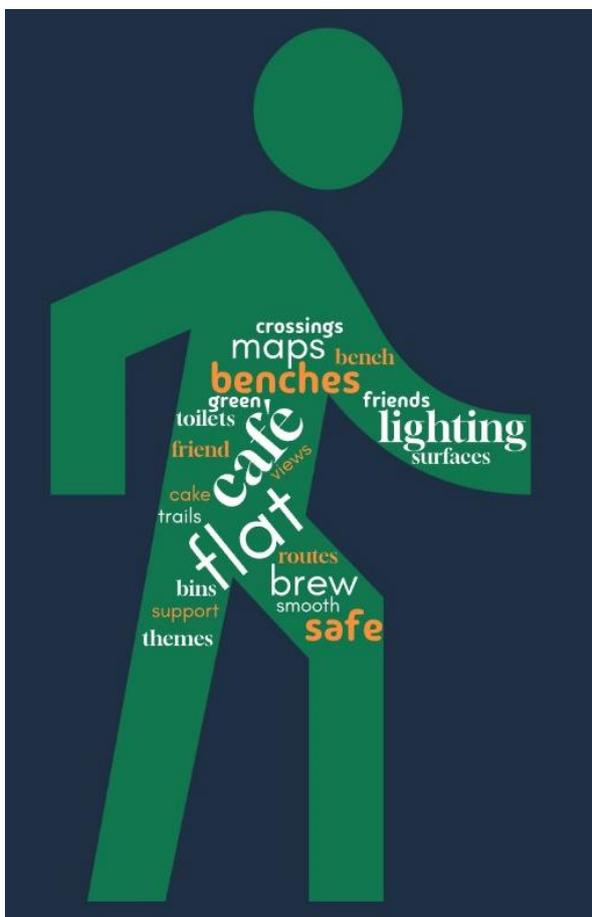
Accessibility of public rights of way and green/open spaces was also a concern, with some being blocked by landowners or tenants, vegetation being overgrown, or other issues making these areas difficult or impossible to use. Some of the reasons for the difficult use



included stiles not having supports, for those using a wheelchair narrow paths and mud either make paths impassable or require an off-road wheelchair, gates requiring another person to operate if in a wheelchair, stiles not being passable in a wheelchair at all, and a lack of rest points/benches. However, some people did note that some stiles had started to be replaced by gates, which was an improvement.

Organisations, institutions, and policy

Rural deprivation is a prominent underlying issue meaning that the lack of opportunities and isolation create additional challenges for people. Residents across many of the areas felt overlooked by organisations and institutions in terms of being consulted about changes to their local amenities/services and green spaces, a lack of or poor maintenance of paths and lighting for example, and opportunities not being provided such as trail and footpath connections. Members of the workforce also expressed that they do not always feel listened to by decision makers despite their connections to the community and knowledge of places. Organisations, institutions, and policy are often the key to some of the above barriers highlighted being alleviated and in strengthening and expanding what is working well.



Shown are some of the key words people used when answering the question: If you were able to walk in the way you'd like, what would that look like?

3.3 Findings by place

3.3.1 Glossop – Gamesley focus

Cultural norms and mindsets

- Residents report a lack of positive reinforcement from trusted sources like health professionals or friends.
- There is some awareness of the place-based Move More work, but not always the associated opportunities.

Individual

- Health conditions can be limiting - “My minds telling me to do it, my body is saying bugger you are!” (Woman, aged 46, Gamesley resident)
- Residents describe the estate as “a maze” and “like a rabbit warren” and whilst knowing the routes they use, such as to the shop and back, they do not always know other routes or those beyond the estate.
- Both the workforce and residents do not always know where to look for information locally as there is no specific place for this. Some are aware of social media pages; others do not access these or sometimes feel they miss things. Leaflets, noticeboards, and community outreach were all felt to be important ways to share information.

Social environment

- There is mixed interest in walking groups, some like to walk with others, but with people of their choosing and not at set times like a walking group would be.

Physical environment

- Footpath maintenance is an issue, there is a lack of rest stops, lighting particularly the newer streetlights are poor.
- A person’s home can be limiting even in an adapted property “The council installed a ramp at the back door, but inside the door is also a step. I’ve bought my own [indoor] ramp but have to lift it and move it front to back myself. I’d struggle to get in and out without ramps” (Woman, Gamesley resident).
- There are some concerns about sharing paths, some are in favour of respectful sharing, but others have experienced what they feel is antisocial behaviour from people riding electric bikes and scooters. Residents and the workforce stated that they travel at speed, and they do wheelies making it unsafe for themselves and others. “There is a feeling that the paths are owned by someone else, and it makes normal life different, and people don’t feel safe” (VCFSE staff member working on Gamesley).



Organisations and institutions

- These organisations are often the key to physical environment issues raised and have a place in helping to spread awareness about local walking opportunities and positive messages about walking and physical activity.

Policy

- Both residents and local community workforce often feel unseen and unheard, people feel “forgotten about” (Woman, aged 36, Gamesley resident).

Recommendations:

1. Introduce community noticeboards, use posters and leaflets and outreach work to share walking opportunities (including local longer more rural routes) and positive messages, particularly for those not using the internet/social media.



2. Simplify and increase estate maps and consider including clear, colour-coded path markings to guide walkers.



Picture shows one of the current maps on Gamesley, it is not easy to read and has been defaced.



3. Focus on regular path maintenance, including repairing damage, trimming vegetation, review lighting arrangements and consider installing benches or rest points.



4. Collaborate with police and local organisations to address antisocial behaviour.



5. Explore opportunities for workforce and volunteer training on positive and tailored messaging.



6. Involve residents in decision-making processes to value their views and enable people to feel that the area and they are cared about.



3.3.2 Buxton – Fairfield focus

Cultural norms and mindsets

- There are mixed messages about walking and physical activity with some people saying that doctors often talk to them about keeping active vs doctors not being supportive of being active - the latter generally relating to older adults.
- Several people assumed that experiencing pain and having a lack of confidence would make walking too difficult, and therefore perceived group walks to be a non-starter.



Individual

- Some people felt that Fairfield's location meant that walking was inevitable if they wanted to access local amenities.
- Not everyone knew where the local green and open spaces were in the area. Several stated that maps with distances on and an indication of the terrain would be helpful. Those that already use these areas feel it is important people know the countryside code.

Social environment

- There was mixed interest in group walks, as identified above with assumptions of unsuitability.
- Where there was interest there was a need for good coordination and promotion so that people knew in advance what kind of walks were available and decide if they felt able to attend. This included walks that were reasonably short and flat with rest points along the way.

Physical environment

- People felt that open spaces in and around Fairfield were not looked after as well as other areas. Pavilion Gardens was an example of an area in town that seemed to get a lot of attention.
- Footpath issues were mentioned several times including missing or unmatching dropped kerbs, and uneven and poorly maintained paths.
- With two schools in the area, road safety was a concern and a potential deterrent for people to walk to and from school - "people park all over, traffic calming is ignored,

the PCSO has tried to help but it makes no difference” (Teacher working in Fairfield). A walking bus had been considered but requires parent engagement and this had been difficult thus far.

Organisations and institutions

- Often the key to physical environment issues raised.
- There are some groups, like the resident’s association, that are working hard with minimal resources to support the local community and work with others to try and improve the area.

Policy

- There are concerns that the green and open space they have is being eroded and this space is something people like about the area and would like more of - “I’m worried about building on green land... I like the space and fear less of this, and would like more” (Woman, aged 56, from Fairfield).

Recommendations:



1. Share information about nearby open spaces and walking routes, including maps showing distance and benches and including flat and accessible paths.



2. Prioritise path maintenance and ensure dropped kerbs align for accessibility - examples given include outside of Fairfield shops for paths and dropped kerb alignment in the swimming pool car park.



3. Collaborate with organisations and institutions to address traffic and road safety concerns, including consideration for reintroduction of second school crossing patrol.



4. Explore opportunities for workforce and volunteer training on positive and tailored messaging.

5. Engage the community in discussions about urban planning and green space preservation.

3.3.3 New Mills – Ollersett focus

Cultural norms and mindsets

- Residents recall fond memories of movement when they were younger but are now discouraged by fears of falling or feeling limited by their health conditions/disabilities.



- There are mixed messages about walking and physical activity with some people saying that doctors view their age as a limitation vs a range of health professionals encouraging continued walking to benefit health conditions.

Individual

- A determined attitude persists among many when ageing and/or living with health conditions/disabilities - “It does no good sitting about” (Woman, aged 90, New Mills resident).
- Many residents fear falling both indoors and outside, either because they have already fallen, or they are aware their gait is not as good as it once was - “The terrain in the area makes walking really difficult and the pavements are not smooth, I worry about falling, and even the slopes for drop kerbs and driveways are unsettling” (Woman, aged 74, New Mills resident).
- One local resident who was from New Mills and organised some local walks felt that a good walk needed “a loo, a brew, and a view!”.
- Several people valued information being available in paper formats and not just via the internet.
- Some people know a few local routes, particularly those with dogs, but beyond that they are unsure where they can go.

Social environment

- People find the town’s friendly, sociable nature to be an asset, and many value its remoteness as it feels less busy than other areas.
- There was a general sense from residents and workforce members that group walks would be welcome. People identified walking with others as a good source of motivation, good for confidence, and a chance to meet others.
- Both residents and the workforce recognise the potential for isolation, particularly post-covid and among older adults.
- Some members of the local workforce do not know if there are ‘health walks’ or similar suitable walks in the area, some think there may have been, and they know in other areas they work in outside of the High Peak they do exist and they recommend them often.

Physical environment

- Some workforce members felt that what is currently being provided is aimed too high for older adults and more community engagement is needed to get the level right.



- Challenges include uneven paths, overgrown vegetation, and poor weather conditions making footpaths difficult to navigate, especially when hilly.
- Some residents talked about the impact of footpath obstacles caused by roadworks and how the perceived lack of planning with these created additional barriers to getting out and about.
- Access to green and open space was valued, and that included their own gardens - “Ollersett field... [has] been rented out to the New Mills junior football, a lot of benches have been removed from around the field and there’s a sense of not being welcome at all” (Woman, aged 39, Ollersett resident).
- Some residents talked about the difficulties they experienced getting on and off buses and trains due to the steps – “I’m now unable to use the train as the step on and off is too high, and without being on a bus route, having someone to help, or the funds for taxis it would be difficult to get out and about” (Woman, aged 89, New Mills resident).



Organisations and institutions

- Voluntary services are vital to the community helping them to feel connected and supported. However, many feel that Ollersett and New Mills as a whole is overlooked in terms of services and infrastructure.

Recommendations:



1. Publicise walking opportunities through offline channels like posters, leaflets, and local organisations (e.g. noticeboards in The Torrs, Volunteer Centre, and Youth Matters, and via housing schemes).



2. Collaborate with organisations and institutions to make green spaces more accessible and available, and share information about these with people.



3. Work with local people, organisations, and institutions around interest in appropriate group walks and develop from there.



4. Work with local organisations to ensure roadworks and infrastructure projects consider pedestrian needs.

5. Conduct regular path maintenance, including clearing moss, repairing damage, and providing adequate gritting during bad weather.



6. Explore opportunities for workforce and volunteer training on positive and tailored messaging.

3.3.4 Hope Valley – High Peak area focus

Cultural norms and mindsets

- While many know the physical and mental health benefits of walking, positive messages often come from family and friends and not necessarily from health professionals.

Individual

- Mobility and health limitations prevent some from venturing far, with some rarely leaving their homes or immediate home environment if living in supported housing.
- Despite the above, some people were determined to do something, sometimes walking with a friend for reassurance and company.
- Fear of falling deters some residents from walking far inside and out, and the impact of weather conditions in relation to a LTC may stop some from going outside at all.
- Health professionals cite a fear of falling as one of the main issues they hear most when raising physical activity.

Social environment

- A number of residents believed that there were local walking groups but there was a mixed response to taking part. Reasons included needing shorter walks, thinking what already exists is for younger people, not wanting to be restricted by times, and needing to have access to an off-road wheelchair ideally.
- Residents valued having someone to walk with to give them confidence and to socialise, but that it can be difficult to find those people.

Physical environment

- Whilst some residents have noted path improvements including stiles being replaced by gates, many residents felt that public rights of way in the area were deteriorating, with overgrown vegetation, muddy and narrow paths, and tricky or inaccessible gates and stiles.
- There is a lack of pavements at all in some areas and poorly planned crossing points exacerbate the problem. This includes



a lack of dropped kerbs in some places, meaning some with mobility issues and using a wheelchair cannot get off the pavement at all.

- Sometimes due to the overgrown vegetation footpaths become obscured and signage is lacking - “I’ve seen people walking with pushchairs in the cycle lane on a 50mph road because they don’t know there’s a path” (Man, aged 75, Hope Valley resident).

Organisations and institutions

- Walking opportunities for those who mostly stay at home or who are not willing or able to venture far could be beneficial. Not everyone knows someone who can walk with them.

Policy

- Planning initiatives could consider location of paths and crossing points for safety and accessibility.
- As the area experiences a lot of tourism, parking on the sides of the roads (and in some cases both sides of the road) makes crossing difficult.

Recommendations:



1. Explore with local people, organisations/institutions ways to support those people who seldom leave their immediate home environment to walk more.

2. Improve maintenance of paths, ensuring paths are accessible and signage is clear.



3. Explore opportunities for workforce and volunteer training on positive and tailored messaging.



4. Collaborate with policy makers to prioritise walking infrastructure in future planning, including footpaths, crossing points, and parking solutions.

3.4 Overall recommendations

1. Whilst digital communication and promotion is positive, to ensure the widest reach, posters and leaflets should still be made available and distributed via a range of means such as letter boxes, community outreach work, noticeboards, and in community hubs. Materials should include a telephone number and not just email or web address for further information - working with local people to co-produce these materials would be a good idea.





2. Collaborative work with organisations to keep paths clear and maintained, keep signage updated, and keep accessibility at the forefront of decision-making concerning existing and future footpath and open/green space maintenance and developments.



3. Organised walks need careful thought, they may not be suitable everywhere. Any organised walks should be tailored to the needs of the local community (and sub-groups within those communities), working with local people to develop these and ideally engage and train local volunteer walk leaders.



4. Develop local maps of walking routes and open/green spaces showing distance, gradient, seating, toilets, refreshments, bus routes, parking etc. bearing the promotion format in mind in addition to digital forms - working with local people to co-produce these resources would be a good idea.



5. Help to ensure positive, clear, and concise messages including imagery about walking and physical activity are delivered by everyone. Work with public health, Active Partners Trust and others to provide training for the workforce, volunteers, and residents.

3.5 Summary

To start, a thank you to all those that supported, facilitated, and engaged with this project.

The people engaged in this piece of work have shared some insightful details about the many barriers and enablers they have experienced in relation to walking. Some of them are shared across the places and others are specific in their detail to each place. Whilst some recommendations are more complex, taking time, determination, and collaboration to work towards, there are other things that may be considered more easily actionable. It is also clear that many of the barriers (and indeed enablers at times) have cost implications of varying degrees. It is positive that the High Peak walking consortium exists and is supported by a range of organisations and institutions who could be the key to decision-making and influencing in relation to actions that result from these recommendations. It is also important to acknowledge the good work that is already happening, including the various community engagement and consultations helping to build insight, and the relationship building with communities that is happening through initiatives like Move More Glossop.

3.6 Limitations and future considerations

In areas where other engagement had recently taken or was currently taking place there was some reluctance and/or scepticism from residents to engage with this engagement. This on occasions meant that some residents and workforce members declined to be involved, and

others did not follow-up on initial contact. There was some effort to coordinate engagement and share insights, but a more joined up approach from the outset could be a future consideration for work of this nature.

Linked to the above and mentioned previously, there were also some residents who did not feel they were suitable participants for the engagement. There were also residents and workforce members who did not respond at all to contact. Some areas were more difficult to undertake engagement in. Ollersett for example, has very few amenities of its own. Local insight indicated that residents either travel off the estate for their amenities or are supported by people living elsewhere for groceries for example. In contrast, Fairfield has two schools, shops, the residents association, sheltered housing, a day centre, and adult education centre, amongst other amenities. Buxton as a whole had many opportunities to engage with people, more than this project had time to fulfil. Therefore, whilst engagement overall was good and certainly provided in depth insights, some areas are better represented in the data than others. Perhaps further time spent in communities and time to build rapport with people would have aided this and is an area for further consideration if required.



Appendix 1 - Consent form

Participant ID number:



Consent form

Name of project: High Peak and Walk Derbyshire community engagement

Name of participant:

Please initial or tick box

1. I confirm that the above project has been explained to me, I know what my involvement is, and I have had the opportunity to ask questions.

2. I understand that my participation is voluntary, and I am free to withdraw at any time without giving any reason, and without my legal rights being affected. I understand that any information already collected may still be used in the project unless I ask for it to be deleted.

3. I understand that my personal details will be kept confidential. I understand that relevant sections of my data collected may be looked at by authorised individuals from the research group, and regulatory authorities. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. All published information will be anonymised.

4. I agree to take part in this project.



Participant name

Date

Signature

Name of person taking consent

Date

Signature



Appendix 2 - Question guides



Interview guide

Resident participants

Thank you for agreeing to talk to me and providing your consent for the anonymous information collected to be stored and shared with others. The information will be shared with High Peak walking consortium, a group of people who work in the area and undertake various roles that support community working, walking, and physical activity generally.

1. How old are you?
2. How would you define your gender identity?
3. What area do you live in?
4. Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more?
5. Do you provide (unpaid) care for anyone?
6. Do you do any walking? This includes as part of errands or chores, travelling to places, as part of your job, or for social, pleasure, or health reasons.
7. Tell me more about why you do or don't walk?

Possible follow-up questions:

- a. What helps you? What hinders you?
 - b. Do you like to walk with others or on your own?
 - c. What paths or spaces are there for you to walk?
8. If you were able to walk in the way you'd like, what would that look like?
 9. Do you know about any local walking routes, paths, or opportunities?
 10. What messages are you hearing or seeing about walking (or physical activity in general as a prompt)?
 11. Do you use green and open spaces?

Possible follow-up questions:

- a. Are these local spaces or do you travel elsewhere?
 - b. Do you know where green and open spaces are?
 - c. Why don't you use these spaces? What would help you to use them?
 - d. What is it about these spaces that encourages you to use them?
12. Is there anything else you would like to share about your experiences of walking?



Workforce participants

Thank you for agreeing to talk to me and providing your consent for the anonymous information collected to be stored and shared with others. The information will be shared with High Peak walking consortium, a group of people who work in the area and undertake various roles that support community working, walking, and physical activity generally.

1. How would you define your gender identity?
2. What area(s) do you work in?
3. What is your role?
4. Tell me a little about how your role relates to walking/physical activity?
5. What do you feel are some of the challenges and enablers in relation to people walking?
6. For walking to be accessible to all what would that look like?
7. For more people to want to walk and see walking as a viable option for them what would need to change?
8. What messages do you share with those you meet about walking (or physical activity in general as a prompt)?
9. What is your view of local green and open spaces?
Possible follow-up questions:
 - a. Are these accessible?
 - b. Do people know where green and open spaces are?
 - c. Why do you think people don't use these spaces? What would help them to use them?
 - d. What about these spaces would encourage people to use them?
10. Is there anything else you would like to share about your experiences of people walking?

