Community Woodlands Association

ROOTS TO HEALTH

"For all those working to promote community engagement and health and wellbeing in the outdoors.

The CWA SEMINAR 2009
HIGHLAND COUNCIL HEADQUARTERS, INVERNESS
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LOTTERY FUNDED

HIE Highlands and Islands Enterprise
Iomairt na Gaidhealtachd 's nan Eilean

Forestry Commission Scotland

The Highland Council
Comhairle na Gàidhealtachd

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Roots to Health

This is a record of proceedings at the "Roots to Health" Seminar 2009. The seminar focused on using and developing community woodlands to deliver health benefits, and explored the numerous ways in which community engagement with forestry can contribute to physical, mental and social wellbeing. The event featured keynote and guest speakers, case study presentations from successful projects and participatory workshops, and was aimed at health professionals, foresters, rangers and land managers, NGO staff and community groups.

Presentations

Cllr Ian Ross, Chair of the Highland and Islands Forestry Forum
Keynote Speaker

Cllr Ross welcomed everyone to the Community Woodlands Association, "Roots to Health" Seminar. After thanking CWA staff and Highland Council Officials for their efforts in presenting the seminar, and the speakers for participating, he moved to outline the theme of the day.

We are living in challenging times, but it is not without opportunities and forestry, with its remit to deliver wider public benefits, is well placed to meet these challenges. It should be noted that these benefits are in addition to the traditional products normally associated with forestry and should in no way be viewed as in opposition.

It has been possible to see from the mid-nineties the significant contributions forestry can make to sustainable development, and the social dimension of forestry that is moving into the mainstream. However we continue to see areas where we can make a further contribution, particularly in the private sector. Areas include: emphasis in genuine community engagement, active support for schools and wider education, forestry's contribution to sustainable communities, addressing the climate change challenge and assisting in achieving opportunities in "demanding" urban areas. Linked to this is the very important key issue of Health. There is an increasing demand to raise awareness, with the aid of structured policy on Scotland's long term health issues, with an emphasis on promoting a positive and integrated holistic approach to a healthier lifestyle.

This is being addressed across a variety of sectors not normally associated with Health and this is, very much the case with forestry. The Scottish Forestry Strategy (2006) has one of it is seven key themes focusing on Access and Health, and Forestry Commission Scotland has developed a "Woods for Health" Strategy.

The seminar presentations focus on how forestry can make a tangible and effective contribution and widen the range of beneficiaries of woodlands and particularly those in need. How can we redress the balance between cure and prevention? And crucially, how are we going to pay for it? Another important point to consider is how community woodland groups can deliver an extra dimension in addition to all the wider benefits. There is an opportunity for significant contribution to individuals well being through involvement in community action and development, in taking responsibility and greater control.

This simple message, articulated by Jon Hollingdale, is "**Empowerment is good for your health"** and we must promote that message.

Dan Jenkins, NHS Highland

"The Big Questions":

1. *What is the role of Government, to intervene, or to facilitate choices?*
2. *What is the primary role of the NHS: to promote positive behaviour or to pick up the pieces from our poor lifestyle choices?*

Healthy weight has a variety of effects on a wide range of health issues. It surrounds us, stretching across all aspects of health, from physical and a variety of potential diseases, to mental health aspects correlating the links between healthy weight and depression. Social health and confidence is impacted by the media stigma and the social impact of weight. From this, big and easy, links can be made to Community woodlands to provide benefits to mental health and a wide variety of physical aspects, utilising woodland outdoor spaces.

To intervene or facilitate the choices, what is the result of those choices and what is the effect of those interventions? It can appear to be restricting from a health perspective, for example, seatbelts are now mandatory, we accept it and do it, but is it a good thing? Did it reduce deaths from serious road accidents? Yes it did. It was a forced Government intervention, but did it have a positive impact? Yes it did, but it restricted our choices not increased them. Is it a good thing to restrict or infringe our rights? When tackling weight, what form would an intervention take? Where does it go from infringing our choices to where they should be looking to help facilitate making positive decisions?

An area where government does help facilitate choices is in funding, improving transport links, creation of national parks, green belt areas and core paths are government interventions that in turn, facilitate us making choices. The key point is that intervention should facilitate choices and it should facilitate positive choices.

What about the primary role of the NHS? Health promotion would advocate promoting the benefits of positive behaviour. There is a difference between promoting positive behaviour and telling people how to live their lives, and that is a really important distinction. If the overall perception is that we are trying to tell people how to live their lives, then it is not going to induce the long term changes that we are striving for, so we have to start from the point that people are currently at. We need to work with people, to identify their goals and discover what drives them as this is the concept behind what Health Behavioural step change is and what currently underpins the work that they do. They cannot make people change or do what is advised, unless there is a willingness and realisation. If people are going to make the positive change that will impact well on their health, then they have to be mentally ready for that and this is what the Healthy Weight Strategy team are trying to encourage from working with people at their starting point.

There are two important key aspects and you need both, to fostering change, How **IMPORTANT** is it and how **CONFIDENT** are they to do it? Take the example of giving up smoking, you can be very confident in your abilities but if you do not see it as important then you will not do it. Conversely, if you find it very important but you have no confidence, then again you will not be successful in making the changes. The work of the NHS Highland team is to foster and nurture that importance and confidence so people are ready to make these positive changes. They are looking at motivational interviewing to engage people in making positive behaviour choices for their own health. Positive behaviour and lifestyle changes have to come from within, we can promote it and encourage it but to really engage with people, we need to know how to do it effectively to be able to bring people on board.

What about poor lifestyle choices? Is it poor choices or is it our confidence, or lack of it, to make the right choices? It is complex and clearly if we make poor choices then it is going to have a negative outcome somewhere down the line but it cannot simply be put down to personal responsibility. There has to be policy and a supportive structure in place for people to be able to make those choices. A considerable part of our population is overweight and in fifty years time there may be health implications. However we did not make a conscious decision to start eating unhealthily and stop exercising, something else is happening. Our environment has an enormous impact on our choices.

We talk about the obsesogenic environment where all the factors in our environment make it very difficult for us to make the right choices.

A paper by Dr G McCartney and Professor Phil Hanlon entitled *Obesity: is Sustainability the Answer* http://www.healthyfuture.org.uk/peakoil.html, outlines this theory well. It refers to a wide range of influences within our environment that adversely affect the way we make choices in balance with the lifestyle we lead. To help influence changes it has to be made personal, structural and political. In answer to; should the NHS be responsible for picking up the pieces? Then yes, it should. Its primary role is to provide universal care and it should do so with out blame or stigma.

Points for future consideration

1. What role should the government play in food production and availability of high calorie, sugar and salt, fast food products over equally available healthy foods?
2. Planning of the environments we live in, in both urban and rural contexts.
3. What encourages people to be active and use open spaces
4. Social community and social health
5. Availability of healthy food, community food projects, Government role to encourage good food choices.
6. Perception of open spaces

Where do we go from here, what next? Identifying the key issues

1. Being healthy in any and every weight,
2. Personal engagement in the sense of our own health and environment
3. Supporting environments, governmental changes
4. Access barriers and identifying with open spaces
5. Enticement to engage
6. Stakeholder partnerships

Audience Participation

In summary, the audience were asked to write their answers to the following three questions on a piece of paper.

1. *What is the Big Issue?*
2. *What should the Government or the NHS be doing about it?*
3. *What can you do to help it move forward?*

On completion, the audience were asked to fold the paper into a paper aeroplane and together launch their plane, and with it their commitment, to the front of the room. A summary of the responses can be found within appendix 1.

Dr Rebecca Lovell, Forest Research, Social and Economic Research Group
The Evidence Base: What do we know, what do we need to know?

Forest Research uses a definition of "green space that encompasses the physiological, psychological, social and emotional elements of well being and is not just the absence of illness". Taking this approach allows us to think about the impact that outside factors can have on our health and well being. A Green space for this definition includes; natural space, nature, woods, forest, moorland, mountains and urban parks.

The history of research into green space and wellbeing began in the late 18th and 19th century during a typhoid outbreak. However most of the research has been developed since the early 1970's after research was published on the recuperation rates of hospital patients with views of green space in comparison to those without. Since then, there has been renewed interest in the impact that green space can have, and what roles and mechanisms sit behind them.

The weight of evidence suggests there is a very positive relationship between green space and health at individual and population levels. The evidence base is relatively small and inconsistent due to the types of studies done and the methods used. However there are four reliable large scale studies that can be used, two based in the Netherlands, one in the UK and one from Japan. A considerable amount of the evidence is applicable to Scotland and the UK as a whole. All four studies were found to identify positive correlations between green space and; a lower prevalence of diabetes, mental health and cardiovascular disease than those in more urban environments. There are a number of smaller studies predominately aimed to look at the benefits but these tend to be more indicative as opposed to conclusive, with focus on select parts of the population.

The theory of Biophilia is that man has an intrinsic relationship with nature. That nature promotes good health and that where people do not have contact with nature, then it has a negative impact on their health and well being. The hypothesis rests on three exposure levels, view nature, nearby nature or direct time where people spend time working on or with nature. Evidence suggests that each level has an impact.

View Nature

The research based on recuperation rates found that levels were greater in hospital patients with a view of nature compared to those that didn't. There are problems with this early research but it is still valuable and it is one of the first studies that seek to work out what was going on. More recently, research shows that having a view reduces stress and improves mental recovery.

Nearby Nature

Most of this research is focused on children. Findings show lower cases of attention deficit disorder and other childhood behavioural problems. In a more broad sense research shows the amounts of green space is linked to greater satisfaction with living environments. Community cohesion development is positively linked to health and well being and people are found to be happier, live longer with lower levels of disease.

Direct Nature

The third category is less rigorous. Green space exercise and volunteering has shown to have positive mental and physical health benefits, reduced stress, mood and concentration levels. Green space can be used preventatively and curatively and has a direct impact on people's physiological and psychological well being. Secondary impacts are those that show where green space might

facilitate activities with a positive impact on health.

Experimental studies on green space have shown that people's motivation and endurance is greater. There is little evidence on personal and social development but what there is suggests that varied and direct association with nature has positive impacts especially on the younger and older generation in areas of cognitive and motor development, community cohesion and health.

Finally green spaces can be seen as facilitating social cohesion within community populations. There still is uncertainty of the affect of green space, different quality and types of space and the impacts on different parts of the population. Not all green space is perceived as a benefit and this is where access needs to be addressed.

Key areas where we still need more research

1. What is the role of Green space?
2. Different types of Green space i.e. Urban to Rural woodlands
3. Impact of different levels and types of exposure to green space.
4. Effect of green space on particular health outcomes i.e. children's development.
5. Impacts of green space for different populations i.e. South Asians

A greater emphasis now needs to be placed on stronger research designs to find more suitable methods that are unbiased, controlled and rigorous. Current results identify correlations, but little is known if they are causal and if green space does indeed have this effect on populations. There is a need to move away from anecdotal and common sense evidence. It may seem plausible but there needs to be more robust research evidence to back up claims made to evaluate the impacts of these interventions.

In Summary

Although the evidence base is quite small and problems have been identified, the weight of the evidence does support the assumption that green space does have a positive impact on health and it is preventative, curative and promotional. However there are a number of questions that still need answering.

See Appendix 2 for Questions for Dan Jenkins and Dr Rebecca Lovell

Hugh Fife, Blarbuie Woodland Enterprise Argyll: Hospital Ground Projects Blarbuie

Partnership project helping people with mental health issues and physical disabilities to engage with woodland management in the hospital grounds.

The Blarbuie project focuses on the impact of walking and working in Blarbuie woodland on health and well being. The 150yr old woods are part of Argyll and Bute hospital grounds and had been unmanaged for a number of years. A partnership between the Green Woodworkers Association and Reforesting Scotland led to a project idea to restore and enhance the woods for environmental, community and health benefits, sparked after being impressed by participatory appraisal methods used to inspire people to get involved in woodland development projects. It was realised that to get ahead strong evidence to prove that something is having an impact and in this case in terms of health, was needed, and the Scottish Community Development Centre gave grant funding to allow the project to move forward, so an interview team was set up to learn how

to use digital recording equipment. Most of the team are themselves users of the mental health services; they gained in confidence during this process and the team is still together today.

We asked the following questions:

1. *What brought you to the woods today?*
   To walk
   To work,
   Somewhere to relax
   To see red squirrels
   Enjoying nature is the biggest part of why people choose to go to this wood.

2. *How often do you come to the woods?*
   Frequency of people coming to the woods is important, they are trying to gather statistics of what people feel when they are coming. One reply was that they used to come more but now they are travelling further afield, in this case a particular patient's confidence level has improved and now they feel able to go to the wider countryside.

3. *Do you have a favourite place or activity in the woods?*
   Helps us to think about what we do in the future, it is a man-made wood on the edge on a community and it is suitable to have signage and seating provision. Comments made on liking the view points, seating, picnic tables and facilities. Some people liked the wild bit and some the woodwork that is going on around them all the time. Ease of access is important.

4. *Do you think coming to the woods affects your health and well being and in what ways?*
   The chance to socialise and talk to others is an important factor but people also liked the idea of being alone and find it's a good place to have either way. People enjoy the different kinds of provision available. The key thing these are hospital patients and also staff. The top psychiatrist was interviewed as well as the general public but we have people who have schizophrenia and all sorts of problems and they are directly saying they are feeling better. The feeling is much stronger in those that work in the working squad.

5. *Can you think of anything else that will help you get more out of the woods?*
   Training

6. *Do you have anything else you would like to comment on?*
   Improving sense of self and being at one with the moment

The woodlands are for the hospital but they are also a public asset. The general public are aware of it and are using it, but more so after overt advertising and new paths and entrances were built. They were awarded "Scotland's Finest Wood 2009". The project is now very much an enterprise that is run within the voluntary sector but it is important that the NHS still own the land. The NHS is increasingly accepting that the wood is part of the treatment. Although the top health professionals are backing what is being done within the woods, it still has a long way to go until the use of woodlands starts to become more important or equal to medication. The Blarbuie project survey, although being about being able to prove the affect on health and well being was also great as part of a feasibility study, asking what should we add or increase for users of mental health services and disabled people and children. The woods are now used by nursery schools and cub groups, with Forest Schools also using the woodlands.

Going back to how we carry out research, we approached NOSREC and the Research and

development department at NHS Inverness to get approval, as approval is needed to show that they had taken all the proper routes and that the findings meant something. All research can be questioned but it is all valuable. How do we move forward now, and we have become a public enterprise to make the woodland work for itself, we just have to continue to find funding. Our thing is mental health but patients that are inactive have weight problems and smoking problems and we are tackling all of this at the same time.

All Survey Reports available from Reforesting Scotland Website at
http://www.reforestingscotland.org/projects/woods_for_all.php#Blarbuie

Hugh McNish, Central Scotland Health Advisor, Forestry Commission.
Branching Out: working with Psychiatric patients.

The Branching Out Project has been operating since November 2007 and is still going strong. Most of the data is from an evaluation by an assistant psychologist that was seconded from Greater Glasgow and Clyde. Branching Out is green space and conservation on referral for mental health patients accessing secondary and tertiary care services and so they were accessing mental health resource centres or they were coming via secure units from low up to medium secure. It was a challenge both to get the approval to take them out to various environments and to get the staff to deliver it. Since then we have moved on to work with other age groups and groups with mental health problems and we have worked with older adults up to the age of 88 so the program can be adapted to suit the target audience. We are now looking to work with Women's Aid and link in with forest kindergarten so there are different branches or options in order to deliver the basis of the Branching Out program.

The rational for the branching out interventions linked in with the Equally Well Report from the Scottish Government and one off their recommendations was that physical environments have an impact on people's mental and physical health and well being. One of the other recommendations was that government and NHS boards should be using this green environment as part of the recovery as part of health improvement for the nation.

As part of the 12 month evaluation a review was carried out and all the reports and a resource guide are available on the web at:
http://www.forestry.gov.uk/pdf/Greenspace.pdf/$FILE/Greenspace.pdf

A few benefits that were afforded from accessing and carrying out activities in green space are:

1. Attention restoration
2. Self esteem
3. Social skills and many more

We used three main sites within the greater Glasgow area, two of them are broadleaf mature woodland sites that sit right on the periphery of Glasgow, within touching distance for all the patients that come out and access branching out. Visits to the Scottish National Museum of Rural Life and a woodturning charity added a different dimension.

1. *How did they get onto the course?*
   There was as formal referral process set up but they had to give a presentation to health professionals as they were going to have to provide a member of staff so their full support

was essential. They presented to potential clients so they were fully informed of what they signed up to. They need to then be referred and baseline details taken

2. *What was the program structure?*
   It consists of a 3 hour session once a week for a 12 week period, for these individuals this was a long time and the individuals had to make the conscious decision to attend regardless of the weather and then get to the meeting point. Once on site, it was led by a FC ranger and the assistant psychologist was the assistant. There was one other member of staff from the resource centre at all times. They provided all the transport and equipment on a 1-4 ratio, up to 12 people out at a time, and they felt it was important to have the health professionals out on site with them as well.

3. *What did they do?*
   They tried to build a range of things to do to try and provide something that appealed to everyone at some point throughout the course. There was a physical element with a 10-15 minute walk in and walk out every day. A Tai-Chi instructor came out which was enjoyed, Bushcraft skills, Environmental art, Conservation activities, coppicing, woodturning, and Educational aspects, such as tree id and wildlife surveys. It empowered them with things that they could take back to their families. They also did some photography which allowed them to engage with their environment, and were lucky enough to be part of the Scottish Mental Health Action Film Festival in which they had a showing of their photographic work in the Scottish Natural Museum of Rural Life.

4. *Evaluation Methods*
   Qualitative
   a. Evaluation through client interviews (20 over a 12 month period)
   b. Staff focus groups with 6 members sitting on that
   c. Journals kept on every session

   Quantitive Data
   a. Short form 12 Health and Wellbeing Questionnaire.
   b. The Warwick Edinburgh mental Health and Well being Scale
   c. The Scottish physical activity questionnaire (7day recall questionnaire)

5. *Results*
   Low attrition rates of all those that started the program 70% completed the 12 weeks.
   A significant increase in activity levels
   The data identified 5 key themes (presented in the full document)

   The scale wasn't sensitive enough in order to make the Warwick and Edinburgh scale work for them but they did see positive trends. Individuals that scored the lowest at the base line stage were the ones who had improved the most at the completion stage.
   At the end of the courses they brought the groups back together for a celebration event, where they were presented with awards and certificates and those that had worked towards their John Muir awards would get those as well. Branching Out also provided opportunities for them to continue on making links with BCTV, Scottish Wildlife Trust and other volunteer projects that was built in.

6. *Recommendations*
   The recommendations that came out of the evaluation report is the use of green space in

conservation and referral as an additional and adjunct form of treatment for clients accessing secondary and tertiary care mental health services. They were successful in gaining NHS funding that will see them through until this coming March but will need to look for further sources to move it forward. There is a demand and they have a large waiting list. They are being approached by other organisations wanting to deliver similar programs and they are trying to assist them with that

Alan Melrose, Health Walks Co-ordinator, Cairngorm Outdoor Access Trust, Linking community path networks for health improvement. Background in Community Development

Work of the Trust

Cairngorm Outdoor Access Trust (COAT), was launched in April 2008 to build on the work of Upper Deeside Access Trust that had been operating for the last 10 years, and to widen its geography and to cover different roles including Health walks. COAT is an environmental charity who's principal aim is to develop high quality opportunities for access on behalf of stakeholders and partners. So whether it is linking riparian walkways, all ability trails or community woodlands COAT delivers good quality access for local communities.

COAT has a strong conservation function in improving high level walking routes, not just in the Cairngorms where we are looking at repairing erosion but creating aesthetically built paths. Strategic route development is an important part of COATS work, trying to connect villages by developing a walking and cycling network that people can access their local neighbourhoods throughout the Cairngorms National park. We believe that this will have a significant health, tourism and local economic development potential not just currently but in the future.

Engagement

Engagement with the public is also a vital part of the work of COAT and they have just re-launched their website giving lots of information with a specific section on Health walks. Health walks program is one of the facilitations and functions of COAT. It has a manned office and the public can come in and talk to them, providing that public face of COAT to local communities.

Walking to Health

The walking to health project started about 4 years ago in upper Deeside. As it developed access became the key part of what the project was about. They are currently delivering 10 neighbourhood led walks throughout the cairngorms. There are 4 health specific groups that they are working with, 2 Alzheimer's projects, a cancer support group and a new small smoking cessation group and it is these health specific walks that are the key parts of COAT's development in the next 3-4 years.

The Cairngorms brings it is own environmental challenges, we may be able to access some of the most iconic places in the UK but it is not without challenges in working with communities and volunteers. The winters can lead to social isolation and one thing that has developed from these walks is community cohesion that people feel as a result of being involved in these groups.

When we are out on any of the walks, we are looking to enjoy and understand any flora and fauna that we have in the Cairngorms. We work in partnership with the Alzheimer's Scotland service and that involves a café walk and a Nordic walking session. We've developed a case study with the group and the service manager presented it at their national conference this year and they have

received positive feedback from it.

Nordic walking activity
COAT have developed a Nordic walking activity trail which is a next step level for health walk groups. They were the first in the UK to run a Nordic session leaders course lead by International Nordic walking association, and now have 8 trained session leaders delivering these walks in the cairngorms. This will deliver an extra dimension to the health walks programme by COAT.
The project wouldn't be anything without the role the volunteers play and tribute should be paid to them for delivering the health walks program.

Promotion
COAT has produced a promotional DVD, a CD, walk leaflets and a motivational book to encourage people to just go out and do their own health walking in their local communities.

How do we know we are making a difference?
A participation appraisal system was used working with volunteers and participants looking for changes in behaviour in terms of physical and mental health improvements.
Worked with SNH on research concerning use and access to national nature reserves,
Finally people stories

The Future
Develop some of the health specific groups
Encouraging linkages between path development and facilitating people to use local paths
Encourage a happier healthier greener and more active Scotland within the national park
Develop new approaches and partnerships and tackle health inequalities.

See Appendix 3 for Questions to Hugh Fife, Alan Melrose and Hugh McNish

Hilary Quick, Scottish Orienteering Association, Development Officer. Using sport to engage kids and inspire healthy living.

What is Orienteering? It is anything from a navigational challenge through to a serious athletic sport where fit men run through rough terrain for about 10k at a very quick speed, navigating to fine detail along the way. Participants are usually expected to navigate to a certain amount of points (known as controls) in a particular order, using a 1:10K or 1:15K detailed map. Key to this is the idea that people chose their own route to each individual control, in the order needed. So you have implications in terms of empowerment and decision making. Because there is that route choice and navigational challenge you do not get a train of people going the same way through the forest. With young children you start by building their confidence in reading maps and interpreting things on courses with less choice and thus there is a technical progression to take people through at an appropriate rate.

Orienteering is as competitive as you want it to be, competitions are organised in age bands so that youngsters under the age of 18 compete in two year age bands with courses that are relevant to their physical and mental stages. Veterans are from 35 and above. Veteran courses are technically challenging but a little less physically demanding, yet tend to be the most fiercely competitive age group.

Orienteering is about taking your brain for a run, it has a purpose and more enjoyable as there is a reason for taking the route chosen. Thinking about the navigation helps people think about the moment and less about day to day stresses. It can be fun and sociable building cohesion, but most of all it can be sport for the non-sporty and branches across age and abilities. It focuses more on your technical competence than sheer physical ability to run.

It helps mental development, the challenge of map reading and route choice encourages an acceptance of responsibility. It leads on to aspects of problem solving, decision making and risk assessment, weighing up options and the strengths of each decision. Encourages you to make a plan and think things through. It builds confidence and self reliance, with each control marker building reassurance in those decisions, opening your eyes the wider countryside around you.

It need not take a long time, the level of difficulty is your choice and it requires little in the way of personal equipment, lowering access barriers. There are growing trend towards having orienteering at a very local leisure activity level in community woods, with a variety of woodlands providing different levels of access to orienteering.

Trail Orienteering is a variant of the sport that allows people in wheelchairs to take part, though it is more technically challenging because they have to reach a viewing point and they can see three or four control markers and they have to decide which one is the one is accurately placed according to the map. It is difficult to set up and difficult to do but it is a very good way to get people of limited ability out taking part. They are still looking at ways to make standard orienteering more accessible for those with limited mobility.

Active Lunchtime Session

Seminar participants were invited to stretch their legs over lunch by trying orienteering on a specially drawn map of the area. 18 controls were placed around the Council buildings and the adjacent Eden Court and Inverness Cathedral, and after a quick briefing from Hilary Quick, seminar participants set out in pairs. Technically this was Score Orienteering: a variant of the sport where competitors can visit controls in any order they choose. Most participants were happy for a lunchtime walk and a blether, although inevitably there were some competitive folk who chose to run round – fastest completion was just over 8 minutes!

Workshops

After lunch, participants divided into 3 groups for facilitated workshops discussing elements of the agenda in more details. The records below are drawn from the plenary reporting session which followed.

Workshop 1 – Who's in the woods today? How can we widen that and reach out to get more people in the woods tomorrow?

The answer to the question was, white middle class retired and dogs, so we moved on from there and we really covered it in four strands

1. How to target groups, and get to know why people are not using the woods
2. What might entice them to use it in the future,
3. What are the barriers? What sort of activities would encourage them to engage more than they are at the moment?
4. Wider question of woodland design. What makes people feel comfortable in the woods and how to get that information out of sectors of society that are not currently using it?

Priorities

1. Need more children in the woods being active, early learning.
2. Getting to know your community by reaching out in different ways than we have been traditionally been using. Using mechanisms to get to know sectors of society that don't use the woodlands.
3. Seasonal celebrations, fun.

Barriers

1. Understanding a risk averse society, need to question the excessive risk averse culture
2. Information, Better ways of Communicating, Finding out why people are not using the woods.
3. Funding, alternative sources and alternative ways of getting agendas met, reaching out to volunteers.

Woodland Design

1. Opportunities

Workshop 2 – Mental illness to mental health for all. Priorities, Society and well being

Questions

1. *Have we created a society that promotes mental health and well being?*
2. *Have we created a society of consumers?*
3. *And what does that mean?*

Community Woodlands Association and other organisations like it offer a very good model of communities thinking about the welfare of the environment and the welfare of the people in it. So in many ways community woodlands present the kind of environment and communities that promote mental health.

Areas of society most at risk and Individual Mental Health issues

1. A lot of input from people who work in community woodland associations and other organisations that are developing very effective programs that are working with clients/people with mental health problems, people with alcohol and drug abuse problems and problems that are preventing them getting back into work and supporting them through those kinds of things.
2. There was a lot of passion about the value of engaging with woodlands and green spaces in helping vulnerable people begin to re-engage, combat isolation and develop interpersonal skills. Develop some kind of confidence that they can actually function in society. It is through being in a kind of woodland environment, surrounded with people as much as woodlands, that these programs can develop personal engagement with the support of communities.
3. Feeling that we can do it and we know it works but how do we engage with the NHS and other agencies like that who are the refers and the controllers of the funds. Agencies could allow this not to become isolated projects but become something more general. How do we over come this, how do we get around the business of mainstreaming, develop good practice across Scotland in terms of provision of services which help clients recover.

Need to find ways of stimulating communities and then facilitate discussion between them and government and mental health with an understandable language to all.

Success in individual relationships, but what we need is more strategic at a local and regional levels to try and see if we can create and facilitate discussions between providers and the people that are responsible for referring.

Workshop 3 – How do we pay for it and can we afford not to?

This workshop considered various sources of income for health-related projects in community woods.

Funding from the public sector in the form of grants has historically comprised the majority of community woodland income, however these are becoming less easy to access. Other public sector institutions (Councils, Health Boards) appear to have huge budgets, but of course they are already committed, and often under pressure themselves. This only increases the importance of ensuring that the systems for distributing public sector monies are efficient and fit for purpose – at present many (e.g. SRDP) are neither.

Bullet point: The Scottish Government needs to understand that its systems for allocating and distributing public sector monies are inefficient and not fit for purpose.

Many community groups are looking to earn a greater proportion of their income.
Social Enterprise is very much this year's buzzword, and was seen by workshop participants as a key part of the way forward for many groups. The transformation from a voluntary organisation dependent on grant funding to a business earning income and covering costs requires support, including investment and working capital. Market development is required: many of the goods and services CWGs produce are not currently marketed, and clients (including public sector bodies) need to be willing and able to pay for services received. CWGs also need to be permitted to explore mechanisms to unlock the value of their assets, and to facilitate innovative investment models – current restrictions are not supportive of business development.

Bullet point: Developing social enterprises will bring significant benefits, but the community sector needs support to learn the language of business.

Bullet point: There is a need to investigate investment and annuity models

The private sector is a huge and largely untapped source of funds. There is a need to define the product but there are a number of possibilities, from carbon sequestration to corporate work days, and the private sector is willing to pay a reasonable price.
The other strand of discussion revolved around whether food processors and retailers had a responsibility to pay at least part of the social cost of their "externalities": if Tescos* make huge profits selling us all this unhealthy food and making us fat should they not pay for the consequences?

Bullet point: Profits on unhealthy food should be taxed to subsidise health promotion

*other supermarkets may be available

Plenary Session: Discussion, Observations and Comments

C. Today has been very inspirational hearing about the work that's been going on and wondered whether something could be done to capture that. We heard earlier about research and evaluation being needed and about a lot of very individual work that is going on. Perhaps we have to try and engage and capture the imagination of NHS and other big bodies. There's a need for something that can put it all together to convey the message that there is a lot of valuable work going in that has a great deal of benefit to patients and vulnerable groups. The message is currently not making it to central Government or central NHS. How can we take it forward.

R. There's been past encouragement for more structured research related to social forestry, Rebecca Lovell being here today demonstrates how far that has come, not suggesting it's as adequate as it should be but it has been a significant step forward.

R. In terms of Woods for Health Strategy, the Senior Medical Officer for Scotland has written the preface for it, it doesn't mean to say we have cracked it but it does show that connections are being made, just have to keep on pushing.

R. Historically forest research's social forestry program has essentially been driven by the needs of forest enterprise. It was almost an anthropological examination of the communities that forest enterprise interacted with, rather than the research agenda that was being driven by the needs of the community. There is a new group within forest research that are felt to be much more amenable and more likely to devise research programs, that better reflect the needs of the sector rather than the administrators. Health is obviously one aspect of that.

C. Was it the suggestion that there was a need to capture and make public the kind of conversations and discussions that have been had today? Not necessarily in a research way, but make them public, and will there be a summary report of today?

R. There will be a summary report, which will be available on the CWA website, and we will endeavour to follow up on actions points from the day.

C. There is going to be the launch of "Towards a mentally flourishing Scotland" 2nd Dec 2009. This might be an occasion where parts of today's discussions and the reasons behind it could be referred back to in the presence of that Politician.

R. It may be useful to reflect on those sorts of opportunities and to try connect particularly with people in a ministerial rank, that's where the key decisions are made.

C. How can what's happening out there be best presented to make more people aware of it. There is the need to get it to our local GP's and to our local Health professionals and getting that ripple out there. One suggestion made in the workshop was that the CWA write a protocol so that people can get out and see what's on their door step, and use local community woods or any woods to better the health of the nation.

R. There is the recognition of appreciating good practice and what the difference that makes.

C. Is it time to put some of the good practices on to a website as a precursor to bringing together a number of case studies? Where not only is there field practice, but good practice to write up and best practice on the ground. There are also statistics and results. Can we start putting them on to identifiable websites and circulate them to the people who count.

C. Is it possible to share contact details so if anything relevant to today's topics came up delegates could circulate it to each other.

R. Yes that should be possible.

Delegate List

1st NAME	SURNAME	ORGANISATION
Louise	Alexander	Scottish School of Forestry - Student
Ben	Anstead	Scottish School of Forestry - Student
Stuart	Appleton	Scottish School of Forestry - Student
Suzann	Barr	Abriachan Forest Trust
Jane	Begg	Clackmannanshire Council
Stewart	Blair	Scottish School of Forestry - Student
Amanda	Calvert	Laggan Forest Trust
Diane	Campbell	CWA - Development Manager
Paul	Cookson	Sustainable Wood Solutions - CWA Director
Jo	Cooper	Ceod Lleol, Small Woods Association
Eoin	Cox	buyDesign Gallery
Anna	Craigen	Borders Forest Trust - CWA Director
Lee	Craigie	Kiltarlity - nr Inverness
Alistair	Cunningham	Dunain Community Wood - Inverness
Margaret	Davidson	Abriachan Forest Trust - CWA Director
Roger	Davies	Llais y Goedwig, Wales - Chair
Stewart	Eastaugh	Highland Council Access Officer
Mike	Ellis	North Highland Forest Trust
Hugh	Fife	Blarbuie Woodland Enterprise
Henry	Fosbrooke	Milton Community Woodland - CWA Director
Brigitte	Geddes	Gearrchoille Community Wood - Ardgay CWA Director
Gordon	Gray Stephens	Argyll Green Woodworkers Assoc - CWA Company Sec
Annie	Griffiths	Kirkhill & Bunchrew Community Trust
Kate	Haydock	SAMH
Martin	Hind	Easter Ross Countryside Ranger
Sandra	Hogg	Kirkhill & Bunchrew Community Trust
Jon	Hollingdale	CWA - Chief Executive
Stuart	J. Blair	Scottish School of Forestry - Student
Dan	Jenkins	NHS Highland
Nick	Johnston	Scottish School of Forestry - Student
Mya	Kapherr-Diament	Scottish School of Forestry - Student
Becca	Lovell	Forest Research
Nigel	Lowthrop	Hillholt Wood - Lincoln
Fiona	MacInally	Paths For All
Peter	MacKay	FCS - North Highland District
Alexander	MacLeod	Scottish School of Forestry - Student
Christine	Matheson	Abriachan Forest Trust
Neil	McInnes	FCS - North Highland District
Jamie	McIntyre	Sunart Oakwoods - CWA Director
Neil	McNamara	NHS Highland

Hugh	McNish	FCS - Central Scotland Health Advisor
Dr Angus	McWilliam	Health Advisor - FCS Highland and Islands
Alan	Melrose	Cairngorm Outdoor Access Trust
Kelley	Miller	Voluntary Action Highland
Rosslyn	Mills	CWA - Woodland Advisor, West
Anne	Murray	Scottish Natural Heritage
Robert	Patton	Highland Council - Planning and Development
Douglas	Priest	Scottish School of Forestry - Student
Karen	Purvis	Knoydart Forest Trust
Hilary	Quick	Scottish Orienteering Association
Mark	Reeve	FCS - Moray & Aberdeenshire District
Jillian	Robertson	Laggan Forest Trust
Ian	Ross	Highland and Islands Forestry Forum Chair
Andy	Ross	New Caledonian Woodlands
Catriona	Ross	CWA - Press Officer
Fay	Sharpley	Llais y Goedwig, Wales - Board member
Adrian	Stewart	Scottish School of Forestry - Student
Andrew	Thompson	CWA - Woodland Advisor, East
Dieter	Tuerlinckx	East Caithness Ranger - Highland Council
Piers	Voysey	Anagach Woods Trust - CWA Chair
Richard	Wallace	FCS - Highland and Islands Conservancy
Gale	Ward	Scottish School of Forestry - Student
Ruari	Watt	FCS - Lochaber Forest District
Matt	Watts	Scottish School of Forestry - Student
Mandy	Way	Cairngorm Outdoor Access Trust
Ian	Whitehead	ELFHNP - CWA Director
Richard	Whittet	Scottish School of Forestry - Student
Jake	Willis	CWA - Woodland Advisor, North
Zena	Wilmot	Ceod Lleol, Small Woods Association
Deb	Wozencraft	Ceod Lleol, Small Woods Association

Highland Council HQ, Eden Court & Inverness Cathedral

Scale 1:2,000

0 50 100 metres

cwa seminar		
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	37	Northern Boulder
	41	Tree
	49	Floodlight
	52	Sign
	55	Tree
	56	Western tree
	58	Fence, Northwest End
	63	Fence, South end
	64	Building, SW inside corner
	111	Canopy, South End

	112	Eastern tree
	113	Stairway, East side
	114	Covered area, SE corner
	115	Fence, Northeast corner
	116	Stairway, West End
	117	Building, SW inside corner
	118	Bench
	149	Building pass through, East side
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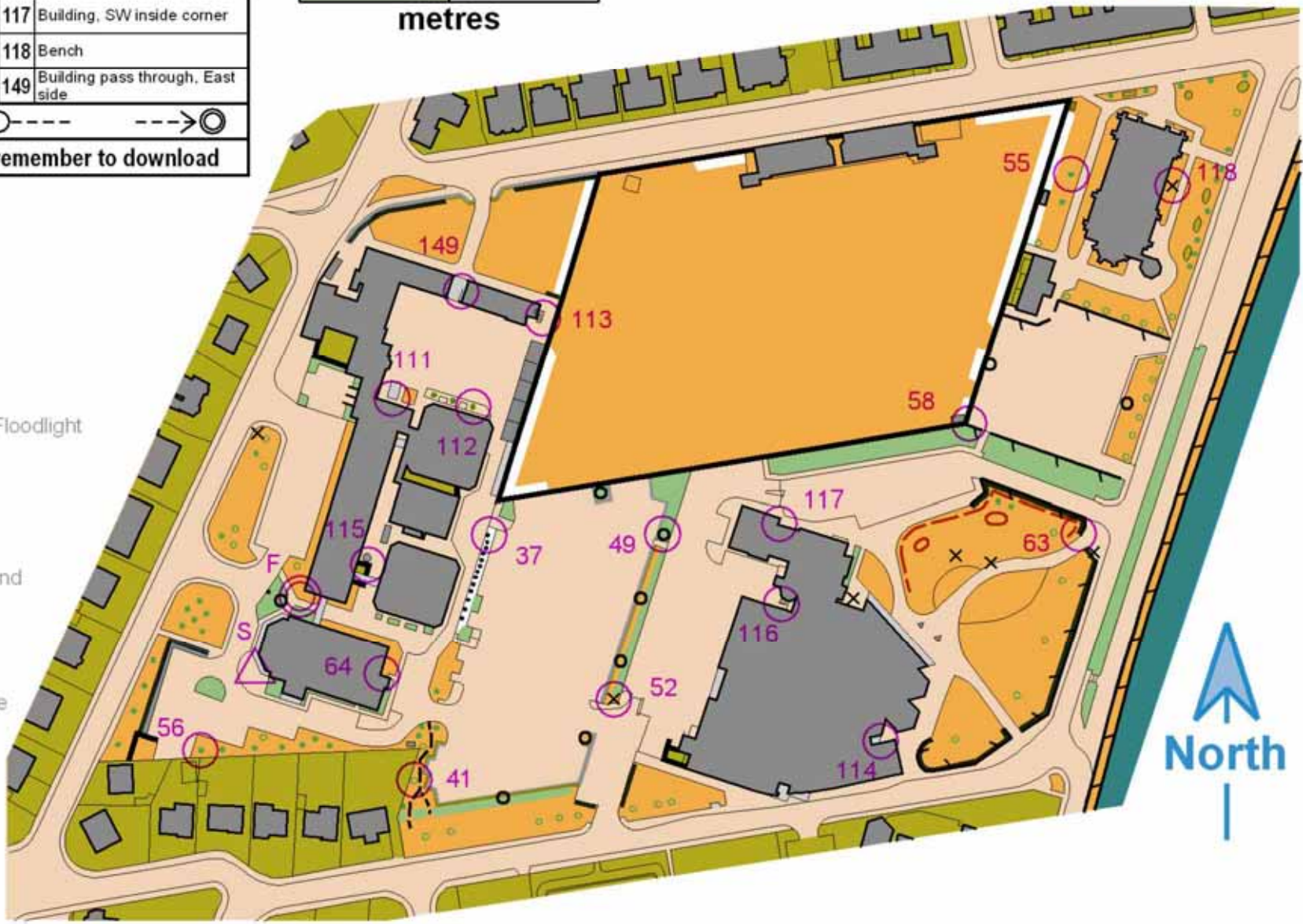
remember to download		

www.condes.net 8.2.3 Moravian Orienteers
cwa seminar.wcd

Legend

- Building / canopy
- Bench or sign, Flagpole or Floodlight
- Hill, Boulder
- Tree: large / small
- Form line (tags point downhill)
- Forbidden area, eg. flowerbed / private land
- Temporary construction or closed area
- Open land
- Trees - accessible
- Trees & shrubs: inaccessible
- Paved area
- Uncrossable wall / fence
- Uncrossable hedge
- Crossable wall
- Crossable fence
- River
- Road
- Path



Appendix 1 - Dan's Paper Plane Consultation

A magnificent total 54 planes made it into the air. Some were retrieved from inside desks and under chairs, many flew far and well, a few made it right across the council chamber, and 2 actually hit me. Good shot. One keen soul made 3 planes rather than write 3 things on 1 plane – so, in all, 52 responses were received.

Some of these responses fell into several broad themes, and I have collated them appropriately to make this summary.

Firstly: the question that went something like: "What's the biggest thing that would need to change for the people you work with to improve their health?"

Confidence / motivation / attitudes	12		
Increasing physical activity	10	(Specifically in outdoors	2)
Active travel / reducing car use	7		
Healthy food (and accessibility of)	6		
Work-life balance	3		
Facilities (access / affordability)	3		
Equality (financial)	3		
Knowing what's available / where to go	2		

1 each: Communication, NHS Ethos / Services, Stigma, Culture, Time, Defining a (positive) ecological role for the human

Next: "What should the Government / NHS be doing to address this issue":

This produced a wide range of responses – a little more difficult to group, and quite a few people had more than one suggestion. So, the totals won't be 52, but it gives you an idea of the breadth of suggested responses.

Policies and action to promote active travel / reduce car use	6
Funding for - paths / play areas / facilities	6
- community activity	5
Promote healthy working lives (inc. working hours, retirement age)	5
Promote and support physical / outdoor activity	4
NHS reprioritise spending towards prevention / exercise on prescription	4
Subsidised - healthy food	4
- activity opportunities	2
Awareness raising	3
Education / forest school	3
Facilitate / support healthy choices	2
Wealth distribution / less emphasis on economic growth	2
Capacity building	2
Communication	2

1 each: Strategic development across ALL government departments, Involving people at local level, Support for local food producers, Support parenting, Continue research to identify best approaches, Make it easier to live off the land, Address institutionalised stigma, Specific taxes, Support sea-change in the way we view countryside & our involvement, Get on it quick (define ecological role) because 200 species become extinct every day.

And here's what you all have committed to do to be involved in making the crucial changes

There was a strong thread of practising what we preach / walking the talk / and following through our suggestions personally. Within, and additionally to this, the following points stood out:

Participate in activities	6
Lobby / pressurise NHS/Government	6
Work with Local authorities / NHS at planning level	4
Promote / raise awareness / signpost local activities / groups	4
Encourage / actively promote own message / agenda	4
Volunteer work	3
Support local community projects /events	3
Apply for funding	2
Develop communication / media strategies	2
Confidence / capacity building	2
Improve access	2

1 each: Foster sense of ownership, Inspire, Be more dynamic and think more laterally, Ensure own research is high quality and value for money, Listening to people.

Thank you all for your contributions and enthusiasm. Two things stand out for me. One is that we maybe all need to keep in the forefront of our minds our role in supporting the confidence and capacity of people we work with. This came top in the main issues list but, whilst it may be implicit, wasn't so prominent in the recommended responses. The other is the overarching feeling that we are in this together and all have a role to play. I would certainly encourage you all to keep talking to / lobbying your local authority and NHS contacts and keep the importance of developing Community Woodland Spaces high on the agenda.

Dan Jenkins
NHS Highland Health Promotion Specialist – Healthy Weight

Appendix 2 - Questions to Dan Jenkins and Rebecca Lovell

Q 1.
We have to look at the social aspects behind use and adoption of the green space and the perception barriers are very much key to that, especially in urban Scotland, there are large groups that won't use these spaces as they feel threatened or feel no sense of ownership. How these spaces are managed is important, making them more inviting to people. There are lots of other factors that need to be considered and not just the presence or absence of a green space will determine the health of a population.

A. Research is looking into competing interests and how to encourage groups of the population that do not see green space as areas they can use. Research guides how to manage these areas and interests and it all feeds back.

A. It is also how all the agencies work and support each other to help communities to engage positively promote the use of green space. It's a combined effort.

Q 2.
In Wales there is a project called venture out encouraging projects in the outdoors and one of the aims is where doctors can prescribe volunteering and outdoor activities and research is being gathered. Is there any thing like this that you know of or is this a good way forward.

A. There is variable evidence for GP referral this, but what there is very positive and has actually helped people develop their engagement in our own health and help those that thought it might not have been for them, giving that role away to professionals and that it is really beneficial and a good way forward.

Q 3.

Concern that although that Scotland has a lot of green space and open environment, there is concern about finding local healthy food as there is a large supermarket culture.

A. There is much more that can be done to promote local produce and access to local produce thought it is not with out it s challenges problems.

A. Anything that can support any local or community projects or sourcing locally should be encouraged. Support by the NHS particularly for nutrition of women and young children encouraging access to healthy food and support of food initiatives is definitely on the agenda.

A. *A good book called Spirit level that adds "clout to the last comment" about some of the happiest places are cities that have access to good healthy local food.*

Q 4.

Perceptions on the use of green space a lot of the research focuses on the use in a passive way and not about active use of it and the development life skills related to the use of it. This links into issue of local food and ability to have allotments in community woods. In terms of value for money is the ability to focus on children to develop motor skills in terms of developing the ability of the future generation to feel comfortable in the outdoors is to turn recreation into life.

A. There is a need to look at what is going on when you encourage people to do certain things, when you have active or passive engagement with green spaces. Secondly Forest Schools utilises the outdoors as a classroom giving children the opportunity to learn in a different way.

Q 5.

Comment on the evidence base, one of the calls to action would be to use some of the tools and methods across the environment sector and also discuss with health sector colleagues to agree what the level of evidence it is they are trying to achieve, we cannot have randomised control trials in woodland but can use qualitative and quantitative methods but need to strike a balance and trying provide a set of tools to use consistently to develop an increasing evidence base.

A. Agreed, control trials can't be used in woodlands but more attention needs to be paid on the types of methods of research used, a fair amount of money spent on lots of little areas of research and valuable in their own sense but we can't knit them back together and get a big picture because the methods used were different. A joined up level of thinking needs would be very valuable.

A. Yes, we need to work towards some level of consistency so our results are useful across the different sectors; it is import to get that balance. There is a move to evidence informed and not just evidence based, that is not so we do not have to have a thoroughly robust and validated set of data before we can do anything, but that we can take some of that indicative and move things forward. We need to try to continue to try to pull it together but it give a little bit of flexibility as long as does continue to contribute to consistent evidence base.

Appendix 3 - Questions to Hugh Fife, Alan Melrose and Hugh McNish

Q 1.
On the long term funding of this, I think anything that is dependant on lumps of cash from the health service in one-offs is not sustainable, I think we have to move to a position where the health service recognises that there has to be some formalised system of this in terms of prescriptions or perhaps self referral. Two examples being Bromley on Bow having a GP within a green space environment and prescribing outdoor activity, and the second is in the Lake District where individuals pay to work at an enterprise that produces local food. I think we need to move this to a national level and are there any moves to bring this north of the border?

A. They are great examples and part of Branching Out was to look at value for money and the cost per head for individuals accessing the programme, so that it would be relative to the NHS and they could cost it out and essentially supply that on prescription and It would be paid. The cost at Branching Out was £50 per person per day effectively £600 for the 12 week course. It would be great if we could encourage the NHS to move towards that model, I think there would need to be a little bit of negotiation first but it would be a great process to go through.

A. From an access trust point of view we've got a wide range of partners that fund the overall program for the access trust and the NHS Grampian and Highland are very small partners but are also very small funding partners in that project and I think there is a lot of merit in looking for a wider ranger of partners that can be funders and support the health walks and access agenda in terms of COAT and it is not just NHS function to fund these schemes so I think if you have a wider view in who else's agenda you can help to satisfy or tick that that is a way forward in getting a higher level of funding that just looking at NHS as a single funder.

A. I do not think more money will come out of the NHS in this but the local authorities will be important even though they will be squeezed, they still have obligations supporting people with disabilities, there is money there and they could direct some of that into community groups that are delivering on a health agenda. But we must never forget charitable trusts, there is still a lot of charitable trusts out there that these programs will tick those boxes. Getting money out of the NHS is very difficult but they have given in many other ways and those are also as important.

Q 2.
I was just wondering what the differences are with what the Branching Out project are doing and what BCTV are doing with green gyms. Are there any differences or does it complement it.

A. I think it complements the green gym program. We were going for a slightly harder to reach audience with the group that we choose and it was only a time phased short term intervention, but we do try link in with the BCTV in Glasgow and incorporated that within the twelve week program but I see it working very much together as appose to separately on that.

Q 3.
With COAT do you find it works well that you've got the health walks working alongside an organisation that's primary task is to maintain paths. Is this a particularly good buy in or is it part of building COAT's resilience and portfolio of becoming almost a semi-agency type organisation within the Cairngorms.

A. I do not think it is an attempt to empire build but there's a definite synergy and desire with within the board to see that the paths that we develop do have some local connection and that there is some advantage and interaction with the development of those paths and it goes further

that just those people using them for health walks, COAT have found that local communities have come forward to COAT to make improvements to the paths and suggesting linkages and connections. The public interface has been more than just the access for the health walks; there is a genuine desire to involve the community more in the development of those paths.

Q 4. *Would like to return to the point of mainstreaming and I was surprised by how little the practitioners thought that NHS could be drawn more into funding this type of work, which I would have thought that if it was going to go forward surely NHS has to be involved in funding this.*

A. Two questions there are Should they? And the other is would they? And the answer is on the will they, it is very difficult to get real cash so we also set up a paths to health project and got various partners but would the NHS put in, No they wouldn't, they put in a contribution "in kind" but it is not particularly counted in this funding package as real money, but having said that some of us should challenge it. The NHS would want to identify something very specific in order to make something happen but I think that we shouldn't give up on the NHS and say they're just not going to, they're probably not going to and you'll need to look elsewhere but find a way through somehow.

A. Another option is certainly looking at all the different partnership and charitable trusts that you can access and if you can get some of the match funding then you can shame the NHS in to giving you some more of the money.

A. COAT has a good relationship with all the health practices and we're looking at developing that, and if were looking at developing health specific walks the support I get from the NHS health teams has been key to the development of the project. The NHS has bought in to COAT and the health agenda, they may not have bought in financially but I do get great support to do the work that COAT wants to do with specific patients. A wider point, I do think funding for these types of health agenda projects should be taken outwith NHS and perhaps the agenda is wider than just the primary care that the NHS or promoting health may have. If the Scottish government looked at all the other wider agendas there could be funding found within these areas to fund some of these health projects that deliver other benefit is.

Appendix 4 – Seminar Feedback Summary

Highland Council Headquarters and General Facilities

Location	V.Good 23	Good 7		
Event Organisation	V.Good 25	Good 5		
Catering	V.Good 15	Good 13	Fair 2	
Facilities	V.Good 22	Good 8		

Presentations

Keynote Address

Content	V.Good 7	Good 14	Fair 4	Poor 1
Relevance	V.Good 9	Good 12	Fair 4	Poor 1

The Big Question

Content	V.Good 14	Good 12	Fair 2	Poor 1
Relevance	V.Good 15	Good 11	Fair 2	Poor 1

The Evidence Base

Content	V.Good 3	Good 10	Fair 12	Poor 3
Relevance	V.Good 8	Good 13	Fair 5	Poor 2

Blarbuie Project

Content	V.Good 6	Good 16	Fair 3	Poor 1	V.Poor 1
Relevance	V.Good 14	Good 10	Fair 2	Poor 1	

Branching Out

Content	V.Good 12	Good 15	Fair 1	Poor 1
Relevant	V.Good 17	Good 10	Fair 1	Poor 1

Walking Group

Content	V.Good 7	Good 16	Fair 4	Poor 2
Relevance	V.Good 12	Good 13	Fair 2	Poor 2

Using Sport to Engage Kids

Content	V.Good 6	Good 14	Fair 5	Poor 3
Relevance	V.Good 11	Good 7	Fair 9	Poor 1

Workshop 1 – Who's in the Woods Today

Content		Good 4	Fair 3
Relevance	V.Good 2	Good 4	Fair 1

Thoughts,

- Very interesting and thoughtful.
- Productive and most contributed to it.
- Good to have an agenda, good networking, strengthens take home message
- Would have been useful to have the notes written on the board from the start. Felt a bit disjointed.
- Not as relevant to my situation as I'd hoped, but useful and interesting.

Workshop 2 – From mental illness to mental health for all

Content	V.Good 2	Good 7	
Relevance	V.Good 4	Good 4	Fair 1

Thoughts,

- Very good wide ranging analysis of "Blockages"
- Excellent participation by CWA members, authoritative and made an effect.

Workshop 3 – How do we pay for this, and can we afford not to?

Content	V.Good 2	Good 7	Fair 2
Relevance	V.Good 6	Good 4	

Thoughts,

- Included somethings I'd never thought about.
- Wide ranging and interesting.
- Very useful and dynamic debate.
- Thought provoking.

Do you feel that the event delivered your expectations? Yes 28 Partly 1

Would you recommend others to take part in such an event? Yes 29

Why did you want to take part in this event?

- Get ideas for local development
- To support the community woodland movement.
- To gain information, network, greater insight into health related social enterprise.
- Revamp enthusiasm.
- To find out what's happening and how I can help encourage others.
- Guided walks in community woods.
- Networking, learning from others experience.
- Hoping to submit proposal on health and well being.
- Relevant to our work.
- To get the Scottish perspective on health and well being in community woodlands.
- Share knowledge.
- Have a health background and involved in community woods.

- Involved in trying to engage local people in their woods and also providing access facilities. Would like to link more with health agenda and influence local politicians.
- CWA Member.
- Interest in health perspective.
- Looking for ideas for community woodland group.
- Asked to attend by colleague.

What benefits do you feel you gained from attending the event?

- Got quite a lot of refreshing ideas and points of view.
- Networking, and increase knowledge.
- Lots of useful ideas.
- Enthusiasm revamped.
- Wider perspective.
- Additions to our evidence base for new funding.
- Reassurance, team ethos.
- Grass roots thinking, dialogue between sectors.
- Understand the issues facing CWA.
- More awareness as to what's developing in Scotland.
- Hear about wider issues than own job area.
- Inspired to develop more health related activities.
- Insight into a couple of examples of what appeared to be very good practice.

Any other comments?

- More networking.
- Workshops with more practical input.
- Always interested to see if there are lessons to be learnt from abroad.
- Really enjoyed getting out at lunch, fun, healthy and informative.
- Thanks for a great event.
- I would like there to be a summary of the day available and hope that this meeting will be a catalyst for a more formalised review of the impacts of woodland activities on health.
- Keep the faith: may the forest be with us.

Acknowledgements

The Community Woodlands Association would like to acknowledge the support of the Big Lottery Fund, Forestry Commission Scotland, the Community Land Unit of Highlands & Islands Enterprise and the Highland Council.

CWA would also like to thank Andy Grant and all the staff at the Council Offices for their friendly and efficient help and support before and during the event, and to all those who contributed to and participated in this seminar.