Urban parks and public health: exploiting a resource for healthy minds and bodies

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Key Messages

- We have a rich inheritance of urban parks in the North West, built to a large extent to promote public health. The last 100 years, and especially recent decades, has seen this resource decline.
- Physical inactivity, the main sign of which is obesity, is one of the ten leading causes of death in developed countries. There has been limited implementation of health schemes in urban parks, and the opportunities for ‘green exercise’, both formal and informal, are not being maximised.
- Physical activity is effective in the treatment of mental illness and helps people feel better. This study shows better mental health and lower overall death rates as the amount of rural land increases, even when deprivation and population density are taken into account.
- Children prefer to play outside and outside play is more beneficial for health and development, and yet, financial and increasingly safety concerns, have resulted in bland, unchallenging play environments and fewer children using them. Thus, a narrow focus on child safety concerns is contributing to a child obesity epidemic.
- Middle class migration into sanitised gyms is reducing the local lobby for good quality parks. Primary Care Trusts in some parts of the country continue to operate exercise prescription schemes with indoor gyms, reinforcing the move away from outdoor exercise.
- The poorest are more likely to benefit (in health terms) from access to parks and yet they are the lowest users.
- Recent initiatives have helped to reverse the decline in urban parks but have tended to focus on improving facilities and overall impression rather than usage. Social marketing techniques are needed to increase park usage and encourage physical outdoor activity in the whole population. There is a need for a range of marketing material, aimed at specific groups in the population.
- Access to information about local urban parks is generally poor. There is an urgent need for central regional collation of information on parks and such data could underpin a North West urban park website providing details of locations and facilities for the public.
- The role of the park ranger could be developed to include a public health remit, a ‘public health park ranger’, responsible for improving the potential of parks for community health gain, and for co-ordinating the input of public sector and communities into the development and utilisation of local parks.
- The design of parks is critical in meeting the needs of the young and old and community involvement is key to achieving the right balance. Meeting the needs of the elderly and disabled people will also help families with young children.
- Parks are valued by users and non-users. Urban parks can positively affect house prices, improve the environment and attract investment, tourism and employment.
- Parks are an area where parallel communities can mix in an environment not dominated by alcohol. They represent one of the few neutral spaces where multi-cultural community events can take place.
- Weather forecasters in the UK do not help to encourage a culture of all weather outdoor activity. Public health professionals should lobby for more positive health messages that advocate that parks are freely available to all – whatever the weather!
- National Health Service organisations may wish to examine their own estates in order to identify and consider donating any spare green space for use as park or other green space by the public.
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1. GENERAL INTRODUCTION

A top public health priority is tackling the “epidemic of obesity” and related disorders, one of the causes of which is the lack of physical activity. For Urban dwellers, the availability of leisure space is one important factor in this. British cities have high population densities; for example the majority of the population of North West England is concentrated within the polycentric urban conurbations of Greater Manchester and Merseyside. Regular exercise is much lower than it was for previous generations for a variety of reasons, but modern streetscapes and degraded urban green spaces do not provide ideal areas for people to exercise in, and cities at night are often regarded as too dangerous. Despite the increase in the availability of gyms (both privately run and operated by local leisure services), these do not provide an answer for everybody. Use of the countryside, whilst historically a leisure feature for many urban dwellers, is not an option for many, not least since it has become increasingly difficult with the numbers of people involved and the associated traffic problems. The last decade has seen the levels of physical inactivity in the British population increase steadily with an associated increase in obesity related diseases. Over the same time period, there has been an acknowledgement that some of our traditional urban green spaces have become run down and unattractive to large sections of local communities. The latter problem has begun to be addressed through a series of audits, management initiatives and targeted funding. The challenge is to get them used to a greater extent by a wider range of people. It is timely to examine the potential use of this resource as a means of addressing health crises caused by physical inactivity.

A challenge for public health now is to get people to realise the benefits of urban green space. Directors of Public Health sit between local authorities and primary care trusts (PCTs) and perhaps have an opportunity to influence the widening debate and management of our improved public open spaces. There is certainly a vital role for public health in improving the levels of engagement with physical activity and parks can be key to this but this is currently limited by the lack of knowledge on them in general. For example, it is not always obvious to those involved in programmes of improving activity levels, where they are, what facilities they have and how they could be used. Parks are a potential public health tool of massive value and current initiatives could be used to exploit them more efficiently and effectively. For example, Local Area Agreements (LAAs) may be a driver here in providing an example where PCTs and local authorities could look at how parks could be used to increase exercise and reduce obesity.

This report brings together current information about the available urban park resource and explores the potential for promoting well-being amongst the local community. Should this be successful, parks will act as a focus for a number of initiatives addressing public health issues; both physical and mental. Professionals within the leisure services, health services and local authorities should find this report a useful discussion of the problems and possible solutions together with a number of recommendations for linked and targeted management for the benefit of all.
The North West of England has some of the largest urban centres in Britain. Of 56 primary urban areas in England with a population of over 125000, 11 are in the North West (Parkinson et al. 2006). In addition, the North West of England has a long history of promoting public open space in urban areas, in many cases including initiatives for health and well-being. This report examines the current knowledge regarding the uses and abuses of public parks (Chapter 2), the extent of provision of the resource in the North West of England (Chapter 3), the potential impacts of parks on public health (Chapter 4), the extent to which this is exploited in North West England (Chapter 5), and by integrating the knowledge accumulated in these early chapters, to propose recommendations for extending the health benefits of urban parks for the community as a whole (Chapter 6).

Parks: a history in public health and a North West Heritage

The importance of urban green space as a recreational resource for the general public has been recognised for over a century in the UK. The Victorians developed parks alongside the maintenance of other urban green space as part of a philanthropic and social mentoring approach to urban dwelling. They suggested that access to such environments would supply areas of clean air where the populace could relax and enjoy natural vistas. As such there were both implicit and explicit implications of public health benefits. This was not purely altruistic since there were also potential improvements to the aesthetic nature of cities and enhancement of property values. The Victorians provided these spaces as multi-purpose areas, incorporating (in addition to exercise and aesthetic factors) a range of facilities for the education and interest of local people through the introduction of botanical and (often small scale) zoological gardens within some of the larger parks. However, despite these early developments, parks and other open urban green space have not always continued to be managed with such potential health benefits in mind.

While many park areas were originally designed for private use, some have been accessible to the general public for a substantial period of time. For example, some Royal Parks have been open to the general public since the mid to late 1500s when Elizabeth I allowed the public to watch the military reviews held there (Henneberger 2002). However the real increase in public accessibility began in the mid 1800s. A series of Parliamentary Select Committees and Acts of Parliament have provided for urban public space, including parks, beginning with the 1833 Parliamentary Select Committee on Public Walks. In 1840 the Select Committee on the Health of Towns, as well as examining housing and sanitation improvements, also looked at public walks and open areas and this was followed in 1841 by Parliament allocating some matched funding for the opening of parks. The 1848 Public Health Act was a landmark in public health history (Fee & Brown 2005) and, amongst other provisions, there was an associated enablement to provide funds to municipalities for the creation of public walks and parks. The 1875 Public Health Act also enabled local authorities to maintain land for
recreation and to be able to raise funds for this. Smaller parks were also supported around this time by the 1881 Open Spaces Act. The Open Spaces Act 1906 enabled local authorities to acquire and provide lands for recreation and to manage them as public open spaces.

It is frequently reported that Birkenhead Park, which opened in 1847, was the first fully funded public park (e.g. Henneberger 2002), although other commentators consider Preston (Moor Park opened in 1833-35) or Derby (the Derby Arboretum opened in 1840) to have been the first English towns to have such an open space. The truth depends upon the interpretation of both the nature of the funding source and the degree of public access available. What is certain is that the North West of England was at the forefront of the creation and development of early public urban parks and Birkenhead Park is a prime example of this. In the 1820s Birkenhead was a dormitory town for Liverpool and both the residents and authorities were keen to develop the types of community development seen elsewhere. In 1841 the idea for Birkenhead Park was raised and in 1843 the Birkenhead Commissioners were allowed to purchase the required land using a loan of £60,000 (equivalent to over £4.5 million today) from central government (Henneberger 2002). Following the commissioning of Joseph Paxton to design the park, work began in earnest in 1844 with completion three years later. The original pastoral landscape developed (following a typical urban park evolution) into a site for sports and public events. Areas originally designed for gentle walking have been developed into more organised sports facilities. As in many other examples of urban parks, periods of decline in some features were followed by restoration programmes.

Park development initiatives during the 20th century included the furtherance of open space planning in London, which began with Raymond Unwin’s Memorandum No. 1 (part of the First Report of the Greater London Regional Planning Committee 1929 – London Landscape Web [http://www.londonlandscape.gre.ac.uk/1929.htm]). This noted a lack of open space in the capital and drew on work by the National Playing Fields Association, Pepler (1925) and Britain’s Juvenile Organisations Committee (who saw playing fields as a way of combating juvenile delinquency) in recommending certain levels of public open space per 1000 population. Unwin recommended 7 acres (2.83 ha) per 1000 people and the NPFA suggested that for each 4 acres (~1.6 ha) there should be around 1 acre (~0.4 ha) for quiet relaxation. This led to parks being created with the majority of land being devoted to playing fields alongside smaller ornamental areas. As town parks developed, such ornamental areas were often managed as over-sized gardens with formal planting being typical of both small and large parks, and only the larger sites having much in the way of informal and more naturalistic vegetation.

In many urban parks lack of appropriate management and under-funding has been problematic with significant reports of facilities going into decline. The railings in many parks were removed just before the Second World War in order to integrate parks into the wider urban environment (Lambert 2005). This was followed by further removals during the war years as parks were used as allotments, small farmed areas and for military purposes. This loss of boundaries provided
extended (unofficial) access points that in some cases contributed to problems with vandalism. There have also been periods of time during which the revenue necessary for continual updating and renewal of facilities was not forthcoming. From the 1980s there was a shift in funding from local authorities to central government which impacted on the budgets available for park maintenance (Beer 2002). The development of Compulsory Competitive Tendering (CCT) encouraged the move towards parks being managed by contractors, which often reduced the levels of park staff (ILAM 2000), frequently removing a dedicated workforce and creating instead roving groups of staff who frequently lacked some of the skills (e.g. horticultural) they once had. This has not always provided the facilities and environmentally sensitive management needed for current visitor requirements (Gordon & Shirley 2002) and has often placed financial limitations on parks (London Biodiversity Partnership 2001b). Indeed many local authorities view this as having had a detrimental effect on the maintenance standards of public parks (ILAM 2000). The Local Government Act (2000) promoted Best Value which gave greater importance to the needs of users of services (Gordon & Shirley 2002). Current management advice (for example that associated with Green Flag Awards) includes suggestions that maintenance programmes should not merely reflect the costs but should include levels of expertise appropriate to the aspect being managed. It is interesting that the decline in status and esteem of urban parks from the 1970s was matched by a concurrent development of country parks (The United Kingdom Parliament 1999).

It was only by the mid 1990s, when Heritage Lottery funding was available for historic park renovation, that it became clear there was little information regarding the status of the existing resource. Indeed, Beer (2002) reports that estimates of the number of parks and open spaces ranged from 34,553 (including 5,500 formal parks) to 123,000 parks. Subsequent assessments by the Institute of Leisure and Amenity Management (ILAM 2000) and GreenSpace (Urban Parks Forum 2002) have identified not only the quantity of parks, but also assessed their quality. The results of these recent reports do not make for easy reading. Despite a majority of people (up to 70%) making frequent use of their local parks, many sites were found to be in only fair or poor condition (69% and 13% respectively), with 39% of local authorities reporting that their parks were poor or declining. This was associated with a decrease in spending on urban parks and open spaces from 43% of local authority leisure service expenditure in 1976/7 to 32% in 1998/9 (The Urban Green Spaces Taskforce 2002). This equates to an estimated £126 million shortfall in spending to maintain minimum standards. Even as late as the beginning of the 21st century there were still concerns about the long term prospects for public parks, with more than 50% of local authorities lacking any type of green space strategy; a factor that was found to be a barrier to having a high quality green space resource (CABE Space 2003). Although in 1991 the Planning Policy Guidance Note 17 recommended that strategies be produced on a district level for sport and recreation, by the end of the decade this had not been achieved and parks and open space were in poor condition (English Heritage 2001).
The renaissance in urban parks and open spaces came with the realisation that these areas were both valued and in decline. A series of initiatives was launched to address these problems. One of the earliest was GreenSpace which was formed in 1990 as the Urban Parks Forum to promote the regeneration of urban parks and open spaces in part as a response to the establishment of the Heritage Lottery Fund’s Urban Parks Programme. The Urban Green Spaces Taskforce was set up by central Government in 2001 to advise on the quality of urban parks and green spaces. Following the recommendations of this taskforce, the Government asked the Commission for Architecture and the Built Environment (CABE) to develop work on public space planning, design and management. This resulted in the formation of CABE Space in 2003 which has produced a number of surveys and publications (covering discussion documents and guidance for good practice). CABE Space has also spearheaded a recent campaign, called Parkforce, for skilled staff to be associated on the ground with park management and maintenance. This initiative responded to decades of under-funding, including during Compulsory Competitive Tendering. Additional areas of support for urban parks included having improvement in urban green spaces as one of eleven themes for Beacon Councils\(^1\) in 2001-2. However, relatively few councils (7 out of 14 submitted) were actually awarded Beacon Status on the basis of this criterion, and only one (Halton Borough Council) was in the North West of England. The longer standing award of Green Flag Status, together with the more recently launched Green Heritage (for historic parks over 30 years old) and Green Pennant Awards (for areas of open space managed by voluntary or community groups), aim to establish the long-term sustainability of parks and other urban green space. These, and other, initiatives have re-kindled an interest by local government in urban parks and public open spaces as facilities for local communities. A recent National Audit Office (2006) report recognises that these various initiatives (and others) have helped to reverse the decline in urban green space and improve public satisfaction levels associated with open space provision. However, there are still elements of concern including a lack of quality open space strategies, poor targeting of finances, patchy distribution of resource and satisfaction, and skills shortages in key areas. Nicol & Blake (2000) describe the protection for open space and demonstrate that where recreation is involved, the degree of protection is weaker than for land with conservation interest. However, recent (2001 and 2005) revisions to planning guidance strengthen the position of historic parks and provide some clarity with respect to sport, open space and recreation (Planning Policy Guidance Note 15 – PPG15 1994 – and Planning Policy Guidance Note 17 – PPG17 2002 – respectively). These are targeted at improving parks rather than directly increasing usage.

An English Heritage survey from 1999-2002 (Jordan 2003) found that the North West Region has one of the largest numbers of public parks which they considered should be classified as of special

\(^1\) The Beacon Scheme aims to disseminate good practice by identifying councils excelling in a number of fields. Annual rounds are associated with several themes that are advertised one to two years in advance. Improving urban green spaces was one theme targeted as part of round three in 2001. Successful applicants who can demonstrate “a clear vision, excellent services and a willingness to innovate within a theme” are granted Beacon Status. See [http://www.idea.gov.uk/idk/core/page.do?pageId=5096139](http://www.idea.gov.uk/idk/core/page.do?pageId=5096139) for further details.
historic interest (Table 1.1). Many of these were “Gifts”, i.e. donated by (mainly Victorian) landowners or other philanthropists (e.g. Scott Park in Burnley opened in 1895, Taylor Park in St Helens opened in 1893, and Thompson Park in Burnley opened in 1930). Also included on the register are subscription parks, many of which were originally private gardens that later became publicly owned and managed (e.g. Wavertree Botanic Garden in Liverpool, which was originally a private botanic garden, was opened to the public under the full authority of Liverpool Corporation in 1846). Several North West sites are the work of leading designers such as Joshua Major who designed two Manchester parks (Philips Park and Queen’s Park both of which opened in 1846) and Edward Kemp who was responsible for Newark Park in Liverpool (opened in 1865), Grosvenor Park in Chester (opened in 1867) and Congleton Park in Congleton (opened in 1871). The North West was also the scene of important parks created as part of housing developments such as The Dell, The Diamond and The Causeway, all part of the development of the garden city of Port Sunlight in the late 1800s and early 1900s. Although all of the Royal Parks on the English Heritage Register are in Greater London, a number of parks in the North West of England were created as a result of royal occasions such as jubilees and/or the presentation of land to a town by the monarch. These include Queen’s Park in Blackburn (a jubilee park opened in 1897) and Queen’s Park in Rochdale, which was created on land presented by Queen Victoria to the town and opened in 1897.

### Table 1.1 The diversity and location of English Heritage registered parks

<table>
<thead>
<tr>
<th>Region</th>
<th>Urban public parks</th>
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<th>Town walks</th>
<th>Other public open space</th>
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<td>3</td>
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</tr>
</tbody>
</table>

Source: English Heritage (2004)

Despite such registers, there is a lack of knowledge regarding the extent of the resource of parks for local communities, both in terms of the standards of provision and facilities (and the ways in which these have changed over the years) and the integration of good practice for the diversity of priorities given to parks by users and managers (Gordon & Shirley 2002). In addition, there are concerns that some parks could become derelict within a fairly short time (Roberts 2000). The results of the surveys by ILAM (2000) and GreenSpace (Urban Parks Forum 2002) identified similar concerns.

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2 English Heritage classifies open spaces into a number of categories including: urban public parks (“a park for the use of the public for entertainment and relaxation”), landscape parks (“grounds, usually associated with a country house, laid out so as to produce the effect of natural scenery”), Royal Parks (“originally a large tract of wooded country, owned by the Monarchy, for the purpose of hunting”), town walks (“a place or path for walking”) and other open spaces (i.e. those not classified under the previous definitions). See http://thesaurus.english-heritage.org.uk/ for more details.
**The extent of parks**

The extent of urban green space in British towns and cities has recently been examined for many reasons, in particular as part of a series of biodiversity audits which are themselves a prelude to the production of biodiversity action plans on a national, regional and local authority basis. These audits have identified key areas for conservation work and coincidentally provide a baseline for a discussion of green space availability for local human communities in addition to wildlife. For example, the Greater Manchester Biodiversity Action Plan (Greater Manchester Ecology Unit 2000) provides details of habitat coverage for each local authority in Greater Manchester. However, such action plans rarely include much detail regarding the integrated management of wildlife and people. Some sites have greater importance to people than others, not least public parks, which are significant providers of open space for a variety of human activities and are long established with known currency in both planning and public consciousness. Parks are essentially managed areas for amenity and recreation (Swanwick *et al.* 1994) and, in the context of health promotion activities, have the advantage of being well established locations for public enjoyment.

In 1992, parks constituted 8% of London’s total land area, with other amenity grasslands (such as sports pitches, school and other institutional grounds, and common green spaces around flats) providing a further 5%: a total of 21,000 ha (London Biodiversity Partnership 2001a). In Greater Manchester amenity grassland covers some 8.5% of the area, although this ranges from 6.4% in Rochdale to nearly 20% in Manchester (Greater Manchester Ecology Unit 2000). The total resource across Britain is likely to be between 127,000 and 147,000 ha (The Urban Green Spaces Taskforce 2002) with the number of public parks across the UK probably being between 30,000-35,000, equating to around one third of all urban green space in the UK (ILAM 2003).

**Functions of parks**

The positive aspects of open space are firmly acknowledged across the board including economic, social, environmental and health benefits. In the context of public health, these benefits include the provision of facilities for both informal and formal sport and recreation including walking. Indeed, there have been recent calls for an integrated approach to promoting public health through appropriate urban planning (Hoehner *et al.* 2003). Health benefits have also been found to accrue from other physical activities such as walking. There is some evidence to suggest that benefits could be incurred specifically from naturalistic environments. Not only do people tend to have a preference for wildlife and natural landscapes over manicured areas, but mental health and well-
being is increasingly acknowledged to be improved by exposure to natural vistas (e.g. Halliwell 2005, Rohde & Kendle 1994). Similar sentiments have been made regarding exposure to wild animals such as birds and mammals (e.g. Wheater 1999).

Since wildlife and natural environments are beneficial for human well being and parks can provide sites within which biodiversity can be encouraged, there is an opportunity to manage parks for human health and wildlife together. However, this may mean integrating visitor use of parks within the context of protecting wildlife. Parks do not exist in isolation from other urban green spaces such as river and canal banks, remnant woodland, gardens and allotments, and road and railway verges. Parks are increasingly seen as important contributors to green networks (e.g. URBED 2004). In the context of parks, this may involve a mosaic of small (neighbourhood or local parks ~2ha in size), medium sized (district parks ~20ha in size) and large (metropolitan parks ~60ha in size) parks within the framework of other green spaces including small local parks (up to 2ha). As such they should form part of a city wide network of habitats providing both homes for a wide range of wildlife and colonisation routes by acting as stepping stones for plants and animals. Such mosaics will also provide appropriate facilities for people in terms of aesthetic and educational resources. Recent biodiversity audits (and previous habitat surveys) have gone someway to audit the extent of the provision across urban areas. However these have not usually integrated visitor pressure or use. Future production of biodiversity action plans and habitat management plans may help to provide sympathetic management for the whole range of urban green space.

The URBED (2004) report has recommended that in order to maximise biodiversity benefits, the (often traditional) management of existing parks to provide ornamental and formal vistas should be altered to encourage more species rich and structurally diverse planting. Although such an approach is likely to meet public approval in terms of increasing wildflower grassland areas, it may initiate concerns regarding public safety where it includes planting shrub layers under trees. However, there is no doubt that relatively simple developments, which people also enjoy, can be effective at encouraging wildlife. For example, parks in Leeds which had ponds were found to have larger numbers of birds, including breeding birds, than those without open water habitats (Ashton 2002). The range of usage of urban public parks can sometimes lead to conflicts regarding management, with different drivers requiring different management practices. The pressure to increase public use of parks is beneficial for the local community, but could increase disturbance of wildlife (e.g. trampling, erosion and impacts on breeding birds). Also improvements of sports facilities can remove feeding areas for some birds (e.g. through by the introduction of all weather pitches) and disrupt nocturnal behaviour in species such as bats (e.g. by the introduction of floodlighting). Such potential conflicts are not limited to recreation versus wildlife, indeed in some traditional park landscapes such as formal gardens, flowerbeds and manicured lawns, the opportunities for play may be limited or even prevented.
The management of public open space is a complex business which must take account of a wide range of issues and attempt to integrate these while resolving the conflicts that may arise. Despite this, parks may provide a baseline for the wider urban open space provision since they are long standing and occupy an understandable place within the minds of local communities. Although many of their early origins lie in promoting healthy citizenship, this aspect has been less well developed in terms of integrated management.

Summary

The early development of urban parks in the UK was fuelled by a public health agenda. The major increase in provision occurred primarily during the late Victorian era and the development of many parks provided areas of quiet and relaxation for the working populations of many towns and cities. However, there has been a subsequent decline in facilities which has only recently been recognised and is beginning to be addressed through a range of initiatives, commencing with an assessment of both the extent and quality of the provision. Parks comprise important areas of urban green space for a number of different functions, including public health, and management needs to be careful to fully integrate all potential uses. In order to be able to recommend ways in which such integrated management can be achieved (see Chapter 6) it is first important to identify how communities use their local green space and what barriers exist to encourage further usage (see the next chapter: Chapter 2) as well as identifying what the available resource of urban parks is and the quality and provision of appropriate facilities (Chapter 3). In addition, relevant health problems (Chapter 4) and recent uptake of current initiatives targeted at addressing these (Chapter 5) also need to be detailed.
2. The use and abuse of urban parks

**People and parks**

Parks are many things to many people. They can be havens of solitude in otherwise bustling urban centres, wildlife sanctuaries, quiet places for relaxation, places for sporting pursuits (both formal and informal), local environments in which to exercise a dog, safe areas for children to play. Alternatively they can be perceived as noisy, scruffy and run down sites where muggers may lurk and down and outs gather to drink and take drugs. Unfortunately many of the early intentions of providing open areas for city dwellers have given way to sites which may have been under-resourced in recent years. It is with this in mind that substantial interest has developed over the last ten to fifteen years in identifying ways in which parks can become fully valued by their local communities.

**Benefits of parks for local people**

The Biophilia Hypothesis developed by Edward O. Wilson (1984) states that early in human history there was an evolutionary advantage in knowing about the natural world and that people have an innate sensitivity to and need for other living things. Wilson and others believe that even city dwellers still possess an innate tendency to associate with nature. Parks may provide a range of benefits to users (e.g. Bedimo-Rung et al. 2005, Sherer 2005, CABE Space 2004b). These include improvements to physical and psychological health, social interactions, economic aspects and environmental factors. Parks can be an essential element in creating a sense of place which can be important in nurturing community spirit. It is worth noting that in many cases, even if people do not themselves partake in the opportunities provided by open space (such as access for walking, solitude, etc.) they often still feel that such space benefits them either in an altruistic sense, or as potential for future involvement (Fausold & Lilieholm 1999). The fact that parks are often valued even by those who do not use them (Walker 2004) may provide even more protection to such sites than would be the case with other areas of urban green space of similar sizes. The values that people place upon open spaces are particularly positive where they provide a diversity of naturalistic and social settings (e.g. Burgess et al. 1988). This is especially the case where facilities and activities for children are involved. However, sites that have an unmanaged look about them are often not found to be attractive in an urban setting (e.g. Gilbert 1981). Such impressions are often also associated with a perceived association with crime, anti-social behaviour, vandalism and the presence of vagrants.
A wide range of economic benefits have been identified as being associated with parks and open space (e.g. Learner & Poole 1999 and Fausold & Lilieholm 1999). Although much research is based on larger (often North American) parks, many of these benefits are also appropriate for smaller urban public space in the UK. Indeed, research in Scotland showed widespread positive contributions to quality of life and how parks have the potential to contribute to and benefit from a wide range of policy agenda (Land Use Consultants 2004). These include public health issues in terms of physical exercise, mental health, well-being and community health through social interaction and contribution. However, the report also identified a need to further examine some of these aspects, for example how different types of green space are involved in promoting different health benefits. The range of benefits reported include attracting investment by adding value to surrounding property (e.g. Crompton 2005), especially where this is associated with larger parks within a city rather than in suburban areas (e.g. Anderson & West 2006) and a majority of natural vegetation (e.g. Lutzenhiser & Netusil 2001), encouraging inward investment in an area with associated tax benefits to the local municipality, providing attractive areas for people to reside in and hence encouraging retail trade. Other effects are on the quality of life including access to greenery and open space and the opportunities for engaging in a range of activities associated with the natural environment (e.g. Rohde & Kendle 1994, Pretty et al. 2003, The Environment Agency 2005). Community revitalisation may also be an important issue in providing areas for community social mixing, the organisation of social events, community involvement and volunteering (e.g. McInroy & MacDonald 2005). There may also be associated enhancement of tourism opportunities, in that well maintained parks can contribute to the attractiveness of areas to tourists especially in the case of historic parks (e.g. ILAM 2000).

The enhancement to house prices can be dramatic as case studies across England have shown (CABE Space 2005e). In Merseyside, regeneration of Mesnes Park in Newton-Le-Willows has improved facilities and usage (up to 180000 visitors per year from around 15000) and created a differential of around 19% in house prices between those near to and those further away from the park. Hulme Park in Manchester is a new park specifically planned to enhance the local neighbourhood (including raising house prices which are now 7% higher near to the park compared to those further away). Parks can also be used as a quick indicator to show whether an area is a pleasant place to live or not (CABE Space 2005b).

There may be other economic benefits in maintaining open land in terms of preventing flooding and helping to control storm water events. This has been a long standing problem in urban areas (e.g. Simmons & Barker 1989) which has not improved in recent years. The increase in building in urban areas has decreased the areas available as soak ways for run-off following heavy rains. This is exacerbated by current trends towards paving front gardens for use as off-road parking. Open space has an enormous capacity to absorb water and, in Scotland, open space has been identified as having potential for water storage and flood avoidance (Land Use Consultants 2004).
Urban climates differ from more rural ones in being generally warmer (with more frost free days), less windy (although winds are more turbulent) and have higher rainfall (although the humidity tends to be lower since water is quickly managed away). Vegetation can help to moderate urban climates, especially in terms of cooling, and may dampen the effects of noise (e.g. Land Use Consultants 2004). Tree canopies have the ability to filter and absorb some atmospheric pollution (e.g. Dochinger 1980; 1988), reduce the effects of solar radiation, as well as to increase shelter and intercept rainfall, which in turn reduces the risk of flooding (National Urban Forestry Unit 2005). Open space has been demonstrated to have a different climate to the surrounding built up area resulting in cooling breezes blowing away from parks and other urban green space (CABE Space 2004b).

A variety of works recognise the wide range of health benefits accruing from naturalistic environments, including improvements to physical health, mental and spiritual health as well as increased sensitivity to one’s own well-being (see Maller et al. 2002, Morris 2003a and Chapter 4 for reviews). For example, planting trees has been recorded as highly beneficial to health by reducing stress and aiding recuperation times (e.g. Gordon & Shirley 2002) while English Nature (2002) describe benefits such as appreciation stimulating enjoyment, health and spiritual benefits and knowledge providing for general, scientific, historic and environmental education and study. These aspects are expanded upon in Chapter 4. Naturalistic environments within parks are not only of aesthetic value, but can also be important parts of an urban biodiversity network, providing habitats for a wide range of plants and animals. For example, in Lancashire, although no public parks are identified as Sites of Special Scientific Interest (SSSI), some have been designated as Biological Heritage Sites (BHS) which is the county’s most important non-statutory wildlife sites. Bigger, more naturalistic parks may be better at providing the resources required by native plants and animals and may buffer the effects of visitors on wildlife thus reducing potential conflicts between the two uses. It is often said that native plantings are better for wildlife, although in many parks non-native ornamental plants are often used to provide round the year vistas for people. However, non-native plants which flower and fruit at different times of the year to native species (e.g. Oregon-grapes which produce nectar during the winter) can help to provide food for some insects and birds. Careful management of such plantings can benefit both wildlife and visitors.

**Use of parks**

English parks are used by a large number of people: in one extensive survey, 62% of adults were found to have visited a public park during the previous year, with over 80% of these visiting at least once per month during spring and summer (Sport England, Countryside Agency & English Heritage 2003). This equated to approximately 1.8 billion visits to parks per year (approximately 30 visits per year for every woman, man and child in Britain). Of course there will be a highly skewed distribution of use with some individuals who never use parks and others who walk through their local park every day. Since there has been little research on the levels of use of
particular facilities in parks until fairly recently, there is a need to obtain baseline information in order to effectively facilitate management decisions (Walker 2004). The provision for different groups of people (e.g. of different ages, sexes, sizes of groups, ethnicity, needs) requires careful consideration and often consultation. It is also important not just to assess how existing visitors use the facilities but also to establish why non-visitors do not use the park and whether, for each group, there are facilities that enhance their experiences. This can be examined through direct observation and surveying visitors regarding the activities they indulge in as well as the behaviours observed (including anti-social behaviours). However, a number of difficulties arise in the cheap and effective estimation of visitor numbers in parks with multiple entrances and particularly those with porous boundaries (CPW unpublished data). Consultation and involvement through public meetings, contacts with local community groups and their leaders and representatives, focus groups, questionnaires, etc. can deliver a wealth of information which can support the strategic development of urban public parks.

It is important to know how local communities view their local parks and CABE Space (2005b) recorded 66 issues associated with what people felt about parks. Table 2.1 shows the twenty most important positive aspects of these.

Table 2.1 Major positive aspects recorded regarding what people think about parks in order of importance

<table>
<thead>
<tr>
<th>Rank</th>
<th>Aspect</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Sense of community</td>
</tr>
<tr>
<td>2</td>
<td>Relaxation and escape</td>
</tr>
<tr>
<td>3</td>
<td>Recreation and exercise</td>
</tr>
<tr>
<td>4</td>
<td>Experience of nature</td>
</tr>
<tr>
<td>5</td>
<td>Well designed</td>
</tr>
<tr>
<td>6</td>
<td>Good for children and young people</td>
</tr>
<tr>
<td>7</td>
<td>Well maintained</td>
</tr>
<tr>
<td>8</td>
<td>Green spaces</td>
</tr>
<tr>
<td>9</td>
<td>Sense of open space</td>
</tr>
<tr>
<td>10</td>
<td>Benefit mental health and well-being</td>
</tr>
<tr>
<td>11</td>
<td>Free and inclusive</td>
</tr>
<tr>
<td>12</td>
<td>Opportunities for play</td>
</tr>
<tr>
<td>13</td>
<td>Beautiful places</td>
</tr>
<tr>
<td>14</td>
<td>Places to meet and socialise</td>
</tr>
<tr>
<td>15</td>
<td>Benefit physical health</td>
</tr>
<tr>
<td>16</td>
<td>Accessible</td>
</tr>
<tr>
<td>17</td>
<td>Provide quality of life</td>
</tr>
<tr>
<td>18</td>
<td>Places to enjoy and have fun</td>
</tr>
<tr>
<td>19</td>
<td>Break from urban environment</td>
</tr>
<tr>
<td>20</td>
<td>Places we must protect</td>
</tr>
</tbody>
</table>

Source: CABE Space 2005b

For many adults using urban parks, activities are associated with quiet relaxation: in a recent survey, this was cited as the most common reason for visiting a park (94% of respondents: Sport England, Countryside Agency & English Heritage 2003). The most frequent activity reported was walking (73%), while the second most frequent reason was taking children to play areas (38%). Informal sporting activities accounted for about three times that of organised sporting activities (28% compared to 9%). Dog walking was included by 18%. Parks also appeal to special interest constituencies in a number of ways (Walker 1999):

- facilitating interactions among ethnic groups;
- providing a community focus and involvement;
- supporting environmentalism in the form of enhancing the environment;
- exploration of landscape architecture and cultural and artistic settings;
promoting wildlife and ecological contacts for interest and education.

Dog walkers and joggers are the major groups who are likely to consistently visit parks alone; most other users will tend to visit in groups of at least two. There is some evidence from surveys on local woodland use in Scotland that the unemployed may use open space to escape from their social pressures (Thompson et al. 2002) and these and retired people may also visit alone. There is some evidence that the type of visitor also influences their mode of transport to local parks. In a study in Japan, Iamtrakul et al. (2005) found that “housewives” and those over 60 were more likely to walk to parks and that most of those walking or cycling to parks had low incomes. Interestingly, walkers visited parks about twice as often as car users. Visitors benefit from good quality parks in different ways at different stages in their life. For example, older people may use parks as a place to keep active or to enjoy peace and quiet whilst younger people may use parks as a place to meet each other or gain independence. Parks may be a place for adventure and discovery for children.

Even the commonest uses of parks can create conflicts between user groups, since one person’s activity may be another’s nuisance. Surveys of teenage use of public space reveal that those elements of the environment in which they grew up that they perceive to be positive and negative (see Table 2.2 – Travlou 2003) are similar to the characteristics which adults find attractive and unattractive as elements of public parks. Young people frequently use public urban parks as space in which they can meet peers and express their own spatial control away from that of adults. Unfortunately this is often also associated in adult eyes with the potential for causing trouble such as vandalism. In addition, young people themselves become wary of spaces which encourage the presence of groups who may hassle and bully them. Very often the antagonism felt by adults towards the activities in which young people are engaged results in the targeting of the activity. Skateboarding is one such example, where despite young people partaking in a physical activity, the perception of many adults is one of conflict with their quiet enjoyment of the area. This has resulted in the production of separate spaces in some cases for skateboarding arenas and in some cases the banning of the activity outside of such facilities elsewhere in the city (e.g. in Manchester). Of course such conflicts are not limited to park environments: similar issues arise in night time conflicts between young people and older adults and families.
### Table 2.2 Factors identified by young people as relevant to where they grew up

<table>
<thead>
<tr>
<th>Positive features</th>
<th>Negative features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling of social integration and acceptance</td>
<td>Social exclusion and stigma</td>
</tr>
<tr>
<td>Varied, interesting activity settings</td>
<td>Boredom</td>
</tr>
<tr>
<td>Peer gathering places</td>
<td>Fear of crime and harassment</td>
</tr>
<tr>
<td>Sense of safety and freedom of movement</td>
<td>Heavy traffic</td>
</tr>
<tr>
<td>Cohesive community identity</td>
<td>Uncollected rubbish and litter</td>
</tr>
<tr>
<td>Green areas for informal play, exploration and organised sports</td>
<td></td>
</tr>
</tbody>
</table>


### Play

All children play and the importance of play is many-fold, including the development of life skills such as co-operation, communication and problem solving. A wide range of benefits (including both physical and mental health) can be ascribed to play (Cole-Hamilton *et al.* 2002a, Ball 2002) and include:

- social value;
- physical benefits;
- psychological benefits;
- learning to cope with risks.

It is widely recognised that play is an imperative part of a child’s physical and emotional growth and development, a vehicle whereby children gain understanding of the world through educational processes, such as exploration, expression and ‘make believe’ (Cole-Hamilton & Gill 2002; Cunningham 2002; Ouvry 2003). Play enables children to be active and expressive, and to communicate and interact with other humans, animals and the environment, and “has long been recognised as the key way in which children come to make their own sense of their often confusing world” (Ouvry 2003, p9). Play provides the opportunity for children to imagine, explore, contemplate, understand and learn about matters such as social interaction, the natural world and surroundings, cultures and risks (English Nature 2003; Ouvry 2003).

A number of studies have suggested that outdoor play is more beneficial than indoor play; the freedom of movement and space possibly facilitating the development of children’s intellect.
(Aitken 1994; Valentine & McKendrick 1997). It is generally agreed that outdoor play allows children the freedom and space to move and be active with the motivation and enthusiasm that may not necessarily be permitted indoors (Children’s Play Council 2002a; Ouvry 2003; Bilton et al. 2005). Outdoor play encourages the opportunity for children to learn about the natural environment and local space, as well as developing confidence, social interaction and communication, and supporting physical, emotional and social development (Taylor et al. 1998; Lindon 2001; Cole-Hamilton & Gill 2002; Ouvry 2003). Children who regularly play in natural environments have more advanced motor fitness such as coordination, agility and balance, than those who do not (Fjortoft 2001, Evans 1997). As such, children with regular access to outdoor play have better health (Bilton et al. 2005). The Children’s Society (2007) warn that children’s freedom to play out with their friends is being curtailed by adult anxiety, with 43% of respondents to a recent survey suggesting that children shouldn’t be allowed to play out unsupervised until they are over fourteen years of age.

Promoting physical activity is of obvious benefits especially with recent concerns regarding sedentary lifestyles, childhood obesity and the restriction in children’s freedom to play away from home due to parental fears. In addition, there are educational and social benefits including improvements in concentration and the ability to learn. The extension of play away from more formalised areas such as playgrounds may increase some of these benefits, especially in terms of the development of physical skills and appreciation of risks. In a review of the potential for grant-funding of green space (Harding et al. 2005), play areas were ranked fifth priority out of 19 possible options by respondents representing a wide range of potential stakeholders. This was lower than maintenance, wildlife, land reclamation / clearance and community gardens, but higher than fences, gates and paths, tree planting or policing and security.

It is generally agreed that there is a strong association between children’s happiness, welfare and the quality of their environment (Thomas & Thompson 2004). Research has shown that children prefer to play outdoors, but are dissatisfied with both the provisions for outdoor play and the quality of play areas. A survey of 1000 children in Leicester found that 94% of children wanted to spend more time outside (Dunnett et al. 2002) and a survey of young people in Northamptonshire found that 80% of 9-16 year olds preferred being outside than inside (Children’s Play Council 2002a). A report by Worpole (2003) found that two-thirds of 9-11 years olds and 81% of 15-16 year olds are unhappy with the quality of outdoor play facilities.

There is a substantial amount of evidence available of a severe decline in children’s outdoor play (Valentine & McKendrick 1997; Cole-Hamilton & Gill 2002; Cunningham 2002; Worpole 2003; 2005). Studies have shown that this is due to the reduction of public play facilities, and the poor quality and maintenance of public parks and spaces (Valentine & McKendrick 1997; Children’s Play Council 2002a; Dunnett et al. 2002; Worpole 2003). A number of reports have illustrated that these poorly maintained and unattractive areas have become awash with graffiti, vandalism and anti-social behaviour (Dunnett et al. 2002; Lindon 2003; Worpole 2003). Over time, the priorities
associated with children’s play areas have changed. For example, in the 1960s and 1970s, as a function of aiding urban regeneration and community renewal, there was a trend for constructing adventure playgrounds which created exciting and stimulating play areas for children (Worpole 2003). However, in the past two decades, financial and safety issues have led local authorities to reduce or remove playground equipment and staff, resulting in poor quality play provision for children. Children’s needs have been overlooked; “attitudes towards children and outdoor play are increasingly being driven by the needs of working parents, the educational requirements of politicians and businesses, health and safety legislation, consolidated by the wider commercialisation of all aspects of public leisure” (Worpole 2005, p6).

A number of commentators are now referring to an obesity epidemic in children, with some identifying the perceived safety problems of children playing out of doors as a contributing factor (Association for the Study of Obesity 2003, WHO 2002). It is known that parents and local authorities put restrictions on children’s outdoor activity as they become increasingly anxious over their children’s safety (Valentine & McKendrick 1997), resulting in children becoming increasingly bored with their local playground facilities (Valentine & McKendrick 1997; Children’s Play Council 2002a; Worpole 2003). Changes made in recent years to parks and green spaces by local authorities, planners and developers have been strongly influenced by issues surrounding safety, finances and regeneration. Despite rising concerns regarding children’s safety, there has been no apparent increase, over the past fifteen years, in the amount of playground injuries (Cunningham 2002; Lindon 2003; Worpole 2003). In endeavouring to increase safety levels in children’s play areas, and for fear of litigation, all risks have been removed, resulting in bland, unchallenging, play environments (Lindon 2003; Worpole 2003; Children’s Play Council 2004; Worpole 2005).

Numerous reports have illustrated that the physical environment plays a vital role in influencing children’s play (Taylor et al. 1998; Thomas & Thompson 2004), and that opportunities and provisions for play much depend upon where they live (Cole-Hamilton & Gill 2002). Play space in urban areas has reduced significantly over recent years, and children’s play spaces in residential streets are being moved away from the residential areas by the developers and planners (Worpole 2005). Taylor et al., (1998) examined the developmental levels of children, and the role that the physical environment has to play in this. They found that children were more likely to play outdoors where there were areas of high vegetation, and that higher levels of trees and grass promoted and facilitated more creative play. In light of current dissatisfactions and regeneration and renewal changes in both urban and rural areas, local authorities are seeking alternative ways to provide exciting and adventurous play areas for children.

Availability may be an issue for some children where play areas are poorly distributed in relation to their homes, or where play equipment is badly maintained, or not repaired quickly following damage (be it caused by accident, wear and tear, or vandalism). Planning suggestions by the
National Playing Field Association (2001) are that there should be a hierarchy of local areas of play, local equipped areas of play and neighbourhood equipped areas of play within 100m (1 minute), 400m (5 minutes) and 1km (15 minutes) respectively. However, research has demonstrated that, at least in the USA, this is often not the case (The Trust for Public Land 2004). Wheyway & Millward (1997) recommended the provision of public open spaces near to housing estates and along footpath networks and suggested that certain facilities are important for younger children (e.g. slides and swings) and others for teenagers (e.g. laid out pitches and places to meet). The increase in commercial play areas (such as indoor soft play facilities and play equipment provided by private leisure centres) may exacerbate existing problems of inclusion with some parents being unable to afford to pay for access to such facilities. This may be aggravated by possible reductions in demand for available and well kept public access play equipment from the potentially more vocal middle classes. This and cultural concerns regarding some ethnic groups and differences between the sexes, together with inadequate provision for disabled children raise real issues regarding across the board access.

Of course finance is important here and some problems can arise if minimum standards of provision for playgrounds mean that new sites are commissioned without appropriate examination of the capability of existing maintenance and subsequent refurbishment budgets to sustain this (e.g. Sheffield City Council 2002). In addition, where vandalism is frequent, sites may be unsustainable. There is also evidence that the availability of play facilities is threatened by the loss of playing fields for development (Pretty et al. 2003).

Education

Exposure to green space, including through education, may have a role in increasing children’s appreciation of parks and consequently promoting park usage later in their lives (e.g. Cole-Hamilton et al. 2002a; Nummi 2004). The environmental educational benefits of parks can be informal as well as formal, involving parents acting as instructors in addition to teacher and professional park staff involvement, although there may need to be some interpretation to assist parents in this (e.g. tree labels, etc.). Kong (2000) describes how these benefits can also be extended through the use of small pet areas, especially where children are not otherwise exposed to animals because of where they live and go to school (e.g. high-rise areas). Since early exposure to dogs can help to decrease childhood anxiety towards them (e.g. King et al. 2005), it may be that early exposure to a range of animals could help children to feel comfortable around a range of animals including dogs. Parks do not merely provide a venue for environmental education, they are also crucial to a number of specific academic subjects, for example for design courses for landscape architecture students (e.g. Sullivan 2004) as well as for integrating the wider curriculum (e.g. mathematics, languages, history) into outdoor environments.

One study using focus groups concluded that children were not encouraged to gain an interest in nature and that parental involvement in this had decreased over the past 50 years leading to a need for schools to engage more in nature education (Bell et al 2004). The many social, mental and physical benefits that can accrue from access to nature and green spaces can promote strong links...
between those visiting today and their positive memories of visits when younger. This may be especially so in respect to particular places amongst those who are still living in the same area. It is not only the young who stand to benefit from the use of parks in education. With the drive towards lifelong learning and the expansion of leisure activities into the educational realm, especially for retired people, urban parks provide an enormous resource for a wide range of educational programmes. This can include environmental subjects, art (e.g. painting and photography), horticulture, sport, local history and cultural studies.

Informal activities

Walking for pleasure or as a means of getting from A to B is the most common informal physical activity that takes place within parks. In a study of walking levels in women between the ages of 50 and 65, fewer than 50% of those with a park within a convenient distance of home (20 minutes walk) did in fact walk to the park at least once per month (King et al. 2003). Another study recorded that women were less likely to walk even 15 minutes per week if they had a low perception of the safety of the environment, whereas for men, having a park within walking distance was the most important association with walking over 150 minutes per week (Foster et al. 2006). Although Giles-Corti et al. (2003) found no significant link between the numbers of overweight people and poor spatial access to recreational facilities, they did find a significant increase in obesity with low activity. Several studies have noted that attractive open space is important in encouraging walking and associated benefits to health (The Environment Agency 2005). Case studies reported included situations where:

- restoration work increased not only the numbers of visitors but also the percentage participating in exercise;
- people were twice as likely to walk in attractive areas than poor environments;
- exercise in natural environments was more likely to reduce blood pressure;
- countryside activities and living near to green space improved mental health;
- survival of older people was enhanced by walking and that this was further improved by access to appropriate open space;
- exposure to nature improved children’s behaviour and self discipline;
- city crime and violence were lower near to natural areas.
Organised activities

More formal, organised physical activities include organised sports and volunteer work (for example conservation work coordinated through organisations such as the British Trust for Conservation Volunteers – BTCV, Groundwork Trusts and Friends of Parks Groups). Many larger parks are connected to playing fields and this serves to extend the potential for the provision of organised sports at a variety of levels, be they for sports clubs or community facilities. These of course are in addition to the availability of playing fields unconnected to public parks. However, there are substantial pressures in some areas on playing fields with an increasing number being lost to development. Indeed the number of statutory consultations on planning applications involving playing fields rose from 657 in 1999-2000 to 902 in 2000-2001 (Sport England 2003) with those in the North West of England rising from 95 to 132 over the same period.

Challenges for use of public space

If local communities are to make full use of their local parks, it is important that those managing the areas recognise the issues perceived to be problematic. Table 2.3 shows the twenty most important negative aspects points raised in a survey (CABE Space 2005b).

Table 2.3 Major negative issues recorded regarding what people think about parks in order of importance

<table>
<thead>
<tr>
<th>1. Maintenance and management</th>
<th>10. Lack of park keepers / wardens</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Encroaching development</td>
<td>11. Poor design</td>
</tr>
<tr>
<td>3. Funding issues</td>
<td>12. Under use or misuse</td>
</tr>
<tr>
<td>4. Litter</td>
<td>13. Accessibility</td>
</tr>
<tr>
<td>6. Crime and antisocial behaviour</td>
<td>15. Little benefit to children and young people</td>
</tr>
<tr>
<td>7. Safety</td>
<td>16. Low planting diversity</td>
</tr>
<tr>
<td>8. Dog faeces</td>
<td>17. Lack of greenness</td>
</tr>
<tr>
<td>9. Lack of / poor facilities</td>
<td>18. Lack of cleanliness</td>
</tr>
<tr>
<td></td>
<td>19. Commercialisation</td>
</tr>
</tbody>
</table>

Source: CABE Space 2005b

The most basic problem for people in using public open space is one of accessibility. For many special user groups, access can be a major problem, and for all users, the location and ease of getting to parks and other urban green spaces is a major limiting factor in their use by local communities. A more detailed consideration of specific accessibility issues will be dealt with later.
in this chapter when considering particular user groups. However, the principles behind general availability will be explored here. Box & Harrison (1993) and Harrison et al. (1995) suggested minimum standards for the provision of accessible natural green space which have been adopted by English Nature (e.g. Barker 1997) and state that people living in towns and cities should have:

- an accessible green space of at least 2 ha less than 300 metres (in a straight line) from home;
- statutory Local Nature Reserves provided at a minimum level of one hectare per 1000 population;
- at least one accessible 20 hectare site within 2km of home; one accessible 100 hectare site within 5km of home; and one accessible 500 hectare site within 10km of home.

These are somewhat different from those distances reported earlier relating to the accessibility of play areas since adults accompanied by children, especially young children, will travel shorter distances than adults travelling without children. There are of course problems with the advised distances to parks especially in terms of the presence of busy roads and barriers to access such as private land, railway lines and poorly-lit routes. Harrison et al. (1995) have suggested reducing these distances in order to accommodate this. However, guidance on the basis of distance is subject to debate and it is worth noting that recent advice suggests that approaches to park provision should in future be based on the proportion of green space to built-up area, or a suggested amount of space per 1000 people (e.g. PPG17 2002).

Visitor surveys have shown that the usage of parks varies from site to site. The proportions of teenagers and young people using parks outweighs those of children under five, older people and people from black and minority ethnic (BME) communities (Pretty et al. 2005). When questioned, people tend to focus on the negative aspects of public open space rather than the positive elements (Bell et al. 2004). Not withstanding this, a range of issues are frequently cited by the public that restrict and reduce their use of public space including parks (e.g. Harrison et al. 1995, Williams & Green 2001, Pretty et al. 2005). These include:

- physical constraints for example distance to the green space and the presence of obstacles such as roads to cross;
- traffic issues associated with travelling to local open spaces including safety (especially for children), pollution, a lack of transport options and the absence of safe pavements, walking and cycling paths;
- social and cultural factors for example public open spaces can be perceived as ‘risky’ and associated with crime
- anti-social behaviour including harassment (racial and otherwise), verbal abuse, bullying, noise, intimidating dogs and people, littering, graffiti and vandalism;
- the perceived risk of mugging and sexual assault;
- poor design including disused features such as fountains;
• conflicting roles such as raucous play versus quiet appreciation, and gentle walking versus fast cycling and skateboarding;

• personal attitudes and lifestyle choices including lack of time, feeling too tired from work, and a lack of motivation to take exercise.

A study by CABE Space (2005c) reports that of those people rarely or never using parks, two thirds cite dog fouling, nearly 60% vandalism and graffiti and 40% poor maintenance as the reasons for not visiting. Perhaps surprisingly, young people between the ages of 5 and 19 provided a similar list, although not always with the same priorities (Urban Green Spaces Taskforce 2002). With this demographic group, 22% said that the worse thing about their parks was dirt and litter compared to 19% citing dogs or dog mess, 14% vandalism and 9% broken equipment. However, here older children (17% of the sample) cited alcohol (14%) and bullying (11%) as the reasons for not feeling safe in parks. A high incidence of litter and fly-tipping can give the understandable impression of a lack of management which will inevitably put many off visiting a site. Similar concerns may arise with dog fouling, especially where dog faeces bins are either not available, or are not emptied regularly or their use not enforced. Other anti-social behaviours cited by people as being of concern include excessive noise, vandalism, public drunkenness and “down and outs”, muggings and other crime including sexual assault. Perceptions of crime are not necessarily linked to the reality of risk of being a victim. For many offences, crime rates have actually fallen over the past ten years (Nicholas et al. 2005), with stranger violence down by 17%, mugging down 17%. In addition, it is actually young men between 16 and 24 years of age who are at the highest risk of being a victim of violent crime. The British Crime Survey (Walker et al. 2006) examined the extent of anti-social behaviour in local areas. They found that 17% of people thought that anti-social behaviour is a problem in their local area, with people living in urban areas being twice as likely to perceive high levels of anti-social behaviour than those living in rural areas. Young men and women were more likely to perceive high levels than older people. The most common type of perceived anti-social behaviour was teenagers hanging around with nearly a third saying this was a problem in their local area. There were no significant differences in the proportions of people perceiving high levels of anti-social behaviour within the North West compared to the rest of England and Wales.

Another nuisance is sex taking place in public places, including parks, especially where this involves casual sex with strangers. This behaviour is also risky to the individuals taking part, e.g. because of personal safety, sexually transmitted infections and accompanying drug and alcohol use (e.g. Clark et al. 2001). Such behaviours may involve both men having sex with men and heterosexual sex. There has been raised concern regarding this on the part of countryside managers, in particular the phenomenon of “dogging” where a combination of exhibitionists, swingers and voyeurs are increasingly using secluded car parks attached to country parks as
meeting places (Byrne 2003). A review for this report of two North West “dogging” websites (one targeted at Lancashire and the other at Cheshire – accessed on 13/01/2006) identified that although urban parks were not major contact sites, several urban fringe sites were being recommended.

Social inclusion

A recent survey of randomly selected households (Sport England, Countryside Agency & English Heritage 2003) found that a number of groups were under-represented as visitors to public parks. These groups could be distinguished by a number of criteria (Table 2.4). Interestingly, for the quarter of park visitors who used just one park, representation was highest amongst non-whites, social classes D/E, over 64 year olds, people with disabilities and women, implying that those with concerns either require a very local resource, or a certain familiarity with a site. There is anecdotal information that the more parks there are, the more people use them. Certainly accessibility is important, but even for the general population so too might familiarity and the opportunity of choice. The availability of green space may be even more important for areas with high-rise and high-density housing (e.g. Ji & Lay 2004), and this may be particularly pertinent as the residential development of some city centres (e.g. Manchester) and previously industrial areas (e.g. dock developments in Liverpool and Salford) continues apace.

Table 2.4 Differences in user frequency between various categories of visitors

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>61% of women used parks compared to 64% of men, although women tend to</td>
</tr>
<tr>
<td></td>
<td>be more frequent visitors with 62% visiting at least once per week compared to</td>
</tr>
<tr>
<td></td>
<td>58% of men</td>
</tr>
<tr>
<td>Age</td>
<td>50% of people over 64 years old and 60% of those aged 45-64 visited parks,</td>
</tr>
<tr>
<td></td>
<td>compared to 70% of those aged 25-44.</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>57% of non-white people frequented parks compared to 63% of white people</td>
</tr>
<tr>
<td>Disability</td>
<td>50% of those with a disability used parks compared to 65% of those with no</td>
</tr>
<tr>
<td>Socio-economic</td>
<td>declared disability</td>
</tr>
<tr>
<td>status</td>
<td>52% of those from social groups D/E (i.e. those temporarily or permanently</td>
</tr>
<tr>
<td></td>
<td>unemployed) visited parks compared to 65% of those from classes C1/C2 (i.e.</td>
</tr>
<tr>
<td></td>
<td>working class), and 72% from classes A/B (i.e. upper and middle class)</td>
</tr>
</tbody>
</table>


The integration of socially excluded groups and ethnic minorities has been problematic in urban public parks as in other areas of city life. A number of initiatives have begun around the country to attempt to address this (e.g. ethnic community groups gathered in 2004 at Regent’s Park in London to discuss how they could be more involved in their local Royal Park – London Biodiversity Partnership 2004). One initiative, Wildlife for All, was launched May 2003 between the Royal Parks and the RSPB, and incorporates programmes covering three main elements: activities, volunteering and education. The project works with a range of community groups including the Asian Resource Centre, the Black Environment Network and the Walking for Health Initiative.
Low-income earners, young people, older people, ethnic minorities, disabled people, those without access to a private care and the very affluent are generally underrepresented within countryside recreation (Slee 2002). There is debate over whether these groups are excluded or they just choose not to use the countryside (Morris 2003a). Additionally, exclusion based on age, social class, ethnicity, employment, disability and gender are recognised as influential and significant determinants of leisure patterns (Morris 2003a).

Women

Many women perceive a risk to their personal safety when using parks. While this is not necessarily related to the real risk, it is important to address their concerns. Such worries can be exacerbated when women are accompanied by children. This perception of risk may in part explain the lower percentage of women using parks compared to men (Sport England, Countryside Agency & English Heritage 2003). This is despite the fact that women are more likely to be the primary child carer and / or work part time, hence having a greater opportunity and need to use park facilities than men. Some initiatives have targeted such concerns, for example the creation of successful women’s networks to enable companionship and company on visits to parks (Balhatchet 2003). Burgess (1995) found that in urban fringe woodlands, a single companion was sufficient to allay fear of crime for white women, whereas women from some BME backgrounds preferred to be in larger groups to feel safe in woodlands. There is also some suggestion that the presence of rangers would help to ease some women’s fears about personal safety (Kong et al. 1997). It is important to address the barriers to women’s access, since women, in particular those with young children, may need access to public open space to alleviate the effects of the built environment on their mental health. This is especially the case for families occupying high-rise housing (Evans 2003).
Sexuality

Gay men and women may also be excluded from public parks if they feel that any public display of affection, however small, will be met with abuse (verbal or physical) from other visitors (e.g. Mean & Tims 2005). This may especially be the case where there are larger groups of people and where the couples concerned are in an area in which they are a very small minority without significant exposure.

Age

Parks can play a role in the major areas of childhood development: physical, intellectual, social, psychological and emotional (Turner 2004). This can be by providing a range of facilities and opportunities for informal use as well as programmes specifically designed to attract and engage specific age groups. In a study of 9-11 year olds, parental fear of traffic and strangers limits children’s free use of local playgrounds when they are some distance away (Blakely 1994). Bike riding was restricted to 400m (girls) and to 800m (boys). Adults may also impose their prejudices about safety issues on their offspring. In a study of how a woodland was used by local residents in inner city London, children reported that the things they disliked about the woods included muggers, paedophiles, rapists and murderers (O’Brien 2005). One aspect of concern regarding childhood use of open space is the degree to which it seems to be important in predicting adult use of natural areas such as local woodlands (Ward Thompson et al. 2005). It is not just the young who stand to benefit from parks, older people may benefit most immediately from an increase in physical activity since they are currently the least active (Bird 2004).

Ethnicity

Despite long standing opinions to the contrary, BME communities can have substantial interests in visiting natural areas (Black Environment Network 2003). Asian women may be especially interested in the availability of open areas for social contacts, for example in the context of gatherings of extended family groups (Burgess et al. 1988). However, BME women have also commented on the problems of being on their own with children with regard to potential racist behaviour, including both verbal and physical attacks, and some studies have shown that some women from BME communities are also afraid of sexual attacks. Madge (1997) found that African-Caribbean and Asian groups were more likely to fear coming into contact with animals, and particularly dangerous dogs, compared to white groups. There is also the issue that some people associate feelings from previous negative childhood memories with visiting green space and some BME groups feel a sense of alienation when visiting natural open spaces. Socio-economic factors also influence the participation of BME groups’ use of public open space (Rishbeth 2002). Participation in sport varies slightly between different ethnic groups with participation by Bangladeshi, Pakistani and Indian young people being about 1.6 times lower than equivalent white British and Irish (Knight, Kavanagh & Page 2005).
Asian households tend to use a smaller range of types of open space sites than do non-Asian groups possibly due to their safety concerns but also perhaps because of a more restricted resource near to where they live. Perhaps as a result of such conflicts, and often in combination with some culture shock, migrant Asian women can take some time before they begin to enjoy public open space (Rishbeth 2004). Relatively few people from BME groups are members of organisations such as the National Trust or Ramblers’ Association (Rose 1995). Cultural disposition and behavioural codes may discourage BME communities from using natural open spaces. For example, in some cultures walking is not a traditional leisure activity (Slee et al. 2001). Other drivers of park usage such as dog ownership may also be ethnically related. Morris (2003b) reviewed the literature on BME groups and public open space. Seven key barriers to access and participation were identified that relate to social exclusion, inclusion and environmental participation associated with the use of countryside areas, five of which can also be applied to parks:

- lack of (appropriate) interpretative information such as inadequate signage;
- lack of appropriate activities;
- lack of awareness;
- lack of confidence and associated with negative perceptions of the environment;
- financial costs incurred / lack of time.

In the past, leaflets and brochures promoting natural open spaces tended not to feature images of people from BME groups. For example, although only ten of the fifteen leaflets produced to cover parks in and around Warrington have pictures of visitors, few if any of these feature people from BME communities (see http://www.warrington.gov.uk/council/publications/default.asp). This is despite, these parks frequently promoting access for all and identifying other aspects intended to develop a welcoming aspect. Additionally, the information within this type of leaflet can often be inadequate in terms of the expectations of some groups and is rarely geared towards, or made interesting for, BME groups. There is also the problem that for a significant percentage of individuals from BME communities English may not be their first language. The manager of one North West local nature reserve experienced this when identifying that the ethnic dominance of the local community was under-represented as visitors to his site. Following surveys it became clear that since many local people (especially women and the elderly) did not use English as their first language, they were unaware of much of the publicity associated with the site (Ian Carson pers. comm.).

Prendagast (2004) points out that the ways in which ethnic minorities utilise open space may differ from that of other groups and that even when exposed to countryside areas which (from visitor feedback) were deemed to be a positive experience, only a minority returned on subsequent occasions. He concludes that managers should be careful not to pass value judgements on different rates and types of usage by different groups. However, he argues that such decisions, while lying with the individuals involved, should be based on both informed choice and the availability of real opportunities. Differences in use by different BME groups have been reinforced by Rishbeth (2001), who pointed out for example that Asian families, whilst enjoying walking in parks, prefer to meet to socialise and eat. Her report discusses the role that design and management solutions can have in encouraging active participation by a full range of groups. The barriers to inclusion may be
exacerbated by the combination of ethnicity and youth. For example, in one study it was found that although Pakistani teenagers in Sheffield were enthusiastic users of public open spaces, there were a number of issues relating to ease of use that were of concern to these young people (Woolley & Amin 1999). While some of these were typical of white teenagers, including accessibility and safety, others such as racism were also significant issues.

Within the North West of England, there are increased levels of diabetes, heart disease and mental health problems amongst BME communities (Wood et al. 2006). This is likely to be linked to deprivation levels within these communities and emphasises a need for increased engagement with potential health promotion initiatives through parks and public open spaces. This need may be further underlined by the lower levels of physical activity seen in many BME groups: only those with a black Caribbean background have a greater level of physical activity on average than white people (Bird 2004).

Disability

Up to a fifth of British people are disabled in one way or another, and this proportion increases if we include those who at one time or another are suffering from a temporary disability such as a broken limb. The accessibility of public open space to those with a disability, be it mobility, sensory or otherwise, is of particular interest to managers. The Disability Discrimination Act 1995 (DDA 1995) requires that reasonable provision be made for disabled access to a range of services including outdoor facilities, while the DDA 2005 requires public bodies to promote disability equality and extends the 1995 Act to cover the removal of barriers to access (The Countryside Agency 2005). The increasing awareness of inclusivity combined with the imperatives placed upon managers of any public space by the Disability Discrimination Acts has led to increasing activity to address access issues for a wide range of potential users. This is quite apart from the obvious need for modern societies to socially integrate as fully as possible. There are several barriers to inclusion within public open space (e.g. Seeland & Nicolè 2004; Crosby 2003; and Chapman & Wickstead 2000):

- organisational aspects including segregation of facilities for disabled, opening times and staff attitudes;
- physical design of the site and facilities (e.g. slopes, surfaces, steps, gates);
- sensory factors (especially visual for example in interpreting landscapes);
- quality and availability of information, both in terms of prior awareness of potential limitations of a site and on-site blocks to finding one’s way round and learning about what is in the park;
- social, cultural and psychological aspects including building confidence in the broader accessibility of a site or sites;
- resistance from other members of the public to inclusion;
- lack of support in terms of transport and personal assistance, which may both be linked to financial restraints.
These barriers (and others) should not be seen as merely problematic for specific narrowly defined groups since different barriers to access may cut across different groups of potential users. As in many other areas of providing access for all, good practice for one group may well improve the lot of a completely different (often non-target) group. So removing loose surface materials will not only help many wheelchair users, but will also help parents with prams and buggies. Additionally, older people may not consider themselves disabled but can sometimes experience many of the same barriers due to a general reduction in stamina, mobility and sensory acuity (The Countryside Agency 2005). In the case of Manchester City Council, the implementation of an access strategy has begun in tandem with recent regeneration programmes for their public parks (Flanagan 2003). This process has utilised a Design for Access Manual produced in 2000 and subsequently updated which, amongst other things, provides standards for a range of physical features of the environment including path surfaces, ramps, seating, toilets, etc. (Harris et al. 2003). Nationally, the Fieldfare Trust provides guidelines for access to countryside areas and is promoting the Millennium Miles standards that enable people to identify accessible paths and trails (Fieldfare Trust 2006).

There are a number of important links in a decision making chain associated with countryside visiting by those with sensory impairments (Table 2.5). If one or more of these links is broken then the visit may never happen or may be unsatisfactory for the visitor. The decision to visit a site is generally made at home so if there is insufficient information supplied to inform the visitor then this will reduce the chances of them visiting a site, particularly if the visitor has specific needs relating to access. Subsequently if a visitor goes to a site and finds it relatively inaccessible then this could put them off visiting that site, and possibly similar ones, in the future.

<table>
<thead>
<tr>
<th>Visitor experience</th>
<th>Important aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considering the visit</td>
<td>Appropriate and accessible information about access issues and facilities</td>
</tr>
<tr>
<td>Travelling to and from the site</td>
<td>Welcoming entrance with helpful staff available</td>
</tr>
<tr>
<td>Travelling to and from the site</td>
<td>Suitable and accessible information about routes and timetables</td>
</tr>
<tr>
<td>Visiting the site</td>
<td>Accessible car parking</td>
</tr>
<tr>
<td>Visiting the site</td>
<td>Suitable and accessible information about routes and timetables</td>
</tr>
<tr>
<td>Visiting the site</td>
<td>High standard of features of the site available and accessible (preferably including all highlights)</td>
</tr>
<tr>
<td>Visiting the site</td>
<td>Feedback encouraged and made full use of</td>
</tr>
</tbody>
</table>

Source: Sensory Trust (2005)
Providing appropriate facilities that are accessible for all is arguably particularly important when it comes to children’s play and the associated equipment. Although not all children will want access to all play equipment, all children do have a right to be able to play (Murray 2003). Many of the problems of disabled access to open spaces in general are exacerbated when it comes to access to play areas and children with disabilities may experience these in addition to extensions of able-bodied children’s concerns and problems regarding bullying, traffic, etc. (Mannion & Gutteridge 2004). Indeed, providing accessible play areas for disabled children should not promote segregation of equipment, but playground design should be orientated around circumventing obstacles for all children.

Socio-economic issues

There are several levels of concern about use of parks when considering lower socio-economic groups, since such individuals are:

- less likely to have public green space within easy access of their homes because of the nature and history of the area in which they live;
- less likely to use other forms of exercise such as gyms and leisure centres either because of lack of availability or because of cost;
- less likely to access countryside areas because of a lack of opportunity (e.g. transport links) or cost;
- more likely to benefit from access to parks (in health terms) because of the broader aspects of their lifestyles (e.g. Takano et al. 2002; Giles-Corti et al. 2003; Li et al. 2005).

Such concerns are likely to be exacerbated where the communities include BME women or aging populations. However, there are indications that increased access to appropriate open spaces increased participation in physical activity irrespective of the socio-economic group to which individuals belonged (Sallis et al. 1990).

Anti-social behaviour and health and safety issues

Research by GreenSpace showed that the public believes that abandonment of management in parks leads to a decline in quality and subsequently an increase in anti-social behaviour associated with a site (CABE Space 2005a). This is regardless of the fact that naturalistic environments tend to be more aesthetically pleasing, since more open and manicured areas give the impression that the site is being looked after and is therefore safer (Mambretti et al. 2004). Despite the fact that there is evidence that crime
in parks is no worse than elsewhere, some people do not visit because of a perceived risk of encountering anti-social behaviour and / or through fear of their own personal safety (Sport England, Countryside Agency & English Heritage 2003). This appears to be particularly the case where there is unmanaged dense vegetation and where the view ahead is obscured: people feel safer in areas that are well maintained (e.g. Jorgensen 2002). The degree of vegetation enclosure, especially over a distance, influences people’s perception of personal safety with denser vegetation stimulating greater concern. Green spaces may be avoided by some people because they assume that well-vegetated areas provide a greater opportunity for criminals and drug-dealers to hide. Schama (1996) suggests that this association may be related to century old fears of thieves and highwaymen in forests. Moreover, both planners and teachers recommend that spaces for children were best if not too well maintained and ordered, but wild and varied (Kylin 1999). CABE Space (2005a) gives a range of aspects that should be considered when reducing risk and perceived risk through the design of open spaces including:

- who should be involved (local communities and those likely to become problem groups);

- what to restore (original designs at heritage sites as well as those elements such as play areas that will attract people in the first place);

- responding to concerns and incidents quickly to ensure that people realise that poor behaviour will be not tolerated and both it and its effects will be dealt with quickly while remembering that the perpetrators represent a tiny minority.

Involving local communities in the monitoring and reporting of anti-social behaviour can be advantageous (e.g. CABE Space 2004a) as can the deployment of permanent staff (see later in this chapter). Other solutions to anti-social behaviour include designing out the potential for abuse to reduce the possibilities of vandalism and other problems, in combination with the production of attractive facilities that create a wish within local communities to use the sites (CABE Space 2004a). This is especially important where such behaviour has implications for public health. Dog fouling can present a serious health hazard particularly to young people and it can deter people from picnicking or playing games in a park. However to ban dogs from parks would exclude one of the largest single groups of park users. To help counteract this there are many schemes in operation such as dog toilets close to the entrance gates, dog free areas and poop-scoop schemes (Greenhalgh & Worple 1996). Nyiri et al. (2004) carried out a study looking the risks associated with exposure to sharps discarded in inner city parks and playgrounds. They concluded that there was a potential risk for inner city children, and other park users and workers, if they are in contact with sharps which could be contaminated with hepatitis B and C and other blood borne viruses.

Although most people (91%) believe that public spaces, including parks, improve their quality of life (CABE Space 2004a), many studies have identified a degree of concern regarding personal
safety and anti-social behaviour. Although the North West of England has one of the highest total crime rates in the country, crimes against the person are not significantly different to the national average and in any event are quite low at under 25 per thousand people, and personal crime does not seem to have increased over the past few years (O’Shea et al. 2005). There are however, substantial differences between areas, with authorities in Merseyside having increases in some categories such as violence against the person in contrast to most authorities in Greater Manchester where such crimes have been declining (Home Office 2006). Research has also indicated that many people (~60%) believe that local authorities are doing little about the estimated 31% of parks that suffer from high levels of vandalism and other anti-social behaviour (CABE Space 2004a). This is despite an estimated 11% of park budgets being spent on repairing and replacing damaged facilities.

Perceived risk has become an important component of the management of modern urban areas and parks are no exception. The heightened profile of accidents within the media and development of businesses orientated to claiming compensation for accidents, have led local authorities to attempt to reduce the potential for losses and to ensure that they take reasonable care in terms of design and monitoring their facilities. Since perceptions of risks are decreased by familiarity, encouraging participation may lead to a more realistic appreciation of risks involved. This includes cultural considerations and the associations that some people have with particular environments, for example woodlands being linked with cultural myths as places to fear (Tabbush & O’Brien 2003). One important issue here is that some risk avoidance strategies can reduce the very creative developments we might seek to encourage (Landry 2005). The removal of risk concentrates on the potential fragility of the public and thus leads individuals to a belief that they are not responsible for their own behaviour. This is particularly worrying in the young where large sections of modern cities are already seen as potentially hazardous to children and where once informal play would have been common, many public open spaces are bereft of such activities. Indeed, Kylin (1999) reports teachers’ views that children spend less time outdoors than previously, a change that has become more noticeable over the past 10 years. One further problem with the perceived risks that people associate with public spaces is that they tend to therefore be reassured by tidy and well managed spaces which appear cared for and less threatening (Rowe 2005). However, those looking to public spaces for adventure will find very organised environments do not fulfil their expectations. A balance between such views is necessary but may be difficult to achieve without public education and involvement. Some positive management can be achieved by providing appropriate facilities to permit and yet contain risky behaviour in order to manage it for those involved as well as for bystanders. Examples of this include the provision of play equipment for children and specialised sites for skateboarding, cycling and roller skating. Of course this does not help more informal risky behaviours, and the zonation of physical activities may be appropriate either spatially or temporally to facilitate the enjoyment and benefits accruing to members of the public with very different agendas. Although the frequency of accidents associated with recreational activities are relatively high (e.g. Figure 2.1), data from 2002 (DTI 2003) indicates that there are relatively few accidents associated with public playgrounds (0-4 year olds <5% and 5-14 year olds <3% of total accidents for this age group) and parks and similar open spaces (0-4 year olds ~5% and 5-14 year olds <4%).
Figure 2.1  Comparison of type of activity associated with accidents in children of different ages

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Household Activity</th>
<th>Educational / Training</th>
<th>Basic Needs</th>
<th>DIY / Maintenance</th>
<th>Travelling / Touring</th>
<th>Sport (excluding recreation)</th>
<th>Other / unspecified activity</th>
<th>Shopping</th>
<th>Play / hobby / leisure</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years old</td>
<td>0.04%</td>
<td>1.66%</td>
<td>11.93%</td>
<td>0.03%</td>
<td>10.41%</td>
<td>1.28%</td>
<td>20.35%</td>
<td>1.94%</td>
<td>52.37%</td>
</tr>
<tr>
<td>5-14 years old</td>
<td>0.06%</td>
<td>13.15%</td>
<td>4.12%</td>
<td>0.07%</td>
<td>8.76%</td>
<td>18.67%</td>
<td>15.29%</td>
<td>0.29%</td>
<td>39.59%</td>
</tr>
</tbody>
</table>


Conflicts

Some activities may by their very nature conflict with others. Quiet relaxation includes using parks as privacy refuges and for reflective thought which, unless managed carefully, may be incompatible with more physical activities and may be problematic if visitor numbers increase too greatly (Hammitt 2002). Conflicts often arise from local residents who are not consulted or who object to the management plans being implemented. For example, the campaigning organisation Fair Play for Parks ([http://www.fairplay4parks.org.uk](http://www.fairplay4parks.org.uk)) is particularly concerned about large scale tree removal, especially following successful Heritage Lottery Funding. Such conflicts can polarise communities and Table 2.6 gives some examples of the types of contrasting views that form a balance between attitudes which are positive to the maintenance and preservation of urban green space and those viewing green space as a potential hazard and nuisance.

<table>
<thead>
<tr>
<th>Positive aspects</th>
<th>Negative aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td>The perspective that urban green space is an integrator between the city and nature, the promotion of individual physical and psychological well-being, the promotion of aesthetic satisfaction, interpersonal sociability and ecological responsibility</td>
<td>The need to ensure that green space management was subordinate to other city demands, the perception that urban green space was a potential disturbance / perturbation in residential life, specific hazards due to vegetation, opportunities for bad behaviours, the overall costs of maintenance of green areas</td>
</tr>
</tbody>
</table>

Table 2.6  Balancing views on green space by residents in Rome

Source: Aiello (1998)

Park staff

In the middle of the 19th century, the early park keepers (sometimes called park superintendents) were typically experienced gardeners; indeed they were often termed head gardeners (Lambert 2005). As time went on and the need for skilled horticulturalists was recognised, such staff became more important in the landscape design and maintenance of parks. From these origins, park keepers
developed more community policing responsibilities which have further developed into a wide range of roles (CABE Space 2005c). They are also able to provide organisational skills and a focus for events targeted at education and social cohesion. In recent years some park staff have been organised on a similar basis as countryside rangers (often designated as park or urban rangers) rather than the traditional park keeper. This increases those aspects of their roles that are concerned with working with visitors in addition to their roles in horticulture, ecology, security, etc. The general reduction in funding for park maintenance from the 1960s together with the results of Compulsory Competitive Tendering brought about a general decline in park staff being dedicated to particular sites. This reduction in staffing was also associated with losses of tied housing in the form of park lodges which added to the loss of a regular staff presence within a park. By 1996 about two-thirds of parks had no dedicated park staff (CABE Space 2005c). Park staff do not only make a significant difference directly through the removal and management of problems such as damage, graffiti and litter, but their presence can also encourage visits by reassuring vulnerable groups who have health and safety concerns. Disabled groups tend to put the presence of park staff at the top of the list of changes that would promote their safety, while for women it is second most important.

Many park staff are also at the front line in dealing with anti-social behaviour and in many cases are able to pass information to other security staff quite quickly. We contacted 26 of the 43 Local Authorities in the North West of England by telephone in the last few days before Christmas (response rate affected by Christmas holiday period), which may explain why it was not possible to contact the remaining 17 Local Authorities. Park staff in all 26 local authorities carry mobile phones, although these are used at different levels to contact different people or agencies. Six Local Authorities have an ‘in house’ security service; staff will telephone this service if there is an incident at a park. Other Local Authorities are in contact with the police by mobile phone, some having dedicated numbers for Community Support Officers or Beat Officers (7), with other Local Authorities ringing the police control room. Of the 26 local authorities contacted, three provided their parks staff with radios, however these were not linked to the police, but were linked to Local Authority security services.

A recent campaign (Parkforce) is encouraging local authorities to commit to putting on-site staff into parks and so far around 100 have signed up nationally. Such staff include those associated with the herbaceous areas, environmental management, education programmes, cafes, security, etc. However, strategies may differ strongly between local authorities who sign up for this initiative. For example, Manchester City Council introduced a mobile park warden scheme to cover all parks, while following the success of a park ranger scheme in one of Preston City Council’s parks, this is now being extended throughout the whole of Preston with rangers being dedicated to a major parks or a cluster of smaller green spaces (CABE Space 2005d). In another recent initiative, New York park rangers and those in Preston have exchanged ideas on park management, potentially broadening the experience and staff development of both parties.
The location of parks departments varies across local authority structures and, over the past few decades many have moved, leading to a lack of consistency of approach, frequent reorganisations and often uncertainty regarding the status of the section within local government. Staff composition is not representative of the community the park serves (there being few women, low on ethnic diversity and frequently dominated by over 40 year olds). There is often a low skills base especially in terms of formal qualifications and career prospects are often poor with low pay levels and generally a poor public image. Practical skills tend to be dominated by horticultural practice and are low in management, promotion, presentation and interpersonal skills. Continuing professional development as well as apprenticeships are needed.

Summary

A wide range of benefits can be attributed to parks in urban areas from community based advantages such as economic enhancement and attracting tourism, to personal gains including improvements in individual health and well-being. The opportunities for social gatherings, education and especially the promotion of physical activity and quiet relaxation are huge. This is particularly pertinent when younger children are involved since the development of many of their life skills can be enhanced in such environments (e.g. in terms of risk assessment, social development and physical capabilities). Despite this, the current state of many urban parks has created antipathy amongst many potential visitors due, in part, to a less than welcoming presence. Some of the issues involved are perceived, rather than actual (e.g. the levels of crime are not significantly higher than elsewhere in cities). However, whatever the realities of the situation, the general public will tend to avoid areas that they do not view as pleasant. Certain sections of the population (women, the old, teenagers, those with disabilities, ethnic minorities, those belonging to certain socio-economic groups) are even less likely to find typical parks to be particularly welcoming. This has been exacerbated by a lack of perceived control of anti-social behaviours and nuisances which has resulted from a lack of financial support and targeted staffing. It is important to identify the current situation with regard to park accessibility and facilities in order to understand more fully where potential barriers to use exist (see the next chapter: Chapter 3).
3. Urban park distribution and facilities in the North West of England

**Background**

There are 46 local authorities in the North West of England. Of these, four are unitary authorities\(^3\) (Halton, Warrington, Blackpool, and Blackburn with Darwen), and three are county councils (Lancashire, Cheshire, Cumbria). The population is around 6.8 million with a diverse mix of ethnic groups. Most people live in the 20 percent of the region which is urbanised with 58% in the two major conurbations of Greater Manchester and Merseyside (Office for National Statistics 2002). In common with the rest of the country, local authorities within this complex mixture of densely populated urban centres and more isolated rural communities, are producing strategy documents for green space. CABE Space (2004c) suggests that a comprehensive green space strategy would include, amongst other things, parks and public gardens, outdoor sports facilities, amenity green spaces, provision for children and young people and could incorporate sub-strategies on playing pitches and play. The structure of these should include a consideration of the:

- strategic context;
- supply analysis;
- demand analysis;
- analysis of issues, opportunities and priorities;
- strategy aims, objectives and policies;
- action plan;
- monitoring and review procedures;
- green space audit including:
  - access issues;
  - landscape quality;
  - facilities;
  - maintenance;
  - management;
  - security and safety;
  - natural heritage;
  - cultural heritage;
  - education;
  - health;
  - how the space meets the needs of all people.

---

\(^3\) Unitary authorities comprise a single tier of local government with functions usually covered by both county and district authorities.
Park facilities

A report from The Heritage Lottery Fund (2004a) provided a public park assessment database (for which 42 local authorities in the North West responded). This recorded the number of public park facilities that had been lost (e.g. since 1950 50% of facilities such as bandstands and public toilets lost). In the ten years between 1994 and 2004 Heritage Lottery Funding restored 250 historic parks (but even this addressed less than 10% of the needs of all historic parks).

In 2001, The Urban Parks Forum concluded that urban parks in the UK were in serious decline. Although there was a significant provision of around 27000 parks covering 143000 ha, and £630 million spent per year on their upkeep, cuts in expenditure over the previous 20 years were in the region of double that (i.e. £1.3 billion). Despite the existence of a national register of more than 2500 historic parks, these have had a larger decline in expenditure and greater loss of facilities with only those being of outstanding interest (designated Grade I) having significant protection. In fact, in general, good parks have been improving at the expense of poorer ones. The North West has just under 3000 ha of parks classed as of local historic value and about 2000 ha of those of national historic status. Most of the local authorities in the North West responded to the Urban Parks Forum (2001) request for information (43 out of 47) listing 2850 parks of all types (which if similar across the non-responding authorities, is in excess of 3000 parks over the whole region equating to over 12000 ha). These had an estimated 1.5 billion visits per year. Nationally, only 18% were assessed by the managing authority as in good condition with 13% assessed as poor and a worrying 37% declining in condition (a disproportionate number of poor or fair parks are in this position – further revealing a polarisation between good and poor parks). Only 44% have a parks strategy (either on its own or incorporated into a wider strategy) and 36% were planned to have one within 12 months. A number of facilities had been lost to historic parks – ice houses (70%), public glass houses (69%), bandstands (58%), paddling pools (57%), fountains (50%), boathouses (46%), aviaries and pets’ corners (43%), temples (40%), mansions (33%), golf and putting facilities (31%). Other losses included shelters and toilets (29%), pavilions (29%), and cafes and tea bars (24%). Other recreational facilities such as playgrounds (5%), grass sports pitches (8%), skateboard and BMX ramps (12%), and bowling greens (17%) were less frequently lost, although there has been a larger loss of tennis courts (28%).

There has been a major reduction in the presence of experienced park staff in parks. In recognition of this, CABE Space (2005c) has promoted the restoration of a dedicated workforce (trained in appropriate skills and preferably based at particular sites) associated with park maintenance and management through the Parkforce pledge scheme. To date, 119 local authorities in England have signed up for this (see Table 3.1), including 27 in the North West (see Table 3.2).
Table 3.1  Regional distribution of Parkforce pledges

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of local authorities pledging</th>
</tr>
</thead>
<tbody>
<tr>
<td>South West</td>
<td>11 (9%)</td>
</tr>
<tr>
<td>South East</td>
<td>12 (10%)</td>
</tr>
<tr>
<td>London</td>
<td>17* (13%)</td>
</tr>
<tr>
<td>North East</td>
<td>7 (6%)</td>
</tr>
<tr>
<td>Yorkshire and The Humber</td>
<td>13 (11%)</td>
</tr>
<tr>
<td>North West</td>
<td>27 (23%)</td>
</tr>
<tr>
<td>East Midlands</td>
<td>13 (11%)</td>
</tr>
<tr>
<td>West Midlands</td>
<td>12 (10%)</td>
</tr>
<tr>
<td>East</td>
<td>9 (8%)</td>
</tr>
</tbody>
</table>

*This figure include the Corporation of London and The Royal Parks who have also signed up to this initiative
Percentages do not sum to 100% due to rounding errors

Table 3.2  County distribution of local authority pledges to Parkforce

<table>
<thead>
<tr>
<th>County</th>
<th>Number pledging</th>
<th>Local authorities pledging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Manchester</td>
<td>10</td>
<td>Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, Wigan</td>
</tr>
<tr>
<td>Merseyside</td>
<td>5</td>
<td>Knowsley, Liverpool, St Helens, Sefton, Wirral</td>
</tr>
<tr>
<td>Cheshire</td>
<td>4</td>
<td>Ellesmere Port and Neston, Halton, Vale Royal, Warrington</td>
</tr>
<tr>
<td>Cumbria</td>
<td>1</td>
<td>Allerdale</td>
</tr>
<tr>
<td>Lancashire</td>
<td>7</td>
<td>Blackpool, Burnley, Chorley, Lancaster, Pendle, Preston, Wyre</td>
</tr>
</tbody>
</table>


Survey

In order to examine the location and facilities of urban parks in the North West of England, data were obtained from a variety of sources including local authorities directly and the designated section of the appropriate web site for each location (sometimes local authority level and sometimes a subdivision of this (e.g. Manchester identifies parks as being north, south, east and central). The lack of a standardised structuring or naming of areas relating to parks and green spaces on each web page made the extraction of these data time consuming and often difficult. Therefore, to ensure that all areas were sufficiently covered an email detailing the project and the data requested relating to parks in their areas was sent to all local council parks officers. Despite contacting all councils very few responded with information, some councils stated that this information was not available and that work was currently being conducted to ameliorate this. However, Hyndburn Borough Council, West Lancashire District Council, Halton Borough Council and Rochdale Metropolitan Borough Council sent comprehensive data on the parks within their area. The information provided included park name, size and location, the facilities present within those parks and whether each park had previously or currently won a Green flag award. For those councils that did not respond data were restricted to that able to be extracted directly from web
sites. However, this has left some substantial gaps for some areas. For instance although Manchester City Council provides a high level of information regarding all of the larger parks in the area on their web site, there is little information associated with the numerous smaller parks in the area. Therefore, these parks were not able to be included in the dataset. This is a fluid situation as there are a number of council web sites who are in the process of updating their information regarding park provision. It is likely that the available data set will be much improved in the near future. Despite this, data were obtained for over 400 parks across the North West (13.5% of the estimated 3000 recorded for the North West by the Urban Parks Forum in 2001). These range in size from very small local parks to extremely large regional facilities (Table 3.3). Unless otherwise stated, all the remaining Figures and Tables in this Chapter are derived from this survey (further details sources of this information are given in Appendix 1).

### Table 3.3 Sizes of the sample of parks surveyed across the North West of England

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Greater Manchester</th>
<th>Merseyside</th>
<th>Cheshire</th>
<th>Cumbria</th>
<th>Lancashire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number parks</td>
<td>177</td>
<td>78</td>
<td>66</td>
<td>21</td>
<td>73</td>
</tr>
<tr>
<td>Number with size info</td>
<td>64 (36%)</td>
<td>13 (17%)</td>
<td>31 (47%)</td>
<td>1 (5%)</td>
<td>39 (53%)</td>
</tr>
<tr>
<td>Mean size (ha)</td>
<td>17.78</td>
<td>53.79</td>
<td>16.25</td>
<td>7.28</td>
<td>15.82</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>36.39</td>
<td>51.04</td>
<td>35.57</td>
<td>N/A</td>
<td>18.27</td>
</tr>
<tr>
<td>Max size (ha)</td>
<td>259.01</td>
<td>161.87</td>
<td>202.38</td>
<td>N/A</td>
<td>72.84</td>
</tr>
<tr>
<td>Min size (ha)</td>
<td>1.05</td>
<td>3</td>
<td>0.8</td>
<td>N/A</td>
<td>0.81</td>
</tr>
</tbody>
</table>

The data obtained by this review must be seen as a baseline for future examination of the distribution of park facilities in the North West, since it assesses the proportion of particular facilities available within those parks either reported to us or where data are accessible elsewhere. For example, only 21 parks across the whole of Cumbria are available for examination here and although 43% of these have bowling greens, only 10% have football pitches (Table 3.4). This may reflect a bias towards facilities that target particular age groups. In general, bowling greens tend to feature more frequently than do other sports facilities with tennis courts being the next most frequent. Cumulatively, football pitches are fairly frequent (Figure 3.1), but the range of other sports facilities is often relatively narrow. One interesting point is the patchy distribution of information available. If even researchers, skilled at extracting data have difficulty, in some areas it is nigh on impossible for the general public to obtain information regarding their local parks or to compare facilities between parks. Even where such information exists within a local authority it may be only available for larger parks that are not necessarily neighbouring local communities.

### Table 3.4 Frequency of sports facilities in the sample of parks surveyed across the North West of England

<table>
<thead>
<tr>
<th>Facility</th>
<th>Greater Manchester ($n = 177$)</th>
<th>Merseyside ($n = 78$)</th>
<th>Cheshire ($n = 66$)</th>
<th>Cumbria ($n = 21$)</th>
<th>Lancashire ($n = 73$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowling green</td>
<td>113 (64%)</td>
<td>16 (20%)</td>
<td>22 (33%)</td>
<td>9 (43%)</td>
<td>35 (48%)</td>
</tr>
<tr>
<td>Netball court</td>
<td>1 (0.5%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Tennis courts</td>
<td>71 (40%)</td>
<td>12 (15%)</td>
<td>14 (21%)</td>
<td>6 (29%)</td>
<td>21 (29%)</td>
</tr>
<tr>
<td>Basket ball courts</td>
<td>36 (20%)</td>
<td>5 (7%)</td>
<td>12 (18%)</td>
<td>1 (5%)</td>
<td>12 (16%)</td>
</tr>
<tr>
<td>Sports pitch/athletics</td>
<td>16 (9%)</td>
<td>0 (0%)</td>
<td>4 (6%)</td>
<td>2 (10%)</td>
<td>4 (5%)</td>
</tr>
<tr>
<td>Facility</td>
<td>Total (Percentage)</td>
<td>Full (Percentage)</td>
<td>Junior (Percentage)</td>
<td>Five-a-side (Percentage)</td>
<td>Total (Percentage)</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>--------------------</td>
<td>--------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Multi court</td>
<td>31 (18%)</td>
<td>9 (12%)</td>
<td>3 (5%)</td>
<td>0 (0%)</td>
<td>14 (19%)</td>
</tr>
<tr>
<td>Athletics track</td>
<td>13 (7%)</td>
<td>0 (0%)</td>
<td>2 (3%)</td>
<td>0 (0%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Skateboard &amp; BMX area</td>
<td>15 (8%)</td>
<td>3 (4%)</td>
<td>12 (18%)</td>
<td>0 (0%)</td>
<td>12 (16%)</td>
</tr>
<tr>
<td>Football full</td>
<td>57 (32%)</td>
<td>6 (8%)</td>
<td>7 (11%)</td>
<td>2 (10%)</td>
<td>21 (29%)</td>
</tr>
<tr>
<td>Football junior</td>
<td>14 (8%)</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>5-a-side</td>
<td>25 (14%)</td>
<td>1 (1%)</td>
<td>8 (12%)</td>
<td>0 (0%)</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>Kick about area</td>
<td>11 (6%)</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>Changing rooms</td>
<td>25 (14%)</td>
<td>3 (4%)</td>
<td>4 (6%)</td>
<td>0 (0%)</td>
<td>6 (8%)</td>
</tr>
<tr>
<td>Golf course</td>
<td>2 (1%)</td>
<td>3 (4%)</td>
<td>4 (6%)</td>
<td>0 (0%)</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>Fishing</td>
<td>11 (6%)</td>
<td>5 (6%)</td>
<td>8 (12%)</td>
<td>0 (0%)</td>
<td>6 (8%)</td>
</tr>
</tbody>
</table>

**Figure 3.1**  Frequency of football pitches (full, junior and five-a-side) in the sample of parks surveyed across the North West of England

A wide range of non-sporting facilities can draw people into parks, however across the North West, many are in short supply (Table 3.5). The very high numbers of children’s play areas could attract young families, and the abundance of formal gardens and networks of paths may well encourage visitors who are looking for quiet relaxation and gentle walks. However, the rather less frequent incidence of shelters (be they targeted at the young or old), cafes and specific disabled access may be seen as restricting to certain users. Car parks do feature in many parks and this may help with disabled access, although if other access issues and facilities are not addressed, particular parks may be seen as less inviting. There are a surprising number of parks with public toilets, although the relatively small number of disabled toilets and the fact that in reality toilets are often closed (due to vandalism or the fear of vandalism) reduces this apparently high provision. It is still the case that the availability of park staff on the ground is low.
Table 3.5  Facilities available in the sample of parks surveyed across the North West of England

<table>
<thead>
<tr>
<th>Facility</th>
<th>Greater Manchester (n = 177)</th>
<th>Merseyside (n = 78)</th>
<th>Cheshire (n = 66)</th>
<th>Cumbria (n = 21)</th>
<th>Lancashire (n = 73)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranger</td>
<td>1 (0.5%)</td>
<td>4 (5%)</td>
<td>8 (12%)</td>
<td>0 (0%)</td>
<td>7 (10%)</td>
</tr>
<tr>
<td>Park offices</td>
<td>2 (1%)</td>
<td>0 (0%)</td>
<td>2 (3%)</td>
<td>0 (0%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Stated disabled access</td>
<td>1 (0.5%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>4 (19%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Car park</td>
<td>45 (25%)</td>
<td>20 (27%)</td>
<td>37 (56%)</td>
<td>4 (19%)</td>
<td>10 (14%)</td>
</tr>
<tr>
<td>Public toilets</td>
<td>40 (23%)</td>
<td>11 (15%)</td>
<td>24 (36%)</td>
<td>3 (14%)</td>
<td>14 (19%)</td>
</tr>
<tr>
<td>Disabled toilets</td>
<td>12 (7%)</td>
<td>9 (12%)</td>
<td>13 (20%)</td>
<td>2 (10%)</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>Visitors centre</td>
<td>12 (7%)</td>
<td>11 (15%)</td>
<td>12 (18%)</td>
<td>1 (5%)</td>
<td>6 (8%)</td>
</tr>
<tr>
<td>Café</td>
<td>9 (5%)</td>
<td>4 (5%)</td>
<td>4 (6%)</td>
<td>4 (19%)</td>
<td>5 (7%)</td>
</tr>
<tr>
<td>Community Rooms</td>
<td>5 (3%)</td>
<td>0 (0%)</td>
<td>1 (2%)</td>
<td>1 (5%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Veterans pavilion</td>
<td>34 (19%)</td>
<td>1 (1%)</td>
<td>6 (9%)</td>
<td>1 (5%)</td>
<td>10 (14%)</td>
</tr>
<tr>
<td>Teen shelters</td>
<td>6 (3%)</td>
<td>0 (0%)</td>
<td>1 (2%)</td>
<td>0 (0%)</td>
<td>10 (14%)</td>
</tr>
<tr>
<td>Band stand</td>
<td>15 (8%)</td>
<td>0 (0%)</td>
<td>6 (9%)</td>
<td>2 (10%)</td>
<td>8 (11%)</td>
</tr>
<tr>
<td>Play area</td>
<td>139 (79%)</td>
<td>48 (62%)</td>
<td>31 (47%)</td>
<td>10 (48%)</td>
<td>47 (64%)</td>
</tr>
<tr>
<td>Gardens</td>
<td>77 (44%)</td>
<td>23 (29%)</td>
<td>7 (11%)</td>
<td>4 (19%)</td>
<td>28 (38%)</td>
</tr>
<tr>
<td>Community farm</td>
<td>3 (2%)</td>
<td>3 (4%)</td>
<td>1 (2%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Boating lake</td>
<td>11 (6%)</td>
<td>7 (9%)</td>
<td>2 (3%)</td>
<td>2 (10%)</td>
<td>8 (11%)</td>
</tr>
<tr>
<td>Network paths</td>
<td>28 (16%)</td>
<td>15 (19%)</td>
<td>30 (45%)</td>
<td>6 (29%)</td>
<td>35 (48%)</td>
</tr>
<tr>
<td>Dog Free Zone</td>
<td>1 (0.5%)</td>
<td>0 (0%)</td>
<td>1 (2%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Memorial/monument</td>
<td>6 (3%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>3 (4%)</td>
</tr>
</tbody>
</table>

Play areas

In a survey of play provision in England (Cole-Hamilton et al. 2002b), few local authorities had a play development plan (42% of respondents), play officer (42%), play policy (37%), or play service (34%). However, there were differences between regions and the North West of England responded particularly poorly to the survey (7% return rate). Closer examination of the data reveals a wide variation between authorities in terms of the funding provided for unsupervised play areas. For example, for one of the best represented regions in the survey (the West Midlands), there was a range from £640 to £6500 per play area and £1.70 to £7.50 per child and the number of play areas per 1000 children ranged from 0.6 to 5.9 (nearly ten times as many). The geographical distribution of play areas is also important if they are to be within 400m (approximate walking distance) of a child’s residence. Similarly, within the North West of England there is a large variation in the relative provision of play facilities within parks (see Figure 3.2).
Figure 3.2 The frequency of children’s play facilities in the sample of parks surveyed in the North West of England

Dark bars represent the total number of parks and lighter bars represent the number with children’s play facilities.

**Initiatives**

A wide range of initiatives over recent years have attempted to raise awareness and provide funding to help to maintain and enhance urban green space. These include the Liveability fund, the People’s Places awards, the Living Spaces Scheme, Parks for People initiative as well as the Green Flag, Green Heritage and Green Pennant Awards.

**The Liveability fund**

This was set up to raise the quality of parks and green space with £89 million received between 27 local authorities (three of which are in the North West). A summary report (I&DEA 2006) states that 77% of the authorities included in the scheme saw reductions in incidents of anti-social behaviour in green spaces, and improvement in the quality of those spaces. In some areas there are also increased benefits for users – e.g. Bury has increased the number of Green Flag status parks from 3 to 8 as a direct result of the improvements made from the liveability fund. This fund has also been
hailed as a catalyst for positive cultural change and has included the recognition of the importance of parks and open spaces.

In the North West, Ellesmere Port & Neston Borough Council, Bury Metropolitan Borough Council and Blackburn with Darwen Borough Council have been awarded funds from the Liveability Fund. In Ellesmere Port the funds were used to revitalise the town centre with a public spaces manager having been employed mainly to manage the street cleaning staff. In Bury the fund enabled a Park Ranger service to be developed. A number of park-based events were organised for the local children and any money raised has been used to replenish park equipment. Gardeners have been based in the larger parks and visit the smaller parks when necessary. This has resulted in the ‘parks looking better as a result and the community appreciate their presence’ with 77% of people being satisfied with the parks and open spaces in their community (I&DEA 2006). There has also been an increase in Green Flag status parks to eight with a further two in the application procedure. Some examples of these improvements for Bury are listed in Table 3.6.

In Blackburn money from the fund has gone towards improvements in Queens Park including new path networks linking the park to a nearby hospital to make it easier and healthier for staff and users to get to the hospital. Suitable surfaces have been provided to ensure access for disabled users. Harrison’s Recreation Ground has used money from the fund along with money from the Barclay Space for Sports Revenue Funding to physically improve several aspects of the park including access, and safety. Part of the fund has concentrated on the lack of use of parks by individuals due to the use and dog faeces. The council are trying to address this by taking enforcement action against those who allow their dogs to foul parks and by fencing off play areas. In addition, £1.6 million has been spent on developing some new recreational space under the ‘neighbourhood greens’ scheme in densely populated districts.
Table 3.6  Some improvements in Bury associated with the Liveability Fund

<table>
<thead>
<tr>
<th>Park</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarence Park</td>
<td>£800k allocated – including the development of a sensory garden.</td>
</tr>
<tr>
<td>Burrs County Park</td>
<td>Provision of 7 additional interpretation boards.</td>
</tr>
<tr>
<td>Bolton Rd Park</td>
<td>A ranger base has been set up here. Tennis courts have been completed and further landscaping has been improved.</td>
</tr>
<tr>
<td>Corporation Park</td>
<td>Reseeding and replanting of the park, including a wildflower area. Some sports equipment provided.</td>
</tr>
<tr>
<td>Hoyles Park</td>
<td>Car park completed including disabled landscaping and fencing. Football changing rooms are also being completed.</td>
</tr>
<tr>
<td>Close Park</td>
<td>Has been developed in conjunction with Bury hospice to be accessible to all irrespective of their sensory disability (e.g. to enhance the enjoyment by blind visitors by using scented plants).</td>
</tr>
</tbody>
</table>

Source: [http://www.idea.gov.uk/idk/core/page.do?pageId=276985](http://www.idea.gov.uk/idk/core/page.do?pageId=276985)

The People's Places Awards Scheme

Projects under this scheme are coordinated by the British Trust for Conservation Volunteers (BTCV) and range from improving park access especially for disabled access, community garden projects, transformation of derelict land, woodland path development and the creation of wetland habitats. Not all projects are aimed exclusively at urban areas. A range of these have been developed throughout the North West (see Table 3.7).

Table 3.7  Examples of projects under the People’s Places Awards Scheme

<table>
<thead>
<tr>
<th>County</th>
<th>No. awards</th>
<th>Funding (£)</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Manchester</td>
<td>31</td>
<td>240,792</td>
<td>Hulme Community Garden Centre – resulted in the development of an area of mature trees, in a recently regenerated area, into a woodland and bog garden. This project has also been targeted at providing disabled access to the garden and training for volunteers involved in the project.</td>
</tr>
<tr>
<td>Merseyside</td>
<td>13</td>
<td>121,096</td>
<td>OSCAR (over sixty community activities and resources) – created an urban haven by converting a neglected inner courtyard area into a sensory garden. This is situated in a community garden in Vauxhall (the 6th most deprived area in England).</td>
</tr>
<tr>
<td>Cheshire</td>
<td>9</td>
<td>86,815</td>
<td>Carrbrook Bowling Club, Stalybridge – targets a publicly accessible park that has deteriorated over time with areas becoming derelict. Improvements have included re-planting the gardens and improving disabled access to the Pavilion.</td>
</tr>
<tr>
<td>Cumbria</td>
<td>11</td>
<td>82,480</td>
<td>Play area in Kirkby Stephen – transformed an area of waste ground next to a housing estate in one of the most deprived areas. Not only provides a community area but also gives community volunteers valuable training.</td>
</tr>
<tr>
<td>Lancashire</td>
<td>31</td>
<td>243,971</td>
<td>Thornbank Residents Association – creation of a community garden on unused piece of derelict land, to provide the residents of local tower blocks with green space to sit and socialise.</td>
</tr>
</tbody>
</table>

Source: [www.btcv.org/ppawards/winners/nw.html](http://www.btcv.org/ppawards/winners/nw.html)
Parks For People

This is a joint funding programme from the Heritage Lottery Fund (HLF) and the Big Lottery Fund. The money is used to make parks safer and provide positive social and environmental benefits to the whole community (Heritage Lottery Fund 2004b). Over the last 10 years the HLF has provided up to £400 million for the regeneration of public spaces, squares and promenades. To qualify, a park has to be valued by the community as a part of their heritage, and meet local, social, economic and environmental needs whilst actively involving local people. In the North West the HLF has given over 400 grants since 1994 (see Table 3.8 for examples). These have included the regeneration of Heaton Park in Manchester, Alexandra Park in Oldham, Whitby Park in Ellesmere Port and Grange Park in Preston.

Table 3.8 Examples of Park for People Awards in the North West of England

<table>
<thead>
<tr>
<th>County</th>
<th>Borough</th>
<th>Park and brief description of development</th>
<th>Date of award</th>
<th>Grant (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester</td>
<td></td>
<td>Blacon Nature Park – includes improved access and support for visually and mobility impaired visitors</td>
<td>2003</td>
<td>23,858</td>
</tr>
<tr>
<td></td>
<td>Congleton</td>
<td>Congleton Town Park – restoration of this Victorian park</td>
<td>1997</td>
<td>14,100</td>
</tr>
<tr>
<td></td>
<td>Crewe &amp; Nantwich</td>
<td>Queens Park – includes repair and refurbishment of original features</td>
<td>1998</td>
<td>9,830</td>
</tr>
<tr>
<td></td>
<td>Ellesmere Port</td>
<td>Whitby Park – includes landscape restoration and refurbishment</td>
<td>1997</td>
<td>15,000</td>
</tr>
<tr>
<td></td>
<td>Halton</td>
<td>Victoria Park – restoring basic features and improving facilities</td>
<td>2001</td>
<td>1,032,000</td>
</tr>
<tr>
<td></td>
<td>Macclesfield</td>
<td>Tatton park Garden – restoring the walled kitchen gardens</td>
<td>2000</td>
<td>49,100</td>
</tr>
<tr>
<td>Cheshire</td>
<td>Barrow in Furness</td>
<td>Barrow Public Park – restoration plus new pavilion and bandstand</td>
<td>1997</td>
<td>17,600</td>
</tr>
<tr>
<td></td>
<td>Eden</td>
<td>Jubilee Nature Park – upgrading facilities and enhancing accessibility</td>
<td>2001</td>
<td>50,000</td>
</tr>
<tr>
<td>Cumbria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bolton</td>
<td></td>
<td>Hall Lee Bank Park – practical involvement of the local community in this local nature reserve</td>
<td>2002</td>
<td>24,365</td>
</tr>
<tr>
<td>Bury</td>
<td></td>
<td>Philips Park – restoration to its original condition following delisting from the heritage parks register</td>
<td>1997</td>
<td>5,775</td>
</tr>
<tr>
<td>Manchester</td>
<td></td>
<td>Alexandra Park – enable original design of fusing sporting and ornamental functions to be retained</td>
<td>2004</td>
<td>27,300</td>
</tr>
<tr>
<td>Oldham</td>
<td></td>
<td>Alexandra Park – regenerate the physical infrastructure of this Victorian park and its buildings</td>
<td>1997</td>
<td>2,386,700</td>
</tr>
<tr>
<td>Rochdale</td>
<td></td>
<td>Broadfield Park – restoration and improvement of this Victorian park</td>
<td>2003</td>
<td>1,150,400</td>
</tr>
<tr>
<td>Stockport</td>
<td></td>
<td>Vernon Park – restoration and replacement of its heritage features</td>
<td>1997</td>
<td>1,598,534</td>
</tr>
<tr>
<td>Tameside</td>
<td></td>
<td>Hyde Park – renovation of paths, playground and other facilities</td>
<td>1997</td>
<td>4,230</td>
</tr>
<tr>
<td>Trafford</td>
<td></td>
<td>Longford Park – for conservation management</td>
<td>2004</td>
<td>17,300</td>
</tr>
<tr>
<td>Lancashire</td>
<td>Blackburn with</td>
<td>Corporation Park – major infrastructure restoration including footpaths, landscape and water features</td>
<td>1998</td>
<td>13,000</td>
</tr>
<tr>
<td></td>
<td>Darwen</td>
<td>Blackpool Coastal Park - renovating gardens and revamping features such as the bandstand</td>
<td>2001</td>
<td>2,831,300</td>
</tr>
<tr>
<td></td>
<td>Blackpool</td>
<td>Townley Park – restoring historic features and improving facilities including toilets and playground</td>
<td>1999</td>
<td>11,550</td>
</tr>
<tr>
<td></td>
<td>Burnley</td>
<td>Cuerden Valley Park – community involvement in wildlife heritage and management plan development</td>
<td>2003</td>
<td>1,120,100</td>
</tr>
<tr>
<td></td>
<td>Chorley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Project Details</td>
<td>Year(s)</td>
<td>Cost</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Hyndburn</td>
<td>Rhyddings Park – improved facilities for all ages including toilets, playgroup and refreshment kiosk</td>
<td>1997</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Lancaster</td>
<td>Williamson Park – refurbishment especially of the lake, fountains and improvement to disabled access</td>
<td>1997</td>
<td>705,000</td>
<td></td>
</tr>
<tr>
<td>Pendle</td>
<td>Marsden Park – improvements to ornamental and natural landscaping, paths, boundaries and signage</td>
<td>1997/2002</td>
<td>12,750/996,000</td>
<td></td>
</tr>
<tr>
<td>Preston</td>
<td>Grange Park – restoration of historic features and introduction of public art works</td>
<td>1997</td>
<td>571,000</td>
<td></td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>Clitheroe Castle &amp; Park – to fund restoration plan</td>
<td>1997</td>
<td>5,550</td>
<td></td>
</tr>
<tr>
<td>Knowsley</td>
<td>Bowring Park – restoration of historic features</td>
<td>1997</td>
<td>8,600</td>
<td></td>
</tr>
<tr>
<td>Liverpool</td>
<td>City Parks – improving quality and attractiveness</td>
<td>1996</td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>Merseyside</td>
<td>St. Helens – Taylor Park – restoration and improvement to historic features, paths, play facilities and signage</td>
<td>1998/2003</td>
<td>13,100/1,224,300</td>
<td></td>
</tr>
<tr>
<td>Wirral</td>
<td>Rock Park – regeneration and conservation</td>
<td>1998</td>
<td>200,000</td>
<td></td>
</tr>
</tbody>
</table>

Source: Heritage Lottery Fund (2004c)

Living Spaces

This is a Government scheme that provides grants to local groups for the improvement of open spaces in their neighbourhood to create places for the whole community to enjoy. It is designed to help local community groups to tackle the neglected land on their doorstep and aims to provide safe places for children to play and teenagers to hangout. Such open spaces may also encourage exercise and a healthier attitude to outside spaces as well as building social networks within the community (ODPM 2005a). The North West has obtained a substantial proportion of the 897 projects associated with Living Spaces since it began (not including 2005-6) – see Table 3.9. One example case study from Offshoots Management Committee, Burnley, involved the creation of fencing and gates for a community garden using a range of ancient woodworking techniques. This was done using local oak and a series of courses were run to train local volunteers in the art of carving, willow weaving and green wood working. A number of interpretation boards, in various languages, have been produced to provide information on the project. Across England a range of projects have been developed including:

- New spaces & facilities created – 38% of projects
- Play areas – 23%
- Community Gardens – 10%
- Local parks – 5%
- Village greens/seating areas – 5%
- Wildlife/nature areas – 3%
- Footpaths & access routes – 3%
- Skate parks – 3%
- Streetscapes – 2%
- Woodlands – 2%
- Pocket parks (small areas of accessible green space targeted at biodiversity) – 1%
- Ponds – 1%
- Kick about areas – 1%
- Squares/verges – 0.5%
- City farms – <0.5%
- Churchyards – <0.5%
- Trim trials – <0.5%
- Other green spaces – <0.5%
Table 3.9  Regional distribution of Living Spaces projects for 2004/5

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
<th>£ awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>South West</td>
<td>99</td>
<td>1,776,112</td>
</tr>
<tr>
<td>South East</td>
<td>68</td>
<td>1,493,851</td>
</tr>
<tr>
<td>London</td>
<td>47</td>
<td>1,192,173</td>
</tr>
<tr>
<td>North East</td>
<td>33</td>
<td>540,867</td>
</tr>
<tr>
<td>Yorkshire and The Humber</td>
<td>71</td>
<td>1,626,150</td>
</tr>
<tr>
<td>North West</td>
<td>107</td>
<td>2,818,755</td>
</tr>
<tr>
<td>East Midlands</td>
<td>34</td>
<td>691,184</td>
</tr>
<tr>
<td>West Midlands</td>
<td>49</td>
<td>1,129,707</td>
</tr>
<tr>
<td>East</td>
<td>50</td>
<td>1,097,606</td>
</tr>
</tbody>
</table>

Source: ODPM (2005a)

The Green Flag Award

This identifies parks with appropriate standard of facilities and since its introduction in 1997 has been taken up by a large number of local authorities. In 2005/6 there were 420 applications of which 322 were successful with the largest group (31%) being from the North West (The Civic Trust 2005). This proportion was maintained in 2006/7 when the North West had 133 of the 423 awards (Figure 3.3). Green Heritage Awards are targeted at sites with similar attributes to Green Flag sites, but that are at least 30 years old. Of the 20 Green Heritage Site Awards in 2006, 4 were from the North West (with only the South East exceeding this number). Green Pennant Awards are given to sites managed by community or voluntary groups. Of 74 successes of Green Pennant Awards for community-based green space in 2006, 14 were in the North West (the largest number awarded).

Figure 3.3  Regional distribution of Green Flag Awards between 1997/8 and 2006/7

Source: http://www.greenflagawards.org.uk
Other public open space initiatives

A variety of other green spaces may function in a similar way to urban parks in terms of their use by, and benefits to, local people. These include the sites developed under the Doorstep Green initiative from the Countryside Agency in collaboration with Heritage Lottery funding to enhance and create green space near to local communities (see Figure 3.4). Other initiatives include the oversubscribed Woods on Your Doorstep scheme run by the Woodlands Trust using Heritage Lottery Funding which developed over 200 woodlands across England and Wales and includes not only woods but also ponds, marshes and meadows. Organisations such as the Groundwork Trust also work with local communities to create and enhance land close to residences.

Figure 3.4 Regional distribution of doorstep green creation from December 2004 to January 2006

Summary

From the evidence gathered during this survey it is obvious that although the North West of England has a substantial resource in terms of parks, much of the information regarding the distribution of these and the facilities associated with them is obscure. Indeed, in some cases it is even difficult for professionals to access the data. Structured plans for park development are particularly limited at present and there is little evidence that this will improve on an inter-authority basis, although within many authorities such plans are being developed. The urban park stock in the North West is improving and in many cases could be said to be at the forefront of national
developments in resource improvement and innovation. That said, since there is no comprehensive baseline information available, it is difficult to establish whether such regeneration is improving a relatively poor stock, or building on parks with average facilities. If urban parks are to be used as a public health tool, it is necessary to establish what the current health issues are (see the next chapter: Chapter 4) before examining how these can be addressed in the context of urban green space usage (Chapter 5).
4. Potential impacts of parks on public health

Background

Parks could be an ideal setting for the integration of environment, society and health by encouraging an approach to the promotion of human health and well-being based on contact with nature. Furthermore, there is the potential for parks to gain an expanded role, scope and influence in society in relation to issues such as public health (Maller et al. 2002). However, there may be a distinct tension between the evidence that exercise in green spaces can improve health and existing economic drivers in both rural and urban areas (Pretty et al. 2005). Within urban areas green spaces are often removed due to development as well as to keep down maintenance costs and reduce public anxieties regarding safety. Additionally, within rural areas, the development of modern agricultural practices have put pressure on spaces where people could enjoy green exercise opportunities.

The biophilia effect originally suggested by Wilson (1984) suggests links between environmental quality and social behaviour such that close contact with nature reduces stress, anxiety and aggression. Kellert & Wilson (1993) later extended this to explain some of the associations between green environments and the promotion of mental health and well-being. These links may go someway to explaining the fact that the quality of hospital design and grounds have been found to benefit both patient care (e.g. Lawson & Phiri 2003 and Lawson 2005) and increase staff moral and retention (e.g. PricewaterhouseCoopers 2004).

Controlled laboratory simulations were carried out on participants taking part in exercise whilst been shown photographs categorised as rural pleasant, rural unpleasant, urban pleasant and urban unpleasant. The results showed that participants who were shown ‘pleasant’ pictures whilst exercising had an improvement in cardiovascular and mental health (Pretty et al. 2005). Pretty et al. (2003) have termed physical activity that takes place when directly exposed to nature ‘green exercise’ and suggest that increasing participation in a wide range of green exercise activities should produce substantial economic and public health benefits (Pretty et al. 2005). Such activities can include provision and promotion of healthy walks, exercise on prescription, healthy school environments, green views in hospitals and access to urban green space. There is a potential knock-on effect if the benefits of green exercise are achieved and if these result in changes in attitudes to nature, the environment and pro-sustainability policies. The costs of not increasing the population’s activity levels are high: about £1.06 billion to the NHS in 2002 in terms of the increase in ill health associated with physical inactivity (Allender et al. in press). Furthermore, it has been estimated that for England there could be a reduction in costs of around £445 million as a result of a decline in...
inactivity of over 16 year olds from 37% to 27% (North West Public Health Team 2003).

The recent report, Choosing Health (Department of Health 2004a), has targets on a number of related health issues – obesity, physical activity, children’s health. Unfortunately relatively little attention has been given to the role that green space can play in managing such issues. For example, the potential for reducing childhood obesity by increasing physical activity through informal play is neglected, while engagement with organised sports is covered. The population of the North West of England has amongst the poorest health (using a variety of health indicators) in the country. This, together with the relatively large urban conurbations separated by extensive rural areas, provides a useful opportunity for the examination of the potential for urban parks to contribute to health improvement planning. In order to develop this approach, it is first important to assess the population and health characteristics of the region.

**Population and health profiles of North West England**

Population characteristics

In 2001 the North West of England had a population of just over 6.7 million people (see Table 4.1) with Greater Manchester accounting for the largest proportion (~37%) and Cumbria the smallest (~7%).

<table>
<thead>
<tr>
<th>County</th>
<th>Total</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Manch</td>
<td>2482328</td>
<td>1208177</td>
<td>1274151</td>
</tr>
<tr>
<td>Merseyside</td>
<td>1362026</td>
<td>647254</td>
<td>714772</td>
</tr>
<tr>
<td>Cheshire</td>
<td>983076</td>
<td>479024</td>
<td>504052</td>
</tr>
<tr>
<td>Cumbria</td>
<td>487607</td>
<td>237915</td>
<td>249622</td>
</tr>
<tr>
<td>Lancashire</td>
<td>1414727</td>
<td>686584</td>
<td>728143</td>
</tr>
</tbody>
</table>

Source: [http://census.ac.uk/casweb/](http://census.ac.uk/casweb/) (2001 census – Census Registration Service 2001a)

Table 4.2 shows the proportions of ethnic groups within Cheshire, Cumbria, Greater Manchester, Merseyside and Lancashire. Within all five areas White British is the largest ethnic group. Pakistani ethnicity represents the next largest population within Greater Manchester (3.03%) and Lancashire (2.34%). Other White is the second largest population for Cheshire & Cumbria (1.25% and 0.82% respectively). Within Merseyside, White Irish (0.95%) is the second largest ethnic group. In all cases, white British people form a greater proportion than they do across England in general, although this is more marginal in the case of Greater Manchester, which has a higher proportion of ethnic Asians than England as a whole.
Table 4.2  Percentages of ethnic groups by county in 2001

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Greater Manchester</th>
<th>Merseyside</th>
<th>Cheshire</th>
<th>Cumbria</th>
<th>Lancashire</th>
<th>England average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=2482328</td>
<td>n=1362026</td>
<td>n=983076</td>
<td>n=487607</td>
<td>n=1414727</td>
<td>49138831</td>
</tr>
<tr>
<td>White British</td>
<td>87.95</td>
<td>95.28</td>
<td>96.43</td>
<td>98.04</td>
<td>91.62</td>
<td>86.99</td>
</tr>
<tr>
<td>White Irish</td>
<td>1.72</td>
<td>0.95</td>
<td>0.80</td>
<td>0.41</td>
<td>0.84</td>
<td>1.27</td>
</tr>
<tr>
<td>Other White</td>
<td>1.40</td>
<td>1.09</td>
<td>0.82</td>
<td>0.07</td>
<td>0.09</td>
<td>2.66</td>
</tr>
<tr>
<td>White &amp; black Caribbean</td>
<td>0.53</td>
<td>0.29</td>
<td>0.17</td>
<td>0.07</td>
<td>0.22</td>
<td>0.47</td>
</tr>
<tr>
<td>White &amp; black African</td>
<td>0.20</td>
<td>0.23</td>
<td>0.08</td>
<td>0.04</td>
<td>0.06</td>
<td>0.16</td>
</tr>
<tr>
<td>White &amp; Asian</td>
<td>0.34</td>
<td>0.20</td>
<td>0.18</td>
<td>0.10</td>
<td>0.26</td>
<td>0.37</td>
</tr>
<tr>
<td>Other mixed</td>
<td>0.26</td>
<td>0.25</td>
<td>0.14</td>
<td>0.07</td>
<td>0.13</td>
<td>0.31</td>
</tr>
<tr>
<td>Indian</td>
<td>1.45</td>
<td>0.28</td>
<td>0.24</td>
<td>0.07</td>
<td>2.11</td>
<td>2.09</td>
</tr>
<tr>
<td>Pakistani</td>
<td>3.03</td>
<td>0.11</td>
<td>0.13</td>
<td>0.04</td>
<td>2.74</td>
<td>1.44</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0.81</td>
<td>0.09</td>
<td>0.08</td>
<td>0.04</td>
<td>0.27</td>
<td>0.56</td>
</tr>
<tr>
<td>Other Asian</td>
<td>0.36</td>
<td>0.13</td>
<td>0.08</td>
<td>0.03</td>
<td>0.22</td>
<td>0.48</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0.65</td>
<td>0.12</td>
<td>0.08</td>
<td>0.02</td>
<td>0.12</td>
<td>0.14</td>
</tr>
<tr>
<td>African</td>
<td>0.41</td>
<td>0.27</td>
<td>0.07</td>
<td>0.03</td>
<td>0.08</td>
<td>0.97</td>
</tr>
<tr>
<td>Other black</td>
<td>0.13</td>
<td>0.11</td>
<td>0.02</td>
<td>0.01</td>
<td>0.02</td>
<td>0.19</td>
</tr>
<tr>
<td>Chinese</td>
<td>0.48</td>
<td>0.60</td>
<td>0.28</td>
<td>0.14</td>
<td>0.24</td>
<td>0.45</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>0.29</td>
<td>0.19</td>
<td>0.14</td>
<td>0.06</td>
<td>0.13</td>
<td>0.44</td>
</tr>
</tbody>
</table>

Due to rounding errors, data may not sum to 100%.
Source: [http://census.ac.uk/casweb/](http://census.ac.uk/casweb/) (2001 census – Census Registration Service 2001b)

Table 4.3 provides economic information on the number of employees, self employed, unemployed, retired and permanently sick/disabled individuals across Lancashire, Cumbria, Merseyside, Cheshire and Greater Manchester. All the counties except for Cheshire have employment figures lower than the English average. Similarly only Cheshire has a lower than average percentage of permanently sick and disabled. In addition, the North West (except for Greater Manchester) has a higher than average percentage of retired people.

Table 4.3  Percentages of adults (16-74 years old) employed (part and full time), self employed, unemployed, retired and permanently sick/disabled by county in 2001

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Greater Manchester</th>
<th>Merseyside</th>
<th>Cheshire</th>
<th>Cumbria</th>
<th>Lancashire</th>
<th>England average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees (including full &amp; part time)</td>
<td>n=1781882</td>
<td>n=979238</td>
<td>n=713824</td>
<td>n=354183</td>
<td>n=1010542</td>
<td>n=35532091</td>
</tr>
<tr>
<td>Self-employed</td>
<td>51.56</td>
<td>46.16</td>
<td>54.53</td>
<td>50.50</td>
<td>50.64</td>
<td>52.62</td>
</tr>
<tr>
<td>Unemployed</td>
<td>6.65</td>
<td>5.32</td>
<td>7.79</td>
<td>9.87</td>
<td>8.18</td>
<td>8.32</td>
</tr>
<tr>
<td>Full-time student</td>
<td>3.52</td>
<td>4.95</td>
<td>2.84</td>
<td>3.43</td>
<td>3.16</td>
<td>3.35</td>
</tr>
<tr>
<td>Retired</td>
<td>13.06</td>
<td>14.70</td>
<td>14.69</td>
<td>16.66</td>
<td>14.91</td>
<td>13.54</td>
</tr>
<tr>
<td>Student</td>
<td>5.11</td>
<td>5.57</td>
<td>3.46</td>
<td>2.80</td>
<td>4.32</td>
<td>4.67</td>
</tr>
<tr>
<td>Looking after home/family</td>
<td>6.09</td>
<td>6.70</td>
<td>6.00</td>
<td>5.67</td>
<td>5.83</td>
<td>6.52</td>
</tr>
<tr>
<td>Permanently sick/disabled</td>
<td>7.84</td>
<td>10.04</td>
<td>5.76</td>
<td>6.38</td>
<td>7.24</td>
<td>5.30</td>
</tr>
<tr>
<td>Other</td>
<td>3.53</td>
<td>3.96</td>
<td>2.52</td>
<td>2.73</td>
<td>3.10</td>
<td>3.10</td>
</tr>
</tbody>
</table>

Due to rounding errors, data may not sum to 100%.
Source: [http://census.ac.uk/casweb/](http://census.ac.uk/casweb/) (2001 census – Census Registration Service 2001c)
Multiple deprivation indices

Around a third of the 4459 lower super output areas\(^4\) in the North West (1462) lie in the most deprived quintile in England (ODPM 2004). Figure 4.1 shows the index of multiple deprivation scores for the Local Authority areas within Great Manchester, Cumbria & Lancashire and Cheshire & Merseyside. The data were from the Index of Multiple Deprivation 2004\(^5\). Manchester and Liverpool are the two most deprived areas within the North West (average deprivation score of 48.91 and 49.78 respectively). Congleton and Ribble Valley are the two least deprived areas within the North West.

### Figure 4.1  Multiple deprivation scores by county split by Local Authority for 2004

![Bar chart showing deprivation scores by Local Authority](http://www.nwpho.org.uk/selectdata/)

Source: [http://www.nwpho.org.uk/selectdata/](http://www.nwpho.org.uk/selectdata/)

Health profile of the North West

The Health Profile of England (Department of Health 2006a) provides a collection of national and regional data to be used as a gauge against which local areas can compare their own health profile data. Local authority level health profiles are available from [www.communityhealthprofiles.info](http://www.communityhealthprofiles.info). The majority of the indicators are derived from the earlier report, Choosing Health: Making Healthy Choices Easier (Department of Health 2004a) and include indicators in relation to obesity and physical activity. Although it is difficult to make assumptions at the local authority level, it is clear from the report, that nationally obesity prevalence is rising both in adults and children.

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\(^4\) Super output areas are geographic areas based on the output areas from the 2001 census with consistent size and boundaries that do not change. There are three layers (lower, middle and upper) corresponding to increasing population sizes of the areas with lower super output areas covering a minimum population of 1000 and a mean of 1500. [http://www.statistics.gov.uk/geography/soa.asp#3layers](http://www.statistics.gov.uk/geography/soa.asp#3layers)

\(^5\) The Index of Multiple Deprivation is measured at the small area level (lower super output area) and is based on several dimensions of deprivation experienced by people living in an area. It contains seven domains of deprivation (income; employment; health and disability; education, skills and training; housing and services; living environment; and crime) each of which contains a number of indicators that, amongst other aspects, measures major features rather than those experienced by a very small number of people or areas. [http://www.communities.gov.uk/index.asp?id=1128444](http://www.communities.gov.uk/index.asp?id=1128444)
current trends continue, nearly one third of children under eleven are predicted to be obese or overweight by 2010. Interestingly, although the report refers to the increase in physical activity in schools as an opportunity to reverse the trend, along with the Travelling to School initiative, there is no mention of the opportunities offered by informal or formal recreational activities such as those facilitated in parks.

This section draws on the North West Public Health Observatory’s recent report “Where wealth means health” (Wood et al. 2006). The North West region has the lowest life expectancy for both males and females in the country. In 1991-1993 there were approximately 55% of males and 60% of females in the worst national quintile for life expectancy, split by Local Authority. A similar level for males (52%) was also seen ten years later (2001-2003) although for females there had been some improvement (45%). Higher levels of poor health tend to be seen across urban conurbations (Wood et al. 2006) which reinforces the need for cross-sectional partnerships to address the determinants of health such as lifestyle, socio-economic and environmental factors (Sport England 2004).

‘Not good health’

Most measurements of health focus on ill health (morbidity) or causes of death (mortality); however the 2001 Census included a question asking respondents to describe how they perceived their own health. The response categories were ‘good health’ ‘fairly good health’ and ‘not good health’. Responses of ‘not good health’ were 8% in England, 9% in Scotland, 10% in Wales and 11% in Northern Ireland. Within England there was a clear north-south divide: with only 6% not good health being recorded in the South East and East, and 10% in the North East and North West (http://www.statistics.gov.uk/CCI/nugget.asp?ID=1325&Pos=&ColRank=2&Rank=1000).

Figure 4.2 shows the percentage number of individuals that rated their health as ‘not good’ in the 2001 census across the North West. Barrow-in-Furness, Blackpool, Knowsley and Liverpool had the highest proportion of people who classified their health as ‘not good’, while Congleton, Eden, Macclesfield and Ribble Valley had the lowest proportion.
Figure 4.2 Percentage of individuals who rated their health as ‘not good’ in the 2001 census by county split by local authority

![Chart](chart.png)

North West Local Authority

Source: [http://www.nwpho.org.uk/selectdata/](http://www.nwpho.org.uk/selectdata/)

Mortality

Figure 4.3 shows the Standardised Mortality Rates (all deaths all causes) for the Local Authority areas within Greater Manchester, Merseyside, Cheshire, Cumbria and Lancashire. The data cover the time period 1999-2003. The rates can be compared against a North West regional average of 100. Liverpool, Knowsley and Manchester have the three of highest rates of mortality and South Lakeland has the lowest rate.

Figure 4.3 All ages, all causes, standardised mortality ratios by county split by local authority (1999-2003) compared with the average for the North West of England (black line)

![Chart](chart2.png)

Source: [http://www.nwpho.org.uk/selectdata/](http://www.nwpho.org.uk/selectdata/)
Mental health

The World Health Organisation estimates that depression and depression-related illness will become the greatest source of ill health by 2020 (WHO 2001). Within Britain mental ill health costs around £77 billion per year for the provision of care, lost outputs and costs to individuals. Within the NHS alone it is estimated that £3.8 billion annual expenditure is related to the treatment of mental illness with England. If the population is both emotionally and physically healthy then there will be lower associated public health costs imposed (Pretty et al. 2005). In 2000, one in six adults in Great Britain were recorded with a neurotic disorder, the most prevalent (about 9%) being anxiety and depression (Singleton et al. 2001). Mixed anxiety and depression was the most common disorder for men and women (7% and 11% respectively) with anxiety being the next most common disorder (4% for men and 5% for women). Depression was slightly less common in men than women (2% for men and 3% for women). Figure 4.4 shows the percentage of hospital admissions for mental health conditions as a percentage of all hospital admissions in the local authority. This percentage is based only on hospital admissions therefore the actual number of cases within the Northwest will be higher than these values. Liverpool and Manchester had the highest percentage number of hospitalised cases of mental health conditions. Eden and Ribble Valley had the lowest percentage number of cases of hospitalised cases of mental health conditions.

Figure 4.4 Percentage number of hospitalised cases of mental health conditions by county split by local authority for the period 1998/9 to 2002/3

Source: http://www.nwpho.org.uk/selectdata/
There has been increasing recognition that green space can provide a psychological benefit which can contribute to mental well-being. There is the potential for green space to provide a restorative effect, which could be translated into improvement in quality of life. Some people use green space to carry out physical activity and the Mental Health Foundation has found that physical activity is used by a lot of people as a strategy to manage their mental distress (CJC consulting 2005). Ulrich (1984) found a faster recovery time for patients whose hospital rooms had ‘natural’ views as opposed to views of other hospital buildings. Runners who ran through urban parks reported more feelings of happiness compared to those who ran through streets (Bodin & Hartig 2003). A study by Grahn & Stiggsdotter (2003) surveyed 953 individuals in nine Swedish cities examining health and use of neighbourhood green space. They found a significant negative relationship between access to small areas of green space such as private gardens and allotments, and self-reported experiences of stress, i.e. if people had access to even small areas of green space, then the number of self-reported cases of stress decreased. They also found a significant positive linear relationship between reported well-being and the level of access to green space and suggested that having a green space view was as significant as having access in relation to well-being. An Australian study examining people’s opinions regarding which environments they considered to be health damaging or health promoting identified parks as being thought to be conducive to community health (Baum & Palmer 2002). When available data are examined at the level of middle super output area (MSOA\(^6\)), it can be seen that there is broadly a decline in the prevalence of hospitalisation with mental health conditions as the degree of rural land increases. This is apparent even after controlling\(^7\) for deprivation and population density between the various classes of area (Figure 4.5).

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\(^6\) Middle super output areas are based on minimum populations of 5000 (mean of 7200) and are built up from lower super output areas constrained by the 2003 local authority boundaries used for the 2001 Census outputs. [http://www.statistics.gov.uk/geography/soa.asp#3layers](http://www.statistics.gov.uk/geography/soa.asp#3layers)

\(^7\) Correction for differences in deprivation and density used General Linear Modelling (significant differences being found for hospitalised prevalence with mental health conditions at \(P = 0.001, F_{94,5} = 4.153\)).
Data are marginal means having controlled for deprivation and population density using a General Linear Model. Bars are standard errors. The urban / rural classes were aggregated from those developed from the methodology of Bibby & Shepard (2005) [www.statistics.gov.uk/geography/nrudp.asp#rural](http://www.statistics.gov.uk/geography/nrudp.asp#rural)

Source: North West Public Health Observatory [www.nwpho.org.uk](http://www.nwpho.org.uk)

Parks have a vast amount of untapped health potential because they provide an opportunity for people to re-establish and maintain their health in a holistic way, facilitate a more optimistic or positive attitude, enhance social support, reduce stress and tension, and provide an opportunity for physical exercise (Maller *et al.* 2002). Blumenthal *et al.* (1999) found that physical exercise is equally as effective as medication in the treatment of depression in elderly people and Maller *et al.* (2002) identify several benefits arising from contact with nature:

- improvement of self-awareness, self esteem, self concept, and positively affects mood;
- reduction of the incidence of negative feelings such as anger, fear, anxiety and frustration;
- reduction in the magnitude of the psychological response to stress and enhances the ability to cope with and recover from stressful episodes;
- effective in alleviating the symptoms of anxiety, depression and psychosomatic illness;
- improvement in the quality of life, work satisfaction and ability to cope within an urban environment.
Obesity

Obesity is classed as someone with a Body Mass Index of 30 or above. There are a number of factors that result in an individual putting on weight and becoming obese, however the main cause is eating more calories than are used for the level of physical activity normally undertaken. The annual report of the Chief Medical Officer (2003) describes obesity as a health time bomb as obesity levels in England have tripled in the past two decades. Around a fifth (21%) of men and a quarter (24%) of women are now obese whilst almost 24 million adults are now overweight or obese.

Since the mid 1990s the prevalence of obesity in England has increased markedly in both children and adults. In 1995 the rate of obesity within boys was 10% and girls 15%. By 2002, this had risen to 17% for both boys and girls (National Statistics 2006). The rate in adults has also increased from 13.2% of men in 1993 to 23.6% in 2004 and from 16.4% of women in 1993 to 23.8% in 2004 (The Health and Social Care Information Centre 2005). In fact obesity has grown by nearly 400% over the last 25 years (over 50% of adult population is classed as overweight) and England has the fastest growth in obesity in Europe with childhood obesity tripling in 20 years (House of Commons Health Committee 2004). The cost is huge (£7.4 billion per year) and set to rise rapidly. The danger is that obesity will lead to a wide range of other conditions: kidney damage, heart disease, diabetes, osteoarthritis, psychological damage and the greatest avoidable cancer threat after tobacco. The House of Commons Health Committee (2004) recorded some of the causes as a reduction in personal activity from 255 miles per year 20 years ago to 189 miles now, cycling having fallen by 20% over 50 years, under 1% of school journeys being by bike and 50% of children having less than 2 hours of activity per week (the current government target which is proposed to be raised to 3 hours per week). Changes in diet with increased intake of high energy non-filling foods have also been implicated.

Figure 4.6 shows the percentage synthetic estimates for obesity by county. A synthetic estimate is based on various survey data which are modelled to produce an estimate. The data were collected between 2000 – 2002 and were based on the responses from the Health Survey for England. Allerdale and Eden had two of the highest percentage synthetic estimates for obesity levels and Macclesfield and Liverpool had the lowest synthetic estimates in the North West.
Diabetes

The current level of approximately 2.35 million people with diabetes in England is expected to increase to over 2.5 million by 2010 (Department of Health 2006b). The term diabetes is usually used to denote diabetes mellitus which is the reduction in glucose levels in the cells and an associated increase in the blood caused by insulin deficiency. Other complications can occur, for example, the risk of cardiovascular disease is substantially increased in a person who already has diabetes. There are two types of diabetes mellitus:

- Type 1 usually develops in people under 40 as a result of the body being unable to produce insulin and is treated by insulin injection and careful control of the diet;

- Type 2 usually develops in people over 40 (although in some groups, such as South Asian and Black African Caribbean people, it can often develop in those under 25). Type 2 diabetes occurs when the body produces insufficient insulin, or when the insulin produced does not function properly (insulin resistance) and is usually treated with diet and exercise or diet and oral medication. Physical inactivity is a major contributing factor involved in the development of type 2 diabetes (Department of Health 2004a) and increasing childhood obesity has led to an increase in obesity-associated type 2 diabetes cases in childhood and adolescence (Velasquez-Mieyer et al. 2005). Further discussion of diabetes in the context of the health benefits of parks therefore relates to type 2 diabetes.

The burden of diabetes on the National Health Service could be significant given the current rise in obesity. In one Merseyside Trust it is suggested that a 1% rise in obesity may lead to a 1.5% rise in the hospitalised prevalence of
diabetes and that up to 46.6% higher hospital episodes (i.e. the number of hospital admissions or completed treatments) due to diabetes could occur between 2001 and 2011 (Hennell et al. 2005). Figure 4.7 shows the percentage of hospital admissions for diabetes as a percentage of all hospital admissions in the local authority. This percentage is based only on hospital admissions therefore the actual number of cases within the North West will be higher than these values. Liverpool and Manchester had the highest percentage number of hospitalised cases of diabetes. Eden Valley and Ribble Valley had the lowest percentage number of hospitalised cases of diabetes.

Figure 4.7 Percentage of hospitalised cases of diabetes by county split by local authority for the period 1998/9 to 2002/3

When examined at the level of middle super output area, there is a general decline in prevalence with increase in rural land. This is even the case when deprivation and population density across areas are controlled for (Figure 4.8).

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8 Correction for differences in deprivation and density used General Linear Modelling (significant differences being found for prevalence of hospitalised cases of diabetes at $P < 0.001, F_{914.5} = 5.112$).
**Physical activity**

Physical activity is essential for our health and well being. The current advice from the Department of Health is to do thirty minutes moderate exercise (e.g. brisk walking) five times a week (Department of Health 2004b). It is also essential to make activity a lifelong habit and one of the ways of doing this is to ensure that physical activity is regular and enjoyable from an early age (Department of Health 2005a). The lack of physical activity has been recognised as adding to a catastrophic burden to society, leading directly to chronic disease and lack of independence in the elderly. Moderate exercise has been shown to prevent heart disease, diabetes, strokes, cancers, disability, osteoporosis, depression, anxiety and sleep problems. Wanless (2004) recorded that lack of exercise is one of the main lifestyle determinants for circulatory disease, some cancers, accidents and injuries. Lack of physical activity has influences on health in a number of ways including coronary heart disease, diabetes, stroke, osteoporosis, depression and some cancers including colon cancer (e.g. Tully et al. 2004). The levels of adults achieving recommended levels of physical activity of 30 minutes of exercise on at least five occasions per week is low at 16% (although this varies across the region, for example in Cheshire 23.9% of adults walk for 30 minutes or longer on at least five occasions per week and 30.2% do so at least once per week). These low levels are even more concerning when it becomes clear that self reported levels of physical activity tend to over-estimate levels of physical activity (Sims et al. 1999).
Some reductions in physical activity have been attributed to changes in society. For example, a decrease in manual jobs and the substantial reduction in the physical activity element of housework in western society (Department of Health 2004a). Not only is physical activity low in general in England, there is increasing concern relating to specific groups within the population (such as teenage girls). Evidence of a health benefit for physical activity is seen throughout life. For instance, children taking part in physical activity can gain an appreciation of risk, avoidance of weight gain and improved mental well-being. In adults, protection against diseases such as diabetes and cardiovascular disease and reduced obesity can result (Department of Health 2004a). The health benefits are even more pronounced in older people, including reductions in the incidences of osteoporosis, circulatory diseases and depression, all of which can impact on an older person’s ability to maintain an independent life. A 1% increase in physical activity within the UK sedentary population could reduce mortality by 1,063 cases per year and morbidity by almost 15,000 cases (CJC Consulting 2005). Additionally, 40% of deaths from coronary heart disease are associated with inadequate physical activity with inactive people having nearly twice the risk of developing coronary heart disease than do active people. It is estimated that there would be a reduction of death by 14% if sedentary people took up regular light exercise.

It has been calculated that the lack of physical activity costs £8.2 billion per year of which £1.7 billion is attributed to costs to the NHS, £5.4 billion for work absence and £1 billion for early mortality (Bird 2004). This does not include costs related to inactivity due to obesity, which have alone been estimated at £2.5 billion annually (Department of Health 2004a). The positive influences of physical activity are clear, with a 20-30% reduced risk of premature death and up to a 50% reduced risk of developing chronic diseases such as coronary heart disease and diabetes (Department of Health 2004a). Over the last 20-30 years there appears to be a decrease in physical activity as part of the daily routine in England (Department of Health 2004a) and several surveys have demonstrated that relatively few people meet the current recommendations of exercise lasting at least 30 minutes at a time for five or more times per week. For example, The Health Survey for England 2004 shows that 35% of men and 24% of women met the current recommended level (Department of Health 2005b). Knight et al. (2005) surveyed participation in sports and physical activities in the North West of England and showed that only 15.9% of adults were currently taking part in exercise (including walking) for thirty minutes or longer on five or more occasions each week. Similarly, a survey by Sport England (2004) showed that 67% of people in the North West do not take enough exercise to benefit their health. Figure 4.9 shows that more males than females reported that they had participated in physical activity consisting of a minimum of 30 minutes at least moderate intensity activity at least five times a week. A report by Knight et al. (2005) found that amongst year 9 pupils in Greater Manchester there has been an increase in participation in informal sport between 2001 and 2004 with a greater increase amongst girls (75.7% to 83.6%) than boys who nonetheless still engage more frequently (88.6% to 91.0%). Participation in outdoor activities was lower at 59.0% for boys and 47.1% for girls. Young people from households where other members
participated in sport were themselves more likely to engage in informal activities. 64% of boys and 60.6% of girls felt that the area in which they lived was safe for play.

Figure 4.9  The prevalence of physical activity within England in 2004

There has been a change in the way that children commute to school in Great Britain, with a steady increase in the number being driven to school and a decrease in the number who walk and cycle. For example between 1992 and 1994, 61% of school children aged five to ten walked to school compared to 52% in 2002 and 2003. The proportion of children aged five to ten who were driven to school rose from 30% to 40% in the same timeframe. A similar pattern was seen for adolescents aged 11-16 with journeys to school by car increasing from 16 to 23% over the same time period (The Office of National Statistics 2006).

The Active People Survey is the largest ever survey of sport and active recreation to be undertaken in Europe; headline results from the survey were released on 7 December 2006. The survey was conducted on behalf of Sport England by Ipsos MORI between October 2005 and October 2006 and took the form of a telephone survey, administered to adults, i.e. over sixteen years old. A minimum of 1000 interviews were completed in every Local Authority in England, with 368,724 interviews in total. The scale of the project enabled a detailed analysis, including the variation in levels of participation between areas and different groups in the population. The survey also measured participation in sports at a more formal level, e.g. the proportion of the adult population that volunteer in sport on a weekly basis, club membership and receipt of tuition or coaching.

The survey identified that people were participating regularly (i.e. taking part on at least three days a week for at least 30 minutes continuously in any one session) in over two hundred sports; with walking being the most popular recreational activity. Overall 21% of the adult population took part regularly in sport and active recreation. Over eight million adults undertook a recreational walk in the last four weeks; a recreational walk is defined as ‘continuous for 30 minutes and had to be at least moderate intensity – i.e. described by the respondent as either ‘a fairly brisk’ or a ‘fast pace’. Recreational cycling and running/jogging were also popular (7.8% and 4.6% respectively). It is likely individuals participating in these popular activities utilise their local parks.
Levels of activity varied between the North West Local Authorities, with 20.6% of the adult population taking regular part in sport or active exercise (21% nationally). The lowest levels of participation were observed in Blackburn with Darwen (16.4%); the highest, Macclesfield (29.3%). Differences were also observed between different socio-demographic groups. For example, 24.4% of males participate regularly in sport and active recreation, compared to 17.1% of females. Of those without disability or limiting longstanding illness, 23.4% take part in sport and active recreation, whereas only 8.1% of those with a limiting or longstanding illness or disability partake in such activity.

Encouraging physical activity

Several authors have found that the likelihood of using a public open space for physical activity increases with increasing ease of access (e.g. Giles-Corti et al. 2005 and Rohrer et al. 2004). Additionally, public open space is mostly likely to be used for physical activity if it is large and aesthetically pleasing. It has been shown that people with very good access to attractive large public open spaces were 50% more likely to have high levels of walking (i.e. at least 6 walking sessions per week, totalling 180 minutes). Many physical, environmental and social factors have been described that influence physical activities such as walking and cycling. Giles-Corti & Donovan (2003) suggested that walking in an area of Perth (Western Australia) was most associated with dog owners and those who had a large number of exercise partners. Access to public open space was seen as the major physical environmental factor influencing walking, with appeal of the environment (low traffic levels and some trees) being suggested having a possible positive effect. However they also recorded that despite walking being a popular activity, fewer than one in five respondents to their survey were walking frequently enough to be classed as benefiting in terms of health. In addition, many workers have identified associations between the levels of physical activity (especially walking) and the conduciveness of the neighbourhood in terms of aesthetics, perceived safety and street connectivity (e.g. Saelens et al. 2003) which may complicate the potential for using even accessible open space for physical activity. Li et al. (2005) have identified the benefits of a multilevel viewpoint in terms of the social and environmental influences on physical activity in middle-aged and older people, noting the wealth of evidence associated with increased physical activity in areas with better access to local facilities such as open space. Public parks have been reported as commonly used areas for walking, although even when they are accessible, they may only be used frequently when they are very conveniently placed. For example, Powell et al. (2003) reported that adults in Georgia within a 10 minute walk of areas they perceived to be safer environments were those who were the most active. Management of neighbourhood parks to improve their attractiveness to local residents was deemed to have potential public health benefits.
Examples of successful schemes and initiatives, from both the UK and Europe, provide benchmarks by which lessons can be learnt. It is important that local authorities and agencies look to continue re-evaluating and monitoring standards of provisions for children in all urban and rural areas, to create the best possible environment for children to discover, explore and learn, and to provide them with exciting and adventurous play opportunities to take, manage and learn about risks (Lindon 2003; Worpole 2003; 2005). Various initiatives are linked to promoting walking for health. These include the development of particular health walks, e.g. the Thames Valley Health Walks Scheme (associated with the Countryside Agency sponsored Walking the Way to Health Initiative – CRN 2001) which has been found to encourage longer lasting participation in physical activity amongst those taking part in the scheme compared to those merely given advice regarding exercise and health (CRN 2003). A further discussion of this is given later in this chapter.

The LEAP (Local Exercise Action Pilot) Programme is a government initiative, which aims to support the participation in physical activity locally across England. This initiative is in collaboration with the Department of Health, Sport England and the Countryside Agency (Sport England 2004). The NHS is responsible for taking forward the health improvement agenda and this will include physical activity. A significant proportion of the delivery of health improvement, including the increase in physical activity, will come from the main allocation funds and will form part of their core business planning. There has been an additional £1 billion of additional NHS funding made available to supplement the delivery of Choosing Health over the next three years. Primary care trusts have been provided with additional funding to enable them to take action on activity (Department of Health 2005a). A physical activity plan has been developed to encourage and co-ordinate the actions of a range of organisations to promote increasing participation in physical activity across England. This aims to deliver the commitment in the public health white paper ‘Choosing Health’ (Department of Health 2005a) which has a goal to ensure that public spaces and countryside are both accessible and attractive.

It is important that children enjoy being physically active. Research has shown that physical activity levels start to decline as children get older, and that, by encouraging physical activity at a young age, children will be more likely to lead a physically active lifestyle as they get older (Blair, LaMonte & Nichaman 2004), thus protecting them against sedentary lifestyle related diseases such as obesity, heart disease and diabetes (Wilmore and Costill 2005).

The significant impact of outdoor play on a child’s physical and emotional health and well being has been well established (Cole-Hamilton & Gill 2002; Cunningham 2002; Ouvry 2003), and the decline of suitable provisions for play has been well documented (Dunnett et al. 2002; Lindon 2003; Worpole 2003). Recent reports have indicated that local authorities and key agencies are working towards creating better, more improved environments for children, to encourage them to play and be physically active. Working in collaboration with children and young people to engage and understand their wants and needs has shown to be very successful, with the construction of
play areas and environments tailored towards their requirements (Children’s Play Council 2002a).
It is anticipated that working in partnership with people within the neighbourhood will improve community spirit, encourage children to play together and develop and improve the neighbourhood environment as a whole (Children’s Play Council 2002a; Cole-Hamilton & Gill 2002).

It has been highlighted that children are dissatisfied with the lack of provisions for challenging, exciting and adventurous play. Providing children with a challenging environment will make them more likely to want to play and be physically active, and will provide them with the opportunity to learn about risks (Children’s Play Council 2002a; Worpole 2003). An integral part of a child’s development is learning about safety and how to assess and handle risks (Lindon 2003; Worpole 2003; 2005). The Children’s Play Council has acknowledged this issue of play provision and risk, stating that: “if it [play] is not exciting and attractive to them [children], then it will fail, no matter how ‘safe’ it is” (Children’s Play Council, February 2004).

The opportunity for a child to take and manage risks is fundamental to their development (Children’s Play Council 2002a; Worpole 2003). All children need to be able to take risks so they can discover, explore and learn. It is fundamental to a child’s development that they are provided with the opportunity to take and manage risks. Anxieties amongst parents, planners and public authorities (Lindon 2003) have led to a failure in providing exciting and interesting play environments for children (Worpole 2003). Undesirable behavioural problems may arise in the future, when children want to explore risk in ways which may be anti-social and more dangerous (Worpole 2003), as explained by Lindon (2003, pg 46) “If their [the child’s] play environment is made too safe and sanitised, the children will either slump into uninspired and repetitive play or they will find some way to spice up their play environment, probably through energetic games or risky behaviour that adults do not like”.

It is imperative, therefore, to create the type of environment in which children can stretch and challenge themselves, and “test and develop their abilities without exposing them to unacceptable risks” (Children’s Play Council 2002a). Children need to be provided with the opportunities to experience, explore and manage risks in order for them to understand and appreciate the extent of their own skills and abilities, however, they have less experience of this than adults. Hence, it is the responsibility of adults to be able to provide environments, which are controlled to an appropriate degree, in order to enable children to learn about risk without any unnecessary danger (Children’s Play Council 2002a).
**Healthy schemes in green space**

Various health related schemes are taking place throughout the North West and nationally. This chapter looks at several of the most common schemes that have been successfully implemented within the North West. The schemes include the Green Gyms and healthy walking schemes.

**Cycling schemes**

Cycling has the potential to make a significant contribution to improving public health. Additionally cycling is an environmentally friendly and sociable way of getting around (Tierney & Cavill 2006). Cycling can make a significant contribution to the prevention of obesity and increase rates of physical activity. There are several advantages to incorporating cycling into everyday life: the intensity of activity can be adjusted to suit the individual and cycling is classed as a ‘low impact’ activity being easier on bones and joints compared to other activities such as running. The National Cycling Strategy was produced in 1996 and set out comprehensive plans to significantly increase levels of cycling across the country. A cycling referral scheme is one component of the overall strategic approach to promoting cycling. Tierney & Cavill (2006) have produced guidance on developing cycling referral schemes aimed at Primary Care Trusts (PCTs). A survey on cycling sent to Directors of Public Health showed that only one in three PCTs have a person responsible for cycling and only 3% have a PCT cycling strategy (Cavill et al. 2004). Throughout the country Local Authorities are investing in bike paths, crossings and cycle paths (Tierney & Cavill 2006). There are several cycling schemes running within the North West, one of which is ‘Cycling for Health’ in Sefton. The scheme was set up between Cycling Projects, Sefton Council road safety team, South Sefton PCT and Southport & Formby PCT. This project was so popular that it led to the appointment of a cycling and health coordinator funded by the PCT. Another cycling scheme is within East Bolton where the Local Authority, PCT and Cycling Projects jointly worked together to integrate cycling into the existing exercise referral programme. The led bike rides incorporated activities within the parks and green spaces within Bolton (Tierney & Cavill 2006).

**Green Gyms**

Green gyms were launched in 1997 as a pilot study. The original idea came from Dr William Bird, an Oxford GP, who realised that some of his patients with weight problems could benefit from outdoor exercise instead of using the conventional gym. The concept of Green Gyms has been implemented by the British Trust for Conservation Volunteers (BTCV) and there is now a growing number throughout the UK; currently around 70 are up and running (Reynolds 2002). Green Gyms were endorsed by the Department of Health in the White Paper – Choosing health as being effective in providing exercise and developing social networks (Department of Health 2004c).
Each Green Gym session typically lasts three hours and can take place many different locations including parks and allotments. The participants are initially taken through warm up exercises by the Green Gym trainer, followed by a safety talk covering aspects such as using tools. The conservation work can include hedge laying, planting trees, laying a footpath, etc. At the end, all participants are shown cool down exercises (Reynolds 2002).

Studies have shown that Green Gym participants improve their health and fitness through regular involvement in practical conservation work. Independent evaluation showed that Green Gym tasks, if performed on a regular basis, are of sufficient intensity and duration to produce significant improvements in cardiovascular fitness (Reynolds 1999). One of the main reasons found for initially taking part in a Green Gym was keeping fit and some of the main reasons for continued participation included the social aspect of working in a group, increased awareness of conservation and doing something worthwhile. Similar results have been found in a Green Gym evaluation project in Northern Ireland (Conservation Volunteers Northern Ireland 2006).

Participation in green gyms has shown that there can be a decrease in depression scores during the first three months of participation and overall mental health component scores significantly improve. The Green Gym was open to a non-clinical population but a substantial proportion of the participants had mental health problems that had been undiagnosed by their GPs. This suggests that the Green Gym project has the potential to contribute to well-being of the wider population without the reliance of referrals from primary care teams (Reynolds 2002). From a small sample of participants there was found to be a significant increase in fitness and waist-to-hip ratios decreased in the first three months (Reynolds 2002). An interim report on the national evaluation for Green Gyms has shown that traditionally excluded groups to conservation volunteering are being included in the Green Gym schemes. Of the 290 participants who completed a questionnaire about Green Gyms, 10% had been recommended to the scheme by the health service.

To summarise, the two independent evaluations indicated the following benefits to participants of Green Gyms which are of particular value to older people (Reynolds 1999 & 2002):

- the moderate physical activity during a Green Gym session can reduce the risk of heart disease and strokes by up to 50%;
- the range of activities available on a Green Gym session allows participants to be active at a level that suits their individual capabilities;
• muscular strength can be increased which can lead to improved balance, fewer falls and increased independence.

• participants all agreed that it benefited their mental health and boosted their self-esteem through learning new skills;

• working with others encourages participation in the local community;

• working out in the fresh air, in contact with nature, can relieve stress, anxiety, and help with depression;

• participants also increased their 'general' level of physical activity outside the Green Gym.

Figure 4.10 further demonstrates the benefits of participating in a Green Gym and shows differences in heart rate between those participants partaking in a Green Gym session compared to those taking part in a step aerobics class. Those participants on a Green Gym session had higher heart rates while exercising when compared to the step aerobics participants especially later on in the session (Reynolds 1999). This may reflect a greater motivation to be doing something useful in addition to the pure exercise component.

**Figure 4.10 Comparisons between heart rates of participants during a Green Gym session and those taking part in a step aerobics class**

![Heart Rate Comparison Graph](source: Reynolds (1999))

Healthy Walking Schemes

Brisk walking is one of the most common, convenient and natural forms of physical activity, for all but the most seriously frail or disabled individuals. Additionally, walking may be a good way of introducing sedentary individuals to exercise (Dawson et al. 2006). It has been calculated that a healthy walking group of 60 men or women over 60 years could prevent one death a year assuming that they would otherwise have remained inactive (Bird 2004). A Health Walk can be defined as “a purposeful, brisk walk undertaken on a regular basis” (Dawson et al. 2006). These have several positive results, firstly on the cardiovascular system as a result of doing exercise, secondly by providing an opportunity to socialise and thirdly taking part in the walk itself can provide a
distraction from everyday stresses. Walking Schemes help to encourage and tempt people to take part in regular exercise as they are structured, supervised, of low cost to participants, emphasise low to moderate levels of activity and are therefore an active means of maintaining participants’ adherence to exercise (Hillsdon et al. 1995).

One of the best known healthy walking schemes is the Walking the Way to Health Initiative (WHI) which has been set up as a collaborative initiative between the British Heart Foundation and the Countryside Agency. The initiative also benefits from extra funding from the Big Lottery Fund. Since 2000 it is thought that the scheme has encouraged over one million people to participate in healthy walks. There are over 350 local healthy walking schemes. Within the North West of England there 57 such schemes that are carried out within parks and 30 are grant aided by the WHI initiative. Table 4.4 shows a breakdown of the number of schemes throughout the region.

<table>
<thead>
<tr>
<th>County</th>
<th>Number of healthy walking schemes</th>
<th>Number of those schemes grant aided by WHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Manchester</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>Merseyside</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Cheshire</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Cumbria</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Lancashire</td>
<td>15</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: A. Matthews (pers. comm.)

Various authors have commented that participants of healthy walks tend to be white, middle aged women, of high social economic status who are already regular exercisers. An evaluation by Dawson et al. (2006) examined 750 participants who had attended newly funded WHI and Paths to Health Project (PTH) based in Scotland and found that they were predominantly females (73%) who were mainly retired. The majority of participants were white (95%), which is representative of the sector of the population that dominated the schemes. Those participants who had not attended a led walk in the past were more likely to be from a disadvantaged group of the population (i.e. non-white, less qualified, occupying a worse position in terms of measures of deprivation and registered disabled) compared to others walkers who had attended other led walks. This implied that the schemes were going some way to addressing the health inequalities.

Evaluation of the health walks schemes which took place on Sonning Common found that 11% of the Sonning Common population participated in Health Walks within the first eight months of the
schemes being set up (Barlett et al. 1996). One third of participants were retired and nearly three times the number of women than men took part. The majority of Health Walk participants preferred walking in the countryside to walking in the town mainly because of the attractiveness of the scenery. There were two barriers to previous walking: a lack of fitness and uncertainty about where to walk. There were a variety of positive impacts reported by one quarter of the participants, including awareness of fitness levels, knowledge of the local area, awareness of the benefits of regular exercise and knowledge of brisk walking. Perceived health benefits associated with participating in the health walks included a reduction in weight (by one in five) and approximately one in ten thought that Health Walks decreased the amount of illness suffered, while 28% said the walks reduced their stress levels. The adherence levels to these Health Walks was 85% with the main reasons for not continuing being that participants thought the walks were too fast, they were too busy or they had ailments.

The Countryside Agency (now part of Natural England) is building on the success of the WHI and putting a bid in to the Big Lottery’s ‘Wellbeing’ Fund down the ‘Green Exercise’ stream so that they can further promote physical activity in the outdoors more. Many other initiatives follow this type of approach for example the Wigan Feet First local walking strategy (http://www.wiganmbc.gov.uk/pub/planning/pdfs/interwalk.pdf) which includes improvements to:

- the physical infrastructure;
- safety and personal security;
- promotion of walking.

**Summary**

The North West of England is home to 6.7 million people from a wide range of ethnic groups. The levels of deprivation are high compared to the English average and health profiles are relatively poor. Health levels decline across the region with increasing urbanisation. The major cities of Manchester and Liverpool show particular peaks for diabetes and mental health. Several of these conditions are linked to low physical activity levels and lack of access to appropriate public open green space. A number of schemes exist to encourage engagement with physical activity and these are examined in more detail in the next chapter (Chapter 5).
5. Park health survey

Introduction

As part of this report it was felt important to assess the current state of awareness and implementation of initiatives utilising the health benefits of parks across the North West of England. Two methods were employed to gain an understanding of the range of schemes being employed. The first involved a questionnaire (Appendix 2) eliciting information on health schemes being carried out in parks within the North West. Secondly, two case studies were examined in more depth to obtain more detailed information for two local authorities.

North West Parks and Public Health Questionnaire

The questionnaire was designed to identify the different types of health schemes associated with North West parks and to gain some insight into opinions relating parks and healthy living. The survey also provided an opportunity to obtain examples of projects within parks which have demonstrated good practice. It was posted to all North West directors of public health, as well as all local authorities, local education authorities, police and fire services in the North West.

The response rate was high for most groups, comprising: 31 local authorities out of 43, 30 directors of public health (or a public health specialist within that PCT) out of 37, 3 local education authorities out of 43 and 1 joint response between a PCT and the corresponding local authority (see Appendix 3 for further details of the respondents). Unless otherwise stated, all data in the remaining tables and figures in this chapter are derived from the questionnaire survey. Table 5.1 shows the proportions of the respondents who had heard of different health-related park schemes within the North West and the percentage of those who had successfully implemented the scheme.

<table>
<thead>
<tr>
<th>Health Scheme</th>
<th>Aware of scheme</th>
<th>Has the scheme been implemented successfully</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes%</td>
<td>No%</td>
</tr>
<tr>
<td>Walking the Way to Health</td>
<td>53 (82%)</td>
<td>10 (15%)</td>
</tr>
<tr>
<td>Healthy Walks</td>
<td>48 (74%)</td>
<td>15 (23%)</td>
</tr>
<tr>
<td>Green Gyms</td>
<td>43 (66%)</td>
<td>17 (26%)</td>
</tr>
<tr>
<td>Cycling Schemes</td>
<td>45 (69%)</td>
<td>17 (25%)</td>
</tr>
<tr>
<td>GP referral scheme</td>
<td>49 (75%)</td>
<td>12 (19%)</td>
</tr>
</tbody>
</table>

Due to rounding errors, numbers do not always sum to 100%

The Walking the Way to Health Initiative was the most commonly known health related scheme with over 80% of respondents being aware of the scheme. All of the schemes had been implemented to some degree, with the GP referral scheme being the most commonly known to have been implemented: 57% of those who responded said that the GP referral scheme had been
successfully implemented followed by the Walking the Way to Health Initiative (55%) and healthy walk schemes (54%). Cycling schemes have been less well embraced than walking schemes, although they may increase in frequency in the next few years. For example, Knowsley PCT commented that they are currently developing a cycling scheme in partnership between the PCT and Knowsley Local Authority and intend to establish a cycling station in Halwood Park. A variety of other health related schemes were mentioned by respondents (see Table 5.2 for examples).

Table 5.2 Some examples of health related schemes across the North West of England

<table>
<thead>
<tr>
<th>Authority</th>
<th>Example of health related scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheshire</td>
<td>Parks young people with disabilities inclusion project, Active Parks (Young People) and family fun day, within Eastern Cheshire parks</td>
</tr>
<tr>
<td>Congleton</td>
<td>Children’s exercise/sports programme</td>
</tr>
<tr>
<td>Knowsley</td>
<td>Green Gym type activities with Friends of Park Groups</td>
</tr>
<tr>
<td>Liverpool</td>
<td>Walks and Talks in the park</td>
</tr>
<tr>
<td>Manchester</td>
<td>An allotment scheme in Dugdale Park</td>
</tr>
<tr>
<td>Oldham</td>
<td>Canoeing, trim trail, orienteering, and rock climbing all taking place within Alexandra Park</td>
</tr>
<tr>
<td>Preston</td>
<td>‘Just One More Step’ which promotes physical activity targeting people with type II diabetes</td>
</tr>
<tr>
<td>Sefton</td>
<td>Chair based exercise scheme which has led to recruitment on healthy walks</td>
</tr>
<tr>
<td>Trafford</td>
<td>Trim Trails</td>
</tr>
</tbody>
</table>

There was evidence of differences in awareness of five health schemes utilising parks between the Local Authorities and PCTs. Table 5.3 shows that the respondents from the health disciplines tended to be more aware of the different health schemes within parks. Not perhaps surprisingly both the PCTs and local authorities were more aware of the longer standing health walks initiatives and PCTs were very aware of the GP referral scheme. Rather more surprisingly is the fact that two PCTs were unaware of the GP referral scheme. It is not certain why this has occurred, however, there is obviously some scope in advertising these schemes to cover a wider range of both PCTs and local authorities.

Table 5.3 Differences in awareness of the five health schemes within parks between local authorities and PCTs

<table>
<thead>
<tr>
<th>Health scheme</th>
<th>Local authority awareness of scheme (n=31)</th>
<th>PCT awareness of scheme (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Walking the Way to Health</td>
<td>74%</td>
<td>19%</td>
</tr>
<tr>
<td>Healthy walks</td>
<td>68%</td>
<td>29%</td>
</tr>
<tr>
<td>Green Gyms</td>
<td>68%</td>
<td>29%</td>
</tr>
<tr>
<td>Cycling schemes</td>
<td>65%</td>
<td>32%</td>
</tr>
<tr>
<td>GP referral scheme</td>
<td>65%</td>
<td>29%</td>
</tr>
</tbody>
</table>

The percentages may not sum to 100% due to rounding errors and respondents not answering the particular question.

Tables 5.4 to 5.6 show the most common responses (mode values) to various questions asked in relation to parks. Of those individuals who responded to how welcoming their parks are, the
majority (79% – figure obtained by summing all those indicating a positive response) said that it was more welcoming than 12 months ago (Table 5.4). This was associated with an increase in park use and involvement of the public in park management decisions (reported by 82% and 80.7% of respondents respectively). Such public involvement is becoming more widespread as a result of both obtaining funding from a variety of community focussed grants and the recent encouragement of friends’ groups. Around two thirds of the respondents themselves have used their parks much more in the last 12 months (66.6%). Facilities do seem to have improved with more accessible facilities (77.9%), that are well maintained (74.3%), consuming a larger proportion of available resources (74.2%). Toilets have not benefited in the same way with many responses indicating little change in current availability (only 57.2% indicated that toilet facilities would become more widely available over the next five years). A majority (83.3%) of those individuals who responded to the question relating to park land use said that they feel that land used for parks in their local area has not changed greatly over the last 12 months. However, where change has been seen, it tends to be as an increase. Although major park developments may be relatively rare, a number of new housing initiatives have resulted in the creation of new parks (e.g. Hulme Park in Manchester).

Table 5.4 Participants’ views on park use and facilities

<table>
<thead>
<tr>
<th>Questions</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>When compared to 12 months ago, parks in my area are:</td>
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<td></td>
<td></td>
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<tr>
<td>less welcoming (1) to more welcoming (10) (n=39)</td>
<td>2.6</td>
<td>2.6</td>
<td>15.8</td>
<td>15.8</td>
<td>23.7</td>
<td>31.6</td>
<td>5.3</td>
<td>2.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last 12 months, park use in my area has:</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>greatly decreased (1) to greatly increased (10) (n=36)</td>
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<td></td>
<td></td>
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<tr>
<td>In the last 12 months, the involvement of members of the community in management decisions relating to parks has: greatly decreased (1) to greatly increased (10) (n=36)</td>
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<tr>
<td>Compared to last year, I have used my local park: much less (1) to much more (10) (n=30)</td>
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<tr>
<td>Compared to last year, parks in my area provide: far fewer (1) to more (10) accessible facilities within an equal opportunities framework (n=37)</td>
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<tr>
<td>Parks’ staff present in parks, promotes positive engagement with the facilities: not at all (1) to very much so (10) (n=38)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Park facilities in my area are very well maintained: not at all (1) to very much so (10) (n=39)</td>
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</tr>
<tr>
<td>Within the last 12 months, I have allocated: considerably fewer (1) to far more resources (10) to encourage people to use parks (n=36)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last 12 months land used for parks in my area has: greatly decreased (1) to greatly increased (10) (n=31)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the next 5 years toilet facilities in our local parks will be: unavailable (1) to much more widely available (10) (n=28)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compared to 12 months ago parks are consuming: fewer of my resources (1) to more of my resources (10) (n=31)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All numbers are percentages which may not sum to 100% due to rounding errors. The most common responses are highlighted in purple and responses above 10% are highlighted in mauve.

Overall, parks were perceived to be safer (79.2%), more suitable for all ages (80.6%), and with more equitable access (68.7%) than 12 months ago (Table 5.5). This may be associated with the increase in diversity of users (68.7% recorded a wider diversity compared to 12 months previously). There were also more positive links with the police (81.8%) and more school groups using the parks (76.4%). However, opening hours had not changed much (69.7% of respondents) possibly due to an adherence to the traditional opening hours of 7.00 or 8.00 am until sunset (as in many Chester parks – http://www.chester.gov.uk/main.asp?page=408#p1126). However there are some parks such as Sefton Park in Liverpool that are always open.
Table 5.5  Participants’ views on park access and accessibility

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<tr>
<td>In the last 12 months, parks in my area are accessible for:</td>
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<td>far fewer hours (1) to far more hours (10)</td>
<td>6.1</td>
<td>48.5</td>
<td>21.2</td>
<td>15.2</td>
<td>6.1</td>
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<td>When compared to 12 months ago, parks in my area are:</td>
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<td>far less safe (1) to much safer (10)</td>
<td>5.9</td>
<td>14.7</td>
<td>41.1</td>
<td>17.6</td>
<td>14.7</td>
<td>2.9</td>
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<td>Park amenities provided in my area are:</td>
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<td>much less suitable (1) to much more suitable (10) for all ages than they</td>
<td>2.8</td>
<td>16.7</td>
<td>27.8</td>
<td>30.6</td>
<td>11.1</td>
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<td>Adequate access to parks in my area is:</td>
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<td>inequitable (1) to equitable (10)</td>
<td>5.7</td>
<td>8.6</td>
<td>17.1</td>
<td>25.8</td>
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<td>28.6</td>
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<td>When compared to 12 months ago, the diversity of park users is:</td>
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<td>much narrower (1) to much wider (10)</td>
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<td>Compared to last year, school groups use parks in my area:</td>
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<tr>
<td>much less (1) to much more (10)</td>
<td>2.9</td>
<td>20.6</td>
<td>38.2</td>
<td>8.8</td>
<td>20.6</td>
<td>5.9</td>
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<td>When compared to 12 months ago, links between the police and parks staff</td>
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<td>are: more negative (1) to more positive (10)</td>
<td>3</td>
<td>15.2</td>
<td>27.2</td>
<td>33.3</td>
<td>6.1</td>
<td>9.1</td>
<td>6.1</td>
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All numbers are percentages which may not sum to 100% due to rounding errors. The most common responses are highlighted in purple and responses above 10% are highlighted in mauve.

Health issues have been rather less well addressed (Table 5.6) with over half of respondents indicating a lack of healthy eating choices within cafes in their local parks (55.5%). Links to public health staff are about as limited now as they were 12 months ago (55.6%) although more seem to be increasing these links than reducing them. In 60.1% of cases, health schemes will not apparently change in priority if budgets remain static. However, a majority of respondents (84.2%) reported that their local parks were being promoted to an increasing extent as a resource for health.

Table 5.6  Participants’ views on park links to health

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<tbody>
<tr>
<td>Compared to 12 months ago links between parks staff and public health staff have: greatly deteriorated (1) to greatly improved (10)</td>
<td>2.8</td>
<td>30.6</td>
<td>25.8</td>
<td>16.7</td>
<td>16.7</td>
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<td>When compared to last year, I am promoting parks as a resource for health: much less (1) to much more (10)</td>
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<td>(n=38)</td>
<td>15.8</td>
<td>18.4</td>
<td>26.3</td>
<td>26.3</td>
<td>7.9</td>
<td>5.3</td>
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<td>If current budgets remain the same as last year, health (and safety) schemes will: be discontinued (1) to be actively promoted (10)</td>
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<td>(n=35)</td>
<td>5.7</td>
<td>2.9</td>
<td>31.5</td>
<td>28.6</td>
<td>8.6</td>
<td>11.4</td>
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<td>Healthy eating choices are available within cafes, etc. within parks in my area: not at all (1) to fully available (10)</td>
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<td>(n=27)</td>
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<td>11.1</td>
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<td>14.8</td>
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<td>7.4</td>
<td>11.1</td>
<td>3.7</td>
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All numbers are percentages which may not sum to 100% due to rounding errors. The most common responses are highlighted in purple and responses above 10% are highlighted in mauve.

A wide range of comments in relation to the parks and public health were also received. Many of these were positive in terms of parks providing a valuable asset for the community, specifically associated with health promotion:

“We have a wide variety of green spaces, of which ‘parks’ are only a small subset. Nevertheless the parks are a valuable asset to those communities near them”
A Director of Public Health

“Parks are still very much under used in my experience. However locally parks staff feel that many public health initiatives such as the local ‘Get Yourself Lively. Walking’
programme is having a positive effect in terms of increase in park usage. They are also very keen to engage in our plans for a cycling programme within parks”

Health Improvement Specialist – Physical Activity

“The health benefits of parks and open spaces should be promoted through ongoing schemes and activities supported by park staff and health professionals. Although one off schemes are successful, a more sustained approach would be beneficial”

Parks and Green Space Manager

“We recognise the vital role that parks play in public health, whether it be for activity or play to combat issues such as obesity or for contact with nature or areas for quiet contemplation which are so needed for good mental health”

Parks Officer – Quality Development

Additionally, there was evidence to show that there was partnership work occurring between some of the local authorities and health organisations:

“The PCT is working in partnership with a number of agencies to promote green spaces (not just parks) in areas of high deprivation to promote use of green space for physical activities and green gyms”

Public Health Specialist

“I feel we have come a long way in the last few years making vast improvements to the infrastructure where finances have allowed. We are now operating franchises for cafes and working with the NHS ….. to provide Healthy eating, orienteering, canoeing etc. We are also building up relationships with Adult Services Department to provide outreach bases within parks to enable those with disabilities both physical and mental to benefit from the environment that we provide”

Horticultural Service Manager

“The PCT is working in partnership with a number of agencies to promote green spaces (not just parks) in areas of high deprivation to promote use of green space for physical activities and green gyms”

Public Health Specialist

Other comments implied that organisations were working towards promoting health related schemes:

“We do not link up with the local PCT as yet but are looking to this in the near future. We are in the process of developing a new Parks Strategy that will have a section dedicated to Health and Parks where we will have a number of actions centred around developing health initiatives within our parks, i.e. trim trails, green gyms etc in collaboration with [the] Leisure Trust, PCT, schools etc”

Principle Development Officer

“In the near future we hope to launch a scheme providing sports coaching as a diversionary activity for youths in parks”

Parks Community Liaison Officer

However, this process was less advanced in some cases and this may relate to the availability of funding:
“The LA is currently restructuring to enhance our service which will give us efficiency saving and look at more development work and if funds are found a ranger service. This will look at issues such as health”
Parks Officer – Quality Development

A number of responses identified concerns regarding the dichotomy between the potential roles that parks could play in healthy living and the reality of current funding and staffing. These comments do not simply reflect a concern regarding the roles of park staff that could perhaps be addressed through appropriate training. There are also issues regarding the more strategic linkages between organisations that need to be directed at senior managers:

“More public health work could be done with parks if funding was available and greater understanding by park staff of their role in health. Parks have an invaluable role to play with improving health of local people. However there is a lack of acknowledgement of this with council and some NHS staff”
Health Promotion Specialist

“I do not think the links between parks and public health professional are particularly good at Strategic Planning level. Individual workers have fairly good relationships with some front line staff”
Health Promotion Advisor

“I feel we need to have more staff and more attractions to encourage people to use the parks”
Active City Co-ordinator

“I’m not aware of any proactive links between parks and environmental health in this authority”
Conservation and Design Manager

Case studies

Two case studies have been selected to examine some of the issues of parks and health in more depth. The two areas chosen were Bury in Greater Manchester and Sefton in Merseyside. These local authorities were chosen because they provided the most information relating to parks and health on the health questionnaire. They also expressed an interest in being involved. Semi-structured interviews were carried out with representatives from the local authority and the Primary Care Trust.

Case Study 1 – Bury Local Authority Park Health Schemes
Bury has 14 urban parks, two countryside parks and over 55 equipped play areas. The Parks & Countryside service is responsible for the grounds maintenance of the parks. Ten of the parks within Bury have Green Flag accreditation. The Local Authority has eight urban park rangers and three countryside rangers.
There are several health related schemes that take place within the parks in Bury including healthy walks, cycling schemes, GP referral and multi-sports in the park. There are also educational programmes with schools which include events that help to increase the awareness of parks and the rangers. These events take place in both the classroom and parks. The Local Authority works in partnership with organisations such as Primary Care Trusts and Sports Development. A new scheme being promoted at the Local Authority is ‘Work Space to Green Space Walks’ in collaboration with Bury PCT. This scheme aims to encourage employees to walk to work and incorporate green space such as parks within the walk. The scheme also aims to encourage employees to take walks within green space during their lunch breaks.

The multi-sport activity scheme within Bury parks aims to provide supervised multi-sport and play activities free of charge for children aged 8 to 13 years for weekday afternoons during school holidays. This provides an alternative to ‘hanging around’ for children within communities where parents have little disposable income and to encourage children to use parks as a place to play, thus increasing the number being physically active and gaining the associated health benefits of an active lifestyle. Plans relating to this scheme are drawn up in partnership with the parks and countryside service, the youth service and the Area Initiatives team (area co-ordinators) to help address reported youth nuisance, etc. Children were recruited via local adverts, particularly in the ‘Whats on in Bury Guide’ publication. Activities include rounders, Kwik cricket and improvised games and provide an opportunity to learn about games on an informal basis. From evaluation in 2005, a total of 358 children attended sports activities within nine parks. A high proportion of the children attending said they would use parks to play games with friends without an adult being present.

Future plans for schemes within parks include sustaining funding to enable them to continue past 2008 and any significant increase in funding (or partnership funding) would enable the work to occur more often than once a week in targeted areas. They also aspire to continue promoting parks for health and promoting the facilities available. An ongoing aim is for the Local Authority to work with the local community and encourage them to use parks more.

Case Study 2 – Sefton Local Authority Park Health Schemes

Sefton has 34 designated parks, 67 dedicated play areas and 183 open spaces. The Parks and Open Spaces team maintain over 602 acres of open space. There are several park schemes incorporating health in and around Sefton. These include the Walking The Way To Health, healthy walks, green gyms, cycling schemes and GP referral schemes. The healthy walks have diversified into different types of health walks such as themed walks, walks & talks, ‘Pram’bles (walking with prams) and treasure trails. As part of Sefton’s forthcoming strategy to improve physical and mental health
there is an intention to include the use of green space in the action plans for improving and sustaining levels of being active.

Healthy walk schemes have been in place for three years organised by the Local Authority and supported by the Primary Care Trust. Additionally the healthy walking schemes have been supported by Sefton volunteers, Sefton Healthy Living Centre, Shopmobility, Sure Start and Parenting 2000. The present healthy walks have originated from the Walking The Way To Health scheme. Evaluation of these schemes have shown that they tend to target inactive older people and people with disabilities. The schemes can have a positive impact on mental health and social isolation within the community. The Local Authority is looking at introducing health assessments as part of the healthy walking schemes. As part of Millennium Lottery Funding a walking scheme has been set in Hesketh Park. The scheme involves a healthy walk and then as part of a cool down the participants take part in planting flowers within the park.

Active Sefton has been set up to improve the health and well-being of the Sefton population and to promote the benefits of an active lifestyle and decrease sedentary illness. GP exercise referral schemes, sports activities in parks and healthy walks all come under the Active Sefton umbrella. Partners involved with this scheme include the council Leisure and Community facilities, PCT and the healthy living centre. There are several sports related schemes running in Sefton and some of these incorporate the use of local parks for activities such as roller blading. The Sports Development Section within the Local Authority organises sports play day events in parks. These events are not directly health related but encourage physical activity. Such activities include tennis and cricket coaching. The Local Authority also collaborates with Youth Services to organise sports events during the school holidays. These sports events usually take place within Sefton parks. The Local Authority is looking at incorporating parks as part of the safe routes to school scheme.

South Sefton and Southport & Formby Primary Care Trusts highlighted Active Sefton as an example of best practice. The scheme involves a local health professional referring a patient whose condition will respond to a prescribed programme of physical activity. The patient undergoes a 14 week supported programme of physical activity. Activities which can take place within parks include cycling and walking. The number of referrals onto this scheme have increased from 444 in 2003 to 1064 in 2004 and 1272 in 2005. One factor which has influenced this increase in referrals is the increased partnership and awareness raising of the programme amongst members of the community and health professionals. A total of 96% of the participants who started the scheme during July-September 2005 successfully completed it. Additionally, over 70% of the people maintain an active lifestyle 12 months after completion of the scheme. By monitoring various physiological parameters during the scheme, results indicate that a structured programme of physical activity can help control or reduce blood pressure and resting heart rate.
Summary

A number of well evaluated schemes are in place across the North West of England which aim to encourage further engagement with physical activities and use of the outdoor environment for public health benefits. However, their implementation and usage is mixed. While good examples of these schemes do exist, there does not appear to be consistency in their promotion, availability, resourcing or management. A number of issues relating to awareness of the schemes and their benefits by a range of professionals have been highlighted and a lack of integrated management appears to prevail. As such a range of recommendations are needed to point towards more efficient and effective use of the available resource of urban parks for the benefit of the health of local communities (see the next chapter: Chapter 6).
6. Summary and recommendations: managing public urban parks for the health benefits of local people

Introduction

The quality of green space is more important than the quantity, despite the debate about the relative importance of how close areas of green space are to homes and places of work (Urban Green Spaces Taskforce 2002). Without adequate facilities, with perceived anti-social behaviour and an unwelcoming aspect, parks could be adjacent to every home and yet would remain a problem if they were neither used nor maintained. Harnik (2003) articulates seven principles behind successful parks:

- Clear expression of purpose or mission statement;
- Access for all in terms of location with respect to local residents and removal of barriers to specific groups;
- Appropriate resources including land, staff and equipment with capital and revenue to enable the implementation of the management plan;
- Safety from hazards including crime (both perceived and actual);
- Visitor satisfaction promoting high usage both by available people and repeat visits;
- Regularly updated management plan produced and implemented in consultation with all stakeholders including community involvement;
- Benefits for the city outside the park including health, ecological, educational, social and economic benefits.

This report demonstrates the potential that parks have for integrating a wide range of benefits, especially related to healthy living across a diversity of people. In addition, there is a wide range of sources providing advice and guidance on relevant management aspects of parks. However, there are substantial management issues relating to facilities and resources, access and accessibility, funding and publicity that need to be addressed. The most efficient way to do this may be through an integrated management approach involving both those associated with leisure services and public health professionals.
Urban parks are highly valued by the public and have the potential for addressing quality of life issues within regeneration programmes (Bell et al. 2004). However, regional strategies need consideration, access issues must be addressed, targeted good quality information is needed on-site, engagement with children and educational benefits are important. This report has identified considerable potential for parks in the North West of England to form part of an integrated strategy for health promotion for urban communities. In order to maximise this potential it is important to address a number of issues. These include improvements to facilities in terms of both provision and continued maintenance, accessibility for all, information and publicity and appropriate integration of expertise from a range of professionals. While a range of health benefits are documented, it is important to recognise the paucity of information in some areas. For example, there is a relative paucity of quantitative data concerning green space and local communities (Land Use Consultants 2004). For example, do people believe that their proximity to green space has an impact on their health and quality of life? Do differences in the distribution and allocation of green space matter? Do people have to ‘use’ green space to place value on it? And are the benefits of green space greater in disadvantaged soci-economic groups? Are complex areas of green space better than simple ones? There is a need to identify further evidence, both perceptual and physical, on community health-based projects. A number of recommendations (highlighted at the end of this chapter) are suggested that may help to resolve some of these issues.

**Access and accessibility**

It is essential that parks and other urban green space are examined to assess how truly accessible they are in terms of ease of transportation be it public transport, car parking or, preferably from a health perspective, walking or cycling. In fact it is essential that the importance of transportation facilities as well as site design is acknowledged in enhancing park use (Hoehner et al. 2003). This requires consideration of the spatial distribution of sites, the position of any access points and the ways in which the public are likely to transport themselves to the site. One model suggests ensuring that play areas for toddlers and small children are within 90m of residences, while resources for children up to young teenagers are within 300m, with a maximum of 1km to facilities for teenagers. It also recommends that amenity open space and parkland should be within 400m, while kick-about and other casual sports facilities should be within 500m, with sports pitches at 1km (Kit Cambell Associates 2001). Once there, welcoming sites will not only persuade people to stay but also to return and encourage others to do so too.

The individual and community priorities associated with making full use of parks are many and varied. However, what may benefit one section of the public may also tend to benefit others. For example, the ways by which the Government intends to provide for BME communities to ensure that people from different ethnic groups can and want to use green space (ODPM 2005b), including:
• creating a sense of belonging so that everyone feels part of the community;
• consulting the whole community and informing people about available facilities;
• tackling issues of safety and anti-social behaviour;
• a commitment to cultural equality;
• encouraging culturally relevant events and providing targeted activities for different ethnic groups;
• supporting diversity within decision-making structures, and creating a positive climate for ethnic inclusion;
• using translated materials where necessary.

The first three of these are obviously not exclusive to ethnic minority communities. Similarly managing parks to enable visitors with restricted mobility to enjoy their stay will not only enhance their visits, but will often help a wide range of visitors, for example who are suffering from temporary injuries, are pushing prams, or are simply slightly fatigued. The Countryside Agency (2005) produced guidelines for urban green space managers, while other organisations have developed their own guidelines and policies (e.g. Manchester City Council – Harris et al. 2003). The Fieldfare Trust was an early leader in countryside accessibility standards which were developed through the BT Countryside for All Project, first published in 1997 and subsequently extended (http://www.fieldfare.org.uk/pastandards.htm). Such standards can readily be adapted for use across urban public parks and other open space.

In Britain, there are an estimated 33 million people a year using parks. However, a major influence on an individual’s use of a park is the threat of anti-social behaviour. The ODPM (2005b), CABE Space (2005a) and The Urban Green Spaces Taskforce (2002) have developed advice on how to manage this, for example by:

• producing well-designed parks which will reduce the fear of crime and anti-social behaviour as well as creating a place where people want to spend time and minimise the opportunities for people to behave anti-socially;
• implementing good management and maintenance regimes which will attract people to use such areas (e.g. changing maintenance times so that they coincide with the times when vulnerable people are using the site);
• using neighbourhood wardens and community support officers to provide further reassurance to park users;
• having a rapid response to vandalism to send the message that such behaviour is not tolerated;
• fully engaging all members of the community including those who create the problems.
One example reported in CABE Space (2005a) described a park in London which was used by a number of homeless people and suffered badly from vandalism. The park became a meeting place for drug users, street drinkers and rough sleepers. Funding was made available to develop the park involving the local community. As a result of the improvements, the park is now used by a wider cross section of the community and has been recognised as an example of good citizenship. The Urban Green Spaces Taskforce (2002) also gives ideas for dealing with nuisances, for example in the temporal and spatial zoning of conflicting activities.

Obviously attracting children and their parents is a major way in which to encourage full family attendance at parks and promote park usage for the future. Dunn et al. (2003) have produced a guide to the development of accessible play space. It may also be feasible to promote some areas as exciting adventure areas to promote risk development for children and develop an appreciation of actual rather than perceived risks on the part of adults. Although children want and need challenging and stimulating play environments, the need for protection from danger and crime is of paramount importance to children. A report investigating children’s attitudes towards their environment found that danger was the main issue that children spoke about when talking about being outdoors (Thomas & Thompson 2004). Traffic, strangers, criminals, being lost and bullying were all concerns that children had about being outside. The Urban Green Spaces Taskforce (2002) suggests that to ease some concerns, play areas should be developed with exclusion for non-accompanied adults (which is limited to very small proportion of sites currently).

Other visitor safety concerns are addressed by the guide to good practice available from the Visitor Safety in the Countryside Group (VSCG 2006). One major tool in managing visitor safety both perceived and actual is the use of park staff and these can also provide a potential focus for health activities as well as for promoting access and increased usage (CABE Space 2005c). Bird (2004) suggested that overgrown vegetation (e.g. nettles) and to a lesser extent mud may be a deterrent to walking. Suitable management of vegetation can also help reduce the perception of a site being uncared for and visitors feeling vulnerable to crime. However, such environments should not be too manicured. Hoehner et al. (2003) point out the important ways in which appropriate planning can integrate with public health promotion, specifically within the areas of increasing participation in physical activity through the provision of accessible facilities and reduction in safety concerns.

Enticement of the public into parks via community group involvement in park management requires attention to two major aspects: improvements in security and facilities (Jones 2002). However, even when this is done, problems may still remain. There are signs that British society may be developing two leisure cultures distinguishing between those who use parks for recreation and those preferring safe and controlled indoor environments for fitness (Worpole 2004). This gym versus outdoor exercise divide may be reducing the demand for parks by some of the very people who could make them successful places for health promotion. Such communities are often not only those who have the money to spend on private health clubs, but are also the vocal sections of
society who know when and how to complain about declining facilities or poor access. There is an additional danger that those using essentially indoor facilities at clubs will reinforce a desire for more sanitised environments in which to relax amongst both themselves and their children.

**Resources and facilities**

The classic Park Life Report (Greenhalgh & Worpole 1995) showed that people expected provisions such as decent toilets, refreshments and well-maintained play equipment within their local parks. Agenda 21 has provided a framework to help develop new approaches, particularly in those parks experiencing decline. The framework highlights an opportunity to create local coalitions between community groups, wildlife groups, environmentalists and many more to discuss new uses and forms of management of local parks. An example of good practice would be adapted educational use, tied into health policies, used to expand opportunities for leisure, sports and to provide varied play for children. There are however constraints within urban parks which include financial restraints and perceived urban problems associated with crime and fear of crime (Greenhalgh & Worpole 1996). The recent state of many facilities, including the removal or closure of resources such as toilets and cafes, does not help to maintain a high degree of visitor usage across the community spectrum.

The results of the survey into facilities in parks in the North West (Chapter 3) demonstrates that there is a lack of information even for those researching this topic. As such, readily available information for those interested in using their local parks is patchy to say the least. It is not certain why certain facilities are present while others are not. The dominance of bowling greens over sports pitches may reflect a need by visitors, however this is by no means certain. More worryingly is the lack of public conveniences (including disabled toilets) and of shelters for a variety of types of visitors. Even with a recognition of the importance of park staff, few of the parks surveyed had a permanent ranger presence.

Assessing the uses and matching them to users or potential users will also help in promoting usage. For example, examining the ratio of land used for formal versus informal recreation and the various uses made of them could then be associated with types of users (e.g. young men) to determine whether visitors are getting the facilities they require. One example of where resources are being focussed, in line with public desires, is in the area of children’s play facilities. The Children’s Play Council (part of the National Children’s Bureau) have produced both a guide (2002a) and checklist (2002b) giving advice on play facilities. Several successful Government initiatives have now been implemented in the UK associated with play areas. The recognition of the need for, and likely potential benefits of, the provision of exciting and stimulating play spaces for children, has brought about the emergence of new types of play and neighbourhood playground
schemes, particularly in areas of regeneration and renewal. Numerous schools have had playground overhauls and are being transformed into stimulating play areas (Worpole 2003). Various agencies have highlighted the importance of engaging with the community, consulting with children and working together with them to find out what it is they actually want from their play spaces, to ensure they will be well utilised (English Nature 2003). Play spaces need to be developed in collaboration with the community, in order to help tackle social exclusion, encourage community spirit, regeneration and renewal within the neighbourhood (Children’s Play Council 2002a). Providing children with the opportunity to play together will benefit the community as a whole, and, if the people within the neighbourhood take pride in their community, this will aid in facilitating the discouragement of the vandalism and graffiti that has plagued parks and play areas in previous years (Children’s Play Council 2002a; Worpole 2003). Manchester City Council, for example, has worked in collaboration with local children and young people to determine the types of environments and outdoor play spaces they would like to see in their communities, where they would like them to be situated, and what activities they would like to do there (Children’s Play Council 2002a; Manchester City Council 2006). Skate parks, adventure areas and bicycle tracks are new types of play areas that are emerging as a response to children’s wants and needs (Children’s Play Council 2002a). Providing young people with these types of stimulating, challenging and adventurous play facilities can encourage children to engage in activities which they will enjoy and help towards the reduction of anti-social behaviours (Children’s Play Council 2002a; Cole-Hamilton & Gill 2002).

Comparisons with children’s play areas in European countries are valuable for illustrating to local authorities in the UK successful schemes in other countries. Many of these play schemes have helped local people to create sustainable, attractive and exciting places to play. Worpole (2005) illustrates urban examples from Amsterdam and Rotterdam where play provisions of a large scale are centred in the middle of the city centres, for use as play areas, meeting spaces and skate parks for children and young people. Parks and playgrounds in Denmark emphasise the natural environment, removing the standardised play equipment. Worpole highlights the difference in value that Britain and other European countries put on play provision for young people, stating “it seems we may have to wait some time before that European recognition of a children’s rightful place in the city is acknowledged in the UK” (Worpole 2005, p8).

Certain safety standards apply to play equipment including the European Standards for Play Equipment EN1176 (which covers the safety requirements, testing and maintenance of play equipment) and EN1177 (which covers the surfaces of playgrounds). Further details of these are available from The Royal Society for the Prevention of Accidents (RoSPA 2004) who also produce information sheets on both playground equipment and advice on accessibility regarding play equipment and play areas. A guide to good practice for accessible play space (commissioned by central government) has been produced by Inclusion, Childhood and Education Ltd (Dunn et al. 2003).
Other facilities associated with physical activity such as playing fields and sports pitches have also been the subject of some attention. Sport England (2003) have produced advice on local playing pitch strategies alongside those for parks and open spaces while the National Playing Fields Association have produced guidance for both sports pitches and playgrounds. Encouraging outdoor activities can include initiatives as broad as angling participation projects: for example, the Get Hooked on Fishing Scheme as a means of diverting young people at risk of offending to take up fishing (http://www.gethookedonfishing.org.uk/). Angling schemes have also helped to improve health by, for example, rehabilitation in stroke victims (The Environment Agency 2005).

A wide range of other facilities are also important to the general public both in terms of providing a welcoming and safe impression of a park and to make the visiting experience a pleasant one. High on the list is the provision of toilets (including disabled facilities). Appropriately appointed toilets may be particularly useful for children areas and (perhaps) the elderly (The Urban Green Spaces Taskforce 2002). The Women’s Institute are currently involved in a campaign to reverse the trend for the closure of public conveniences. Unfortunately many authorities find that it is easier to close a toilet block in response to staff shortage and damage due to vandalism than it is to manage the facility sufficiently well to keep it open. The provision of shelters and cafés can also provide spaces that encourage people to visit parks perhaps even in less clement weather.

Of course in linking the use of open space to health promotion issues (such as increases in physical activity and exposure to natural environments), we must not lose sight of potential problems to health from being outside or to the opportunities it provides for health education regarding such dangers. For example, despite the relatively small chances of the public coming into contact with discarded needles and syringes, where this is a danger, there is a need to ensure that local authority staff are educated about the risks of sharps injuries and use of protective equipment. Additionally the public should be warned about the risk and what they should do if they find sharps in public places. Hughes et al. (2004) identified a need to target public health initiatives when they would have maximum effect, especially in preparation for extremes of weather. This can be clearly exemplified by sunburn and heat stroke which may be a consequence of encouraging outdoor activities in the British spring and summer. One abiding problem of the British obsession with the climate is a tendency for the weather to be viewed negatively. Weather forecasters play their part in this, from warnings about windy, rainy conditions, through to advertising problems associated with pollen counts and the sun when conditions are brighter. Persuading people that parks provide opportunities for enjoyment whatever the weather would go some way to enhancing their health benefits for the population at large. For example, soft play areas under cover are some of the most popular venues for parents with young children. While these do provide an opportunity for physical activity, they are rather sanitised in terms of risk development and are indoor. If parks utilised existing buildings (many of which are unused) to provide such a resource for days when
weather is poor, families may become used to visiting parks more regularly and may utilise the open air attractions when conditions allow. Such indoor developments together with the external resources could also provide a focus for toddler playgroups and holiday clubs. An extension of this is to encourage schools to be built alongside or even within park grounds could also get children (and their parents) used to visiting the facilities.

Other, more historic and/or aesthetic attractions can also improve visitor numbers and many park authorities are now rebuilding sites of past glory (e.g. the recently renovated Palm House in Sefton Park, Liverpool using funds raised by the Heritage Lottery Fund, English Heritage, European Regional Development Fund, Liverpool City Council and Sefton Park Palm House Preservation Trust – see http://www.palmhouse.org.uk/ for further details).

**Initiatives, awards and interventions**

Given the established importance of open space and parks to the well-being of people in urban areas, it is important that urban planning ensures that communities have adequate access to such areas. This should include the inclusion of park management on public health forums and vice versa. It may be necessary to educate both park and health service staff in the many health benefits of natural areas including from viewing nature, being in natural environments, engaging in physical activity associated with nature and natural settings, exposure to plants (both natural and cultivated), and contact with animals (both domesticated and wildlife). Many recent initiatives have been successful, with improvements accruing to a variety of aspects of our parks and other urban green space, but the spread of such improvements has been rather uneven (The National Audit Office 2006). This success includes the quality of the provision, the satisfaction that residents have with urban space, community involvement and value for money. However, good practice is not always easily shared (Urban Green Spaces Taskforce 2002) and yet the potential to avoid reinventing the wheel is huge. For example, it is uncertain how many local authorities have taken on board the experiences of those who gained Beacon Council Scheme status on the basis of improving urban green spaces (round 3 in 2001).

Awards such as those of Green Flag do much to encourage an improvement in resources and engagement with a culture of inclusivity and welcome. However, they may do less to address physical activity enhancement and other recreational opportunities. Certainly the list of criteria by which Green Flag Awards are assessed does not include specific enhancements targeted at health benefits. The People’s Places awards scheme run by the BTCV and financed by the Heritage Lottery Fund was targeted at disadvantaged groups and those living in areas of deprivation. Amongst other projects these could be used to develop land into an environmental community
resource, use volunteers, be accessible to the wider community and have both environmental and community benefits. It is feasible that schemes such as these could be fitted into the framework of wider health benefits and economic savings in health terms. Despite not being specifically targeted at health promotion, many of the projects supported across the North West involve volunteers in the creation and maintenance of local sites. Such physical activity can provide the same benefits as the Green Gyms also promoted by the BTCV. Despite the success of such schemes being targeted at appropriate organisations, it is uncertain to what extent the general public understand the issues being promoted through such initiatives.

The designation of standards such as those for playgrounds by the National Playing Fields Association (2001: LAPs – Local Area for Play, LEAPs – Local Equipped Area for Play and NEAPs – Neighbourhood Equipped Area for Play) often provides an impetus for implementation across the region. A variety of local authorities have incorporated these standards into their Unitary Development Plans. If similar standards could be applied to aspects such as access and accessibility of urban parks (e.g. for the provision of resources, transportation links and staffing levels) then it would not only benefit the communities using particular local parks, but could be used as a known standard for park facilities which may provide a broader appreciation of the potential of parks amongst non-users.

The many health related schemes recorded by the health questionnaire (Chapter 5) indicate that a number of local initiatives are in place to take advantage of the potential synergies between parks and health promotion. However, this is far from universal and both the proportions of participants who were unaware of such schemes and the failure to implement them even when awareness is high is a cause for concern. Health promotion in parks does seem to be improving, but may be vulnerable to budgetary constraints, especially if it is not seen as a major concern for either park managers or public health professionals.

An action plan for health in the North West (North West Public Health Team 2003) covers physical activity and has a priority for children and young people, older people, BME populations and disabled people. These are all relevant to the current discussion and provide opportunities for the enhancement of parks for promotion of well-being and health. The plan also supports walking schemes and other outdoor exercise schemes. It does recognise that certain social groups (e.g. unskilled manual), women, BME groups and disabled people are less likely to engage in sport and exercise. Initiatives such as the Physical Activity Referral in Stockport (PARiS) scheme (formally the exercise on prescription scheme) are increasingly important additions to the range of health promotion schemes. This is especially because of the involvement of appropriate professionals discussing both health and exercise histories, enabling the production of individual action plans.

Promotion of physical activity may be less favoured in some cases due to a number of barriers including lack of health professional’s time, lack of specialist knowledge and interest in exercise.
(Tully et al. 2004). In addition, potential beneficiaries may also experience problems in firstly engaging with increased physical activities and secondly maintaining reasonable levels of adherence. Tully et al. (2004) suggest several remedies to such barriers including linking GPs with local leisure services, providing GPs with simple tools to assist in motivating patients and providing a range of programmes designed to suit the different characteristics and lifestyles of different patients. Links to parks and appropriately trained park staff could certainly provide one such avenue for promoting healthy exercise. However, exercise referral schemes may not always be effective and where suitable patients seek advice, an individual consultation designed to promote physical activity may be more successful than more generic attempts to persuade (Hillsdon et al. 2002). Obviously providing opportunities locally may help to promote activity without recourse to a GP. Unfortunately, there is also some doubt about how effective publicity campaigns are in encouraging increased physical activity (e.g. Hillsdon et al. 2001) and perceived barriers may be more important than an increased knowledge of activity based initiatives in promoting exercise. Hillsdon et al. (2005) reviewed 17 major studies and concluded that interventions encouraged people to become more physically active at least in the short to medium term but did not necessarily achieve a predetermined level of physical activity. In a review of interventions amongst people over 40, at least in the short term, home-based, group-based and (to a lesser extent) educational interventions increased participation (van der Bij. 2002). Long-term interventions were found to be less successful than short term ones. Conversely Bird & Adams (2001) reviewed a series of health walks, including some based on GP referrals and others as a result of advertising, and found that these not only increased the physical activity levels of participants but were sustainable over a four year period.

Interventions such as these require further evaluation to establish whether the increases observed achieve acceptable health benefits and to examine successful long-term strategies for increasing participation in older people and in respect to differences in ethnicity and sex (Conn et al. 2003). Despite this, promoting physical activity is still desirable. For example, while maximum benefit in terms of a reduction in coronary heart disease accrues from vigorous physical activity, it is unreasonable to expect that the majority of people will engage at this level. However, significant protection is gained from regular moderate activity (Press et al. 2003). Although physical exercise can have significant health benefits for those with diabetes, Thomas et al. (2004) found a number of barriers that reduce participation. The key removable ones were availability of cheap facilities and education on the benefits for exercise. Mental health benefits of physical exercise include the treatment of mild and moderate depression but these are still not used extensively by GPs despite 42% saying that they would try it themselves as one of their top three strategies if they became depressed (Halliwell 2005).

The Fitness Industry Association estimates that there are around 600 exercise referral schemes (to indoor gyms) in England despite the Public Health Interventions Advisory Committee (PHIAC) determining that there is insufficient evidence to recommend their use to promote physical activity.
The National Institute of Clinical Excellence recommends that practitioners, policy makers and commissioners should only endorse exercise referral schemes to promote physical activity that are part of a properly designed and controlled research study to determine effectiveness (NICE, 2006a).

**Management**

The creation, maintenance and promotion of attractive parks must be one of the first priorities for the park manager. Grahn *et al.* (2005) suggested that to attract active visitors they should be located near to homes, be of a non-linear shape (e.g. round) or kept together and have a diversity of characteristic compartments. The latter aspects they termed “room characteristics” and the 8 types of areas they defined were: serene (no rubbish or disturbance from people), wild (apparently natural), species rich (offering a diversity of plants and animals), space (giving a feeling of entering another self-contained world such as a defined woodland), common (green, open and welcoming), pleasure garden (enclosed, safe and secluded), festive (meeting place for pleasure), and culture (historic place). Although these suggestions were for Swedish parks, they seem equally relevant here. Integrating use and managing increased use is also of importance. For example, areas with less vegetation cover and better maintained for safety perspectives may increase visitors but the changes to the habitat diversity and increased disturbance (which may not be mitigated by dense vegetation) may lead to less wildlife (e.g. fewer birds).

Since habitual exercise tends to decline as children enter adolescence (Aarts *et al.* 1997), it is important not only to engage children at an early age, but to encourage their participation throughout their lives. One way of helping in this is to ensure that any obstacles (perceived or otherwise) that block participation are removed. The involvement of children and young people in the design of facilities will not only to ensure as full as possible use but will also give a high degree of ownership and hence potential long term protection. CABE Space (2004c) have published a number of case studies which can help to show how this may be implemented. Kylin (1999) pointed out that teachers were closer to children’s views on what they liked and used in the outdoor environment than were planners and professionals such as these should also be consulted. Grimm-Pretner (2004) compared the use made by boys and girls and concluded that many play areas (e.g. football pitches) were used primarily by boys and that flexible designs tended to redress this problem.

School playgrounds have seen a substantial turnaround in recent years with numerous key agencies and local authorities providing the opportunity for nurseries and schools to develop their outdoor spaces to create interesting and exciting environments which stimulate children to play and learn (Lindon 2001; Cole-Hamilton & Gill 2002; Bilton *et al.* 2005). Schools provide a solution as ideal places for play provision, offering an environment in which children and their parents feel they are protected from danger and crime (Dunnett *et al.*
2002). If it is schools alone that provide stimulating, exciting and adventurous environments for learning and play then children risk becoming further excluded from their community, and issues with maintenance and security means these play environments can not be accessible to children at evenings and weekends (Worpole 2003). Therefore, although it is important and beneficial to create exciting play opportunities within schools, it is evident that these should not replace playground developments and regeneration within the communities.

There are also possible problems regarding the potential for parks to be targeted to provide authorities with showcase sites. For example, concerns have been raised regarding the possible exclusion of poorer park stock from renovation when authorities apply for awards such as the Green Flag Award: good parks getting better at the expense of poor parks. Such concerns have led authorities such as Manchester preventing resources ending up in one area by deliberately ensuring that sites across the entire geographical range of the authority are targeted (Rutherford pers. comm.).

In 1998 a report for the Department of Environment, Transport and the Regions on the effectiveness of planning policy guidance on sport and recreation recommended that there be a good practice guide produced to cover (amongst other things):

- assessing sport and recreation needs;
- case studies of good practice at both site and area scales;
- codes of practice for managing sport and recreation uses;
- links between PPG 17 and other PPGs (Planning Policy Guides).

The Sheffield Parks Regeneration Strategy in the 1990s involved partnerships between local authority departments and the voluntary sector and covered biodiversity, heritage and health, forming a backdrop to the later developments elsewhere in the country (Tjallingii 2005). Initiatives associated with health promotion through parks have been further developed. Manchester has recognised the importance of parks for health and is appointing an officer as health coordinator for parks as well as implementing park-based initiatives such as walks and sports activities which contribute to Manchester Leisure’s health strategy (GET) and to Manchester City’s health initiatives and partnerships including Healthy Living Centres, Health Action Zones, and Single Regeneration Budget projects (Manchester City Council 2006). Similar recognition is occurring in other countries, e.g. Melbourne in Australia has a Healthy Parks Healthy People initiative.

There is a need for a strategic approach to the planning and management of urban green space. This may require regional level planning to coordinate the development of new areas ensuring that they enrich a network of sites (Urban Green Spaces Taskforce 2002). Although local level management will be necessary to improve accessibility, inclusion, facilities and attractiveness
within the context of local approval and against the priorities to ensure sustainability in the long term. Working with partners is an important aspect of such management and planning (Urban Green Spaces Taskforce 2002) including the involvement of local community groups, BME groups (e.g. BEN), disabled organisations, etc. Of course partners involved in health promotion and health protection will also be important in this context (e.g. public health officials and PCTs). The Urban Green Spaces Taskforce (2002) recommended looking at friends groups, and local park forums to build up management plans, although this can be problematic in practice where small groups of local people lack the skills and time necessary to produce comprehensive and realistic plans. There should be the inclusion of health promotion as an important section of any integrated management and this (and other elements) should be used to reinforce a wider planning perspective in relation to other neighbouring accessible green space.

The UK Government promotes the view that that open space standards are best set locally, but in line with national planning policy. There are a number of over arching policies at the strategic level by which a local authority is guided, as well as more specific guidance, e.g. Planning Policy Guidance 17: Planning for open space, sport and recreation. The overarching policies provide a legitimate way of embedding park provision and management into the strategic framework for each local authority and opens up avenues for financial commitment. For example the Sustainable Communities’ agenda includes the provision of cleaner, safer environments which includes:

- creating attractive and welcoming parks, play areas and public spaces;
- improving the physical fabric and infrastructure of places;
- making places cleaner and maintaining them better;
- making places safer and tackling anti-social behaviour;
- engaging and empowering local people and communities and catering for children and young people;
- tackling inequalities.

Regional planning guidance exists to promote sustainable patterns of spatial development and physical change. However, the system is currently being updated and the draft North West Regional Spatial Strategy is currently undergoing public examination. The Regional Spatial Strategy is prepared by the Regional Planning Authority (in the North West this is the North West Regional Assembly) and sets out a broad spatial planning strategy for the approximately fifteen years. The local development framework require local authorities to develop a suite of documents laying out their vision for local development as well as describing how the process will be managed. This new system places more emphasis on public participation and the role of the community in influencing the plans. The general spatial vision and development objectives are laid out in the core strategy which is likely to include the vision and objectives for recreation and leisure, including parks and green space.

It is likely that the Core Strategy document of each Local Development Framework will be subject to Strategic Environmental Assessment (SEA). SEA is a key tool for sustainable development. Its purpose is to ensure that environmental consequences of certain plans and programmes are identified and assessed during their preparation and before their adoption. SEA has been integrated into EU legislation through the European Directive 2001/42/EC and in the United Kingdom (UK) by the Environmental Assessment of Plans and Programmes Regulations 2004. Human health is one of the key topics identified in the SEA directive, which must be addressed during the appraisal process. Whilst Primary Care Trusts are not statutory consultees under the regulations, it is expected that they will be consulted during the process. This will provide opportunity for comments regarding the provision, maintenance and use of recreational green space, including parks, as a means to address health inequalities, provide safe environments for physical exercise, etc.

It is not just park location, size and accessibility that is important, but also interconnectivity. The presence of green corridors increases accessibility, but should be managed with local communities in mind (Briffett et al. 2004). Initiatives such as community forests are often close to urban centres and have the potential for helping access to open spaces and the wider countryside (Red Rose Forest 1993). All six core forest areas within Red Rose Forest\textsuperscript{10} had recreation built into their plans. The Sports Council acted as a partner in providing advice and technical support for development of sport and recreation provision in the forest (Brown 1993). The wide range of sporting and recreational provisions planned within this forest would not be out of place in the larger urban parks and open spaces and includes angling, field archery, cycling, model air sports, orienteering, pitch sports such as football, cricket, hockey and rugby, horse riding, and canoeing.

Even if a park is highly accessible and provides a full range of appropriate facilities, visitor numbers are unlikely to grow quickly unless adequate publicity is undertaken. Publicity is crucial whether it be through the local TV and radio, local papers (including the free papers), or whether it is a local council web site information used to find the facilities available. In addition, it may be useful to publicise the facts regarding actual and perceived crime within our town parks to help to dispel some of the rather more extreme urban myths. Of course such publicity needs to be addressed to the target audience through appropriate methods including translated materials.

Delivering such management initiatives may require refocusing of funding priorities and there are many specific sites that need highly targeted funding, especially on-going maintenance – 65% of items suggested by the general public in one survey required revenue rather than capital expenditure (Harding \textit{et al.} 2005). However it is often easier to obtain capital funds than revenue for maintenance (The National Audit Office 2006). There is relatively little funding and facilities

\textsuperscript{10} Red Rose Forest is a community forest established in 1991 which aims to create new areas of woodland across just under 300 square miles of Greater Manchester
targeted at children and young people, despite these being crucial current and future users of parks. Other areas requiring financial support are training or technical support for the range of roles that park staff should take on so as to realise the full potential of the resource. A number of sources do exist for financing park infrastructure and examples of international methods have been collated by CABE Space (2006). In addition, specific funding streams could be made available to support the provision of physical exercise within parks. A 10% increase in adult physical activity would benefit England by £500 million per year, also saving 6000 lives (DCMS 2002). The Wanless report (2004) on securing good health for the whole population states that more funding should go to promoting good health with lack of physical activity and obesity being identified as high priorities. Bird (2004) calculated the economic benefits that green space can provide through the provision of physical activity based on an urban park. His estimates were based on green space providing 20% of the total local physical activity provision and a 3 kilometre footpath providing 16% of the total local physical activity provision, both being dependent on the population who can access such green space. Using this, the potential savings to the economy of 20 ha of urban green space in terms of its contribution to physical activity is approximately £3.4 million including around £713,000 to the NHS. He subsequently recommended that the NHS should contribute to the upkeep of appropriate green space. For example, the cost of park wardens could be offset by savings to NHS.

The National Institute of Health and Clinical Excellence recently published a clinical guideline on the prevention, identification, assessment and management of overweight and obesity in adults and children (2006b). It recommends that prevention and management of obesity should be a priority at both a strategic level and in delivering services. Within the guidance is a section aimed at local authorities, schools, workplaces and the public. Local authorities are advised to work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity (such as parks) and to address as a priority any concerns about safety, crime and inclusion. In particular they are advised to provide facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas.
7. CONCLUSIONS

Urban parks have a long history of development, and are an important legacy from the Victorian pioneers, providing opportunities for individuals to improve their health, for communities to develop, and for protecting the environment. The cost of developing from nothing, the current resource that urban parks represent, would be enormous, and it is vital that we continue to build upon this resource for the benefit of current and future generations. Although some parks have been the subject of renewal, many others have fallen into decline and it is the responsibility of Public Health to ensure that the potential for health improvement envisaged by the Victorians is not lost. The availability of green space may be even more important for areas with high-rise and high-density housing (Ji & Lay 2004), and this may be particularly pertinent as the residential development of some city centres (e.g. Manchester) and previously industrial areas (e.g. dock developments in Liverpool and Salford) continues apace.

Four out of five children polled by the Children’s Play Council (2002a) said they would rather play outdoors than indoors. But despite the Government’s priority to halt the rising levels of obesity, sports fields are still being sold off and play areas in urban parks in decline. The number of statutory consultations on planning applications involving playing fields rose from 657 in 1999-2000 to 902 in 2000-2001 (Sport England, Countryside Agency & English Heritage 2003), with those in the North West of England rising from 95 to 132 over the same period. Play areas for children are essential and it is important that children enjoy being physically active. Research has shown that physical activity levels start to decline as children get older, and that, by encouraging physical activity at a young age, children will be more likely to lead a physically active lifestyle as they get older (Blair et al. 2004), thus protecting them against sedentary lifestyle related diseases such as obesity, heart disease and diabetes (Wilmore & Costill 2005).

We have no comprehensive baseline of information about the quality and quantity of urban parks in the North West and access for the general public to such information has been found by researchers to be poor. Many of the urban park initiatives have focussed on improving the facilities and overall impression of parks. This needs to be coupled with the development of social marketing strategies (Dedman et al. 2006) to improve usage of urban parks by men and women, the young and old, ethnic minority communities and to encourage social inclusion.

Urban parks have multiple uses and a balance needs to be achieved to meet the needs of people of all ages and ability. This can be achieved through community involvement in the design. For example, the provision of bowling greens versus kick about areas, skateboarding versus relaxation areas. Zonation of physical activities may be appropriate. An example of good practice, involving local people in design, can be found in Manchester where the City Council has worked in collaboration with local children and young people to determine the types of environments and outdoor play spaces they would like to see in their communities, where they would like them to be situated, and what activities they would like to do there (Children’s Play Council 2002a, Manchester City Council 2006).

There are signs that British society may be developing two leisure cultures distinguishing between those who use parks for recreation and those preferring safe and controlled indoor environments for fitness (Worpole 2004). There is an additional danger that those using essentially indoor facilities at clubs will reinforce a desire for more sanitised and isolated environments in which to relax amongst both themselves and their children. We need to reverse this trend by designing and managing urban parks that meet the needs of the local people. We should aim for a level of
excellence in our parks that competes favourably with, if not out competes, the attraction offered by private gyms.

One abiding problem of the British obsession with the climate is a tendency for the weather to be viewed negatively. Weather forecasters play their part in this, from warnings about windy, rainy conditions, through to advertising problems associated with pollen counts and the sun when conditions are brighter. Persuading people that parks provide opportunities for enjoyment, whatever the weather would go some way to enhancing their health benefits for the population at large. For example, soft play areas under cover are some of the most popular venues for parents with young children. While these do provide an opportunity for physical activity, they are rather sanitised in terms of risk development and are indoor.

Funding will always be an issue for public services. However, reducing obesity in children and delivering cleaner, safer and greener public spaces are top priorities for the government and targets for these are included in the public service agreements with HM Treasury. These targets provide local authorities and primary care trusts with the opportunity and levers to produce change through existing mechanisms such as local strategic partnerships and local area agreements. In the recent survey of local authority and primary care trusts in the North West discussed earlier, one health promotion specialist stated that:

“More public health work could be done with parks if funding was available and greater understanding by park staff of their role in health. Parks have an invaluable role to play with improving health of local people. However there is a lack of acknowledgement of this with council and some NHS staff”

The National Institute of Health and Clinical Excellence published a clinical guideline on the prevention, identification, assessment and management of overweight and obesity in adults and children in December 2006. It recommends that prevention and management of obesity should be a priority at both a strategic level and in delivering services. Within the guidance is a section aimed at local authorities, schools, workplaces and the public. Local authorities are advised to work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, such as parks, and to address as a priority any concerns about safety, crime and inclusion. In particular they are advised to provide facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas.

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11 Local strategic partnerships are single non-statutory bodies that bring together local public, private, community and voluntary organisations, generally at the level of district, county and unitary councils. They work with the local community to identify and tackle key issues such as crime, unemployment, education, health and housing in a co-ordinated fashion.

12 Since 2004, Local Area Agreements (LAAs) have become the main mechanism for delivering better and more effective local service outcomes, agreed between government, local authorities and their partners. Based on Sustainable Community Strategies, LAAs cover a three-year period and set out priorities for the local area.
8. RECOMMENDATIONS

A number of recommendations arise from this report:

1. Development of the role of park staff
It is recommended that primary care trusts support local authorities in developing the role of park staff to include health promotion and being a champion for health. This could be aided by realigning park rangers as public health park rangers; responsible for improving exploitation of parks for community health gain, and for co-ordinating the input of public sector agencies and communities into the development and utilisation of local parks.

2. Use of social marketing techniques to increase park usage
It is recommended that local authorities and primary care trusts use social marketing techniques to increase park usage and encourage physical outdoor activity in the whole population. Health and social care professionals, particularly General Practitioners and their staff, should actively promote park use through personal recommendations and targeted marketing material. For example, there could be specific leaflets for younger people, older people, families, in appropriate languages for the local population, all emphasising the fact that parks are healthy and safe.

3. Increasing numbers of health schemes in parks
It is recommended that primary care trusts continue to work with local authorities in implementing recognised health schemes in urban parks, and share good practice across the region, as part of a wider strategy to increase the physical activity of the local population and increase park usage.

4. Review facilities of urban parks, particularly children’s play areas
It is recommended that local authorities review park facilities with local community groups, particularly children’s play areas, to ensure that the facilities meet the needs of the local people and a balance is achieved between the needs of the young for physical activity and older people for gentle exercise and relaxation.

5. Encourage increased use of urban parks by schools
It is recommended that primary care trusts and local authorities work with education authorities in increasing the usage of parks by schools and colleges for outdoor activity, environmental and general education.

6. Regional collation of information on parks
Access for local communities to information about local urban parks is generally poor. There is an urgent need for central regional collation of information on parks and such data could underpin a North West urban park website providing details of locations and facilities to the public.
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Appendix 1 – Sources of data on parks within the North West of England

Data for the parks facilities survey in Chapter 3 were obtained from most local authorities in the North West of England. All local authorities were surveyed directly by email and where this did not result in information being sent, the appropriate web sites were used where possible. The following supplied data directly following the email request for information:

Rochdale M.B.C.
Performance Officer
Environmental Management
http://www.rochdale.gov.uk/Leisure/Attract.asp?URL=CntryPark

Halton
The Parks and Countryside Assistant Manager
Cultural and Leisure Services
http://www2.halton.gov.uk/content/environment/parksandopenspaces/?a=5441

Hyndburn
The Green Spaces Manager
Hyndburn Borough Council
Willows Lane Depot
Willows Lane
BB5 0RT

West Lancashire
Countryside and Outdoor Recreation Manager

The following did not supply data directly so information was obtained where possible from the appropriate web site:

Greater Manchester:
http://www.bury.gov.uk/LeisureAndCulture/ParksAndRecreation/default.htm
http://www.manchester.gov.uk/leisure/parks/list.htm
http://www.oldhamparks.co.uk/
http://www.salford.gov.uk/leisure/parks/publicparks.htm
http://www.stockport.gov.uk/content/leisureculture/parksrecreation/parks/?a=5441
http://www.tameside.gov.uk/parks/index.html
http://www.trafford.gov.uk/cme/live/cme1798.htm

Merseyside:
http://www.knowsley.gov.uk/leisure/parks_recreation/index.html
http://www.liverpool.gov.uk/Leisure_and_culture/Parks_and_recreation/Parks_and_gardens/index.asp
http://www.sefton.gov.uk/page&3951
http://www.wirral.gov.uk/er/parks.htm
Data were not obtained for the following authorities (last date access to the appropriate web site was attempted – 10/11/06):

**Bolton** – has limited online information on parks (mainly featuring events)

**Wigan** – has limited online information on parks (a small commentary on one park and several countryside areas)

**St Helens** – has limited online information on parks (mainly general– no specific information about particular parks and their facilities)

**Elsmere Port & Neston** – has limited online information regarding parks (short descriptions of some spaces with little detail on facilities – suggests using link to Cheshire County Council Countryside Ranger Service)

**Copeland Borough Council** – has limited online information on parks (general only)

**Cumbria County Council** – has little online information and redirects to other local authority websites

**Blackpool** – provide an online map of the parks in the area but with no information relating to any of them

**Lancashire** – manages two country parks which were not included in this survey
Lancaster – has limited online information on parks (mainly covering a consultation initiative and information on an overview and strategy committee)
Ribble Valley – has very limited online information on parks
Rossendale – has some online information on parks (mainly an audit which concentrates on access issues rather than giving full details of the facilities)
Many thanks for taking the time to complete this questionnaire. It will be used to develop a picture of how parks within the North West are contributing to Public Health and should take less than ten minutes to complete. If you have any printed reports relating to any of the schemes within your area, we would be grateful if you forward a copy to the research team (this can be done separately to this response).

Name: _____________________________________________________  LA: _________________________________________________________
Job title: ____________________________________________________  Email: ______________________________________________________

1. Please indicate whether any of the schemes listed below are taking place within your local parks.

<table>
<thead>
<tr>
<th>Type of park scheme</th>
<th>Aware of this scheme (Yes / No)</th>
<th>Has the scheme been implemented successfully? (Yes/No/Don’t know)</th>
<th>Has the scheme been evaluated (Yes/No/Don’t know)</th>
<th>If yes, what were the main conclusions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking the way to health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy walks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green gyms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycling schemes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP exercise referral schemes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (please list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Please circle the number that depicts your position on the scales below. Please indicate what your opinion is based on, e.g. personal experience, survey, external verification.

<table>
<thead>
<tr>
<th>Based on</th>
<th>Based on</th>
</tr>
</thead>
<tbody>
<tr>
<td>When compared to 12 months ago, parks in my area are: less welcoming</td>
<td>In the last 12 months, parks in my area are accessible for: far fewer hours</td>
</tr>
<tr>
<td>greatly increased</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>In the last 12 months, park use in my area has:</td>
<td>When compared to 12 months ago, parks in my area are: far less safe</td>
</tr>
<tr>
<td>greatly decreased</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Compared to last year, parks in my area provide:</td>
<td>Park amenities provided in my area are: much less suitable</td>
</tr>
<tr>
<td>far fewer hours</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>many more</td>
<td>for all ages than they were 12 months ago.</td>
</tr>
<tr>
<td>accessible facilities within an equal opportunities framework</td>
<td></td>
</tr>
<tr>
<td>Parks’ staff present in parks, promotes positive engagement</td>
<td>Adequate access to parks in my area is:</td>
</tr>
<tr>
<td>with the facilities: not at all</td>
<td>1 2 3 4 5 6 7 8 9 10 very much so</td>
</tr>
<tr>
<td>Park facilities in my area are very well maintained:</td>
<td></td>
</tr>
<tr>
<td>not at all</td>
<td>1 2 3 4 5 6 7 8 9 10 all parks very well maintained</td>
</tr>
<tr>
<td>In the last 12 months, the involvement of members of the</td>
<td></td>
</tr>
<tr>
<td>community in management decisions relating to parks has:</td>
<td></td>
</tr>
<tr>
<td>greatly decreased</td>
<td>1 2 3 4 5 6 7 8 9 10 greatly increased</td>
</tr>
<tr>
<td>Within the last 12 months, I have allocated:</td>
<td></td>
</tr>
<tr>
<td>considerably fewer</td>
<td>1 2 3 4 5 6 7 8 9 10 far more resources</td>
</tr>
<tr>
<td>to encourage people to use parks</td>
<td></td>
</tr>
<tr>
<td>In the last 12 months land used for parks in my area has:</td>
<td></td>
</tr>
<tr>
<td>greatly decreased</td>
<td>1 2 3 4 5 6 7 8 9 10 greatly increased</td>
</tr>
<tr>
<td>Compared to 12 months ago parks are consuming:</td>
<td></td>
</tr>
<tr>
<td>fewer of my resources</td>
<td>1 2 3 4 5 6 7 8 9 10 more of my</td>
</tr>
<tr>
<td>resources</td>
<td></td>
</tr>
<tr>
<td>In the last 12 months the diversity of park users is:</td>
<td></td>
</tr>
<tr>
<td>much narrower</td>
<td>1 2 3 4 5 6 7 8 9 10 much wider</td>
</tr>
<tr>
<td>When compared to last year, health (and safety) schemes will:</td>
<td></td>
</tr>
<tr>
<td>be discontinued</td>
<td>1 2 3 4 5 6 7 8 9 10 be actively promoted</td>
</tr>
<tr>
<td>In the last 12 months, links between the police and</td>
<td></td>
</tr>
<tr>
<td>parks staff are:</td>
<td></td>
</tr>
<tr>
<td>more negative</td>
<td>1 2 3 4 5 6 7 8 9 10 more positive</td>
</tr>
<tr>
<td>When compared to last year, I am promoting parks as a</td>
<td></td>
</tr>
<tr>
<td>resource for health: much less</td>
<td>1 2 3 4 5 6 7 8 9 10 much more</td>
</tr>
<tr>
<td>During the next 5 years toilet facilities in our local parks will be:</td>
<td></td>
</tr>
<tr>
<td>unavailable</td>
<td>1 2 3 4 5 6 7 8 9 10 much more widely available</td>
</tr>
<tr>
<td>Healthy eating choices are available within cafes etc within parks in my area: not at all</td>
<td>1 2 3 4 5 6 7 8 9 10 fully available</td>
</tr>
<tr>
<td>Compared to last year, I have used my local park:</td>
<td></td>
</tr>
<tr>
<td>much less</td>
<td>1 2 3 4 5 6 7 8 9 10 much more</td>
</tr>
</tbody>
</table>

3. Although we are reviewing a number of documents regarding parks and health, we would like to collect and highlight examples of good practice relating to introducing and maintaining health (including safety) schemes within parks. Please could you briefly outline any local examples you are aware of, giving details about the scheme, where it takes place, which partner organisations are involved and what are the positive health outcomes.

4. Is there anything you wish to add which this questionnaire has not allowed you to say regarding parks and public health? Please return your questionnaire in the envelope provided (by 14 April 2006) to:

Dr Liz Potts, Centre for Public Health, Liverpool John Moores University, Castle House, North Street, Liverpool L3 2AY

*Thank you for taking the time to fill out this questionnaire. A copy of the final report will be sent to you later this year.*
Appendix 3 – Local Authorities and Primary Care Trusts
Responding to the Parks and Health Survey Questionnaire

Fylde Borough Council provided a joint response between the local authority and the primary care trust. Otherwise separate responses were received from local authorities and primary care trusts.

Local authorities

Cheshire
Chester City Council
Congleton Borough Council
Crewe & Nantwich Borough Council
Halton Borough Council
Vale Royal Borough Council

Cumbria
Allerdale Borough Council
Barrow in Furness Borough Council
Carlisle City Council
Copeland Borough Council
Eden District Council

Greater Manchester
Bolton Metropolitan Borough Council
Bury Metropolitan Borough Council
Salford City Council
Stockport Metropolitan Borough Council
Tameside Metropolitan Borough Council
Trafford Metropolitan Borough Council
Oldham Metropolitan Borough Council
Wigan Metropolitan Borough Council

Lancashire
Blackburn with Darwen Borough Council
Blackpool Metropolitan Borough Council
Burnley Borough Council
Hyndburn Borough Council
Lancaster City Council
Pendle Borough Council
Preston City Council
South Ribble Borough Council
West Lancashire District Council

Merseyside
Liverpool City Council
Sefton Council
Wirral Metropolitan Borough Council

Primary care trusts

Cheshire
Central Cheshire
Cheshire West
Eastern Cheshire
Ellesmere Port & Neston
Warrington

Cumbria
Cumbria PCT

Greater Manchester
Ashton Leigh & Wigan PCT
Bolton
Bury
Central Manchester
Heywood & Middleton
North Manchester
Oldham
South Manchester
Stockport
Tameside & Glossop
Trafford North & South

Lancashire
Blackburn & Darwin
Blackpool
Burnley Pendle & Rossendale
Chorley & S Ribble
Morecambe Bay PCT
Preston
Southport & Formby
Wyre

Merseyside
Birkenhead & Wallasey/ Bebington & West Wirral
Central Liverpool PCT
Knowsley
St Helen
South Sefton
Department of Environmental and Geographical Sciences
Manchester Metropolitan University
Manchester
M1 5GD
Telephone: +44 (0)161 247 1589
Fax: +44 (0) 161 247 6318
Email: P.Wheater@mmu.ac.uk

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