



# Returning urban parks to their public health roots

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## Forewords

This report sets out the historical and current role of public parks in providing a green space for a range of activities. It challenges us to think differently about the opportunities parks provide to support a better sense of well being as well as a place for exercise, culture, contact with the environment and as a social place. There are important messages for planners to consider, ensuring that these benefits are protected, and that the parks remain safe and local through design and with increased use. All new business and housing developments should invest in the natural environment to create liveable neighbourhoods. As climate change affects us it is essential that green space is available in cities and towns to counterbalance the heat generated by urban life and provide a natural environment for our enjoyment, close to home. We hope that the Northwest will protect its green spaces so that future generations can enjoy their environment and create better health and well being.

Dr Ruth Hussey  
Regional Director of Public Health  
NHS North West

Prof John Ashton  
Director of Public Health, Cumbria Primary Care Trust



Urban parks are an undervalued resource and we need to do more to maximise the environmental, health and socio-economic benefits they offer. Recent work by the University of Manchester, for example, shows that increasing green space in cities could help reduce urban surface temperatures and so help address climate change. And local perceptions surveys consistently identify the quality of the local environment as a high priority for urban residents. I therefore welcome the focus now being given to returning the region's urban parks to their public health roots. Increasing the quality of our urban parks not only offers benefits for the health and wellbeing of local communities but also improving the local environment can provide important socio-economic spin-offs by increasing the attractiveness of an area for inward investment and job creation. Urban parks can therefore offer multiple benefits in economic, environmental and social terms.

Neil Cumberlidge  
Deputy Regional Director: Environment, Resilience & Rural  
GONW



The North West Regional Assembly (NWRA) welcomes the North West Parks Report. This report makes a positive contribution and links closely to the ongoing work on Green Infrastructure policy in the North West at a regional and local level. The NWRA are encouraging the provision of a network and delivery of green space, managed in an integrated way. This can result in positive outcomes, including wider social, economic, environmental and public health benefits. Developing and raising awareness of the value of Green Infrastructure across the North West is an important part of the North West Regional Assembly's work.

Phil Robinson  
Chief Executive  
North West Regional Assembly



The Forestry Commission is committed to promoting the vast range of health and wellbeing opportunities offered by woodlands and greenspace. We welcome this report examining the relationship between health and our public parks in the region. Many of the key messages and recommendations link with priorities in Agenda for Growth, the Regional Forestry Framework for North West England to encourage better and more access to woodlands and greenspace, especially in areas of high deprivation and health need.

We particularly support the key message encouraging the use of NHS estate as a community resource as well as for staff, patients and visitors. There is also scope to create new greenspace adjacent to areas of health need as well as utilising more fully our existing resource through information, improved design and facilitated access. Linking the economic benefits to this provision, both in health and image terms, will help secure resources.

We will be working with NHS estate specialists over the next 6 months to map-out an holistic sustainable development overview of their estate in terms of greenspace functionality and how each facet might assist delivery against the local socio-economic needs.

Keith Jones  
Regional Director  
North West England  
Forestry Commission



Urban parks are an important part of our urban landscape and communities. The Northwest has thriving cities and towns, where growth is leading to better facilities and opportunities for individuals and communities. We need to ensure that access to green space is maintained and improved, and that we promote the importance of healthy lifestyles and a good quality of life for all the Northwest's people.

Patrick White  
Executive Director  
North West Development Agency



Everybody knows that exercise is good for us. But not everyone has access to a high quality outdoor space where they feel safe and confident to engage in physical activity. This report provides a valuable insight into the extent of the problems we face in the Northwest and offers some useful conclusions on how it can be tackled. Many Groundwork projects focus on regenerating the physical environment, creating and improving green and other open spaces in areas with few such facilities. Projects always closely involve the local community and are shaped by their needs, meaning new facilities are more likely to be respected and suffer less vandalism.

And it doesn't need to be large in scale or expensive, - our experience proves that the small stuff really matters. It changes the way people feel about where they live – and it makes them want to stay there. Small greening projects can have a big impact, they can bring people together, strengthening communities and help raise aspirations of an area. And whilst these projects may well take place on a corner of a single street the benefits can reverberate throughout the whole neighbourhood.

This type of approach encouraging engaged and vibrant community 'ownership' of parks and green-spaces will be vital if they are to fulfil their potential and become essential community assets rather than places for youth nuisance and anti social behaviour. In this way we can quite literally changes places and change lives.

Ian MacArthur  
Regional Director, Groundwork Northwest



Regeneration begins with whitewashing the back yard. Environmental improvement begins with cleaning up rivers and estuaries. Healthy communities begin with decent housing and public parks. One recent survey showed that more than 30% of people felt then need to travel to greenspace as their local park was unacceptable. Here in the Northwest we have a long way to go to regain our global lead: Central Park in New York was modelled on Birkenhead Park.

We are raising our game with ambitious programmes such as Mersey Waterfront Regional Park, Weaver Valley. Other regional parks are at varying stages of development. The proposed Irwell City Park will transform the river corridor through the region's capital. We also desperately need neighbourhood pocket parks.

This report is invaluable in focusing on the Northwest and underlining the lack of hard data on urban parks and their economic, community and public health benefits. Its recommendations should be taken seriously and stimulate debate.

Mersey Basin Campaign is leading – with NWDA – the Regional Parks Xchange to build capacity and raise our game within the Northwest. We strongly support one of the key recommendations in this report to develop a complementary regional initiative for urban parks.

In a world in which it is an imperative to reduce CO2 emissions, unnecessary travel and improve our health, popular and successful urban parks are more valuable than ever before.

Walter Menzies  
Chief Executive of the Mersey Basin Campaign

Natural England recognises the important role that urban parks play in giving people access to open space and the natural environment. Access to good quality greenspace provides people with a range of benefits, health and wellbeing are two of the most important. Increasing levels of physical activity is a national priority to help improve people's health, and access to urban parks should provide many opportunities to do this.

Liz Newton  
Director, North West Region



This report is welcome. Parks have always played an important part in children and young people's lives, particularly in urban areas. They were often the safe free environment in which children and young people could explore, play and take part in recreational activities. With the challenges that life brings to young people now it is even more important for us to provide opportunity for them to expend energy, let off steam, take a few risks and explore the boundaries of acceptable behaviour.

In the parks where I grew up in Manchester I learned to fish, row a boat, play tennis, play bowls, listen to concerts, was able to run wild across wide open spaces, meet with friends, test and respect authority. All in relative safety. We should not, however, look back to "golden ages" but ask the question how did society create those conditions to meet the needs of then and what can we do to create the conditions to meet the needs of now.

Success would bring major benefits for the health and well being of our children, young people and families.

Nigel Burke,  
Director for Children & Learners, Government Office North West

## 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 lower hospital admissions for 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 provide space 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. Introduction

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 125,000, eleven are in the North West<sup>1</sup>. The majority of the 6.8 million population live in the 20% of the region that is urbanised, with 58% living in the two major conurbations of Greater Manchester and Merseyside<sup>2</sup>. The total urban park resource across Britain is likely to be between 127,000 and 147,000 ha<sup>3</sup> with the number of urban parks across the United Kingdom (UK) probably being between 30,000-35,000, equating to around one third of all urban green space in the UK<sup>4</sup>. In addition, the North West of England has a long history of promoting public open space in urban areas including initiatives for health and well-being. This synthesis report traces the history of public urban parks in England, examines the current provision and usage of urban parks in the North West and factors affecting this, discusses the potential public health benefit of parks, and proposes recommendations for maximising the potential of urban parks for improving the health of people living in the North West. This report is based on a larger report containing primary research and a review of the evidence<sup>5</sup>.



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## 2. History of public parks

Urban parks were first developed in the 19th Century to benefit health, reduce disease, crime and social unrest as well as providing 'green lungs' for the city<sup>6</sup>. In recent decades, to a large extent these roles have been neglected. The Victorians, however, thought that access to such environments would supply areas of clean air where the populace could relax and enjoy natural vistas. The parks were designed 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. The 1848 Public Health Act was a landmark in public health history<sup>7</sup> 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. The North West of England was at the forefront of the creation and development of early public urban parks and Birkenhead Park, which opened in 1847, is a prime example of this.



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Park development initiatives continued during the early 20th Century. In 1929, Unwin noting a lack of open space in London, recommended that there should be seven acres (2.83 ha) of public open space per 1,000 people and the National Playing Fields Association suggested that for each four acres (~1.6 ha) there should be around one 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.

From the 1980s there was a shift in funding from local authorities to central government which impacted on the budgets available for park maintenance<sup>8</sup>. The development of the compulsory competitive tendering process encouraged the move towards parks being managed by contractors, which often reduced the levels of park staff. Indeed many local authorities view this as having had a detrimental effect on the maintenance standards of public parks<sup>9</sup> and, consequently on their role in improving public health.

In the mid 1990s, when Heritage Lottery Funding was available for historic park renovation, it became clear there was little information regarding the status of the existing urban park resource. In 2001, The Urban Parks Forum concluded that urban parks in the U.K. were in serious decline. Although there was a significant provision of around 27,000 parks covering 143,000 ha, and £630 million spent per year on their upkeep, cuts in expenditure over the previous twenty years were in the region of double that (i.e. £1.3 billion). Despite the existence of a national register of more than

2,500 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 the ten years between 1994 and 2004, Heritage Lottery Funding restored 250 historic parks, although this addressed less than 10% of the needs of all historic parks. In general, good parks have been improving at the expense of poorer ones. 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. 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<sup>10</sup>.

The renaissance in urban parks and open spaces came with the realisation that these areas were both valued and in decline. A wide range of initiatives over recent years have attempted to raise awareness and provide funding to help to maintain and develop urban green space. These include the Liveability fund, the People's Places awards, the Living Spaces Scheme, the Parks for People initiative as well as the Green Flag, Green Heritage and Green Pennant Awards. 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 report<sup>11</sup> 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. Critically for public health, many of the initiatives are targeted at improving parks rather than directly increasing usage.

### 3. Current resource of public parks in the North West

The North West has just under 3,000 ha of parks classed as of local historic value and about 2,000 ha of those of national historic status. Most of the local authorities in the North West responded to the 2001 Urban Parks Forum request for information<sup>12</sup>, listing 2,850 parks of all types. Nationally, only 18% were assessed by the managing local 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 were assessed as declining in condition, revealing a widening gap between good and poor parks. Only 44% had a parks' strategy, either on its own or incorporated into a wider

strategy, and 36% 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%).

An English Heritage survey from 1999-2002<sup>13</sup> found that the North West Region has one of the largest numbers of public parks that they considered should be classified as of special historic interest (Table 1). Many of these were "gifts" donated by primarily Victorian landowners or other philanthropists (e.g. Taylor Park in St Helens opened in 1893, Scott Park in Burnley opened in 1895 and Thompson Park in Burnley opened in 1930).

**Table 1** The diversity and location of English Heritage registered parks<sup>i</sup>

Region	Urban public parks	Landscape parks	Royal parks	Town walks	Other public open space
South West	20	6	0	2	2
South East	12	5	0	0	0
London	42	11	10	1	6
North East	12	0	0	0	1
Yorkshire	32	2	0	1	0
<b>North West</b>	<b>47</b>	<b>8</b>	<b>0</b>	<b>1</b>	<b>0</b>
East Midlands	16	1	0	1	2
West Midlands	18	4	0	0	0
East	20	3	0	1	2

Source English Heritage (2004)

<sup>i</sup>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.

We conducted a survey<sup>5</sup> to determine the location and facilities of urban parks in the North West of England. 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. For the most part, researchers found it difficult to ascertain information about urban parks from local authority websites or even directly from the councils themselves, and conclude that information about local urban parks for the general public is very patchy and difficult to access.

In the 400 parks for which data were available, the frequency of different sports facilities varied greatly (Table 2). For example, bowling greens, the most frequently occurring facility featured in 64% of urban parks in Greater Manchester but in only 20% of parks in Merseyside. Tennis courts were the next most frequent. Football pitches are fairly frequent, but the range of other sports facilities were often relatively narrow. In most of the parks there were very few kick about areas. The current sports facilities may reflect historic provision, or local need, or be biased towards certain age groups.

**Table 2** Frequency of sports facilities in the sample of parks surveyed across the North West of England

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

A wide range of non-sporting facilities can draw people into parks. However across the North West, many are in short supply (Table 3). The high numbers of children's play areas (ranging from 79% of parks in Greater Manchester to 47% in Cheshire) 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 can 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 number of parks with public toilets (ranging from 36% in Cheshire to 14% in Cumbria), although the relatively small number of accessible toilets and the fact that in reality toilets are often closed (due to vandalism or the fear of vandalism) reduces the actual provision. Across the 400 parks surveyed, the availability of park staff was low.

**Table 3** Facilities available in the sample of parks surveyed across the North West of England

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



## 4. Current 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<sup>14</sup>. This equated to approximately 1.8 billion visits to parks per year (approximately thirty visits per year for every woman, man and child in Britain). Urban parks are used by all ages for many different reasons, partly depending on the facilities available at individual parks.

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<sup>14</sup>). The most frequent activity reported was walking (73%), either walking for pleasure or as a means for getting from A to B, 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<sup>15</sup> and visitor surveys have shown that the usage of parks varies from site to site. It is difficult to establish a baseline for the demography of people using parks as surveys are difficult to conduct due to multiple entrances. The proportions of teenagers and young people using parks outweighs those of children under five, older people and people from black and minority ethnic communities. Dog walkers and joggers are the major groups who are likely to consistently visit parks alone. 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<sup>16</sup> and these and retired people may also visit alone.

### Children's play areas

All children play and a wide range of benefits can be ascribed to play. These include social value, physical benefits, psychological benefits and learning to cope with risks<sup>17</sup>. Play provides the opportunity for children to imagine, explore, contemplate, understand and learn about social interaction, the natural world and surroundings, cultures and risks<sup>18</sup>.



A number of studies have suggested that outdoor play is more beneficial than indoor play<sup>19</sup>, with the freedom of movement and space possibly facilitating the development of children's intellect<sup>20</sup>. Kylin reports teachers' views that children spend less time outdoors than previously, a change that has become more noticeable over the past 10 years<sup>21</sup>. A survey of 1,000 children in Leicester found that 94% of children wanted to spend more time outside<sup>22</sup>, and a survey of young people in Northamptonshire found that 80% of 9-16 year olds preferred being outside than inside<sup>23</sup>. The Children's Society warn that children's freedom to play out with their friends is being

curtailed by adult anxiety with 43% of respondents in a recent survey suggesting that children shouldn't be allowed to play out unsupervised until they are over fourteen years of age<sup>24</sup>.

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<sup>25</sup>. 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, with bland unchallenging play environments. A report by Worpole 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<sup>25</sup>. The perceived safety problems of children playing out of doors has been referred to as a contributing factor in the rising levels of obesity in children<sup>26</sup>. Despite rising concerns regarding children's safety, there has been no apparent increase, over the past fifteen years, in the number of playground injuries<sup>27</sup>. However, this may be due to the fact that fewer children are using outdoor play areas. Therefore, it is important to measure the number of injuries in proportion to the number of children exercising rather than the absolute numbers. If children's play environments are made too safe and sanitised, children will either slump into uninspired and repetitive play or they will find some way to liven up their play environment, probably through energetic games or risk-taking behaviour that adults may not like.

Planning suggestions by the National Playing Field Association<sup>28</sup> 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, this level of provision is not available to most people. 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 who are more likely to utilise the private play areas.

## **5. Benefits of parks and their potential for improving public health**

Urban parks have the potential to contribute greatly to the improvement of the public's health through improving the physical, mental and social well-being of park users, as well as providing opportunity for community interaction, economic development and improving the environment. It is worth noting that in many cases, even if people do not themselves partake in the opportunities provided by urban parks for walking, solitude, etc., they often still feel that such space benefits them either in an altruistic sense, or as potential for future involvement<sup>29</sup>. The fact that parks are often valued even by those who do not use them<sup>30</sup> may provide more protection to such sites than would be the case with other areas of urban green space of similar size.

### **Physical well-being**

Good health is central to the well-being of people and communities. It has a direct impact on people's quality of life, and their ability to participate in social and economic activities. The World Health Organisation (WHO) has

defined health as *a state of complete physical, mental, and social well-being, and not merely the absence of disease*. Obesity is the main sign of physical inactivity and parks provide opportunities for exercise from walking and cycling to informal and formal organised sporting activities such as football, tennis and bowls.



Physical activity as part of our everyday lives has been in overall decline. As car ownership has increased and as the proportion of our trips that are short have fallen, we are covering fewer miles on foot or by bike. There has been a reduction of over 20% in miles walked since the mid 1980's, and over 10% in miles cycled. 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<sup>31</sup>.

Obesity is just one of possibly twenty chronic diseases and disorders, such as coronary heart disease and type 2 diabetes, for which low activity levels are a known contributory factor. It has been reported by WHO that physical

inactivity is one of the ten leading causes of death in developed countries producing 1.9 million deaths worldwide each year<sup>41</sup>. In one Merseyside NHS Hospital Trust, it is suggested that a 1% rise in obesity may lead to a 1.5% rise in the hospitalised prevalence<sup>ii</sup> 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<sup>32</sup>.

Since the mid 1990's, 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<sup>33</sup>. 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<sup>34</sup>. In fact, obesity has grown by nearly 400% over the last 25 years. If current trends continue, nearly one third of children under eleven are predicted to be obese or overweight by 2010.

The total cost of inactivity in England, including both direct costs of treatment for the major lifestyle-related diseases, and the indirect costs caused through sickness absence, has been estimated at £8.2 billion per year. This does not include the contribution of inactivity to obesity which in itself has been estimated to cost £2.5 billion annually: £0.5 billion in NHS costs and a further £2 billion across the economy as a whole. Best estimates are that in western nations approximately 2.5% of total national health care costs are incurred through inactivity<sup>35</sup>. 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<sup>36</sup>.

<sup>ii</sup>The hospitalised prevalence of diabetes is the annual number of admissions with a primary diagnosis of diabetes expressed as both a crude rate per 100,000 of the population and as an age-standardised ratio i.e. the ratio between the observed count of individuals with diabetes and the number expected on the basis of the age structure of the locality population compared with the regional average prevalence.



The biophilia effect originally proposed by Wilson<sup>37</sup> suggests links between environmental quality and social behaviour, such that close contact reduces stress, anxiety and aggression. Controlled laboratory simulations were carried out on participants taking part in exercise whilst being 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<sup>38</sup>. Other studies report that:

- restoration work in urban parks increases 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; and
- city crime and violence were lower near to natural areas.

Pretty *et al.*<sup>38</sup> 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. There are several exercise schemes aimed specifically at improving health that have been successfully implemented in the North West, including cycling schemes, green gyms, and healthy walking schemes.

## Green Gyms

Green Gyms were launched in 1997 as a pilot study. The original idea came from William Bird, an Oxford GP, who noted that some of his patients with weight problems could benefit from outdoor exercise instead of using the conventional indoor gym. The concept of Green Gyms has been implemented by the British Trust for Conservation Volunteers and there is a growing number throughout the U.K. The Department of Health endorsed Green Gyms as being effective in providing exercise and developing social networks<sup>31</sup>. Each session typically lasts three hours and can take place in various locations including parks and allotments. Participants are initially taken through warm up exercises by a Green Gym Trainer, followed by a safety talk and the conservation work can include hedge laying, planting trees, and laying footpaths. At the end, participants undertake cool down exercises<sup>39</sup>.

Studies have shown that Green Gym participants improve their health and fitness through regular involvement in practical conservation work. To summarise, the two independent evaluations indicated the following benefits to participants of Green Gyms which are of particular value to older people<sup>40</sup>:

- 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; and
- 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. This may reflect a greater motivation to be doing something useful in addition to the pure exercise component.

### **Mental well-being**

The World Health Organisation estimates that depression and depression-related illness will become the greatest source of ill-health by 2020<sup>41</sup>. The treatment of mental illness in England requires annual NHS expenditure of £3.8 billion (12.7% of total expenditure)<sup>35</sup>. Physical activity can be considered both for its preventative and its therapeutic effects on mental health, and also for its impact on mental wellbeing in the general population. Also, the psychological benefits of physical activity are critical determinants of people's motivation to be physically active.

Physical activity is effective in the treatment of clinical depression and can be used as successfully as psychotherapy or medication, particularly in the longer term. It may also help people with generalised anxiety disorder, phobias, panic attacks and stress disorders, and can have a positive effect on psychological well-being in people with schizophrenia<sup>35</sup>. Physical activity helps people feel better, as reflected in improved mood and reduced anxiety. It can also help people feel better about themselves, improve self-esteem, help

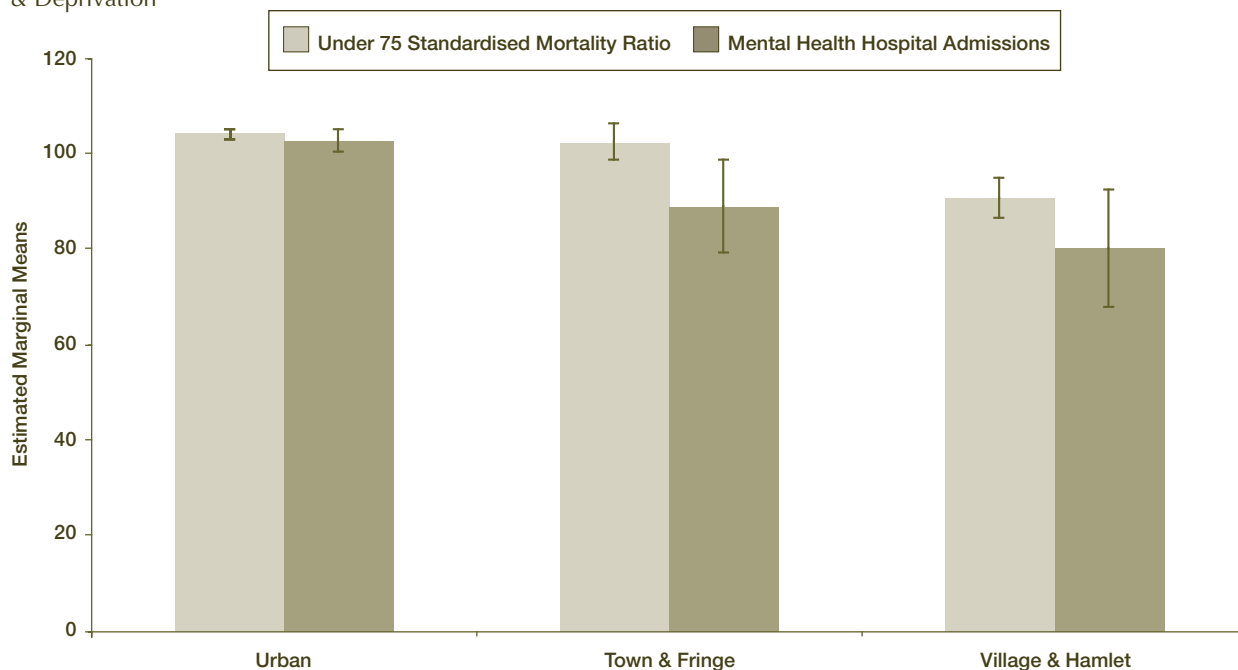
reduce physiological reactions to stress, and may also improve sleep. A recent report published by the mental health charity MIND presents the findings of two studies which confirm that participating in green exercise, termed 'ecotherapy', produces substantial benefits for mental well-being. MIND<sup>42</sup> recommends that green exercise be seen as a clinically valid treatment for mental distress, and ecotherapy become a core component of a public health strategy for mental health.

Research has found a significant positive relationship between reported well-being and the level of access to green space. As part of the research for this report, hospital admissions for mental health conditions for the North West of England were examined at the level of middle super output area (MSOA). This shows 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 for deprivation and population density between the various classes of area. Equally, there is also a tendency for a decline in mortality (measured by standardised mortality rate) with an increase in the amount of rural land within the area. Again, this is the case even when deprivation and population density are taken into account (Figure 1).

### **Social well-being**

Good social networks and relationships are often associated with a lower risk of premature death and greater well-being. Little is known about the potential of physical activity to alleviate social exclusion (i.e. where communities or individuals suffer from clusters of problems such as poor education, housing, employment and health) or to enhance social outcomes, such as increased social interaction and feelings of 'community'. It is likely that the impact of physical activity on such social

**Figure 1** Mean Under 75 Standardised Mortality Rate and Mental Health Hospital Admissions controlled for Population Density & Deprivation



Data are estimated 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 & Shepherd (2005) [www.statistics.gov.uk/geography/nrudp.asp#rural](http://www.statistics.gov.uk/geography/nrudp.asp#rural).

Middle super output areas are based on minimum populations of 5,000 (mean of 7,200) and are built up from lower super output areas constrained by the 2003 local authority boundaries used for the 2001 Census outputs. [www.statistics.gov.uk/geography/soa.asp#3layers](http://www.statistics.gov.uk/geography/soa.asp#3layers). The rate of diagnosed mental health conditions (schizophrenia, mood disorders and neuroses) which resulting in a hospital admission expressed as a directly standardised ratio against a regional average of 100. Correction for differences in deprivation and density used General Linear Modelling (significant differences being found for hospitalised prevalence with mental health conditions at  $p = 0.001$ ,  $f_{914,5} = 4.153$  and for standardised mortality ratio at  $p = 0.027$ ,  $f_{914,5} = 2.533$ ).

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

outcomes is greater than the limited evidence base suggests.

Parks can be an essential element in creating a sense of place that can be important in nurturing community spirit. They provide areas for community social mixing, the organisation of social events, community involvement and volunteering<sup>43</sup>. Such open spaces may also encourage exercise and a healthier attitude to outside spaces as well as building social networks within the community<sup>44</sup>. Parks provide opportunities for community development as well as exercise and play, and encourage the mixing of people of different ages, sex, ethnicity and social class. In fact, parks are an area where parallel communities can mix in an environment not

dominated by alcohol. Consequently, in many regional towns they represent one of the few neutral spaces where multi-cultural community events take place.

### Economic development

A wide range of economic benefits have been identified as being associated with parks and open space<sup>29</sup>. The range of benefits reported included attracting investment by adding value to surrounding property<sup>45</sup>, especially where this is associated with larger parks within a city rather than suburban areas. In Merseyside, regeneration of Mesnes Park in Newton-Le-Willows has improved facilities and usage (up to 180,000 visitors per year from around 15,000), and created a differential of around

19% in house prices between those near to and those further away from the park. Parks can also be used as a quick indicator to show whether an area is a pleasant place to live or not<sup>46</sup>. Other benefits include encouraging inward investment in an area, with associated tax benefits to the local municipality, and providing attractive areas for people to reside in and hence encouraging retail trade. There may 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<sup>9</sup>.

### Improving the environment

The increase in building in urban areas has decreased the areas available as soakaways for run-off following heavy rains. This is exacerbated by current trends towards paving front gardens for use as off-road parking. Open space, such as urban parks, has an enormous capacity to absorb water and has been identified as having potential for water storage and flood avoidance<sup>47</sup>. 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. They can be an important part of an urban biodiversity network, providing habitats for a wide range of plants and animals.

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.). Parks are increasingly used for environmental education and are important for integrating the wider curriculum into outdoor environments. In Scandinavia, outdoor classes are encouraged and research has shown there are many benefits; bullying dwindles as children become more confident, and those

with attention-deficit disorders find they can concentrate better in lessons. Parks provide a resource for a wide range of further educational programmes, for example painting, photography, and horticulture.



## 6. Factors associated with the use of public parks

A study by CABI Space<sup>48</sup> 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 five and nineteen provided a similar list, although not always with the same priorities<sup>3</sup>. However, 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<sup>49</sup>. Sites that have an unmanaged look about them are often not found to be attractive in an urban setting<sup>50</sup>. Such impressions are often also associated with a perceived association with crime, anti-social behaviour, vandalism and the presence of vagrants.

There has been a major reduction in the presence of experienced park staff in parks.

Research by GreenSpace showed that the public believes that abandonment of management in parks leads to a decline in the quality and subsequently an increase in anti-social behaviour associated with a site<sup>51</sup>. By 1996, about two-thirds of parks had no dedicated park staff<sup>48</sup> which is particularly problematic for lone women and those with small children, whose perception of risks to personal safety is often at odds with the actual low levels of personal crime in such areas<sup>14</sup>. Parks need to be safe and be seen as safe. In recognition of this, CABI Space<sup>48</sup> 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. By 2007, 119 local authorities in England have signed up for this, including 27 in the North West.



### What prevents people from using parks?

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

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<sup>52</sup>. Another study recorded that women were less likely to walk even fifteen 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<sup>53</sup>.



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<sup>54</sup> suggests that this association may be related to century old fears of thieves and highwaymen in forests. 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<sup>55</sup>. 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.

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<sup>56</sup>. However, another nuisance is sex taking place in public places, including parks, especially where this involves casual sex with strangers. This behaviour is risky to the individuals taking part because of personal safety, sexually transmitted infections and sometimes accompanying drug and alcohol use<sup>57</sup>. There has been concern raised by countryside managers regarding 'dogging' where a combination of exhibitionists, swingers and voyeurs are increasingly using secluded car parks attached to country parks as meeting places<sup>58</sup>. Although 'dogging' does not appear to have extended to urban parks, it may be a problem for the future.

A survey of randomly selected households<sup>14</sup> found that people from social classes D and E (those temporarily or permanently

unemployed), and to a lesser extent social classes C1 and C2 (working class) used urban parks less than people from social classes A and B (upper and middle-class). Individuals from social classes C1 to E 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; and
- more likely to benefit from access to parks (in health terms) because of the broader aspects of their lifestyles<sup>59</sup>.

#### **Seven principles behind successful parks<sup>60</sup>:**

- 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; and
- benefits for the city outside the park including health, ecological, educational, social and economic benefits.

## 7. North West Parks and Public Health- survey findings

A survey was undertaken to identify different types of health schemes associated with North West parks, and to gain an insight into opinions relating to parks and healthy living<sup>5</sup>. It was sent to local authorities, Directors of Public Health in primary care trusts, local education authorities, and police and fire services in the North West. A high response rate was obtained from the local authorities and primary care trusts.

The results indicate that knowledge of health schemes within parks was relatively high in both primary care trusts and local authorities as shown in Table 4.

However, the percentage of respondents who stated that the five listed schemes had been successfully implemented ranged from 23%

for Green Gyms to 57% for the GP referral scheme. Overall, parks were perceived to be safer, more suitable for all ages, and with more equitable access than twelve months previously. This may be associated with the increase in diversity of users (69% of respondents recorded a wider diversity compared to twelve months previously). The majority of respondents also noted more positive links with the police and more school groups using the parks. However, opening hours had not changed much from the traditional opening hours of 7.00am until sunset, which does not provide opportunities for young people to meet in the evenings as an alternative to hanging around on street corners. A significant number of respondents reported links to public health staff being as limited now as twelve months ago, although 84% of respondents reported that their local parks were being increasingly promoted as a health resource.

**Table 4** Differences in awareness of the five health schemes within parks between local authorities and PCTs

Health scheme	Local authority awareness of scheme (n=31)		PCT awareness of scheme (n=30)	
	Yes	No	Yes	No
Walking the Way to Health	74%	19%	93%	6%
Healthy walks	68%	29%	83%	13%
Green Gyms	68%	29%	70%	23%
Cycling schemes	65%	32%	77%	17%
GP referral scheme	65%	29%	90%	7%

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

The extent of partnership working between primary care trusts and local authorities appeared to vary greatly as demonstrated by the following quotes from respondents:

*"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 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**

## 8. 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<sup>61</sup>, 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<sup>23</sup> 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<sup>14</sup>, 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<sup>62</sup>, thus protecting them against sedentary lifestyle related diseases such as obesity, heart disease and diabetes<sup>63</sup>.

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<sup>64</sup> to improve the use 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<sup>23, 65</sup>.

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<sup>25</sup>. 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 all 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. 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 still effectively indoors.

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<sup>iii</sup> and local area agreements<sup>iv</sup>. In the recent survey of local authority and primary care trusts in the North West discussed earlier<sup>5</sup>, 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

<sup>iii</sup>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.

<sup>iv</sup>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.



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.

## 9. 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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