

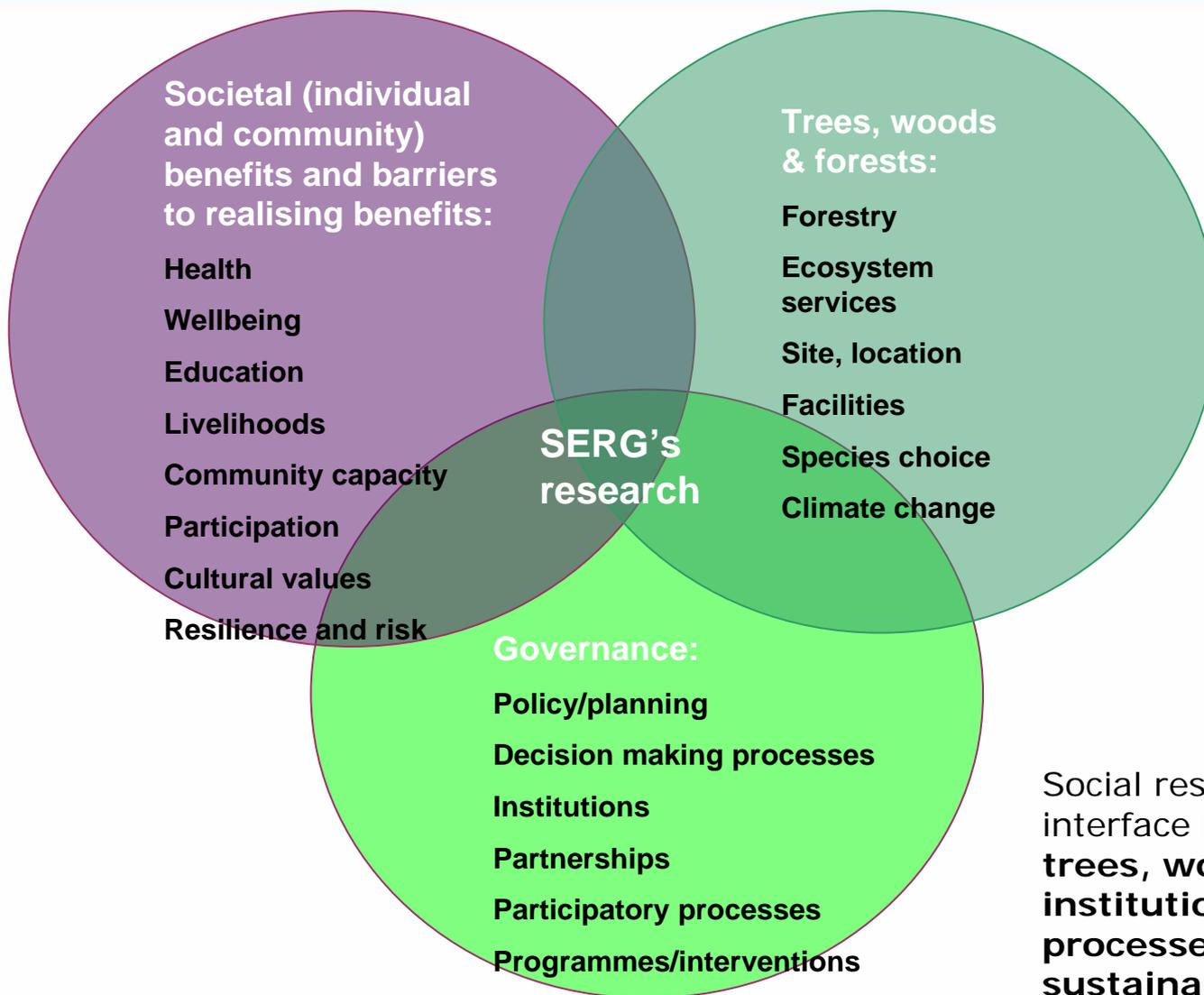
# Health, well-being and trees, woods and forests



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## Who are the Forestry Commission and Forest Research?

- FC one of largest land managers in Britain managing approximately 1 million hectares of land. Nearly 12% woodland cover in GB up from 5% at beginning of 20<sup>th</sup> Century
- Last 15-20 years strong move from a focus on timber production to conservation/biodiversity and broad public benefits provided by trees, woods and forests.
- Devolution means forestry strategies/policies for each country – England DEFRA, Scottish Gov and Welsh Assembly
- Delivery mechanisms for public benefit derived from trees, woods
  - public forest estate, specific ranger focused activity, events in woodlands, woodland grants, partnerships, campaigns
- FR is research agency of FC since 1997. Applied and policy relevant research



## Social and Economic Research Group

11 researchers from range of backgrounds e.g. sociology, political science, anthropology.

Applied research, interdisciplinary research.

GB and EU research

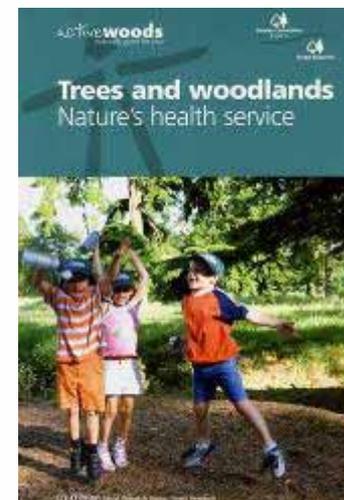
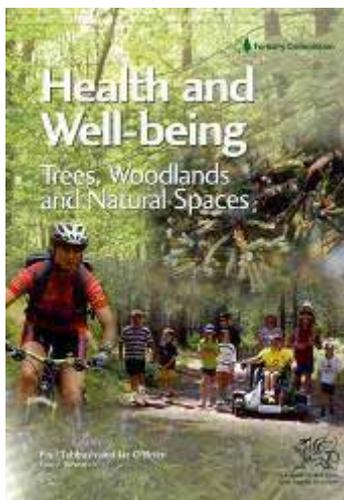
Social research explores the interface between **society and trees, woods** and the **institutional and organisational processes** through which **sustainable forest management** is delivered

## What has people's health got to do with trees, woods and forests?

Potential mechanisms explaining the relationship between forestry and health

- **Physical activity:** places for physical activity – organised/led, alone or with family/friends
- **Restoration:** spaces that aid in reducing stress, aiding relaxation and restoring cognitive function
- **Social support:** providing a space (often a public space) that promotes social interaction and inclusion
- **Physical action:** filtering pollutants, providing shade, shelter, cooling air, reducing heat and or noise

- West Midlands Woodlands and Health project 2003/4
- Chopwell Wood Health project 2004/5
- Forestry for People in Scotland 2006-08
- Cydcoed evaluation in Wales 2006-08
- New Pathways for health and well-being in Scotland: overcoming barriers to accessing woodlands 2009
- COST Action E39: Forestry and human health – 2004-08
- **Active England: the woodland projects 2006-09**
- Urban health, health inequalities and the role of urban forestry: review 2010
- Lyme Disease and risk perception 2007-10
- **Health and well-being in peri-urban areas: what role for trees and woods 2011**



## Active England Programme

- Established in 2003 with lottery and Sport England funds of £94.8 million
- Aim of programme – to increase community participation in sport and physical activity in England
- 241 projects funded for 3 years
- Target groups
  - People on low incomes
  - People with disabilities
  - Women and girls
  - Black and ethnic minorities
  - Young people (under 16)
  - 45+ age group

### 5 woodland projects funded and evaluated

3 site based and 2 Community forests.

Costs from £500,000 to £2 million per project

Mechanisms for delivery included infrastructure improvements, events, led activities, facilitated access



## Phase 1: Site surveys - Target Groups

- **Under 16s** - big increase in family visits at site based projects due to play areas and family walking and cycling facilities
- **BME** - increase particularly at site based projects
- **Over 45s** - decrease at site based groups
- **Women** - increase at Community Forests but not at site based projects
- **Low income** - higher representation of people on low incomes at Community Forest projects
- **Disabled** - no significant change in those registered as disabled

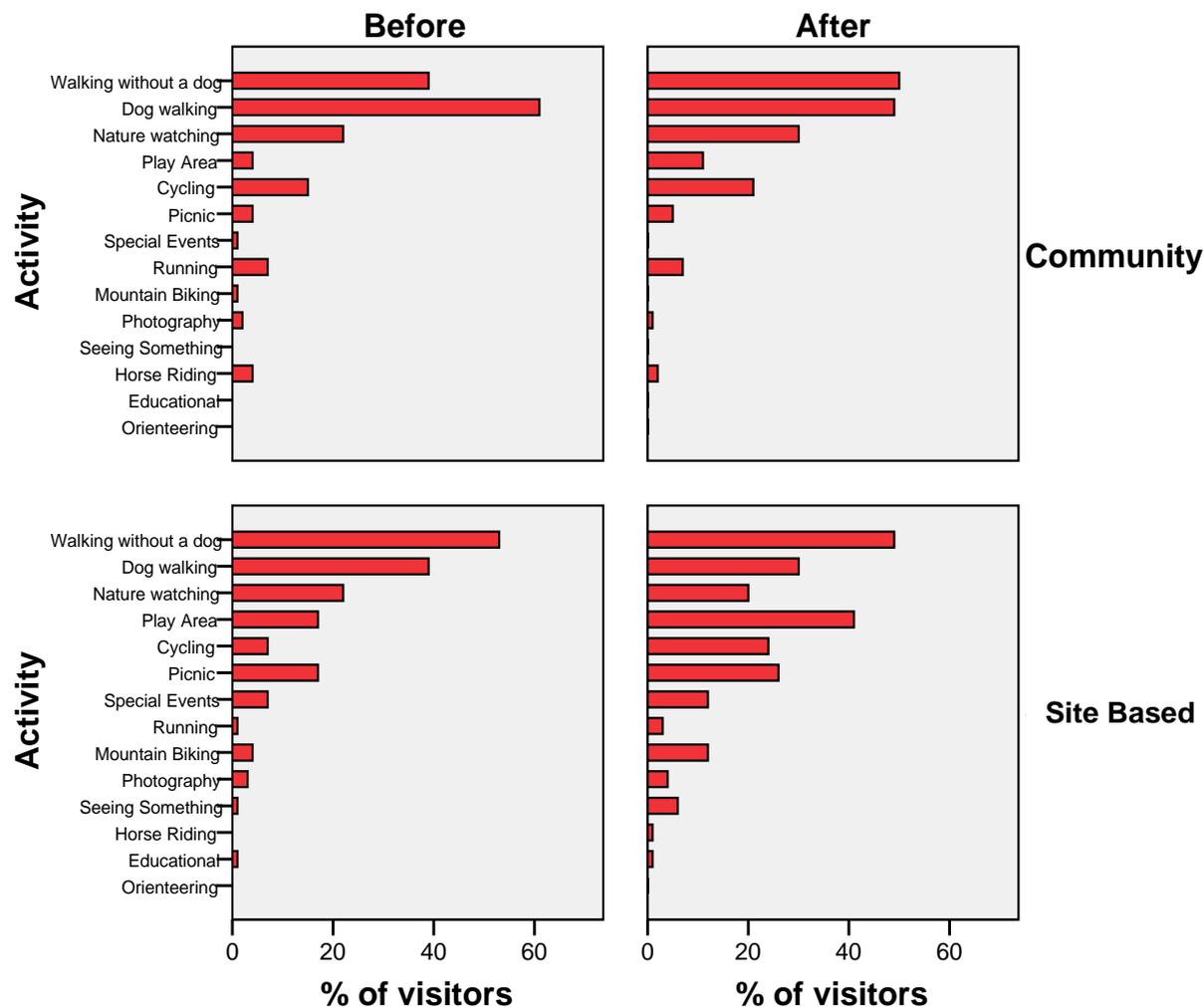
Community or site based group	Before project	After project
Community group 16-44 age group	46.9%	47.8%
Community group 45+	53.1%	52.2%
Site group 16-44	39.7%	59.4%
Site group 45+	60.3%	40.6%

Sites/year	2005/6	2006/7	2007/8
Bedgebury	51,000	182,000	273,000
Haldon	10,000	80,000	224,000

Significant increase in site users at Bedgebury Forest and Haldon Forest Park

Significant increase in site based grouping for cycling, play areas and mountain biking

Time spent at the sites increased for both groups particularly for the site grouping from a mean of 1.74 hours before the projects started to 2.33 hours afterwards



## Phase 3: Qualitative research: users of the projects

Benefit themes	What people said contributed to health and wellbeing
Personal childhood use of green space	Memories, Family experiences, Childhood use and experience, climbing trees, building dens
Nature – outdoors, senses and aesthetics	Fresh air, scenery, variety, changing seasons, seeing, feeling, smelling, woods screening traffic and noise <i>'it's an escape'</i>
Social networks and socialising	Support from staff, meet others, motivation to continue activity <i>'I think it's a good way to meet people'</i>
Health: physical and mental	Keeping mobile, energised, mental well-being, relaxed, feel healthy, therapeutic, stress reduction <i>'my doctor said I should walk a mile every morning and every evening for my back'</i>
Achievement and learning	Developing new skills, gaining confidence, accomplishment <i>'you get a sense of achievement and accomplishment'</i>
Enjoyment	Adventure, fun, escapism, having a laugh, exhilarated
Wider life impacts	Leading on to further exercise, new friends, training to be a volunteer, undertaking challenge <i>'if I hadn't come here I wouldn't have considered doing the race for life'</i>

## Current study 2011

Objectives: How do people perceive the relationship between peri-urban forests and health? What components of peri-urban forests promote health?

Social factors  
(confirming /  
behavioural norms):

'it's nice to see parents with children walking their children around because **they're obviously bringing them up in the right way** aren't they to do that.'



Personal factors (motivations: escape / freedom):

'I just felt it was marvellous to create an **inspirational** setting, where you can not feel, what's the word, self conscious about **just being yourself** and allowing your **imagination to just go free** for a little while, before you have to get back into the **rat race** and get back on that **horrible hamster wheel** called work.'



Perceptions of physical forest (managed v unmanaged):

'I took some photographs of the **logistics**, if you've been ill for a long period of time, it's all very well having this on the doorstep, if you can't access it, so I've taken photographs of **car parks and seats**'

'this managed countryside isn't everyone's cup of tea as well, whether they'd want to come, some would see it as "yeah that's just for the townies" country kind of thing, my dad would prefer to be **out in the wild** walking on a path that **hasn't been walked** in two years or whatever, you know? I would be quite able to walk that sort of terrain, I would be with him on that, you know? Okay, I would come to here as a starting point and **go off away from all the managed stuff** and everything because then you would get **into the wildlife...**'



Barrier category	Barrier sub-category	Details / examples
Physical & structural	<b>General / over-arching</b>	Bad weather
	<b>On-site</b>	Lack of access points / routes Lack of facilities Poorly maintained
	<b>Off-site</b>	Lack of information Lack of public transport Too far away
Socio-cultural, economic and personal	<b>Social, cultural &amp; economic</b>	Cost of visiting Deprivation Lack of cultural norm
	<b>Personal characteristics, experience and abilities</b>	Lack of time, interest, motivation Lack of confidence / feeling out of place Low income Restricted mobility

