West Midlands woodland and health pilot evaluation

Increasingly, research is showing that access to woodlands and green spaces can help to improve physical, social and mental health and well-being. In 2003 the Forestry Commission's West Midlands Conservancy secured funding to run a woodland-based health pilot project over one year. The pilot was designed to promote and encourage health-related activity in woodlands through use of a Woodland Improvement Grant. Those who successfully bid for funding developed a range of projects, including infrastructure improvements, training for walk leaders, the production of leaflets, launch events and interpretation. An evaluation was undertaken by Interface IRM towards the end of the first year of grant funding. The results highlight the importance of the Forestry Commission working in partnership not only with health bodies such as Primary Care Trusts, but also with local volunteers.

Background

The Woodland Improvement Grant (WIG) funds capital investment in woodlands to increase the quality and quantity of public benefits that are derived from woodlands. The West Midlands was chosen as a suitable place for the project as it ranked high on obesity levels for both men and women. A Health WIG was set up in 2003 and seven projects were funded, of which four were assessed. A wide range of partners including Local Authorities were involved in delivering the projects, and funding was provided to the lead agency identified for each project. The overall aim was to encourage existing and new groups of users to woodlands in order to develop healthier lifestyles.

Objectives

This research aimed to:

- evaluate four of the seven pilot projects against their stated aims and objectives
- assess the effectiveness of the links to the Walking to Health Initiative, whereby heart patients are prescribed walks by their doctors
- identify the network of partnerships between the Forestry Commission and others
- identify lessons that could be learnt from the projects

> *"Keeping people interested is very important. Once they have overcome shyness or years of inactivity by joining walking schemes some people want to carry on independent walking."*
>
> Co-ordinator for over-60s leisure, exercise and activity

Methods

- Research was undertaken of key literature, policy papers and project background documentation.
- Semi-structured interviews and telephone interviews were carried out with forestry and environmental professionals, Local Authority and health professionals, project co-ordinators and other organisation professionals.
- Interviews were held with walk leaders and participants during attendance at seven led health walks.

Findings

The most common way in which health sector engagement took place was through sports development and exercise referral co-ordinators, whose role included walking promotion. There was little direct contact between environmental representatives, such as rangers and project leaders or managers, with doctors or practice nurses. Instead, information relating to walks and healthy walking schemes was marketed to surgeries through posters, leaflets and the distribution of walking packs.

The projects targeted woodlands in urban and peri-urban areas, especially in poorer areas. All who received funding had an existing relationship with the Forestry Commission and were often able to gain 'in kind' contributions from community-based organisations.

The majority of health walks were led by trained volunteers who played a key role in encouraging and enthusing people to get involved. People attending the led walks were mostly retired, with more women than men. Reasons for taking part in the health walks included general health issues, rehabilitation and social interaction. There was a sense that moving from led walks to independent walking is a major step for many participants. Friendships and alliances made through the led walks offer the opportunity for groups of walkers to explore other sites.

Recommendations

The research highlighted a number of key lessons for managers and policy makers including:

- Schemes should be flexible to allow managers and project leaders to develop projects suited to both the needs of local communities and local sites.
- Partnership working should be promoted and facilitated between woodland managers, health professionals and community groups to build lasting networks and provide new opportunities for co-operation between the sectors.
- Two complementary components need to be in place: infrastructure and motivation. The projects worked well in bringing about infrastructure improvements. Motivation can be addressed through working with health professionals who are looking for innovative ways to encourage people at risk to take preventative measures to secure their long-term health.
- The pilot lacked any capacity for monitoring. This needs to be addressed for future schemes to attract funding from new sources and provide an evidence base of the long-term benefits of access to green space for health and well-being.
- Deep-rooted fear of unknown places and anti-social behaviour can be major constraints to extending access. Led activities, clear paths and good signage can aid in countering these issues.

Partners

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Reports and publications

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