



Forestry Commission

West Midlands
Woodland & Health
Pilot Evaluation

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Prepared by Interface NRM Ltd
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TABLE OF CONTENTS

<u>List of Tables:</u>	iii
<u>Acronyms:</u>	iii
<u>Executive Summary</u>	iv
<u>1. Introduction</u>	1
<u>1.1 Policy and Political Setting</u>	2
<u>2. Current Environment/Health Initiatives</u>	4
<u>2.1 Walking the Way to Health Initiative</u>	4
<u>2.2 The Green Gym</u>	5
<u>2.3 The National Urban Forestry Unit (NUFU)</u>	6
<u>2.4 Sport England</u>	6
<u>3. Forestry Commission Approaches to Health</u>	7
<u>4. Research Methodology</u>	12
<u>4.1 Desk Research</u>	12
<u>4.2 Primary Research</u>	13
<u>5. The Health Woodland Improvement Grant (HWIG) Pilot, West Midlands</u>	14
<u>5.1 Health information in the West Midlands</u>	14
<u>5.2 Background to the HWIG</u>	14
<u>5.3 The Projects</u>	15
5.3.1 Burntwood Walk and Talk	15
5.3.2 Black Country Urban Forest ‘Walking for Health Calendars’	17
5.3.3 Westport Lakes	17
5.3.4 Newton Coppice	18
5.3.5 Other HWIG Projects	19
<u>6. Thematic Review</u>	20
<u>6.1 Health Sector Engagement</u>	20
6.1.1 Health Sector Engagement: Conclusions	23
<u>6.2. Engagement with other sectors</u>	25
6.2.1 Walking the Way to Health Initiative	25
6.2.2 Other Partners	25
6.2.3 Engagement with other Sectors: Conclusions	27
<u>6.3 Funding and ‘in kind’ contributions</u>	27
6.3.1 Funding and ‘in kind’ contributions: Conclusions	29
<u>6.4 Marketing & Publicity</u>	30

6.4.1 Marketing and Publicity: Conclusions	31
6.5 Monitoring	31
6.6 Walks and Walkers	33
6.6.1 Walks and Walkers: Conclusions	38
7. Future Innovations	39
8. Conclusions	41
References	44
Annex 1: List of Interviewees	46
Annex 2: Woodland Initiatives: New Leaf	48
Woodland Initiatives: Hereford Sustain	48

List of Tables:

Project Synopses	17
Healthy Walkers Responses	35
Walks Coordinators and Volunteer Walk Leaders Comments	38

Acronyms:

BCUF	Black Country Urban Forest
CHE	Centre for Health and Education, Staffordshire University
DAH	Dudley Action Heart
DoH	Department of Health
FC	Forestry Commission
FoM	Forest of Mercia
HAZ	Health Action Zone
HWIG	Health Woodland Improvement Grant
NHS	National Health Service
NSF	National Service Framework
NUFU	National Urban Forestry Unit
PCT	Primary Care Trust
WHI	Walking the Way to Health Initiative

“Strengthening public health means that we need to inspire, we need to explain, we need to communicate. We need to create a commitment to change amongst all of society, that builds on the impetus already gathering in communities, and nationally.”

Sir Liam Donaldson, Chief Medical Officer

Executive Summary

The general state of the nation’s health in Britain is a cause of major concern to a broad sweep of stakeholders from Government, business and civil society. The cost to the National Health Service of physical inactivity related illness is calculated to be *ca* £8.2 billion per annum; lost productivity in business through ill health and absenteeism represents another cost to the country, as do increasing levels of stress and worsening mental health. The three fold rise in obesity over the last 20 years has seen increasing cases of obesity-related colon and breast cancer, type 2 diabetes, cardiovascular disease and high blood pressure. The combined effects of these issues may lead to a fall in life expectancy in the UK for the first time in over 100 years.

There is common consensus that increasing levels of physical activity is a sure fire way to reverse the ‘obesity epidemic’. Current thinking suggests a total of at least 30 minutes a day of at least moderate exercise on 5 or more days of the week is sufficient to bring about substantial physical and mental health improvement. However, facilitating a wholesale shift in lifestyle for increasing numbers of sedentary people is no simple undertaking.

From its position of major landowner and arbiter of forest policy in the UK, the Forestry Commission has both resources and influence to contribute to society’s wider public health goals. There is a growing discourse on the physical and mental health benefits associated with parks, woodlands and forest access and recreation, and through the project outlined below and other similar activities across the country, the Forestry Commission is playing an increasingly important role as a provider of green space and funding.

The Health Woodland Improvement Grant (HWIG) pilot project was designed to see whether the grant system in England could deliver more public access to woodlands around the West Midlands and thus contribute to the health and well-being of the West Midlands population. Woodland initiatives with connections to Walking the Way to Health schemes were targeted as a means of focussing the project to bring about short-term awareness raising and hopefully medium and long-term changes to how people perceive and use public green space.

It is too soon to deliver a final verdict on the longer term aspirations of the project. However, as an awareness raising exercise the pilot has been a qualified success. A number of valuable lessons have been learnt and from these it is possible to identify potential ways forward for the Forestry Commission to expand the project.

Key lessons

- Many organisations from a cross-section of society are clued into the health benefits of physical activity but do not readily consider parks, woodlands and forests as suitable venues. Nor do they have access to information about where places are, how people can get to them and what to do once there.
- However, there is a small but growing awareness amongst some health professionals that woodlands and forests make highly suitable venues for recreation and physical activity.
- Positive mental well-being associated with green space access is an equally important and beneficial outcome as physical activity.
- Well-being gained from taking exercise in green spaces reduces the incidence of drop out from GP referral schemes and leads to more sustained effort, as compared to people referred only to gym-based programmes.
- Partnership working between woodland managers, health professionals and community groups provides a template for successful projects, builds social networks and leads to new opportunities for cooperation between the sectors.
- There is no single model for walks schemes. A wide cross-section of organisations are involved from Primary Care Trusts (PCTs), local councils and civil society groups. As such there are no single points of contact for land managers.
- The Walking the Way to Health Initiative has trained over 10,000 volunteer walk leaders who have the capacity to continue developing walking opportunities. This volunteer base is a key asset in delivering health benefits to society and should continue to be nurtured.
- There is a general sense that creating or enhancing access to places for physical activity is effective in getting people to exercise more.
- Most walkers state that attendance on led walks programmes increases the amount of physical activity they get, and provides inspiration and social contact.
- In the majority of cases the profile of walkers is retired. There is a need to increase the opportunities for physical activity amongst children, the socially excluded e.g. black minority ethnic groups and single parents, and through employers for those in work.
- Deep-rooted fear of unknown places and anti-social behaviour is a major constraint to encouraging access to woodlands and forests, even when these spaces are close to the community. Good signage and interpretation, clear paths and good site lines may counter some of those fears.
- The pilot lacked a long-term health monitoring requirement. This needs to be addressed if the scheme is going to attract funding from new sources and provide a sceptical audience with concrete evidence on the benefits of green space access.
- The HWIG project has raised the profile of woodlands and of the Forestry Commission amongst organisations and agencies involved in debate and action on public health, social inclusion and third age policy in the West Midlands.
- The flexibility within the HWIG application and implementation process is seen as a major positive by the woodland initiatives who led the pilot. The grant was 100% and it was possible to respond to the needs of the local community without recourse to the FC if the situation arose.

- Bringing about lasting and beneficial changes in lifestyle through physical activity and improved mental health is a continuous and long-term process, requires commitment from across the all sectors of society, and should not be seen as ‘just another trend’.

The lessons learnt during the research point to a number of recommendations for the Forestry Commission if it is to expand the HWIG pilot across England.

Recommendations

The Forestry Commission needs to take a strategic approach to enhancing the profile of parks, woodland and forests as venues for physical activity

Regional Forestry Frameworks (RFF) are designed to show how forestry policy can integrate with the various key economic, social and environmental strategies, linked to the developing regional agenda and regional governance structures. The importance of ensuring forestry priorities are clearly agreed with such bodies at the regional level is underlined by the increasing need for forestry and woodland resource needs to be met through a combination of central and regional spending programmes. Themes 5 and 6 in the West Midlands RFF are concerned with recreation and tourism and health and well-being respectively.

Through the development of the RFF for the West Midlands, there are a range of opportunities for promoting the health and well-being benefits associated with forestry. For example, the current consultation for *Regional Frameworks for Sport*, being conducted by Sport England, presents the FC with the chance to highlight the range and scope of woodlands and forests that can and are being used for recreation and health and promote itself as a service provider for a whole range of stakeholders.

A nationwide consultation on public health (*Choosing Health?*) also presents an opportunity for the FC to engage with a constituency which has normally not considered forestry as a potential partner. The Chief Medical Officer’s ten tips for better health include physical activity and stress management, both of which the Forestry Commission can help to promote. National Service Frameworks on heart disease, older people, mental health, cardiovascular disease and diabetes can all be augmented by the work of the Forestry Commission. Through the RFF, the potential health benefits of woodland and forest access can also be promoted through Local Strategic Partnerships and similar bodies that are involved in regional governance and development.

There are a variety of different audiences which need to be simultaneously engaged. Approaches to public health promotion teams, health professionals, employers and the general public should have different emphases.

Public Health personnel, like those in sports development, cardiac rehabilitation programmes and mental health promotion, represent the easiest audience to reach because they are most likely to recognise the benefits of green space access and are looking for new ways to make activities more interesting and sustainable for their clients. They are most likely to respond positively to leaflets and information on physical activity opportunities.

Whilst GPs and practice nurses recognise the benefits of physical activity, they often do not have the time to seek out alternatives for their clients. They need to be engaged in a highly focussed, professional and structured way. This should involve concise presentations to groups, of GPs or nurses, which clearly demonstrate the advantages of green space access, backed up by reliable and peer reviewed research findings, and combined with accessible information on what, why, how, where and when they can recommend their clients become involved.

This research did not look at employers' contributions to the debate. However, they clearly have a wide constituency which should be of interest to all engaged in public health debates and could be reached for example, through organisations like the Confederation of British Industry, the Federation of Small Businesses and through changes to Health and Safety regulations or Investors in People. A note of caution should be sounded: employers are unlikely to take kindly to increased regulation. However, arguments about absenteeism and lost productivity make good sense.

The general public react best to word of mouth recommendations and local advertising. The current plethora of campaigns highlighting public health issues also raise the profile of physical activity. The Forestry Commission, alongside other land agencies in England, can and should contribute to this awareness raising exercise in ways which are both locally and nationally responsive. It would be a wasteful use of resources for the Forestry Commission to work in isolation on this. The Countryside Recreation Network (see section 3) provides a possible avenue for environment organisations to deliver a single message.

The HWIG represents an important contribution to the work that the Forestry Commission makes to public health and green space access. The successful pilot project should be extended. Key criteria should be met for woodland managers to access the grant.

Partnerships – This was arguably the key principle of the pilot project and proved to be highly successful. Links to existing WHI schemes allowed the HWIG to benefit from the experience and expertise of organisations, which by their nature, are dealing with the some of the target groups for improving levels of physical activity. Working with woodland initiatives meant that the process was managed by organisations with a clear

understanding of local needs, a degree of local knowledge and remits which include access, health and social inclusion.

It is a recognised fact that agencies working in partnership achieve more than when in isolation. To achieve maximum impact, HWIG applications should be accompanied by clear statements from other bodies, including grassroots community groups, walking groups and/or local health organisations, as to the intentions of all to enhance access, social inclusion and physical activity.

Match Funding – It is unclear whether or not the HWIG will be able to provide 100% funding if it is expanded throughout England. There is also no conclusive evidence to suggest that PCTs, hospital trusts or local Councils will continue to fund walking projects. Whilst all of the woodland initiatives in the pilot project welcomed the straightforward funding regime, they also sought to attract funding from elsewhere. Some aspect of co-financing or match funding should be included in new generation HWIGs. Experience would suggest that this has the potential to provide long-term sustainability.

Information – All HWIGs in the pilot produced marketing and publicity material which was well received by the target audiences. Overcoming the fear of new places is a major obstacle to people accessing woodland and forests and production of maps and additional information is essential in reaching new audiences. The FC could improve the coverage and distribution of walking maps locally and regionally.

Led Walks – The HWIG findings emphasise the importance of led walks as they motivate people, provide opportunities for socialising and give people confidence. Linking to existing walk schemes or creating led walks programmes should be an important part of the overall scheme.

Infrastructure – Part of making woodlands and forests accessible lies in developing infrastructure like path surfaces, benches and interpretation. All are designed to make the visitor experience, especially for those sections of the public who have little or no experience of woodlands, more welcoming. Minimum standards of infrastructure should be included.

Monitoring Health Benefits – The HWIG in its current format did not adequately address the issue of health monitoring, an invaluable tool in the pursuit of funding streams at all levels. Minimum criteria for monitoring health improvements over the lifetime of an HWIG will provide useful data to a range of organisations. There is a need to design a common approach to this, drawing on work being carried out by Forestry Commission, Countryside Agency, woodland initiatives and others.

New Building - In the design and planning of new housing and industrial sites, the HWIG may enable establishment of ‘green routes’ around and through them to encourage people out of cars and on to bikes or foot. This approach will require a modified set of HWIG criteria but represents a clear opportunity to place green space at the heart of modern

living, will raise the Forestry Commission's profile and create opportunities for expanding tree cover in conjunction with planning departments and property developers.

The HWIG pilot project has been warmly welcomed by a wide variety of people and agencies throughout the West Midlands and has raised the profile of the Forestry Commission amongst those who were only vaguely aware of its existence. The project's largely urban focus provided an excellent stakeholder base from which to develop but this will not so clearly be the case in more rural areas where transport and population size may act as a brake on developing healthy walking opportunities. The development of different grant criteria may be necessary for engaging more traditional foresters in rural England.

The HWIG's emphasis on working with established woodland initiatives with links to existing walking schemes allowed the project to deliver outputs and outcomes within a fairly short timescale. This success will not be easily replicable with small woodlands owners who were marginalised from the pilot and who may not take so easily to partnership working. This should not be a deterrent to HWIG expansion. There is plenty of scope in urban and peri-urban woodland under management of local authorities or woodland initiatives. The HWIG is about developing new partnerships and changing attitudes and this requires a commitment to change from all stakeholders.

There is a clear long-term imperative aimed at improving the health and well-being of society as a whole and particularly people living increasingly sedentary lifestyles, especially children. Increasing physical activity now amongst this group will lead to a reduced burden on the health service in the future. On this basis, the development of healthy walks schemes, accessible green space and greater opportunity for physical activity represents a core area that the Department of Health should be supporting, through training and awareness for health practitioners and direct funding of projects.

1. Introduction

The state of the nation's health is currently high on the political agenda. 1 in 10 people consider their health as not good. Circulatory diseases, cancers and respiratory diseases are the main causes of death and reduced quality of life. Stress, mental illness and obesity are all on the rise. Greater physical activity, particularly amongst at risk groups, can significantly improve many aspects of health. Studies have shown that greater physical exercise can:

- Halve all causes of mortality
- Halve coronary heart disease
- Halve strokes
- Decrease high blood pressure
- Halve type 2 diabetes
- Decrease cancers (especially colon and breast)
- Reduce stress and thereby improve mental/social health
- Reduce the risk of falling and fractures and delay the onset of osteoporosis

Walking is a low-impact physical activity that can be undertaken virtually anywhere. The 'Walking the Way to Health Initiative' (WHI) has successfully demonstrated ways to encourage people to undertake regular walks as a means of improving health or aiding recovery from illness¹. Mounting evidence suggests that woodlands, trees, natural and green spaces can have a significant role to play in improving people's health and well-being (including mental health), as a resource for physical activity, and social network building (Ulrich, 1986; Hartig et al, 1996). Alongside the growth in general awareness of the benefits of walking, a remit for leisure, access and tourism has arisen within the Forestry Commission (FC). As the health agenda in Government has developed, over the last 2 years the FC has sought to focus on health through the implementation of the England Forestry Strategy.

Early discussions between the FC and the Department of Health (DoH) were held where the FC stated that through its land holding and through the grants system healthy lifestyles could be promoted. In order to convince the DoH and the rest of the health sector, a number of pilot projects were initiated, including Chopwell Wood and others based on the FC England estate.

In addition, the FC West Midlands Conservancy secured £150,000 to run a woodland based health pilot from April 2003-March 2004, linking with regional WHIs and distributing money through grants. The pilot was designed to promote and encourage health-related activity in woodlands. The aims were to encourage existing and new groups of users to use woodlands in developing a healthier lifestyle, and to encourage existing woodland owners within the target areas to link with new and established groups

¹ www.whi.org.uk

of users and benefit from their experience. Seven projects were funded and implemented during the pilot.

As part of this Woodland and Health Pilot, Forest Research commissioned an evaluation of the project: this report is the output.

1.1 Policy and Political Setting

Since the inception of the National Health Service (NHS) in 1948 successive governments have seen health care costs rise as new technologies have come on-line, people's expectations have risen and demand has relentlessly increased. The NHS currently employs *ca.* 1million people and forecasts for the financial year 2005/6 estimate that the Department of Health will spend *ca.* £77billion (DoH, 2004a).

Despite this massive investment, there is a real fear amongst senior health personnel in the country that life expectancy may decline for the first time in 100 years. This would represent 'an extraordinary reversal of the general gains in health' (Ahmed et al, 2003).

Various reports over recent years have highlighted the immense problems that obesity, diabetes, coronary heart disease and inactivity-related cancers may cause to the nation over the coming decades (DoH, 2004b). Also highlighted have been inequalities associated with access to health care, which further marginalise sections of the community who are excluded; whether they are unemployed, in areas of social deprivation or because they are from ethnic communities. As a natural response to these issues, Government is now recognising that a greater proportion of the huge amount of resources being spent on the NHS should be directed towards public health; investing in reducing demand by enhancing the promotion of healthy lifestyles and disease prevention. The result of this activity will reduce the cost of the NHS (Wanless, 2004). Growing public concern over smoking in public places, obesity and diet, shows that there is interest in public health and provides a platform on which to build. The Government has recently embarked on a 'Public Health Consultation' which aims to bring the views of health professionals, other public sector bodies, industry, communities and individuals together to develop an overarching strategy.²

In addition to this consultation, the Chief Medical Officer of the UK, Sir Liam Donaldson, has recently published a report entitled 'At least five a week' (DoH, 2004b) which brings together the evidence of the relationship between physical activity and health and further builds on earlier work by the Department of Health, and the Department for Culture, Media and Sport.³ It highlights evidence with which health professionals and others can advise the public and provides a basis for Government intervention to create greater opportunities for children and adults to become more physically active.

² *Choosing Health?: A consultation on action to improve people's health* NHS 2004

³ Including 'Health Check', the annual report of the CMO, 2002 and 'Game Plan' *A strategy for delivering Government's sport and physical activity objectives* from the Dept. of Culture, Media and Sport, 2002.

Within this expanding discourse on health, two areas are highlighted which should be of particular interest to the environmental sector – namely those on physical activity and mental health.

Recommendations already exist for physical activity – adults should take part in a minimum of 30 minutes moderate intensity exercise 5 times per week and children one hour a day every day. These guidelines are internationally recognised to reduce the risk of premature death from cardiovascular disease and some cancers, and significantly reduce the risk of type 2 diabetes (DoH, 2004b). These levels of exercise are also shown to improve psychological well-being and highlight the link between mental and physical health. Staying mentally well is as important as staying physically healthy – and this applies to everyone, at work or at home whether or not they have a mental health problem.

However, reversing the trend of a sedentary lifestyle, tackling high levels of obesity, relieving stress and dealing with more acute mental health issues is not an easy task. The prevalence of obesity has trebled since the 1980s, while the estimated annual cost of physical inactivity in England is £8.2 billion (DoH, 2004a; DoH, 2004b). According to one study, over the passed 25 years the proportion of journeys undertaken on foot or by bicycle have dropped by *ca.*25% (Department of Transport, 2001). Compared to 30 or 40 years ago, there are fewer manual jobs, and the physically active elements of housework, shopping and other necessary activities have diminished substantially in western society. Stress is a well recognised contributor to ill health and yet the pressure to work longer hours remains, noise and pollution levels in our towns and cities continue to rise, and rural incomes and services decline. Up to one in four consultations with a General Practitioner (GP) concern mental health issues (Bennison & Hanson, 2002).

Environmental agencies can play a critical role in helping the population to achieve better health. According to the ‘West Midlands Regional Forestry Framework Baseline Study’ (Entec, 2003), the value of woodland and forests to health in the West Midlands has been conservatively estimated at £4.5 million. Walking or cycling is actively pursued in the region’s woodlands, helping to reduce the adverse effects of coronary heart disease and obesity. Woodlands and trees offer a number of additional associated physical health benefits from accelerated recovery from hospital treatment (e.g. Ulrich, 1984), air quality improvements, and prevention of skin disease via protection from ultra violet rays and potential benefits associated with a sense of place, strengthened communities, education, noise reduction and general well-being (NUFU, undated).

Adherence to exercise regimes is traditionally poor, with over 50% of people dropping out of a programme within the first 6 months; no exercise programme is effective unless it is adhered to long term as fitness cannot be 'banked'. Initial findings from Health Walks schemes and Green Gym schemes (see section 2) suggests that drop out rates are low. Initial analysis of the reasons for this suggests that there are two main factors motivating people to attend: 'being out in the countryside' and 'meeting people'. Enjoyment of the countryside and nature has been reported in previous research (Ulrich, 1984) and the term

'biophilia' has been coined to describe man's innate affinity with nature (see Henwood, 2001). Research on the Green Gym (Reynolds, 2002a) project suggests that there is a 'biophilia effect' which acts in two ways: the first is as a motivator to keep people involved and the second is as a restorative effect to improve people's stress levels and mental health. If this is the case, then it could be argued that the natural environment has a competitive edge in exercise promotion as it leads to better adherence. Escaping the stresses of everyday life and relief of depression are amongst the wide range of reasons reported for visiting woodland in the West Midlands.⁴

The case for physical activity and its associated benefits on health and well-being has been largely made. The Government and other agencies have recognised the overwhelming public health problems which are related to high sugar, high salt and high fat diets, and a national lifestyle which is becoming increasingly sedentary. National Service Frameworks⁵ have now been published for a range of conditions, and physical activity promotion is put forward as a strategy for countering heart disease, diabetes, mental health problems and for improving the quality of life for older people. Many of these strategy documents recognise that increasing the levels of physical activity is not solely a health-based issue. Environment, education and transport must also be linked if long term significant changes are to be made and a more exercise-based culture developed (Reynolds, 2002b).

The challenge for organisations, from local authorities to Primary Care Trusts (PCTs) to schools to land managers is how to integrate, how to promote a common approach and how to make exercise and healthy living a part of the public consciousness and a long-term trend.

2. Current Environment/Health Initiatives

2.1 Walking the Way to Health Initiative

The most high profile environment/health initiative is the Countryside Agency's 'Walking the Way to Health Initiative' (WHI). This initiative was launched in October 2000 as a joint venture between the Countryside Agency and the British Heart Foundation. It has a budget of just under £12 million, with £7.2 million secured from the UK National Lottery's New Opportunities Fund and is due for completion in October 2005.

The main aim of the initiative is to support the creation of 200 'walking for health' schemes across England over a five year period. The project has now also extended to

⁴ *I Just Call it The Woods*, Alison Straker and Ulrike Gelder, 2002.

⁵ National Service Frameworks provide a systematic approach on which to tackle the agenda of improving standards and quality across health care sectors. NSF's are implemented in partnership with social care and other organisations.

Scotland where it is known as 'Paths to Health'. Eighty per cent of the 200 schemes were to be in areas of poor health or in the most deprived wards of the country; many of these are urban areas. There was also an emphasis on working with ethnic minorities and isolated rural communities.

Local walking for health schemes have the following core components:

- Regular, short (less than 1 hour) brisk walks close to where people live, which are led by volunteers who have received training and basic first aid training
- Self-help information about short walks which may include maps and/or waymarked routes with health benefits information
- Community ownership (i.e. it is run for the community, by the community)
- Partnerships between health and statutory bodies who support and endorse the local scheme
- Small improvements to walking infrastructure, e.g. replacing stiles with gates

Two thirds of the way into the project *ca*750,000 people have been encouraged to walk more, 10,000 volunteer walk leaders have been trained and 300 walking for health schemes have been established with 80% being in poor wards (205 directly funded by WHI and at least a further 100 have used their own resources and fund raising skills to get off the ground) (WHI, 2004). These achievements have been met in a number of ways:

- Influencing national and local transport strategies to raise the profile of walking as an alternative form of transport for short journeys.
- Facilitating and building partnerships between health, transport and environment bodies
- Poster campaigns, publicity and promotion through the media
- Step-o-meter campaign: a nation-wide campaign to give away 70,000 step counters to individuals and to primary care staff. Initial results indicate that the average UK adult walks between 3,000 and 4,000 steps per day, against an 'aspirational' target of 10,000 steps per day. The step-o-meter would appear to increase the amount of walking people do by about 30% as a direct result of being able to measure what they are doing.

2.2 The Green Gym⁶

The Green Gym concept was developed by Dr William Bird as a follow up to his successful Health Walks project. It was set up in conjunction with the British Trust for Conservation Volunteers with funding from Shell and the Countryside Agency. It aims to help participants become fitter and healthier by taking part in conservation activities like tree planting, hedge laying, dry stone walling, fencing and building gateways and styles.

The objectives of the green gym are both preventative and curative and apply to both physical and mental conditions. In some areas, local health walks schemes are working with local Green Gym groups to improve access and maintain footpaths. In this way,

⁶ www.greengym.org.uk

volunteers improve their own health through taking part in these activities and also potentially benefit the health of other members of the community by opening up footpaths for their use.

The feeling of well-being which comes from taking exercise is enhanced by being in the fresh air, and further enhanced by working in natural surroundings (the *biophilia* effect). There is also the feeling of achievement when the exercise has an obvious visible result. The programme is thus much more satisfying than an exercise regime in a conventional gym, participants acquire a pronounced feeling of "well-being" and are more likely to continue to attend.

2.3 The National Urban Forestry Unit (NUFU)⁷

NUFU is a charitable organisation which champions the planting and maintenance of trees and woodlands in urban spaces across the UK. The health agenda associated with trees and woodlands has been a part of NUFU's core business (alongside economic regeneration/inward investment, social inclusion and improved spaces for living) for the last 5 years, including producing literature, promoting green spaces and running national conferences. NUFU are planning to promote healthy walking maps in urban forests with an event combining NHS Estates and the Secretary of State for Health, John Reid.

2.4 Sport England⁸

Whilst not an environmental organisation, Sport England is a key government partner for improving the health of the nation – through sponsorship, grant giving and support of sporting activity in England. It aims, in partnership with others, to create opportunities for all to get involved in sport, to stay in sport and to excel and succeed in sport at every level.

Sport England has adopted the Council of Europe European Sports Charter 1993, which defines sport as 'all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental wellbeing, forming social relationships or obtaining results in competition at all levels'.

As a result of this Sport England has recognised walking as an important sporting activity. It is currently involved in promoting walking, for example through 'Steps to Health' in Dudley, West Midlands, a two year project which aims to encourage public use in five parks in the Dudley area and which is working alongside a cardiac rehabilitation unit, Dudley Action Heart. It is also embarking on a regional consultation, in the West Midlands and across the country, which seeks to identify ways and means of achieving government targets to 'increase participation in sport and physical activity by 70% by 2020'.

(see section 7 below).

⁷ www.nufu.org.uk

⁸ www.sportengland.org

3. Forestry Commission Approaches to Health

The Forestry Commission (FC) in England, Wales and Scotland is involved in promoting the health agenda within its land holdings and as part of its role as policy directorate and grant giving body.

The FC website contains a great deal of information both on independent walking and led walks and details the plans of each country to implement better public access and promote the health benefits associated with forests⁹. In addition, it is involved in a number of specific activities aimed at improving its knowledge base and promoting itself as one of a number of potential providers of recreation and health benefits to the wider population and to health professionals.

1. The FC commissioned Dr Karen Henwood to prepare a report entitled '*Environment & Health: Is there a role for environmental and countryside agencies in promoting benefits to health?*' produced in 2001, and ask the question 'Does the provision of public goods and services by environmental agencies include 'health benefits?'. The conclusions from this report stated that countryside agencies could indeed make contributions to public health in at least 4 areas:

- Physical Activity
- Psychological Well-being
- Social Participation
- Ecologically sustainable lifestyles

It also highlighted the complex nature of the relationships between humans, the environment and health including issues of socio-economics and access, socio-environmental stress, psycho-social stress, urban and rural differences and the natural environment as health promoter.

2. During 2002 Forest Research held 3 seminars in England, Scotland and Wales bringing together 'health and environmental professionals to explore opportunities for increasing public health and well-being' (Tabbush & O'Brien, 2003). These workshops were framed by the growing understanding that sustainable health requires a combination of both medical approaches and healthy lifestyles and environments.

Some of the key findings from this exercise included the need to make parks, woodlands and forests accessible to people in regard to their design, location, broad-based appeal and participation. The interface between health professionals, planning authorities and land managers was also highlighted as an important area for consideration and action.

⁹ See the FC website – www.forestry.gov.uk

3. During the preparation of the West Midlands Regional Forestry Framework the health benefits associated with forestry were expressly stated and a ball park figure was assigned to forests' contribution to health. This report (Entec, 2003) also commented on a range of health initiatives being run in the West Midlands and put forward suggestions as to how the Forestry Commission might engage more fully with this agenda. The Regional Forestry Framework discussion and development is being conducted throughout all the English regions.
4. Chopwell Wood – managed by FC, is situated on the border of Gateshead and Derwentside PCTs and has an active Friends Group. The area is also a Health Action Zone (HAZ)¹⁰.

FC initiated discussions with the PCTs because of a growing awareness amongst forestry staff of the linkages between green space, physical activity and health. The PCTs immediately recognised the strategic fit that the forest provides with regard to a number of National Service Frameworks (NSF) relating to mental health, obesity, coronary heart disease, cancer and broader public health issues like teenage pregnancies and social exclusion.

For Gateshead PCT the project will engage with a GP referral programme and evaluate the exercise referral uptake amongst out patients at a local health practice. For Derwentside, the project is an opportunity to engage with local primary schools who do not use the forest, through the Healthy Schools Standard.

The FC is providing £50,000 to establish the project over a 15 month period, improve access, provide walks and marketing information and pay for the Project Officer. The Project Officer will be working with the PCTs and the Friends Group. The role of the Friends Group will be to act as buddies on the GP referral scheme and to train as walk leaders.

If the project proves to be a success, there is some hope amongst the PCTs that a permanently funded position will be created, tying in with the local council's health walks initiative.

5. Cannock Chase 'Arts for Health' Project – is promoted through the FC. FC staff recognised the role that woodlands and forests can play in the promotion of health and raising awareness of walking. Without any direct funding but through networks which were becoming established through attempts to begin healthy walking, a project team consisting of the Health promotion Manager from Cannock Chase PCT, the Arts Development Officer of Cannock Chase District Council and the District Forester for the Environment at Cannock liaised with a range of community organisations to 'develop a temporary piece of art for health'.

¹⁰ HAZs are multi-agency partnerships between the NHS, local authorities (including social services), the voluntary and business sectors and local communities. Their aim is to tackle inequalities in health in the most deprived areas of the country through health and social care modernisation programmes

The result has been a 1km walk through an area of Cannock Chase Forest punctuated by sculptures and other artwork provided by different sections of the local community, including a special needs school, mental health charities and local artists. Some pieces are more temporary than others, with expectations that some will biodegrade whilst others will be replaced less regularly by art works designed to survive longer in the open air.

The project has been a great success, with *ca* 11,000 people walking the exhibition in the first 6 months. The project was not promoted as having a health focus, rather this was seen as a hidden effect of people walking the route.

The FC is perceived by the other partners as having a very proactive approach to health promotion which is having a knock-on effect within the local council and PCT. Results of this have included extended bus timetables at weekends and on bank holidays and the prospect of an annual 'art week' in the forest.

6. Wyre Forest - Rosemary Winnall, Education Manager for the FC at Wyre Forest, has worked in partnership with the Wyre Forest District Council and the Wyre Forest PCT to set up the Wyre Forest Stride and Stroll Walks with funding from the WHI. Volunteer walk leaders have been trained and regular health walks set up in the district. As part of this scheme free health walks take place in Wyre Forest every Tuesday and Sunday throughout the year.

The Wyre Forest Discovery Centre also organises a weekly Forest Friends event for pre-school children and their parents or carers. This morning event encourages children to walk in the woods throughout the year. It also helps accompanying adults to meet new people and have fun in the forest with their children.

Rosemary has also worked with a local GP, Dr Malcolm Rigler, and the Brambles Bereavement Trust to develop new initiatives in the field of health promotion and mental health. In 2000 the centre was awarded a Year of the Artist Award for the Forest Heart Project to promote health in the forest through the arts. Sculpture, music, drama and poetry were the media used in the project with the general public and school children from the local rural area and from urban Dudley. As a result there is now a permanent Heart Monitor in the porch at the Wyre Forest Visitor Centre for visitors to check their blood pressure, pulse, height, weight and body mass index (a measure of body fat based on height and weight).

7. There is a strong lead from the Welsh Assembly which FC Wales is following. There are two particularly successful schemes, at Ponterwyd and Brecon Beacons West.

At Ponterwyd, the health/environment scheme is building on work carried out at the University of Wales in Aberystwyth that 'calorie counted' walks around the town. Trail maps have now been produced on walks and cycle trails emanating from the Nant-y-Arian visitor centre at Ponterwyd. Anecdotal evidence suggests that these are

being well used. The initiative has generated interest from local health professionals who are keen to see the area used by rehabilitating patients and at risk individuals.

The FC's Local Area Manager at Brecon Beacons West has instigated a weekly walk in the forest seeing it as 'part of the job. 'There are plenty of permissive paths already so it was just a matter of mapping, risk assessment, designing a programme and training walk leaders'. He has worked closely with local clinics and GPs to get recovering patients and at risk individuals to attend. Walk leaders (FC staff) have been trained by the Countryside Commission for Wales. They provide an essential part of the programme and as walk leading only takes about 2 hours a week there is no reason to suggest that the programme cannot continue. However, the FC have found that the scheme requires ongoing contact with local health professionals as without it walkers would cease to attend. In the two years the programme has been running, *ca*200 people have attended. Research suggest that many of these individuals have moved on to independent walking.

8. The Countryside Recreation Network¹¹ - CRN is a network of organisations and individuals, including the Forestry Commission, interested in countryside recreation and access. It is supported by an association of Government and statutory agencies in the UK that are active in countryside recreation, countryside management and in developing policy.

Its main purpose is to develop and spread information on best policy and practice in countryside recreation. The network disseminates information on countryside and related recreation matters, reaching organisations and individuals in the public, private and voluntary sectors. It networks thousands of people interested in outdoor recreation.

The CRN has recently commissioned a research project titled 'Making the links between human health and countryside recreation' and is due to report at a conference in February 2005. The scope of this research is to look at:

- Increasing the CRN's knowledge of the contributions that countryside recreation and use of the countryside makes, and might make, to the health and wellbeing of people in the UK and assess the evidence for any such contributions;
- Assess the scope and scale of current initiatives that use recreation in the countryside and natural environments to engender health and wellbeing, and
- Understand the economic benefits that might accrue through using countryside and greenspace for health and well-being.

9. Forest Fitness Campaign¹² – In 2002 the Forestry Commission in England, Scotland and Wales promoted a 'Forest Fitness' campaign which provided details on sites throughout the forest estate where the general public could go to take part in

¹¹ www.countrysiderecreation.org.uk

¹² www.forestry.gov.uk/fitness

independent activities including walking, cycling and horse riding and ranger lead activities. Brochures were produced and there was a media campaign to raise awareness of the health and well-being benefits of accessing the forest. In 2004, with the health agenda high on national priorities this campaign will receive renewed attention from the FC.

In addition to the projects outlined above, the FC, in its role as grant provider to forestry across the country, implemented the Health Woodland Improvement Grant pilot in the West Midlands to assess the role that grants could have in promoting health in woodlands and forests and this is discussed in the rest of this report.

4. Research Methodology

The aim of this evaluation was to gain insight into the success of the projects undertaken and to identify lessons that can be learnt for similar future projects focusing on public health. The specific objectives of this work are to:

- Evaluate the characteristics of four of the seven pilot projects which have made them a success in achieving their stated aims and objectives.
- Make a brief assessment of the links Forest Enterprise has made with Cannock Primary Care Trust to highlight any lessons that could be applicable to the Woodland and Health Pilot.
- Assess the effectiveness of the links to the WHI projects in each of the study areas.
- Identify the network of partnerships between the Forestry Commission and others, both new and existing, in relation to the projects undertaken and to assess their importance in terms of achieving the pilots overall aim.
- Identify lessons that can be learnt from the projects in relation to their objectives and provide recommendations of how the Forestry Commission might take forward its current focus on health.

The method and activities of the research were designed to address the aim and objectives, delivering qualitative and quantitative assessment of the projects supported by the Pilot. The techniques used have been taken from the suite of techniques comprising 'output to purpose' evaluations – specifically designed for reviewing projects and lesson learning, with a focus on process. The focus is on the impact of the projects in terms of delivering outputs and learning lessons. Key amongst the techniques are those involved in Participatory Monitoring and Evaluation (Abbot and Guijt, 1998; David-Case, 1989). These techniques are highly participatory, and involve stakeholders, target and interest groups either directly, or by assessing their views.

4.1 Desk Research

An initial research framework was produced on the basis of discussions with Forest Research and the evaluation steering group. It was decided to sample four of the seven projects (chosen to provide a broad range of activities supported by the pilot) allowing a more in-depth evaluation. The other three projects have been described and commented on. The initial discussions defined specific outputs and activities, identified and secured background documentation and ensured that all appropriate organisations and stakeholder groups were engaged and consulted with. Key literature, policy papers and project outputs were consulted.

4.2 Primary Research

Interviews were conducted with a range of project managers, implementation staff and stakeholders. Details of interviewees are provided in Annex 1.

Research methods were primarily qualitative data collection methods from the social sciences. The key technique was key informant semi-structured interviews. Telephone interviews were also used to gain a broader understanding of outreach and impact of the projects and the pilot programme as a whole.

The semi-structured interviews were designed to enable a review of project progress and achievements, milestones and targets, including an analysis of activities and events, and their qualitative impact. This necessitated discussions with project managers, partners and representatives from target/stakeholder groups.

This information was used to map the organisational linkages (type and strength) between the Forestry Commission and project partners, stakeholders and target beneficiaries, both before and after the project interventions, to determine the change attributable to the activities and to determine the impact on processes.

5. The Health Woodland Improvement Grant (HWIG) Pilot, West Midlands

5.1 Health information in the West Midlands

The West Midlands ranks 3rd highest for men and highest for women in terms of obesity in the UK (Health Survey for England, 1999). In turn, obesity is linked with the rise in type 2 diabetes, cardiovascular disease, breast and colon cancer and high blood pressure. According to one source¹, obesity is the second largest cause of cancer after smoking. This situation also means that lost productivity is high in the West Midlands.

Public Health data from the Association of Public Health Observatories (2003) puts mean life expectancy for both men and women as statistically 'significantly lower than national averages' in the West Midlands.

Sandwell, Wolverhampton, North Staffordshire and Walsall are all HAZs. Hereford City contains 3 of the five most deprived wards in the county as identified by the DTLF index of multiple deprivation 2000.

Modern life also tends to increase people's levels of stress and mental illness. Mental illness is as common as asthma and the costs for depression alone are as high as for coronary heart disease (Department of Health, 1998). According to the mental health charity Mind (2004), between one in four and one in six people seek help for mental health problems at some time in their life. Whilst there appear to be no actual figures relating to mental health in the West Midlands it is clear that mental health issues are significant and worthy of concern.

This information forms part of the basis for selecting the West Midlands as the HWIG pilot region.

5.2 Background to the HWIG

The FC held an awareness raising seminar at Chasewater, Staffordshire in 2002 with woodland initiatives and other contacts in the West Midlands where the background and format of the project was outlined. A series of criteria² were laid out and bids were invited. Seven project sites were selected. Five of the seven projects are focused on specific woodlands with the main aim of improving access for healthy walks. One project, known as 'Walk and Talk' and is targeted at older people. Another project produced a calendar for the Black Country Urban Forest Programme featuring photographs and maps of walks in woodlands.

¹ www.nationalobesityforum.org.uk

² See [http://www.forestry.gov.uk/website/pdf.nsf/pdf/wighealthpilot3.pdf/\\$FILE/wighealthpilot3.pdf](http://www.forestry.gov.uk/website/pdf.nsf/pdf/wighealthpilot3.pdf/$FILE/wighealthpilot3.pdf)

The four projects in the pilot selected for evaluation were:

- Burntwood Walk and Talk
- Black Country Urban Forest calendars
- Westport Lakes, Stoke
- Newton Coppice, Hereford

The following section outlines the individual project information and provides some background on the remaining three projects which do not form part of the overall evaluation but which nonetheless provided some useful data and insights.

5.3 The Projects

Table 1 overleaf provides a snapshot of the four main projects in the evaluation

5.3.1 Burntwood Walk and Talk

Burntwood Walk and Talk grew out of an existing project being managed by Age Concern South Staffordshire since 2000. This project had been successful and continues to run walks with its target audience. However, funding was due to cease in 2004, and in a bid to consolidate these early successes, a steering group was established, including the local planning department, the local PCT, a local doctor and others outlined below.

This group approached Graham Hunt, Director of the Forest of Mercia³ (FoM), the local Community Forest initiative, to take over the implementation of the project. FoM were happy to take this role on as the project fits well with its strategic objectives, which include health promotion, community development, public access and education.

The HWIG contributed £6,250 to the overall budget of the project. This money was used for access improvements e.g. erecting and maintaining signs, clearing pathways of obstructions and crown lifting and brashing trees.

The aim of the project is to utilise local woodlands and the public rights of way network to encourage people to take up walking as a regular activity. This is to be achieved by providing a programme of walks led by trained walk leaders, ranging from 100 metres to several kilometres. The programme was successfully launched on April 21st 2004 and a regular series of walks have been planned for the summer and beyond. These include a weekly health walk, summer evening walks, and themed walks which include a guide to the history and wildlife of the area – the ‘talk’ part of the scheme.

³ Forest of Mercia is a Community Forest. Community Forests are environmental improvement programmes which operate in partnership with local communities and local authorities.

Table 1: Project Synopses

Project	Lead Agency	Location	Partners	Funding	Activities	Outputs
Burntwood Walk and Talk	Forest of Mercia	Chasewater Country Park, Brownhills, Staffordshire	WHI, Forest of Mercia, Age Concern, Lichfield & District CVS, Ramblers Assoc., Lichfield District Council, Burntwood Town Council, Burntwood, Lichfield and Tamworth PCT, Keepers of the Archive, St John's Community Church, Chase View Care Home, Oak Dene Day Centre, Community Wardens, Homezone, The Meeting Place, Christine Walters Optometrist	£6,250 HWIG £22,700 Total	Erecting signs, clearing paths, brushing and crown lifting trees	Signs up, walk sites prepared Launch event
Black Country Urban Forest calendars	Groundwork, Black Country	Groundwork, Tipton, West Midlands	None: However recipients of the calendars include: Walking for Health in Wolverhampton; Walsall Walk On, Sandwell Stride, Dudley Action Heart. Complimentary walks maps were produced by NUFU	£9,915 HWIG £12,915 Total	Produce and distribute 2004 calendars containing walks and woodland information in the BCUF	10,000 calendars produced and distributed
Westport Lakes	New Leaf Project	Tunstall, Stoke on Trent	Staffordshire University Centre for Health & Exercise (CHE) Stoke Countryside Services	£30,000 HWIG £50,000 Total	Boardwalks, signs & interpretation, disabled access paths, seats and benches, publicity materials and general forestry/arboriculture	3 walking routes adjacent to the Lakes. Launch event
Newton Coppice	Hereford Sustain	South Wye, Hereford	Herefordshire Council Mental Health Team, Parks and Countryside team and Cultural services, South Wye Healthy Living Community Project (HLC), Healthy Schools Partnership, WHI, Mind, Herefordshire User Group (HUG), South Hereford Area Regeneration Project (SHARP), Community First	£30,000 HWIG £38,000 Total	Coppicing, paths development, signs & interpretation, community arts project, benches, publicity, training	All activities completed Launch event

5.3.2 Black Country Urban Forest ‘Walking for Health Calendars’

The Black Country Urban Forest (BCUF) is a patchwork of hundreds of small woodlands and individual trees in streets, parks and gardens that have been planted and managed to green the Black Country which includes the Boroughs of Dudley, Sandwell, Walsall and Wolverhampton. BCUF is managed by Groundwork Black Country.

The HWIG (£9,915) was claimed by BCUF to cover the production, printing and distribution of a 2004 calendar combining maps of woodland walks and interesting facts about trees and woodland. The calendar was designed not only to promote the Forest and raise people’s awareness but also to encourage people to walk in the forest to improve their health and well being.

A total of 10,000 calendars were printed and distributed to partners of BCUF/ Groundwork Black Country, Walsall Walk On, Sandwell Stride, Walking for Health in Wolverhampton and Dudley Action Heart as well as libraries, health clinics, GP surgeries, Sure Start, and Age Concern.

According to Rachel Laver, BCUF coordinator, this was a one off capital project not too be repeated. However, NUFU have just supplied 90,000 maps of paths in and around BCUF which have been distributed to the same people as the calendars.

There has been excellent feedback from a range of people, both from health trusts and individuals, locally and nationally, trying to find out if this is a national project and where to get hold of similar maps. This reinforces previous research findings which emphasise the importance of providing information about where to go, accessibility and the length of walks (Ward Thompson et al, 2002; O’Brien, 2004)

5.3.3 Westport Lakes

The HWIG application and project implementation was managed by New Leaf, (Annex 2), a three year project aiming to improve the regeneration prospects of Stoke on Trent.

The grant paid to New Leaf for the development of Westport Lakes was the maximum allowable, £30,000. The grant covered costs of access improvements including boardwalks, signage and interpretation, disabled access paths, seats and benches, publicity materials and general forestry/arboriculture work to improve visual impact and sight lines within the woodland. Three walks of 905, 1255 and 1465 metres have been created.

The site was chosen by New Leaf because:

1. It is close to a new housing development
2. There is ample car parking
3. There is flat ground suitable for a range of users

4. Connections with Staffordshire University's Centre for Health and Exercise (CHE) WHI programme and by extension a Stoke-based GP exercise referral scheme, established in 1997.
5. British Waterways are upgrading the tow path which links the University with Westport Lakes
6. The site is adjacent to a main rail line and the A500 and therefore falls into the remit of New Leaf, i.e. a strategic site to improve inward investment into Stoke.
7. New Leaf had in 2003 carried out a visitor survey across various woodland sites in their area, including Westport Lakes. This provides some useful background information on usage at the site.

Once the work was completed the role of New Leaf was complete, with the exception of the launch for which they supplied some publicity. Forty five people attended the launch along with photographers from Staffordshire University and a local paper.

The site is managed by Stoke Countryside Services. The walks are managed by CHE whose role is to attract the walkers and arrange accreditation of the walks. CHE has only recently employed a part-time walks coordinator and whilst no lead walks are currently being run on the site it is expected that this situation will soon change.

5.3.4 Newton Coppice

The HWIG application and project implementation was managed by the Hereford Sustain Project, a two year project part funded by the FC and the Duchy of Cornwall, through the Small Woods Association (see Annex 2).

Newton Coppice is situated on the urban fringe of an area of high deprivation in Hereford, and compliments a WHI (Footprints in South Wye) which already exists in the area. The existing WHI consisted of 10 urban walks. There was scope therefore to create a woodland walk.

The grant application was for £28,903 and covered way marking posts, walk leader training, the launch event, first aid packs, advertising costs, sign boards, path improvements, silvicultural improvements, seating, an arts project, and project administration. In addition, the existing Footprints scheme has a pack containing information on the 10 walks and part of the HWIG was used to produce an 11th card and update the existing pack with calorie-counters.

The Wye Wood Project that has developed from the project donated a further £8,764 in kind.

The project had many different beneficiaries including Hollybush Family Centre, Hinton Kids Club, mental health charities, the local probation service and provided opportunities for a range of different community groups to contribute. The establishment of the network of partners has lead to new opportunities for developing similar schemes throughout Herefordshire and has been recognised as a win-win situation by all.

Walks at Newton Coppice have not yet begun in earnest though it is envisaged that these will start in Summer 2004. Some led walks are taking place already but a confirmed weekly walk is still in the planning stage.

5.3.5 Other HWIG Projects

Three other projects were funded by the HWIG and whilst they are not formally part of the evaluation their contributions throughout the evaluation process have been invaluable and will inform some of the later discussions. The three projects were:

Roughwood Chase, Walsall

The £30,000 grant (applied for by Walsall Countryside Services) was for capital improvements to the site including surfacing of footpaths, signs and way marking. The project compliments a WHI/Walsall Countryside Services project called 'Walsall Walk On' dating from 1999. The site falls within the BCUF and Forest of Mercia and is surrounded by significantly deprived communities of Beechdale and Bentley, both target areas for the Neighbourhood Renewal Programme.

South Telford Woodlands

The £30,000 grant (applied for by Severn Gorge Countryside Trust (SGCT) was for silvicultural works, path surfacing, furniture, way marking and information boards, promotions (booklets, website), accreditation, and walk leader training.

SGCT is a large landowner in and around the Ironbridge area of Telford and has close links with a range of local organisations including Madeley Parish Council, Shropshire Wildlife Trust, South Telford Rights of Way Partnership, Telford and Wrekin Council, Walkabout Telford, and WHI.

Through the grant application process contacts were made through the local PCT who are now very much on-board in relation to the health benefits associated with greens space, woodlands and forests.

Bradwell Woods, Newcastle-under-Lyme

The £15,000 grant (applied for by Newcastle-under-Lyme Borough Council) was for improving access and reducing anti-social behaviour, awareness raising, signs and interpretation in Bradwell Woods. The site is also providing a healthy walks site for 'Fit for Living' a physical activity programme aimed at over 55s who are at risk of coronary heart disease (CHD).

The woods are an important green link between two urban areas and a major employment site, and have been earmarked by Advantage West Midlands 'Greening for Growth' money, to develop a 'greenway' through them, thus building on the HWIG.

6. Thematic Review

The following section looks at the range of themes which have been highlighted to evaluate the pilot programme. These themes include:

1. Health sector engagement
2. Engagement with other sectors
3. Funding and support in kind
4. Marketing and publicity
5. Health benefits monitoring
6. A review of walks, walkers, volunteers and coordinators

6.1 Health Sector Engagement

It is absolutely vital for the promotion of healthy walking in woodlands and forests that health professionals are made aware of the benefits associated with physical activity in green space and of the range and extent of local resources available to the general public. The health sector, for the purposes of this review, will include the PCTs and walks coordinators who are often wholly or partly employed by the PCTs, Health Promotion/Sports Development teams, GPs, practice nurses and Mental Health teams.

Burntwood Walk and Talk - The project appears to have little input from the local PCT, despite having a PCT representative sit on the steering committee. Funding for the project ends at the close of 2004 and project coordinators (from FoM and Age Concern) hope to secure long-term funding through Health and Social Services budgets for walks coordinators, health and safety reviews and development activities. GP referrals seem to concentrate on leisure centres rather than walking projects, a situation which Burntwood Walk and Talk are trying to change.

Black Country Urban Forest - The BCUF project supplied directly to the PCTs. Each of the 4 boroughs which contain the BCUF (Wolverhampton, Sandwell, Dudley and Walsall) have established walks programmes and have coordinators in place. They include:

- Walking for Health in Wolverhampton
- Sandwell Stride
- Walsall Walk On
- Dudley Action Heart.

Hayley Scott is the part time walks coordinator in Wolverhampton, supported by a full time administrator and administrative assistant. Her post is jointly funded by the WHI, Wolverhampton HAZ and Wolverhampton PCT. Her office is located within the PCT offices in Wolverhampton.

Whilst the WHI funding will come to an end in 2005, Hayley is confident that the walks programme will continue. It has been running since 2001, has trained over 100 walk leaders, of which there is a core group of *ca* 20. The project is essentially

managed under the HAZ umbrella but has good support from the PCT, leisure services, coronary rehabilitation units, community groups and ethnic minority groups - the WHI has also funded an 'Asian Community Walking Developer'.

Sandwell Stride has been running for 4 years with the walks coordinator, Deborah Davies, being co-funded by the WHI, Black Country Tourism and the Neighbourhood Renewal Fund. Prior to this, the scheme was sponsored by Sandwell's three PCTs and Sandwell Borough Council.

Sandwell Stride runs within the area of the three Sandwell PCTs (Oldbury and Smethwick, Rowley Regis and Tipton, Wednesbury and West Bromwich) and is part of the Physical Activities Team. The area is also an HAZ.

Walsall Walk On has been running for 6 years. The walks coordinator, Lindsey Broom, is employed by Walsall Metropolitan Council and is funded through the WHI and New Opportunities Fund.

Funding for this post is due to run out in October 2005 when it is hoped that further funding will come from the PCT through two strands – Primary Prevention Strategy and the Green Spaces Strategy.

Dudley Action Heart (DAH) is part charitable organisation and part funded by the NHS and is one of the largest cardiac rehabilitation programmes (*ca* 600 patients at any one time) in the country. Its' aim is to increase the numbers of regular walkers and physically active people in Dudley, providing access to walking and walking groups for GP referrals and the wider community.

DAH is being run from Russell's Hall Hospital. There is a walk site adjacent to the hospital that is being developed and which will link with a BCUF site at Fens Pool.

The Dudley area is home to a project called 'Steps to Health', a two-year project co-funded by the Countryside Agency, Department of Health and Sport England, to encourage a range of physical activities to improve health. The project is delivered in 5 local parks. Whilst these parks are not part of the BCUF there is a sense from the coordinator, Melanie Taylor, that the calendars and subsequent maps supplied by NUFU of the BCUF, will facilitate people moving on from Steps to Health to independent walking. Through DAH, the Steps to Health project has distributed the NUFU maps to the local PCT and GP surgeries. Melanie had no knowledge of the BCUF or the FC prior to the production of the calendars.

Feedback on the calendars from both users and health promoters has been very good. Most of the volunteer walk leaders have copies and whilst traditionally they recommend ramblers groups for people who have outgrown the led walks programme, there is a sense that BCUF sites will also now be suggested. In addition to the four walks programmes, calendars were sent to libraries, mental health teams, cardiac patients, GPs and surgeries on the exercise referral schemes and used at health promotion events.. There is the sense that people are beginning to recognise urban woodlands as new places that they can walk. After a slow start, there is a definite shift in awareness amongst health professionals that walking is a positive physical activity.

Westport Lakes - The CHE project has taken on the responsibility of populating Westport Lakes with walkers.

There are currently no led walks being run at the Westport Lakes site but it is hoped that as the Staffordshire University CHE programme develops, so will the opportunities for led walks at the site. In discussions with CHE it became apparent that they have taken over implementation of the walks programme at the site because the PCT which covers the area within which the site falls failed to get funding from WHI. In the vacuum created by this situation, CHE stepped in. Information and walk packs (including a Westport Lakes insert) from CHE are currently available in a GP surgery at Tunstall, close by, which has expressed an interest in using the site. North Staffordshire Health Promotion Project Worker for Physical Activity, Elise Welch, was unaware of the FC prior to the work at Westport Lakes but is now keen to promote woodland as an alternative venue for exercise and the positive mental health benefits associated with green space. She works across four PCTs coordinating physical activity programmes for people referred through a GP referral scheme which has been running since 1997. There are currently 10 WHI in her area.

From Elise's perspective it is very important to widen the leisure activities that are available to people. GPs often refer patients to local leisure centres who rarely offer activities outside of the normal gym routines. She would like to see all leisure providers (of which CHE is one) having trained walk leaders and organising at least one walk per week. Drop out rates from GP referral schemes are up to 70% and the provision of a variety of options may reduce this number. In addition, walking is easily maintained after an exercise prescription course is completed and it is free, or at worst inexpensive, to undertake.

Newton Coppice - This project has built on 'Footprints', the existing WHI scheme detailed above (section 5.3.4). The partnerships involved in the original project have a strong link with Herefordshire PCT and Hereford Hospital NHS Trust, specifically through Mental Health Services, the Heart and Lung Unit and the Cardiac Rehabilitation team. These links have been strengthened through the Newton Coppice project and the health/environment link for physical activity and mental health promotion has been well established and may well lead on to further collaborations with Hereford Sustain. Clinical nursing staff within the NHS Trust are keen to train as walk leaders and offer walking from the hospital.

Other health professional linkages have been made through the Exercise Referral and Physical Activity Development Officer, Suzanne Gardner, who is employed by Hereford Council. Hereford Council provided some of the funding for the original Footprints project. Suzanne has facilitated the distribution of healthy walks packs to local GP surgeries, local leisure centres and the Cardiac Rehabilitation service.

Another partner organisation is South Wye Healthy Living Community, part of the South Wye Regeneration Programme. This organisation, which receives funding from, amongst others, the local PCT, has as its mission 'enabling the community to create choices for a healthier lifestyle', of which the healthy walking programme is one strand.

Other HWIG Projects - Both the South Telford Woodlands and Bradwell Woods projects have some positive linkages with the health professionals, specifically through the PCTs.

Bradwell Woods provides a healthy walks site for 'Fit for Living' a physical activity programme aimed at over 55s who are at risk of CHD. Within the South Telford Woodlands, the local PCT has become very interested. It has recognised the physical and mental health benefits associated with walking in green spaces and is seeking to tie in opportunities more closely with Severn Gorge Countryside Trust. In addition, there is a SGCT website on which the PCT is placing more information regarding health.

6.1.1 Health Sector Engagement: Conclusions

There is no definitive way in which healthy walking organisations are engaging with the health sector, as demonstrated by the HWIG projects.

Public Health can be serviced by the environmental sector, both in terms of increasing opportunities for physical activity (impacting public health issues like obesity, CHD, type 2 diabetes, osteoporosis, childhood diseases) and impacting on peoples' levels of stress, anxiety and general mental well-being. At a national level, public health expenditure on physical activity is limited to national objectives. Locally, each PCT employs a Public Health Director and these individuals and their teams represent one level with whom the environmental sector should be engaging.

In terms of the research in this evaluation, the most common way in which health sector engagement is taking place is through Sports Development/Exercise referral scheme coordinators who often have walking promotion as 'another' part of their work. In some instances, healthy walks coordinators are employed directly through the PCT and in others they are employed by local government but the examples above highlight that for the most part they perform sports development/exercise referral functions. It is these individuals who are championing the health benefits associated with walking and who deal with GPs and primary care organisations. They are likely to be the people who are most ready and willing to hear the message that environment sector organisations are trying to get across.

Direct contact with health professionals like GPs and practice nurses is not prevalent, rather information which relates to healthy walks schemes is being marketed to surgeries through posters or the distribution of walking packs e.g. the BCUF calendars, Footprints and CHE walk packs. However, evidence suggests that these people are important to the environmental sector as they feed potential clients into the walking programmes. Community Health and Practice Nurses have direct contact with the public and are able to dispense, first hand, health promotion information. They may often be the audience who have most to gain from the information and advice which the environmental sector is trying to promote regarding the benefits of green space. For example, in Aberystwyth in Wales it was practice nurses who latched on to the calorie-counted walks and requested that the FC formally talk to them and introduce walking trails. In Dudley, one practice nurse interviewed suggested that walking was an exemplary way of getting the old and infirm into a less sedentary

lifestyle and that information on where organised and independent walking could take place was vital so that she could recommend it. A subsequent interview with a LEAP (Leisure, Exercise and Activity for People over 60) coordinator in the West Midlands, highlighted the benefits of providing people with maps of woodlands where people could walk; 'Keeping people interested is very important. Once they have overcome shyness or years of inactivity by joining group walking schemes, some people want to carry on independent walking. The maps provide people with easily accessible information and perhaps the opportunity to see something new and discuss trees, wildlife and plants they didn't know existed in the local area'.

GPs are very busy dealing with patients who present with symptoms and who need treatment. Often they are not aware of the different activities which are available to their patients, simply because they do not have the time to read and digest the vast quantities of unsolicited mail which they have to deal with. A range of awareness seems to exist amongst GPs, from almost total ignorance of the WHI initiatives to actually attending health walks. Those spoken to in the research suggested, as above, that practice nurses were important contacts in the promotion of public health and that they offered the best way of engaging with health professionals. However, it was not suggested that nurses should be contacted individually but that formal representation should be made through organisations like the Royal College of Nursing, or the PCTs, on occasions where nurses are together and able to discuss, question and decide on the potential advantages of new approaches to health care.

In Walsall, all health professionals are invited to attend MALT (Multi Agency Learning Time) meetings on a regular basis. This provides an opportunity for health related discussions to take place and provides a captive and willing audience for presenting new ideas. One GP interviewed suggested that these are very important meetings and, with the 'right presentation', may provide an excellent opportunity for the environmental sector to 'concisely and in terms recognisable to health professionals', lay out the benefits and opportunities of accessing green spaces for health. (The extent to which these kinds of meetings are duplicated around the country is unknown, but they are thought to be common).

National Service Frameworks which should be of interest to the environment sector cover heart disease, cardio-vascular disease, diabetes, older people and mental health. Whilst the arguments concerning physical activity have been won there is on going debate regarding whether there are additional benefits if this exercise takes place in green space. However, there is plenty of anecdotal and research evidence which suggests that there are distinct, if not easily quantifiable, benefits for people who have access to parks, woodlands and forests; benefits that can be compounded by group activities, like led walks (see section 6.6, and Ulrich et al, 1991, Mudrak, 1982, Botkin & Beveridge, 1997 and Kaplan & Kaplan, undated).

Almost all the people interviewed during the evaluation, from health professionals to lay people, emphasised the tremendous benefits people feel from walking in groups. This manifests itself in overcoming fears of new, unfamiliar or potentially threatening places to making friends and achieving social contact which may be missing from people's lives. At Newton Coppice, where the project had a particularly strong community presence, the Social Services/PCT Mental Health team was strongly involved in the project through facilitating local mental health organisations getting

involved, including MIND and Herefordshire User Group. They recognised this project as helping them to deliver part of their NSF targets relating to ‘mental health promoting the principal of social inclusion’.

6.2. Engagement with other sectors

Whether it is at a national government level, regionally or locally, the success or failure of bringing change to physical activity levels across the country relies heavily on ‘joined up’ decision-making and of developing partnerships between different organisations – health, environment and community. The following section looks at the kinds of networks which have been developed by and through the HWIG pilot.

6.2.1 Walking the Way to Health Initiative

The WHI has arguably been the most important initiative to date at bringing together different and potentially disparate groups. During drafting of the HWIG call for projects, links with an existing WHI were stipulated as a key factor in deciding whether or not a project would receive support; all but Bradwell Woods fulfilled this condition.

In most instances, healthy walks were already becoming established before WHI was approached for additional funding to help develop and expand the schemes. In brief, the Burntwood Walk and Talk project was picked up WHI after a successful pilot run by Staffordshire Age Concern, the BCUF project dealt with various walks groups who have sought and obtained WHI funding to allow them to expand their remits, at Westport Lakes the promotion of healthy walking is being carried out by CHE which has a 3 year WHI grant and at Newton Coppice, the WHI helped to establish the ‘Footprints in South Wye’ project.

WHI takes a very hands on role with the process, helping proposal writers in a two stage process to ensure that targets are realistic and achievable. Once a grant has been issued there is on going guidance and input from WHI project staff, with publicity, promotion and other assistance as required. Funding is staggered, to be released when projects meet the agreed milestones and each project must have an identified coordinator or someone who is brought in to the job.

6.2.2 Other Partners

The extent of other organisations involved with projects varies considerably. All project funding recipients have an existing working relationship with the Forestry Commission.

At Burntwood Walk and Talk, the network of organisations involved in the planning and delivery of the project is quite extensive. Age Concern South Staffordshire have provided the major momentum behind the project and continue to drive it forward. Also on the steering group is a local businessman and former GP who is advising on

monitoring of health benefits. Lichfield District Council also support the project, providing funding to the Forest of Mercia and in a locally strategic sense, managing public open space and securing Single Regeneration Budget funding. An officer from the Planning Department attends all steering group meetings. Local Community Wardens are also involved with the project. The aim of the Wardens is to liaise with the community to identify causes of concern, in terms of social and environmental matters, that affect the quality of life in the neighbourhood. As part of their input, three wardens have taken to leading walks during summer evenings. They are supported by the Police and local council. Finally, a whole host of other organisations sit on the steering committee including Lichfield and Tamworth PCT, Lichfield and District CVS, the Ramblers Association, a local church, Burntwood Lions, Chase View Care Home, Oak Dene Day Centre, Burntwood Town Council, Keepers of the Archive, The Meeting Place, Oscars and Christine Walters Optometrist.

The Black Country Urban Forest is part of Groundwork Black Country and has close ties with NUFU. BCUF have been working with PCTs, and walks coordinators on other promotions and were able to share information for the production of the calendars. As mentioned above, this project was a one off and is unlikely to be repeated. NUFU have also produced walking maps for the BCUF and these have been distributed to the health contacts already targeted for the calendars. For this project, the important connections have been through the walks coordinators.

At Westport Lakes the project was a one off capital improvement project and once the site had been upgraded the responsibility for developing walks, as mentioned above, has been passed to CHE. There is an informal friends group at the site who were consulted during the initial phase of development. However, its input is limited and the consultation was essentially a matter of New Leaf being good 'landlords'. The maintenance of the site is carried out by Stoke Countryside Services.

As a result of the project, New Leaf have been in discussion with British Waterways regarding the possibility of establishing a visitor centre on site. British Waterways are currently upgrading the tow path which runs along the canal, linking Westport Lakes to Staffordshire University.

The Newton Coppice project, like Burntwood, had a fairly extensive range of contacts. Hereford Sustain was able to contact and involve a number of organisations because of the community development approach that was taken to the site improvements. From a council perspective the Parks and Countryside Service and Cultural Services were involved in the project. Herefordshire MIND and Herefordshire User Group (HUG), two mental health organisations, were involved, specifically highlighting to their clients the benefits associated with trees, woodlands and accessing green space and being involved in some of the physical upgrades (coppicing) to the site. But for an administrative error which was outside the control of Hereford Sustain a local school were also to be involved. Herefordshire Probation Service were able to have 4 four people working on one of the coppicing days and expressed a strong interest in taking part in future projects involving Hereford Sustain. The coppicing work was carried out under the supervision of Herefordshire Nature Trust. South Wye Healthy Living Community project, as well being part of the local PCT, were also involved in developing and running a community arts project at the

site involving lone parents and small family groups exploring their children's creativity. South Hereford Area Regeneration Project (SHARP) were involved with designing the information panels that can be found at Newton Coppice and South Wye & Belmont Community Environment Project facilitated the making and installation of two benches which are sited on the healthy walk routes. The result of bringing together all these different organisations has been the formation of Wye Wood, a partnership which hopes to turn Newton Coppice into a county-wide scheme.

6.2.3 Engagement with other Sectors: Conclusions

The HWIG projects have been largely successful in delivering what they set out to although it is less easy to define what the longer term impacts might be. Without the opportunity to assess long term trends, the most obvious way to gauge whether or not the projects will be contributing to the overall aim of public health improvement and greater access to parks, woodlands and forests is by an appreciation of the range of networks that each project has been able to develop – anecdotal evidence would suggest that the more groups and organisations there are supporting an initiative, the more sustainable it is.

On this basis, the future for Newton Coppice is perhaps the brightest. A whole range of different groups have come together to develop and deliver the outputs and these include not only the usual suspects – health and walks coordinators – but also community organisations, schools, mental health charities and the probation service. By engaging with these groups local people should feel some sense of ownership of the project. It is also worth noting that on the back of the project, a new partnership has been formed, Wye Wood. This partnership hopes to turn the Newton Coppice idea into a County-wide scheme.

In the case of Westport Lakes, there are no formal partnerships in place, other than through the health referral scheme. However, the involvement of Staffordshire University makes this scheme particularly unique – it is the only scheme which is targeting people at work. The scheme currently runs one walk per week from the university grounds and attracts staff on lunch breaks, some members of the community on health referral and some students. CHE has combined with the sports degree programme at Staffordshire University and hopes, through walk leader training, to provide current undergraduates with the opportunity to gain real life experience in public health issues. The aim is for students to act as walks leaders.

6.3 Funding and 'in kind' contributions

HWIG was not the only funding raised for delivering the individual project outputs. The following section highlights where the additional funding was sourced from and how much it was.

Burntwood Walk and Talk – The extent of funding required by this project over the 12 month pilot time is £27,700. Of this figure, the HWIG contributed £6,250 which was

essentially targeted at the development of site infrastructure. The remaining funding was secured through a variety of agencies. For example:

- The Local Heritage Initiative donated because of the ‘talk’ aspect of the project. This funding encourages older members of the community to interpret the cultural and social history of the area based on their own life experiences.
- The WHI provided £5000 to cover staffing costs and walk accreditation¹.
- Lichfield District Council have provided administrative support to the project.
- Other funders included Coalfields Community Chest, Community Paths Initiative, the Local Members Initiative and Burntwood Town Council

The FoM project team receives a 10% management fee and provides office space for the part-time walks coordinators.

Black Country Urban Forest – The BCUF calendars cost £12, 915 to produce and distribute. The HWIG application was for 77% of the costs, or £9,915. The remaining money was provided by Groundwork Black Country, from the ‘legacy budget’, a fund of money that was in place from the time of NUFU’s handover of the BCUF to Groundwork.

WHI funding for the healthy walks initiatives being run in the four Black Country boroughs is as follows:

- Wolverhampton - £51, 980 over 3 years
- Walsall - £65,720 over 3 years
- Sandwell - £43,430 over 3 years
- Dudley - £40, 100 over 3 years

As outlined in section 6.1.2, the walks coordinators in each of these four boroughs are supported by a range of other organisations including Black Country Tourism, Neighbourhood Renewal Fund, New Opportunities Fund, the PCTs and the NHS.

Westport Lakes – The HWIG grant applied for was the maximum amount allowable - £30,000.

Eventual project costs, however, were greater than the available grant and New Leaf had to source £20,000 from elsewhere to complete the infrastructure improvements. This money was accessed through the ‘Section 106 Agreement’ whereby developments that adversely impact green spaces are offset elsewhere by the development of new or existing community projects. This money is collected from property developers or businesses and managed by the council.

The WHI provided a grant of £25,500 for the project being run at Staffordshire University.

¹ Accreditation by WHI involves assessing walk suitability, risk assessments and providing marketing materials for the public. Walks are accredited with either 1,2 or 3 hearts, not to distinguish good from bad but rather to emphasise the amount of external input each walk has had. A 3 heart walk has safe routes, (1 heart) with trained walk leaders (2 hearts) and emphasises brisk walking plus additional information on GP referrals schemes, walking incentives etc.

Newton Coppice – The HWIG grant for the development of Newton Coppice was £28,900.

Total project costs amounted to £37,700. The shortfall was made up by in kind contributions from Hereford Sustain Project, Community First, Parks and Countryside Services, South Wye Regeneration Partnership and the existing WHI, and as match funding from South Wye Community Pride Fund, Belmont Rural Parish Council and Herefordshire Nature Trust.

The WHI provided a grant of £18,700 for the initial ‘Footprints’ walking scheme.

Other Projects – Bradwell Woods claimed for £15,000, South Telford Woodlands and Roughwood Chase each claimed £30,000.

6.3.1 Funding and ‘in kind’ contributions: Conclusions

A wide array of funding bodies have been sought for the development and implementation of the projects. However, this often represents only a proportion of the monies required to establish and sustain healthy walking initiatives. All the projects have significant funding coming through the WHI. This funding has, in most cases, been in place prior to the HWIG.

The Burntwood Walk and Talk project has been able to obtain monies from a wide array of funders but this is not seen as sustainable by the project managers. The process involved writing many project funding proposals which was highly time consuming and only possible because of the extensive experience available through the Forest of Mercia. Without this expertise, the project may have struggled to become a reality.

The BCUF project would have been almost meaningless had there not already been substantial funding in place for the healthy walks schemes in each of the boroughs.

At Westport Lakes, the project was able to access section 106 money but this would not have been possible without the HWIG funding already in place and is a point worth stressing. Match funding may often be available once an organisation like the FC has taken the first step. However, in the HWIG pilot, the FC would not have provided funding had a WHI programmes in the local area not been already established.

At Newton Coppice the majority of funding came through the HWIG but this was to some extent offset by in kind contributions from a range of community based organisations who donated their labour and expertise free of charge.

As many of the walks coordinators do not have a ‘safe home’ within the PCT or local council and as direct WHI funding is due to end in 2005, it is important that alternative sources are found if the projects are to continue to fulfil their early promise. The experience of the HWIG suggests that through developing partnerships and networks, funding may more easily be secured.

Sources of match or in kind funding will need to be assessed and established if the HWIG is to become part of the FC landscape. Without it, schemes which are able to get off the ground may struggle to maintain momentum.

6.4 Marketing & Publicity

The first phase of marketing for the HWIG came from the FC seminar held at Chasewater which introduced potential recipients to the funding. Each of the four evaluated projects were made aware of the project by the FC, either through this activity or because of the high degree of involvement that they already have with the FC. All the groups receive either core funding or Woodland Grant Scheme (WGS) money and in the final analysis, each of the groups which applied for funding received it, i.e. the project was marketed towards established FC associates.

In all cases the HWIG funding was spent in part on the development of marketing materials.

Burntwood Walk and Talk - Publicity materials like mailshots and walks leaflets have been produced. FoM also advertises the programme of walks on its website and there is information available at the Innovation Centre, Chasewater, the headquarters of FoM and site of some walks. Marketing of the project to the target community (people for whom vigorous exercise is not appropriate or appealing, and to those for whom the social benefits will be equally valuable) takes place through GP referrals, health agencies and social services. The project also fits into the local PCTs Exercise on Prescription programme.

The project's official launch was attended by project partners and funders, as well local press, schools and members of the public.

Black Country Urban Forest - The project was designed specifically to raise awareness of the opportunities for walking in the BCUF by providing calendars with information on walks and interesting facts about trees. These were distributed to a wide range of organisations via the relevant local healthy walking initiatives. Examples of which include libraries, SureStart, Age Concern, GP surgeries and health clinics, leisure centres and to many of the volunteer walk leaders.

Westport Lakes – An official launch event was held on the 9 March 04 which was attended by 45 people and photographers from Staffordshire University and a local paper, the Sentinel. In addition, a number of articles have appeared in a variety of local publications and websites, reporting on healthy walks in general and specifically on Westport Lakes.

New Leaf were able to fund the production of a walks leaflet that details the walk site and walks information and this has been included in a walks brochure distributed by Staffordshire University's CHE to GP surgeries, leisure centres, physical activity and diabetes clinics, programme leaders for smoking cessation, and local community groups.

Newton Coppice – The walk was opened in February 2004 by the Mayor of Hereford, with 54 people attending from 23 different organisations. The project contributed to the development of the existing ‘Footprints’ walking maps by including the Newton Coppice walk, number 11 in the pack, and by the addition of calorie counters for each of the existing walks.

The range of stakeholders in this project have access to the ‘Footprints’ brochure and have distributed it widely amongst their constituents.

6.4.1 Marketing and Publicity: Conclusions

Marketing and publicising healthy walking opportunities is a core issue if more people are going to become physically active. Marrying potential clients with walk sites, and doing this in a way which is accessible to health professionals represents one of the stages to lifestyle changing. The other core issue is ensuring that once engaged in a physical activity people continue. Each of the projects has an emphasis on ensuring that a wide local audience is made aware of health walk opportunities.

General feedback from the different people consulted, including health professionals, walks coordinators and walkers, was that the materials produced were ‘useful, attractive and informative’. Most health professionals had been only vaguely aware of the FC prior to the HWIG and were now able to understand that the organisation offers excellent facilities for engaging in physical activity. Some expressed an interest in knowing more about local woodlands.

Walkers were also happy to be made aware of places to walk that they had not previously considered or recognised as potential walk sites.

There was one minor criticism, levelled at the BCUF calendars because they were time dependent. However, the production of a further 90,000 walking maps by NUFU has augmented the initial 10,000 calendars and gone some way to offset the criticism.

Another potential issue surrounds the production of specialist publicity material, for instance, aimed at older people in larger type face or translated into different languages. Whilst there was no evidence of this, it is perhaps something which should be considered.

6.5 Monitoring

Monitoring the effects of the HWIG has been difficult because there was no specific monitoring process that the applicants were supposed to fulfil. However, as noted in the following section on walks and walkers, anecdotal evidence would suggest that healthy walks projects as a whole have a beneficial health (physical and mental well-being) impact on target audiences and therefore there is no reason to assume that the HWIG would be any different.

During the project proposal stage each of the applicants filled out a 'monitoring report' which addressed issues relating to contacts with health services, development of walks, walk leaders and sites and whether there was demand for walks or not. The lack of concrete evidence regarding health benefits post-project can partly be attributed to the fact that the HWIG pilot ran over 12 months only, during which time the projects could only realistically take first steps. This timescale is clearly a constraint. Obtaining data on tangible health benefits and lifestyle changes will take longer; a long-term monitoring approach should form part of any further projects.

The only project to have taken an active role in monitoring health benefits is Burntwood Walk and Talk. Through Dr Mike Wall, who is sitting on the steering group, the project is attempting to establish a common set of criteria for measuring impacts, based on either the 'Nottingham Health Profile' or 'Short Form 36'. The approach at Burntwood involves collecting basic introductory health information, a register for each walk and then basic health information at the end of a (yet to be confirmed) specified monitoring period. It should be worth revisiting this later in the year to see if it has been successful and if there are any lessons to be learnt for other FC projects.

The distribution of walks information has generally been widespread but there is no mechanism in place for assessing the impact of this material on the target audiences. Some walks coordinators have reported that surgeries have requested more leaflets suggesting that the materials are well received. However, there is no data to determine whether these have solely been picked up and put down again, or that the information presented actually leads to more walking. This represents a crucial dataset which is missing as potentially large amounts of funding is spent on producing interesting and colourful leaflets and brochures. Anecdotal evidence, again highlighted below, would suggest that local papers and word of mouth represent the best ways of attracting new walkers. It may be more prudent to supply maps to current walkers rather than to prospective walkers who are not necessarily going to use them.

Determining lifestyle changes and health benefits accruing to health walk participants is arguably the most important aspect of the projects, in terms of securing funding for developing new schemes and making the case for physical activity in the outdoors as opposed to the gym. Most potential partners and funders will inevitably seek some of this kind of information to be able to justify their decisions. Monitoring of this data is not necessarily a complicated task and it is important that it is written into any future scheme.

6.6 Walks and Walkers

During the evaluation 7 led walks were attended and interviews were conducted with 18 walks leaders and coordinators and 51 walkers (out of *ca.*80). Table 2 summarises walker responses, and table 3 those of the walks coordinators and volunteer walk leaders.

With the exception of Staffordshire University, the majority of walkers were of retirement age or above. This can be attributed to a range of reasons that include:

- Most walks are arranged between 10am and 2pm on weekdays.
- Volunteer walk leaders are unwilling to give up weekend time
- The audience for some walks is people recovering from serious illness or trauma, a scenario more likely as people get older.

A mixture of ethnic groups was observed but it was beyond the scope of this evaluation to determine whether or not this mix represents a true reflection of the ethnicity in the catchment of the walks. There was a fairly even gender split, with perhaps 60% women walkers (the walk in Walsall, was exceptional, attended by 12 women, with one male and one female walk leader. The Staffordshire University walk and that at Newton Coppice were also attended solely by women though the attendance at each was very low and not typical). Anecdotal evidence suggests that the majority of walkers are women but this is being addressed, for example, by the Sandwell Stride scheme, which has a current focus on attracting men aged 45 and over.

Table 2: Healthy Walkers Responses

Walker Responses					
How did you find out about the walks?	Why did you start you walking?	Do you know about the FC/ BCUF?	Are you taking more exercise as a result of the led walks programme?	What do you enjoy about the healthy walks?	What are the wider impacts of walking, on your friends, colleagues, family?
Burntwood Walk and Talk Launch Event. 6 walkers interviewed					
<ul style="list-style-type: none"> • Age Concern • local papers • word of mouth 	<ul style="list-style-type: none"> • Health concerns • Something to do • Social environment • Better than being in front of the TV 	<ul style="list-style-type: none"> • Not really • Might walk there in the future • Transport is an issue 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Happier • Lighter • Its good to breathe in the fresh air • It is very enjoyable 	<ul style="list-style-type: none"> • Come here with the grandchildren • Always telling people about the walks • Learning about the local area
Walking for Health in Wolverhampton, Bantock Park. 14 walkers interviewed					
<ul style="list-style-type: none"> • Community groups • Local papers • GP surgery • Word of mouth • Friends and family 	<ul style="list-style-type: none"> • Health • Friendship • Encouragement • Rehabilitation • Didn't think of it before 	<ul style="list-style-type: none"> • Have seen the calendars • Would like to walk there • Happy to be walking here 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Like the fresh air • Enjoy the company • Losing weight • Feel fitter 	<ul style="list-style-type: none"> • My family are happy that I am taking more exercise • I tell my friends about it, and some are coming • We come together

How did you find out about the walks?	Why did you start you walking?	Do you know about the FC/ BCUF?	Are you taking more exercise as a result of the led walks programme?	What do you enjoy about the healthy walks?	What are the wider impacts of walking, on your friends, colleagues, family?
Walsall Walk On, Reeds Wood Park. 12 walkers interviewed					
<ul style="list-style-type: none"> Local paper Friends Family Word of mouth 	<ul style="list-style-type: none"> Health Friendship Encouragement Never considered walking before Scared to walk alone Rehabilitation This represents a safe place to walk now I am too old to go rambling 	<ul style="list-style-type: none"> Most considered that they would like to give it a try if they could get there and if it was in a group 	<ul style="list-style-type: none"> Yes Another opportunity – already exercise quite a lot 	<ul style="list-style-type: none"> Important social opportunity Healthier and fitter 	<ul style="list-style-type: none"> Coming with friends Tell others
Sandwell Stride, Red House Park. 14 walkers interviewed					
<ul style="list-style-type: none"> Local paper Word of mouth Friends Family 	<ul style="list-style-type: none"> Health Friendship Encouragement Rehabilitation Better than going to the gym Inspirational walk leader 	<ul style="list-style-type: none"> It seems a big step from here to walk alone Didn't consider it before the calendars but might go there now, perhaps with the family 	<ul style="list-style-type: none"> Yes Made a big difference Now I walk whereas I used to take the bus 	<ul style="list-style-type: none"> Enjoy the social aspect Keep my doctor happy Feeling fitter 	<ul style="list-style-type: none"> Some friends have come but you cant force people Try to encourage my children/grand children to walk Old habits die hard

How did you find out about the walks?	Why did you start you walking?	Do you know about the FC/ BCUF?	Are you taking more exercise as a result of the led walks programme?	What do you enjoy about the healthy walks?	What are the wider impacts of walking, on your friends, colleagues, family?
Dudley Steps to Health, 2 walkers interviewed					
<ul style="list-style-type: none"> • Rehabilitation centre • GP surgery 	<ul style="list-style-type: none"> • Always walked, especially since retiring • Recent heart attack, but always walked 	<ul style="list-style-type: none"> • Heard of BCUF but didn't know you can walk there. Will go • Occasionally walks in BCUF 	<ul style="list-style-type: none"> • Yes – added incentive to do more 	<ul style="list-style-type: none"> • Social aspect offers encouragement 	<ul style="list-style-type: none"> • Walk with a friend anyway. • Family to busy working • Have always walked
Newton Coppice Walk, Hereford. 1 Walker interviewed					
<ul style="list-style-type: none"> • Health referral 	<ul style="list-style-type: none"> • Health – type 2 diabetes 	<ul style="list-style-type: none"> • Now often go to FC sites and other woodlands to walk 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Social event • Feel fitter and happier 	<ul style="list-style-type: none"> • Encourage my husband at weekends and handicapped son on weekdays
Staffordshire University CHE Walk, 2 walkers interviewed					
<ul style="list-style-type: none"> • Students Union staff 	<ul style="list-style-type: none"> • To get fitter 	<ul style="list-style-type: none"> • Heard of Westport but its too far 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Its good to do something active during the day rather than just sitting at a computer terminal 	<ul style="list-style-type: none"> • It's a lunch time thing. • Will suggest walking to friends • More colleagues are coming

Table 3: Walks Coordinators and Volunteer Walk Leaders Comments

What are the main barriers to walking?	What makes healthy walks a success?	How can the success of healthy walks be maintained?	Other comments
<ul style="list-style-type: none"> • Fear of unknown spaces • Fear of people and anti-social behaviour • Fear of getting lost • Natural conservatism stops people exploring their local environment • Lack of information • People feel strange when walking alone • Sedentary lifestyles 	<ul style="list-style-type: none"> • Volunteers are the lifeblood of the schemes • Good and clear information • Incentive schemes • People make friends and enjoy the social interaction • Increases in vitality and mental well-being • Support from health professionals – not always there 	<ul style="list-style-type: none"> • Well coordinated GP referral schemes and health sector education • Talking to specific groups in the community • New and interesting walking routes • Continued walk leader training – there is a high rate of attrition amongst walk leaders • Incentive schemes for walkers and leaders 	<ul style="list-style-type: none"> • Walks are unlikely to become self-sustaining • Walking is slowly becoming more mainstream • Sure Start¹ has the potential to increase physical activity amongst adults and young people • Well run lead walks lead to independent walking • It is big step from led walking to independent walking • It would be good now and again to go to new places, perhaps on public transport • Local Ramblers groups are often recommended to people wishing to progress their walking

¹ a trans-generational project which brings together older volunteers and under5s

6.6.1 Walks and Walkers: Conclusions

It is hard to determine why some walks are better attended than others or why some walks attract a regular throughput of walkers. The most straightforward answer is that walk leaders make the obvious difference. It is their enthusiasm, regular attendance and obvious civic pride that attracts, maintains and enthralls walkers. It could be argued that the weather also impacts on how many walkers turn out. However, on a beautiful spring day in Hereford only one walker arrived when expectation could have been for many.

There is no obvious walk style which is deemed important, other than that it should cater for all abilities. The venue may be secondary to both the social experience and the accumulation of health benefits but there is an argument for providing a range of walk sites to keep walk leaders stimulated and to show walkers that, once they have progressed from led walks to independent walking, there are a range of possible options available. The walk at Bantock Park in Wolverhampton starts and ends at a tea room with toilet facilities and this is arguably why attendance is so good throughout the year. The walk at Sandwell also has a high attendance record, potentially because of the excellent walk leaders and the warm-up and cool-down exercises that all are encouraged to participate in.

There is a clear sense that moving from led walking to independent walking is a major step but friendships and alliances made through the led walks programmes do offer the opportunity for groups of walkers to explore other sites. In this instance, transport is often a major barrier. This scenario may more often be borne out in more rural areas, for instance at Brecon Beacons West, but in urban and peri-urban areas it appears that fears associated with parks and woodlands, especially amongst elderly walkers, are a major obstacle to overcome.

Whilst the input of health professionals is an important factor in changing people's lifestyles, the most popular reasons given for joining healthy walks programmes were word of mouth, recommendation by friends and family and local newspaper advertisements. This has important consequences for health sector engagement and the production of marketing and publicity materials.

Targeting community organisations like Sure Start, MIND or Black and Minority Ethnic (BME) groups with publicity materials and face-to-face meetings is seen as a positive step towards attracting potential new walkers and broadening the appeal of walking more generally. For example, under the auspices of Walking for Health in Wolverhampton, WHI have funded an 'Asian Community Walking Developer' to attract a traditionally hard to reach section of the population. Age Concern in Dudley have been inspired by the development of the Steps to Health scheme and have begun regular walks which feed into the existing scheme.

The most significant feel good factor about healthy walking programmes is that associated with mental well-being. For some this is an opportunity for social interaction which is missing from their lives and for others it represents a chance to catch up with friends. It is this factor, more than fear of new spaces, which motivates people to keep coming on healthy walks after they have 'outgrown' the walk in terms

of the physical activity benefits which may well be served better by more rigorous exercise.

7. Future Innovations

The WHI programme is due to cease in October 2005. In reality this means that direct funding to walking schemes will end but owing to the success of this venture the Countryside Agency will not withdraw completely. Instead, a revised programme will be maintained, offering an 'after sales' service that includes continued supply of training materials, support for walk leaders and marketing materials. The WHI brand will continue as will the accreditation of walks. This will provide important continuity to what has been a very successful scheme.

The British Heart Foundation, which has been a partner of the WHI scheme, also recognise the great benefits of what the programme has achieved and has stated that the programme will be reviewed over the next 15 months or so to determine how it will continue to support walking in Britain.

The WHI has raised the profile of walking for health over the past couple of years and there are now a range of organisations and initiatives that are seeking to augment or complement this success:

- Britain on the Move – (www.itv.com/britainonthemove) this campaign is being run across the entire ITV network, with the aim of 'encouraging everyone to take steps to improve their health and quality of life' by making a change to daily routines and walking a little further each day. The website contains details of pedometers for calculating the number of steps that people are taking and encouraging them to increase this, and is advertising walks throughout the country. ITV is also promoting walking on its regional news bulletins.
- Kelloggs are promoting walking on Special K cereal packets (www.kelloggs.co.uk/specialk). The campaign aims to provide pedometers to people and encourages them to walk 10,000 steps a day with a series of possible exercise and lifestyle changes and the suggestion that walking will improve cardiovascular fitness, muscle tone and flexibility.
- Choosing Health? – this is a Department of Health sponsored public consultation exercise which will form the basis of a Health White Paper to be published later in 2004. It highlights a recognition that prevention is better than cure and places public health firmly within the overall health agenda.

(www.dh.gov.uk/Consultations/LiveConsultationsArticle/fs/en?CONTENT_ID=4075183&chk=GKc1Cc)

- Choosing Activity – this consultation is designed to build on Choosing Health? and presents an opportunity to identify action and clarify roles and responsibilities for improving physical activity levels. This should help land management organisations like the FC to further promote themselves as providers of public goods which may not be obvious to policy makers and public health directors within the Department of Health.

(www.dh.gov.uk/Consultations/LiveConsultations/LiveConsultationsArticle/fs/en?CONTENT_ID=4081620&chk=Y0DWO7)

- Sport England – the Regional Framework for Sport aims to assist the regions to achieve ‘70% participation in sport by 2020’. A consultation draft has recently been issued in the West Midlands and, whilst Sport England have not to date seen forests and woodlands as venues for achieving increased participation in sport, it is now becoming aware of organisations like the FC who will be included in this process. (see: www.sportengland.org/text/national-framework-for-sport.pdf)

These examples highlight the range of different types of organisations who are promoting walking as a beneficial physical activity, and represent potential partners for the FC at a strategic, policy and national level.

At a more local level, the FC has the opportunity to engage with a different set of stakeholders. PCTs, sports and health development officers, GP surgeries and practice nurses, WHIs, arts for health projects and woodland owners or initiatives represent good target audiences for developing links between green space and physical and mental health. The challenge for the FC is how best to get across its message. The HWIG pilot has achieved some changes in awareness amongst these groups but the research suggests that levels of ignorance are still high and continued work remains if a new constituency of disadvantaged groups are to access green space and the benefits inherent within it.

As mentioned above, there is a clear connection between socio-economic deprivation and poor health. As a result, areas with high levels of deprivation have been targeted across the country by various organisations, including the Government in its Neighbourhood Renewal Strategy and WHI, which has reached its target of 80% of the healthy walks schemes in poor wards. The HWIG pilot also focussed on areas with poor health records and achieved this by selecting areas that fell within HAZs or ranked highly according to other indices of deprivation. A continued role could be played by the FC by targeting under used woods and forests on the urban fringe for renewal and improvement, by working with woodland initiatives like New Leaf or Hereford Sustain and feeding into Local Strategic Partnerships¹.

¹ A Local Strategic Partnership (LSPs) is a single non-statutory, multi-agency body, which matches local authority boundaries, and aims to bring together at a local level the different parts of the public, private, community and voluntary sectors. LSPs are key to tackling deep seated, multi-faceted problems, requiring a range of responses from different bodies.

8. Conclusions

The aim of the evaluation of the West Midlands Woodland and Health Pilot was to gain insight into the success of the projects undertaken and to identify lessons that can be learnt for similar future projects focusing on public health.

By working through woodland initiatives that have clear and defined public good remits, the FC has been able to tap directly into local agendas on health promotion.

The Forest of Mercia Community Forest has a strategic purpose to improve aspects of health promotion, community development, public access and education through the development of forest resources. The HWIG enabled the achievement of these aims through the Burntwood Walk and Talk project by improving woodland facilities, promoting access, health and education and by developing links with a range of community organisations.

The Black Country Urban Forest was originally managed by NUFU, an organisation which champions the benefits of urban and community forestry in issues such as public health, leisure and recreation, and education. Now the sites are managed by Groundwork Black Country which understands the value that urban green spaces can provide in terms of community enterprise, improved neighbourhoods and promotion of well-being and healthy living. The production of calendars and walks maps has identified to a range of people (including health professionals, walks coordinators and walkers) resources which are local to them and will, in time, become a focus for led and independent walking.

At Westport Lakes, New Leaf was able to fulfil part of its own remit (showing how the environment can play a part in promoting health and social inclusion, improving prospects for inward investment, and greening of strategic routes) and provide a new and improved space for health promotion. Although currently under-utilised, promotional work by the local WHI scheme and the development of a car park and tow path by British Waterways will certainly secure more public access to the site.

Hereford Sustain was the lead partner at Newton Coppice. Its' remits include health, well-being, access, social inclusion, community development and education. Hereford Sustain pooled a wide network of community and health based organisations to bring the Newton Coppice project to fruition and anecdotal evidence suggests that access is now far greater than previously when the woodland was, for a peri-urban woodland on the edge of a large urban population, vastly underused.

Each project was selected for its inherent health and community development characteristics and, owing to the straightforward nature of the grant process with no necessity for match funding, was able to be flexible and responsive to local needs and be implemented on time.

The HWIG pilot has been successful in that each of the projects achieved what they set out to do and raised the profile of woodlands to local audiences and health professionals alike.

For a successful expansion of the project, similar criteria to those which informed this pilot should be put in place. If possible, a nationwide HWIG should contain the following:

- A simple scoring criteria to be put in place to allow a straightforward decision-making process for FC
- Working with woodland initiatives, which represent ‘safe hands’ because they have, by their nature, good contacts with a range of organisations and agencies who can assist in delivering project goals,
- Targeting woodlands in urban or peri-urban settings, and especially in poor wards, because they have the opportunity to make a genuine contribution to promoting health benefits.

One of the great benefits of the HWIG to the projects was that it was 100% funding, requiring no match funding. This made it easy to implement, allowed for flexibility in delivery and did not mean a time consuming paper chase. Whether this is a sustainable option is not clear. However, whilst bid writing is not something that most project managers enjoy, it is a realistic task for any project and the array of potential funders available, (see section 6.5) is heartening. If the HWIG cannot continue to provide 100% funding, it can still represent an important add on for developing better access. How appealing this option will be to private woodland owners is not apparent.

For an organisation like the Woodland Trust, which encourages public access and community participation, the HWIG may provide a new funding stream. For woodland initiatives like those in this evaluation the HWIG will continue to prove highly accessible and successful. For small woodland owners, the benefits are not at all clear. Where there is no absolute incentive to attract more visitors, landowners’ natural reluctance is likely to act as a halt in developing better access. However, if grassroots organisations approach woodland owners, a partnership approach based on mutual benefit (access for one, funding and site improvement for the other) may provide a realistic set of criteria for the FC to develop new HWIGs.

To achieve lasting levels of increased physical activity two complimentary components need to be in place: infrastructure and motivation. The HWIG pilot worked well in facilitating infrastructure improvements at Burntwood, Westport Lakes and Newton Coppice and, through the calendars project, contributed to highlighting the walking opportunities available in the Black Country Urban Forest. This is clearly a process that can be easily repeated in woodlands and forests around the country and represents of itself a worthy and timely contribution to the developing health improvement agenda.

Assisting with the development of motivation is a far less tangible goal and one which agencies like the FC can do little about in isolation. However, research suggests that there are real mental health benefits associated with accessing green spaces and that physical activity is more likely to be maintained if it takes place in parks, woodlands and forests.

This represents a very clear agenda for the FC to pursue with health professionals, funding bodies and community development organisations. This, though, is not a task

that should be attempted in isolation. Delivering health improvements will require 'joined up' thinking with a wide array of partners. Forestry represents one strand of the 'outdoors' and to be fully effective in raising the profile of green spaces, the FC, arguably, should be working alongside other 'outdoors' agencies. There is some precedent to this, from the aftermath of Foot and Mouth Disease (FMD) in 2002. Then a huge range of organisations, representing the 'outdoors' as whole, sort to 're-connect' the countryside to the urban population through the 'Your Countryside, You're Welcome' campaign. This became a priority after FMD, and is something which could be pursued again within the public health agenda.

The FC, as a lead agency in developing a strategy for public health promotion through access to green space, needs to be clear as to when it should be promoting itself as a provider of health or activity, mental health or well-being. Received wisdom states that people are turned off by preaching or the nanny state and therefore the FC would gain most by selling to the public the soft benefits of recreation and access to be had in woodlands and forests.

For the health profession, a different approach needs to be made. Most health professionals, especially those dealing in primary care, are very busy and require clear and succinct messages about the health benefits of woodland access. This should be presented in a professional manner at meetings of GPs or nurses and be backed up by research findings and clear information as to where access can be safely gained. On this basis, health professionals will be able to make informed choices for their patients and may provide an ally to woodland owners who are trying to improve access to woodlands and forests.

In short, blanket coverage or mass approaches (such as through the TV or advertising) are likely to yield results when raising awareness amongst the general population; targeted and specifically focused approaches are required for health professionals.

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Annex 1: List of Interviewees

Peter Ashcroft	Project Manager, WHI
Rachel Bailye	New Leaf Programme Coordinator
Rachel Bestwick	Assistant Case Officer, WHI
Mathew Bowers	Lichfield District Council Planning Department
Lindsey Broom	Walsall Walk On
Deb Davies	Sandwell Walking Health Officer
Laura Davies	Health Promotion Manager, Cannock Chase PCT
Mark Dixon	NUFU
Katie Eastaugh	Hereford Sustain
Richard Fishbourne	South Wye and Belmont Community Environmental Project
Suzanne Gardner	Exercise Referral & Physical Activity Development Officer, Hereford Council
Graham Gill	Forest Enterprise
Sue Ginley	Education and Health Manager, FC, Wales
Elizabeth Gooch	Age Concern, Staffordshire
Caroline Gwynne	Clinical Nurse, Heart and Lung Unit, Herefordshire NHS Trust
Paul Davies Hale	Dudley Action Heart
Lucy Hale	Healthy Walks Coordinator, CHE
Roger Hanson	Mental Health Promotion Officer, Herefordshire
Penny Harding	South Wye Healthy Living Community
Graham Hunt	Forest of Mercia
David Joy	Sport England
Dave Keeley	New Leaf Project Officer
John Kemm	West Midlands Public Health Group
Rachel Laver	Black Country Urban Forest
Jason MacLean	Forest Enterprise
Carol Millington	LEAP Coordinator, Dudley
Phil Olding	Consultant, WHI
Amanda Potts	Gateshead PCT
Steven Prosser	Walkabout Wrekin Coordinator
Dr Malcolm Rigler	GP, Director Partners in Health
Catrina Ross	Forestry Commission
Marcus Sangster	Forestry Commission
Hayley Scott	Health Promotion, Walking for Health in Wolverhampton
Lisa Shepherd	Arts Development Officer, Cannock Chase
Dr Martin Smith	GP, Walsall
Hilary Snowdon	Northumbria University
Martin Sutton	Woodland Officer, Telford & Wrekin Council
Melanie Taylor	Steps to Health Coordinator, Dudley

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Helen Townsend	FC England Policy Advisor, Recreation, Access and Tourism
Carol Walker	Community Health Nurse, Dudley
Dr Mike Wall	Home Support, Staffordshire
Jim Waterson	Harper Adams University College
Julia Watkin	CHE Coordinator
Elise Welch	Health Promotion Worker for Physical Exercise, North Staffordshire PCT
Chris Wenlock	Severn Gorge Countryside Trust
John Williams	Local Area Manager, FC Brecon Beacons West
Mark Williams	Landscape Development, Newcastle-under-Lyme

Walks Attended

Bantock Park, Wolverhampton
Burntwood Walk & Talk Launch
Newton Coppice
Red House Park, Sandwell
Reeds Wood Park, Walsall
Staffordshire University
Steps to Health, Dudley

Annex 2: Woodland Initiatives: New Leaf

The Potteries Woodlands New Leaf Project originated from a Rural White Paper action. It is one of seven national demonstration projects which the Countryside Agency and its partners are supporting. It seeks to transform the image of urban north Staffordshire and improve the area's attractiveness to businesses, inward investors and local communities by a variety of mechanisms including: creation of new woodlands, greening strategic routes, developing a local woodland economy and training communities to care for their local woodlands.

The project was officially launched in July 2002 and will run initially for three years. Working closely with North Staffordshire Regeneration Zone partners and local communities, it is using environmental action to drive forward economic regeneration. The Countryside Agency is supporting the core team with a £214,000 grant over the three years. Drawing in funding from the Forestry Commission, National Urban Forestry Unit, local authorities and the regeneration zone, total investment in the New Leaf programme is estimated to be £1.1 million over the initial three years.

The Potteries Woodland Initiative is situated in the Advantage West Midlands North Staffordshire Regeneration Zone of Stoke-on-Trent and Newcastle under Lyme. The principle objective is to transform urban North Staffordshire by presenting a positive environmental profile and promoting an economically attractive area to investors. In addition the project will increase people's involvement with trees and woods, create new woodlands, plant street trees along strategic routes and train people to care for their local woodlands.

Regeneration through Environmental Action (REACT) is adding value to more mainstream regeneration programmes, by showing how the environment can play a part in promoting health and social inclusion and creating a vibrant local economy)

Woodland Initiatives: Hereford Sustain

The Herefordshire Sustain Project (HSP) was born out of a field meeting at Highgrove hosted by HRH the Prince of Wales and the Duchy of Cornwall (who had recently purchased the Prudential Estate in Herefordshire, which includes 1500 acres of woodland) in the spring of 2001. Since then, through a series of meetings, it has developed a broad base of partners all of whom have remits for sustainability in woodland management.

Having established this partnership base it became necessary to broaden it to encompass organisations that do not have woodland connections, but that do have objectives that can be met through involvement with woodland initiatives.

HSP is a two-year project is part funded by the Forestry Commission, the Duchy of Cornwall and since November 2003 the Bulmer Foundation through the Small Woods Association with the following aim:

To put woodlands, people and business at the heart of a working sustainable partnership project that could become a replicable model for sustainability in the UK through:

Renewable Energy: Wood fuel - to encourage greater use of this renewable, sustainable fuel source.

Industry Support: Training and workshops, including apprenticeships - to encourage greater participation in the wood industry promoting employment opportunities.

Health and Well-being - to encourage better, more frequent use of woodland. Helping to establish projects to bring into management woodland that is currently under utilised.

Community and Education - Developing social forestry initiatives encouraging healthier lifestyles.

Drawn from a range of sources HSP defined its project criteria as follows:

Ecological stability

To develop projects that meet biodiversity targets for Herefordshire

To develop projects that encourage use of local timber

To encourage projects that lead to increased numbers of woods under management

Economic viability

To add income streams to woodland owners through developing markets and awareness of woodland produce.

To add value to timber that takes its processing from breakeven or borderline success to secure profitability.

To increase training opportunities in the woodland industry

To establish wood workshop incubator units

Social desirability

To develop initiatives that increase access to woodland

To develop initiatives that increase understanding of woodlands

To encourage current non-woodland users in to woodland to gain all the understood benefits associated with woodland activity

To develop projects that encourage social inclusion for all ages and backgrounds of Herefordshire's community.

Replicable

The intention is to develop projects that are replicable, by which we mean:

Outcomes must be measurable and easily understood

Projects can be adapted to suit a variety of 'user groups'

Information gleaned will be made widely available through partner organisations