



**It's More Than Just the Park**

**Facilitators and Barriers  
to the Use of  
Urban Greenspace**

## KEY FINDINGS

Access to greenspace and similar resources has the potential to encourage physical activity, increase social contact and promote health and well-being. Glasgow, while displaying significant inequalities in health, is well resourced in terms of such resources. This study explored the quality and accessibility of greenspaces and community resources such as halls and leisure centres across two socially contrasting areas of the city.

- The more affluent North West Locality was relatively socially advantaged in terms of the built environment, local amenities and population characteristics compared to the South West Locality.
- There was considerable variation in the quality of facilities in both areas. There was often a difference in quality when comparing the inside and outside of leisure facilities and community halls.
- Overall, respondents in the more affluent area report better health and more frequent physical activity than those in the more deprived area. Respondents in the more deprived locality perceive their local neighbourhood to be more unattractive and to lack amenities which might relate to their propensity to undertake physical activity.
- Access is about much more than the physical qualities of the facilities. The presence and physical quality of amenities is a necessary though not sufficient factor in encouraging access to facilities.
- In addition to the presence and quality of a resource (e.g. a park), an individual's lifestyle, their stage in the life-course and associated preferences and values influences usage of that resource. What is more, an individual's level of integration can also influence their perception of whether a park is an accessible, safe and available option for them and/or their family.
- A sense of individual safety has become a major barrier to usage of facilities.

## INTRODUCTION

Public health workers in the nineteenth century were well aware of the link between the residential environment and health, and action to remedy poor physical surroundings resulted in better health overall. Until relatively recently, the context in which people lived and the ways in which places might be health damaging or health promoting has tended not to be researched. Within the public health field, the emphasis has largely focussed on the behaviour or characteristics of individuals as shaping health outcomes. Where disparities in health between different areas have been found, these were largely attributed to the characteristics of the local population such as age, employment status and levels of income.

Recent research has tended to show that although individual characteristics i.e. "who you are" explains a lot the variation in health from place to place, there is also an effect of "where you live" (Pickett and Pearl, 2001). A relationship has been found for a range of health measures including mortality (Davey Smith et al, 1998), cardiovascular diseases (Diez-Roux et al, 1997), cancers, obesity (Ellaway et al, 1997; Kahn et al, 1998), and mental well-being (Fone and Dunstan, 2006; Ross, 2000), in addition to health behaviours such as smoking (Duncan et al, 1999), physical activity and diet (Ellaway and Macintyre, 1996). Studies have also shown that the quality of certain physical characteristics of the local neighbourhood, e.g. housing, playgrounds, parks, transport, etc., has an impact on both the physical and mental health of residents (Cummins, et al., 2005; Leventhal and Brooks-Gunn, 2003;

Stafford, et al., 2005). Others have focussed on perceptions of the local environment and have also found associations with both physical and mental health (Ellaway, et al., 2001; Sooman and Macintyre, 1995).

Although there is now widespread acceptance (see for example, Acheson, 1998) that where people live affects their health, understanding the mechanisms which influence this in today's world are only beginning to be understood. One potential mechanism through which the neighbourhood impacts on both physical and mental health could be the environmental influences on physical activity. Evidence shows that physical activity can promote positive mental health and reduce the risk of coronary heart disease, type II diabetes, as well as certain cancers (CDC, 1996; Scottish Executive, 2003; Sothorn, et al., 1999).

There is evidence that suggests that residents in more “walkable” neighbourhoods undertake more physical activity (Handy, 2005; Saelens et al, 2003; Frank et al, 2005; Frank et al, 2006; Pikora et al, 2005). Although definitions of “walkability” vary between studies, researchers generally focus on how different features of a neighbourhood combine together to provide an environment in which people feel comfortable, safe, and predisposed to walk. Studies have also found that many of the walking trips were most likely to be for functional purposes such as walking to work or to shops (Saelens et al, 2003; Pikora et al 2005). In addition, Frank et al (2005) found that people are more likely to be physically active if they live in neighbourhoods with many destinations such as shops and other facilities, with many street intersections between residential and commercial districts to enable direct pathway to destinations.

Studies also demonstrate that people who report facilities nearby are more likely be physically active (see for example, Duncan et al, 2005). Access to facilities such as cycle paths, local parks and other green spaces, beaches, or recreation centres is strongly and positively associated with physical exercise (Humpel et al, 2002). Similarly people reporting the presence of shops and services within their neighbourhood are more likely to be physically active (Duncan et al, 2005; Pikora et al, 2005).

Evidence also suggests that accessible and safe greenspace has a positive influence on health. In addition urban greenspace does more than offer opportunities to exercise, it offers opportunities for engagement with and observation of nature, as well as opportunities for social interaction, thus enhancing individuals' sense of well-being. Open spaces with a range of attractive attributes (such as trees, lakes, landscaped features) encourage higher levels of walking (Giles-Corti, 2005), and walking in such spaces may be associated with the restorative qualities of nature, and more than simple exercise. Studies have demonstrated that living in areas with walkable green spaces positively influenced the longevity (Takano et al, 2002) and stress levels of older people (Orsega-Smith et al, 2004) in urban areas. Krenichyn (2004) showed how the presence of others in green spaces promoted feelings of safety and enjoyment for women undertaking physical activity in an urban park, as well as providing opportunities for social interaction and support for undertaking physical activity. Gill and Simeoni (1995) used qualitative methods to explore the impact of enhancing a community park in a run down urban area and reported improved opportunities for physical activity, aesthetic and environmental benefits, and a greater sense of community “congeniality” with the park acting as a source of pride for local residents.

While there has been research exploring the connection between physical attributes of the local area and health, most have been conducted using a single method protocol: usually either GIS mapping or surveys. The FAB Greenspace study is a mixed-methods study conducted in two socially contrasting

areas of Glasgow which investigates the facilitators and barriers to the use of local amenities. The study was a partnership effort undertaken by the Glasgow Centre for Population Health, the MRC Social and Public Health Sciences Unit, NHS Greater Glasgow and Clyde, Glasgow City Council and the Glasgow and Clyde Valley Structure Plan Team. The use of mixed methods has enabled the provision of complementary findings, and while each method provided certain unique information, taken together the findings become richer. As such, the findings go beyond the descriptive and allow issues to emerge that provide further insights to the existing body of knowledge.

## AIMS AND PURPOSE

The overall aim of this study was to explore the facilitators and barriers to the active use of greenspace, leisure and recreational facilities among residents in two neighbourhoods (one relatively affluent and one relatively deprived) in Glasgow. The purpose of the study was to explore the facilitators and barriers to the active use of local facilities, including greenspace, leisure facilities and community halls in order to add to the current body of knowledge and to provide information for local planning purposes.

## APPROACH AND METHODS

The study utilised a variety of methods, including GIS mapping, an audit of the facilities in the two areas, the development and use of a tool to assess the quality of the amenities, photography assessing the quality of the two areas, secondary analysis of the MRC Social and Public Health Sciences 20-07 survey data, discussion groups using participatory appraisal techniques and in-depth interviews. The full report first describes the areas in terms of population characteristics and the presence of amenities (including retail, greenspace, leisure facilities and community halls). Next, the quality of amenities is assessed and then a description of health and health related behaviours of the residents and their perceptions of their local area is discussed. Following is an exploration of the psycho-social processes that lead to the use of the local amenities.

## SUMMARY OF FINDINGS

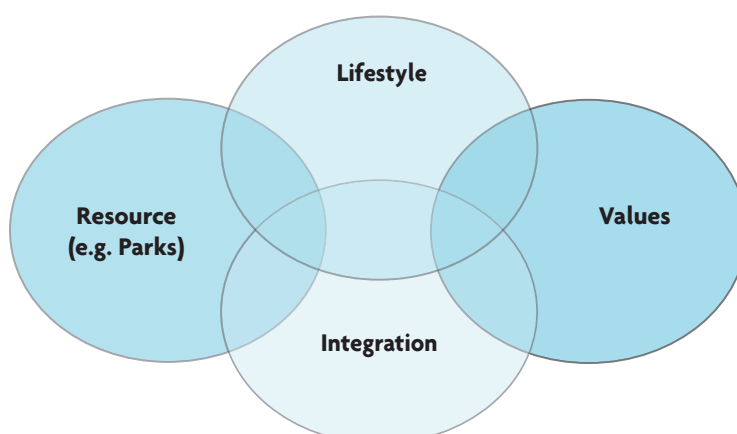
The more affluent North West Locality was relatively socially advantaged in terms of the built environment, local amenities and population characteristics compared to the South West Locality.

There was considerable variation in the quality of facilities in both areas. Most facilities would benefit from outdoor lighting and increased maintenance. There was often a difference in quality if comparing the inside and outside of leisure facilities and community halls. Many did not appear welcoming, friendly or sociable on the outside, but were on the inside. For example, some community halls were barely recognisable as such and had no signage on the outside that would indicate what was on offer.

Overall, respondents in the more affluent area report better health and more frequent physical activity than those in the more deprived area. Respondents in the more deprived locality perceive their local neighbourhood to be more unattractive and to lack amenities which might relate to their propensity to undertake physical activity.

Access is about much more than the physical qualities of the facilities. The presence and physical quality of amenities is a necessary though not sufficient factor in encouraging access to facilities. Issues of connectivity in both a spatial and social sense are also key factors. Connectivity in a spatial sense refers to how easily access to facilities can be incorporated into people's routines and established patterns of movement. The social aspects of connectivity encompass there being opportunities for access that reflect a diversity of needs and preferences for which one size will not fit all. A more complex element is in encouraging access through ameliorating the societal problems of risk, safety and levels of felt integration.

The following figure provides a simple illustration of the main spheres of influence that shaped usage. Despite the quality and availability of the park or similar resource being important, factors located with the individual, their stage in the life-course and associated preferences and values, can also exert an important influence. What is more, an individual's level of integration can also influence their perception of whether a park is an accessible, safe and available option for them and/or their family.



## RECOMMENDATIONS

Several recommendations can be made to help to increase usage of local facilities (e.g. greenspace, leisure centres and community halls). This is not to undermine or fail to recognise the steps that are currently taken, but could hopefully add to and reinforce efforts to improve the experience for people, particularly in areas that may present a degree of challenge to authorities whose traditional remit has been the physical management of space.

While considerable thinking and action has already happened in relation to better linkages through improved footpaths, signage, cycle-paths, public transport and parking provision, physical access continues to be an issue. In some areas there is considerable variation in the number and quality of facilities and their access routes. While community halls and leisure facilities offer a variety of activities, it is often difficult to obtain information about these, particularly if someone is new to an area. In addition, particularly for community halls, signage needs to be improved and efforts made to increase the welcoming feel of the buildings.

There are also efforts underway to make facilities more diverse by offering a wide range of attractions. In some of Glasgow's parks, activities as broad as concerts, markets, mass participation sporting events, art galleries, cafes, children's play areas and interesting destinations exist in greenspaces. However, these events are not distributed across all local areas, nor do the large events encourage sustainable use of the parks. Perhaps a more focussed, smaller scale encouragement is warranted. "Get to know your local parks" events could encourage new users through introducing existing sources of participation in the community; clubs, groups or customers, to parks and other local greenspace resources fostering a sense of inclusion but also creating community engagement by introducing potential users to those who steward local greenspaces.

A sense of individual safety has become a major barrier to use of facilities. That perception of risk often lies within individual frames of experience that are wider and far more complex than the spatial and physical elements of the facilities themselves, thus it may appear to be outside the remit of facility managers to tackle such issues. Indeed, we would state clearly that issues of inequality and integration are problems that require wider societal solutions from all public agencies, however one that the issue of facility access can make a constructive contribution toward.

An additional element that would increase a feeling of safety would be to reinstate park rangers. Underlying this request was often a sense that using parks and greenspaces had become risky because of a sense of unaccountability in the actions of others and the potential for parks to be intimidating spaces. Many people we spoke to displayed high levels of community mindedness and would feel safer simply being able to report graffiti, vandalism or anti-social behaviour when they witnessed it. Although there are often officers at work in parks, those we spoke to did not feel there was a clear line of communicating, complaining or reporting when something presented a problem. The personal touch is important to this sense of safety. Knowing there is an individual whose role is to care about the user's experience is important and a telephone number to report complaints is a poor substitute.

While can be an important resource to their local communities, the ones we spoke to felt they were often seen as a problem, particularly when in public space. The older people we spoke to bore this perception out, with gangs of young people seen as adding to the fear and intimidation that was a major barrier to park usage. Again these problems can be exacerbated by inaction as "a lack of things to do" is commonly cited by young people as a reason for joining street gangs. In the absence of

alternative activities that may bring disparate groups of young people together, trust and friendship is unlikely to emerge across or between neighbourhoods that lie in parks' catchments. Encouraging young people (in particular teenagers) to use parks through the provision of activities or spaces (such a youth centres) that allow the mixing of young people would not only increase feelings of safety for young people themselves but also, by reducing gang conflict, for adults for whom gangs of young people have become a proxy for danger.

Additional recommendations can be made regarding the use of mixed methods. The use of mixed methods has enabled the provision of complementary findings, and while each method provided certain unique information, taken together, the findings become richer. We encourage researchers to utilise mixed-methods studies in social science whenever budget and time allow, as each method provides important information, but also has certain limitations which can, in part, be overcome by incorporating more than one method into the study design.

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