

Headlines from the GHIA project – What's the story?

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Current

- 18% UK >65
- 83% UK urban
- 907,000 GM > 50

We are an
ageing and
increasingly
urban
society.

Future

- 25% UK > 65*
- 90% UK urban**
- 625,000 GM > 65***

Biodiversity losses
Development pressure
Climate change

* Within 50 years ** By 2050 *** By 2040



Ageing, health and the city

Life on the line? Differences in life expectancy across Greater Manchester



● Female life expectancy at birth (years) ● Male life expectancy at birth (years) ● IMD Decile (1 most deprived; 10 least deprived)



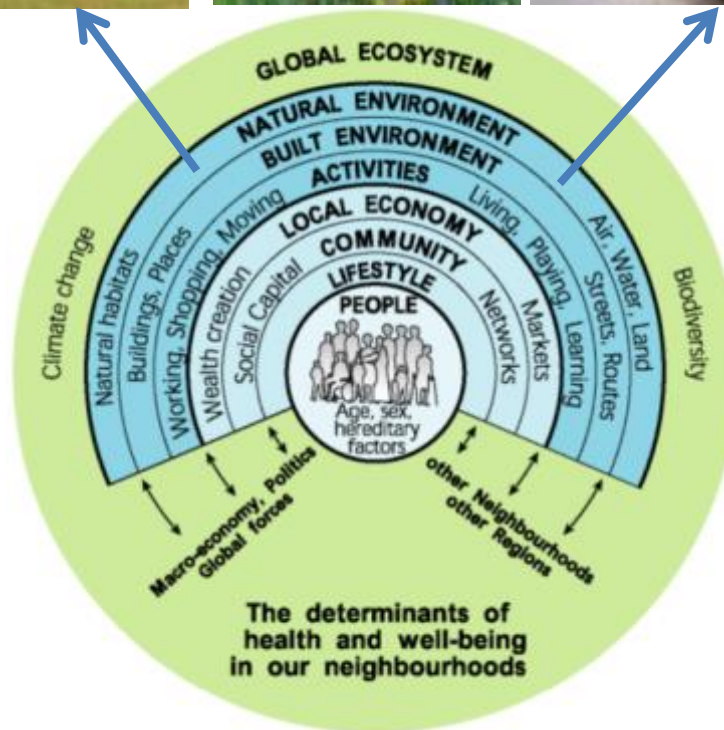
Tram Network: The Metrolink tram network across Greater Manchester includes nearly 100 kilometres of track and 93 stops. In 2015 there were around 33.4 million journeys (Metrolink 2015). The average journey time between tram stops is 2 minutes, but some stops are further apart.

Data Sources: Office for National Statistics experimental ward level life expectancy and health life expectancy estimates (ONS 2006) linked to selected Greater Manchester Metrolink tram stops. The selection highlights some of the biggest differences between tram stops. We also include information on socio-economic deprivation at ward level from the Index of Multiple Deprivation.

The life expectancy data is based on mortality among those living in each particular ward in 1999-2003. The estimates are not the exact number of years a baby born in the ward could actually expect to live, both because the death rates of the area are likely to change in the future, as is health care provision and because many of those people born in the ward will live elsewhere for at least some part of their lives.



Green infrastructure comes in many different forms, but all have a role to play in determining human health & well-being



Barton, H. and Grant, M. (2006) A health map for the local human habitat. *The Journal for the Royal Society for the Promotion of Health*, 126 (6).

Based on Dahlgren and Whitehead's (1991) well known rainbow model
<https://core.ac.uk/download/pdf/6472456.pdf>

October, 2016

POSTNOTE

Creating Age Friendly Cities



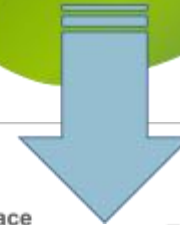
Overview

- The UK population is ageing and many older people are living in major towns and cities.
- Age-friendly cities aim to support active and healthy living into older age. Twelve cities in the UK are members of a global network of age-friendly cities.
- The physical environment plays a key role in making cities better places for older people. Research shows that accessibility and

Importance of outdoor space recognised due to widely recognised health & wellbeing benefits, including for older people

- Physical activity
- Life satisfaction
- Role in tackling loneliness & social isolation

Access to green space is a Sustainable Development Goal



Outdoor Space
and Buildings

Transport

**Current
Elements of
Age-Friendly
Cities**

Communication
and Information

Housing

Community
Support and
Health

Social
Participation

Civic Participation
and Employment

Respect and Social
Inclusion





Nature and Ageing Well in Towns and Cities:

Why the natural environment
matters for healthy ageing



- How and why the natural environment matters for healthy ageing in urban areas
- Why urban nature and natural green and blue spaces are integral to what makes an urban area 'age-friendly'
- Why multiple perspectives are needed to understand what actions are required in a range of sectors of policy and practice.



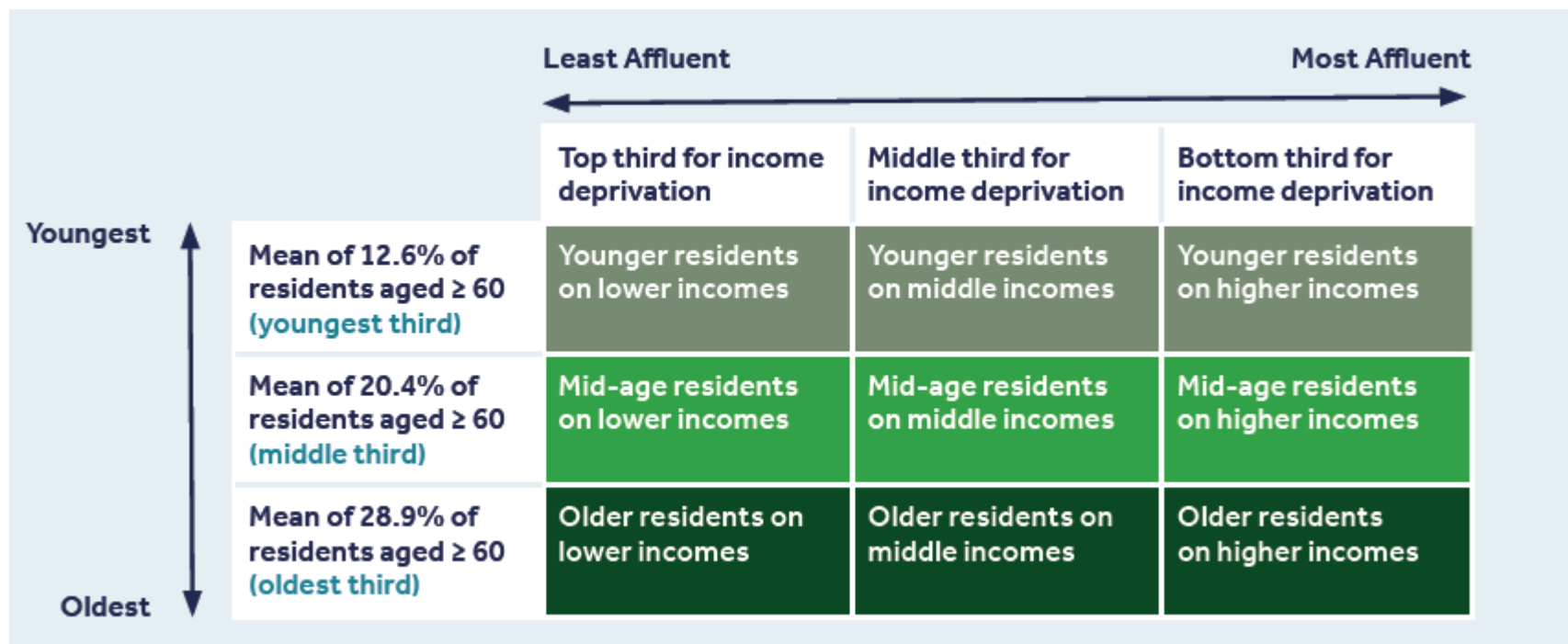


- ✔ Principle 5: Be **flexible and acknowledge the legitimacy of different perspectives and views.**
- ✔ Principle 6: Consider **spatial and temporal scales**
- ✔ Principle 7: Work in a **range of locations in Greater Manchester** and variety of social and environmental contexts.
- ✔ Principle 8: Emphasise **pathways through which health and wellbeing is influenced** by urban green infrastructure.
- ✔ Principle 9: Acknowledge that green infrastructure is a **system involving both people and the natural environment.**

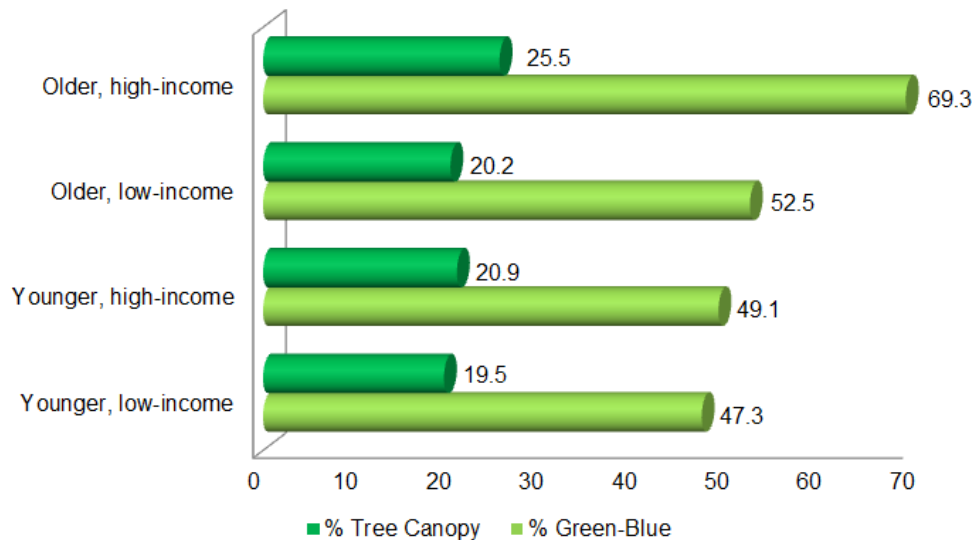


- ✔ Principle 1: Involve **older people & other beneficiaries**
- ✔ Principle 2: Consider **life transitions**
- ✔ Principle 3: **Broaden participation**
- ✔ Principle 4: Emphasise the **ways people relate to/are motivated to engage with the natural environment**

Who has the most urban green and blue space?



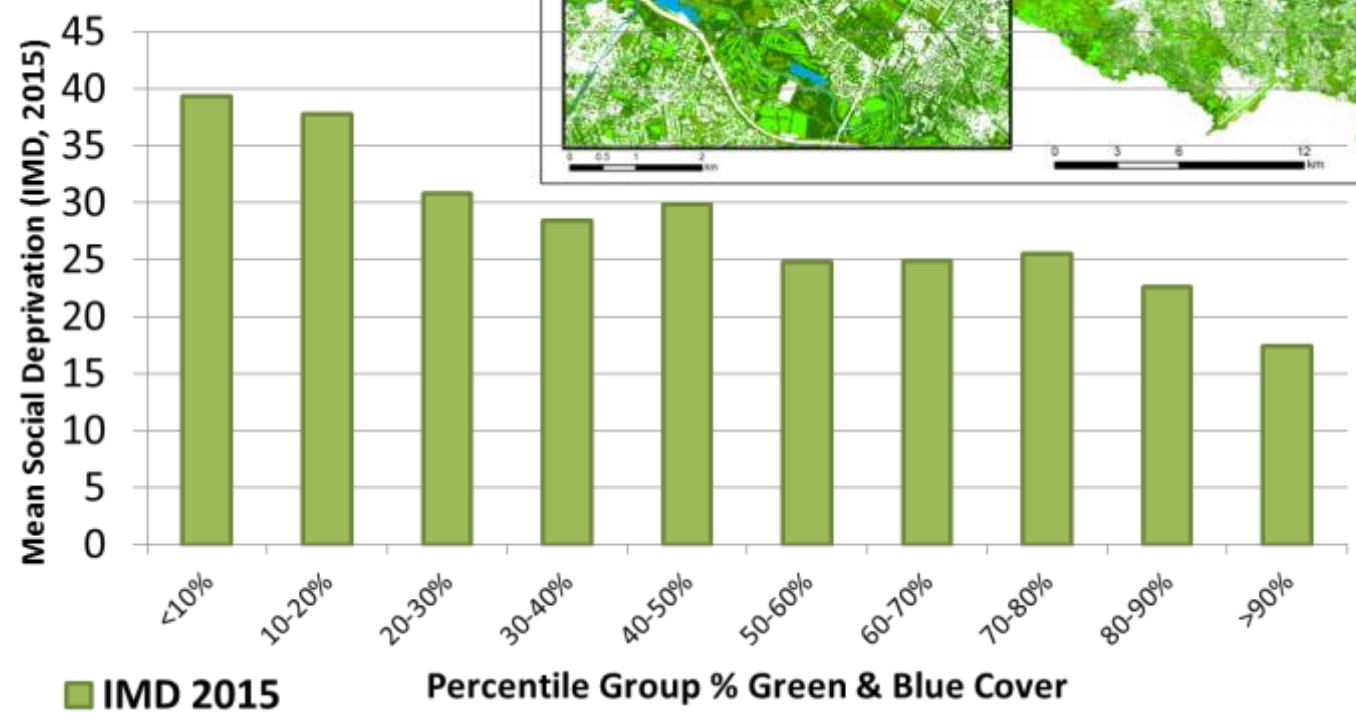
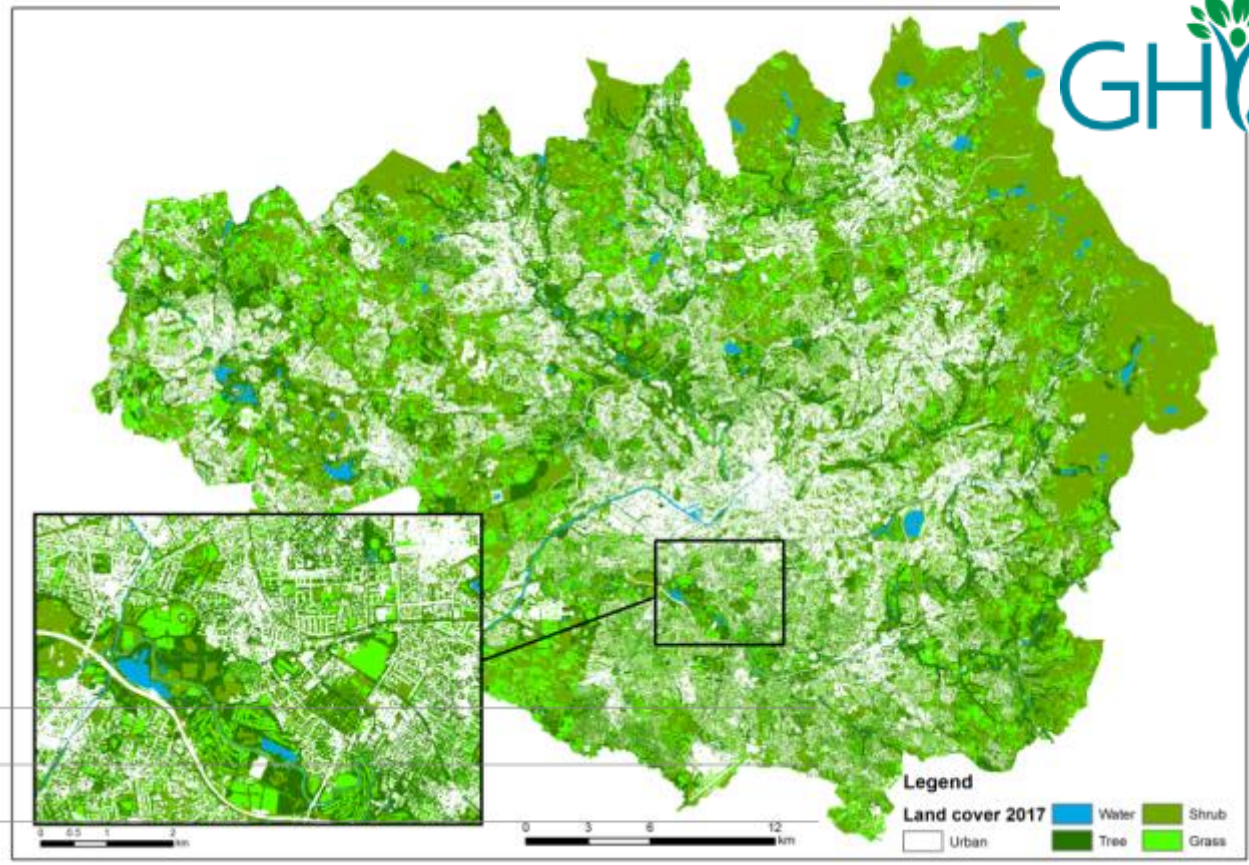
Who has the most urban green & blue space?



- Neighbourhoods with the *least* compared to *most* affluent older residents have
 - Lower proportions of green & blue cover
 - Less tree canopy cover
 - Smaller gardens
 - Markedly less public incidental institutional /amenity space
 - Only slightly smaller parks and public recreation areas, but with lower green/blue cover



Social inequality - The Greater Manchester neighbourhoods with a lower abundance of green cover tend to have higher social deprivation, agreeing with previous studies for England



Source: GHIA Project (2018) derived from Sentinel 2A, City of Trees canopy & OS VectorMap Local data.

Source: Dennis, M., Barlow, D., Cavan, G., Cook, P.A., Gilchrist, A., Handley, J., James, P., Thompson, J., Tzoulas, K., Wheeler, C.P. and Lindley, S., 2018. Mapping urban green infrastructure: A novel landscape-based approach to incorporating land use and land cover in the mapping of human-dominated systems. *Land*, 7(1), p.17.

What are the links between health and green infrastructure for older people?

- Better health in neighbourhoods with more, better quality and closer green and blue spaces.
- **Older, high income neighbourhoods**
 - **Positive associations with many different elements of green infrastructure.**
- **Older low income neighbourhoods**
 - **Proximity to local green and blue spaces (within 100m) is the only statistically significant association.**
 - Improving the quality of public parks & recreation areas could bring further benefits.





Recommendation 1.

Improving the environmental quality of local public parks and recreation areas could bring further health benefits to older, low income residents.

Consider measures like more diversity of land covers and vegetation types.

There is a particular **health and wellbeing imperative to protect and enhance public parks and recreation areas in low income and deprived neighbourhoods** because of the benefits that they bring.



How do older people value green space for their health and wellbeing?

- Everyone of us has different needs, histories and interests underpinning what gives us a good life
- **Wellbeing – what people can be and do with their lives.**
- Green and blue spaces are **valued** as places that:
 - **Embody personal and social memories.**
 - Present **opportunities to connect with nature and volunteer with others.**
 - Present **opportunities for active outdoor activity and adventure.**
 - Present **opportunities for social relationships, independence and personal growth.**









Recommendation 2. When developing interventions, **consider the range of wellbeing values that green and blue spaces can provide for different groups of older people**, from protecting spaces with personal and social histories through to providing varied spaces with opportunities for a wide range of activities and experiences.



Recommendation 3. **Try to use a range of methods** - both quantitative and qualitative - to help to understand values, and to develop and assess interventions. Local contexts are always important and can help to explain local variations and differences in outcomes.



What can we learn from assessing interventions?

-  Even small scale interventions can have an impact for some elements of wellbeing.
-  A small scale intervention within an area of existing green space showed no statistically significant change in older adults' physical activity, or any observable indicators of wellbeing
 -  Smaller urban green spaces were perceived differently to large green spaces.
 -  *"This is their little island, isn't it?"*
 -  *"There's not much they can do with it, only make it pleasant and tidy"*
-  Despite physical activity being valued as a benefit of green and blue spaces, it is not universally relevant.



What can we learn from assessing interventions?

- More can be made of interventions like dementia walks
 - more social and physical activity wellbeing outcomes than to contact with nature.
 - medium levels of sensory stimulation
 - Carers might support more noticing and contact with nature
- GI interventions can also help to reduce outdoor exposures to ultra-fine particles
 - Summer concentrations lower than winter
 - Summer-time concentrations generally lower near areas of low-level vegetation, especially shrub-level vegetation.



Recommendation 4. Consider how social prescribing and activities like dementia walks could be designed and delivered in bespoke ways that interweave the needs of walk participants with **opportunities to have more and specific contact with nature in local parks, or other areas of green and blue space.**



Recommendation 5. Consider establishing vegetation barriers. They can be used to reduce concentration levels of some of the very smallest air pollution particles which are known to be harmful for health but for which health-related air quality standards are not yet available. Such barriers are also known to have wider benefits, such as to reduce noise and provide more diverse habitats.



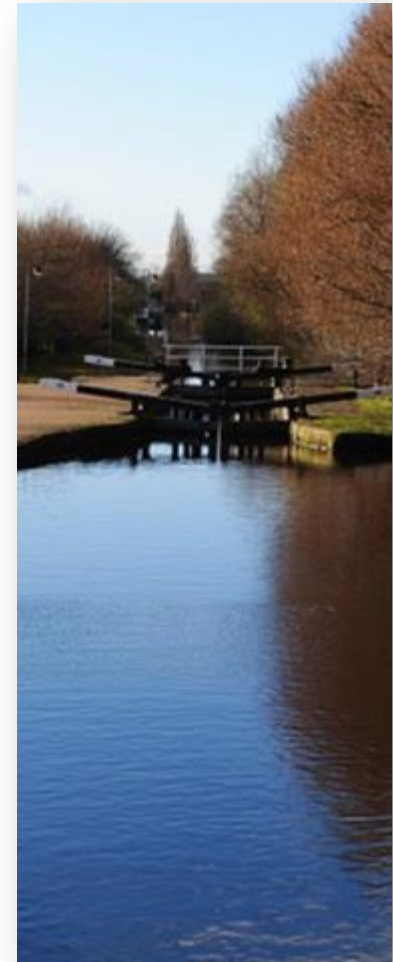
Why do we need participatory creative practice ^

- ✔ Creative practice is a vital companion to other research methods
- ✔ Loneliness and social isolation are **challenging topic** to be addressed directly
- ✔ **Visual expression** is especially important for people who speak English as a second language, and with experiences of trauma and exclusion.
- ✔ **Deeper understanding** of barriers to and opportunities for engagement.



What motivates people to engage more with urban GI in later life?

- ❖ We can't assume that health and wellbeing benefits are the primary motivator, so what does attract older people?
 - ❖ Individual factors
 - ❖ **Emotional & personal connections** to particular places.
 - ❖ Opportunity for **personal achievement**
 - ❖ Opportunity for **variety and change**
 - ❖ **Having time**
 - ❖ Social factors
 - ❖ Opportunity to **meet new people**
 - ❖ Opportunity to **share knowledge and skills**
 - ❖ Availability of a **older place-makers** and **organisations** to which different individuals can relate
 - ❖ Environmental factors
 - ❖ **Quality** - Character of particular places – interesting plants or wildlife and particular colours, shapes, scent & movement.
 - Accessibility and facilities**







Recommendation 6. Encourage more engagement with urban nature through taking account of the factors which tend to **motivate** and demotivate older adults to participate.

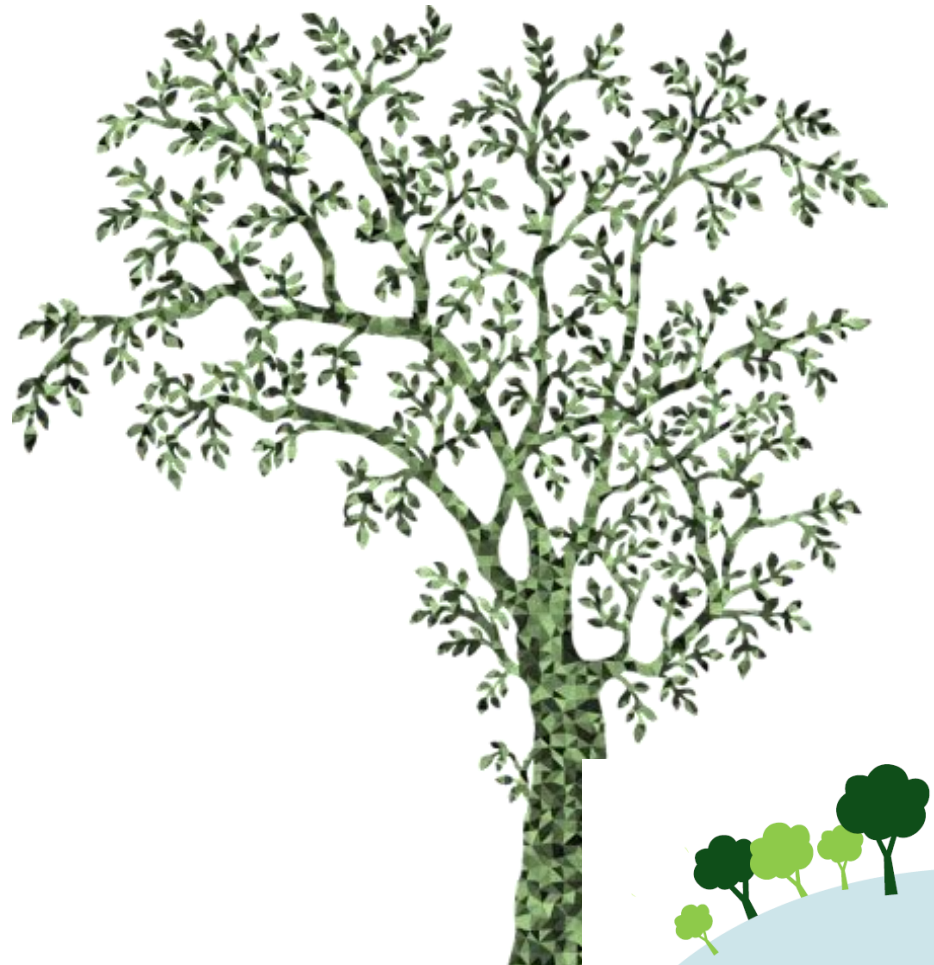


“You just don't realise how important it is until it's taken away”

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Many positive interventions and bold visions for increasing and enhancing urban green infrastructure in the future.
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We must also consider the **negative health and wellbeing impact of losing spaces and ‘wild places’ valued by and cared for by communities.**



More information

What to do if you

- Are a resident
- Work in GI professions
- Work in Arts, Heritage or Creative Practice professions
- Work in Health, Wellbeing or Social Care professions
- Work on Ageing agendas

- Specific recommendations
- Further information section on tools and methods
- Deep dive talks
- Interactive sessions
- Any initial questions?

