What are the priority research issues for outdoor recreation in the United Kingdom?

A discussion paper, March 2014, led by Nigel Curry, CCRI

1. The outdoor recreation (OR) system

1.1 How does outdoor recreation come about?

Outdoor recreation (OR) 'happens' when participants use OR resources. Patterns of use (or consumption) result from a complex set of interactions between resource providers and users and can be driven by either providers leading (supply creates its own demand) or users leading (expressing 'voices' for new opportunities to recreate, or market demands) or in reality, both.

1.2 How has provision been developed historically?

A taxonomy of resources for OR in England and Wales is offered in figure 1 overleaf. Whilst the exact means by which OR provision can be classified is open to debate, it is important to note in this figure that the weight of this provision (in fact by volume as well as by type – see Curry 2001) has come about by tradition, the assertion of rights, public policy (the 'OR as a non-market good' argument), through informal permission or by being tolerated, rather than through explicit markets or any close understanding of demands. Other than through markets, the means of provision have never necessitated a close evaluation of what makes people undertake OR in the first place as the reasons for its coming about have never been concerned with consumption *per se*. Even more recent justifications of OR provision – for health reasons – fall into the non-market good argument for provision (it is good for the nation) and still do not require a close understanding of consumption patterns for their justification.

In this context, the growth in OR opportunities has continued apace. It has been estimated that all *rural* OR provision in England and Wales grew by about 20% between 1990 and 1997 and has increased by over 100% since the introduction of the Countryside and Rights of Way Act, 2000 (Curry, 2001).

But at times of tightening public budgets, are such increases in provision, in fact, matched by consumption behaviour?

2. What is the nature of OR activity?

2.1 Surveys

The debate rages as to what the (UK) nations actually do in respect of OR activity. There have been national surveys of one form or another since the late 1960s (British Travel Survey, Curry (1995)) but trend information on what people do has been effectively impossible to procure with certainty because the base of the surveys has continually changed.

But the *presumption* of what people do was set before any evidence was available. In an eloquent paper by Michael Dower in 1965 called the Fourth Wave he argued that the volume of urban people visiting the countryside for OR purposes was likely to be so high that it would destroy the very countryside they had come to see. This ethos found its way into a variety of policy documents (Council for Nature, Local Authorities) where the response was defensive. Recreation provision (for example country parks) should be to divert people from the vulnerable countryside.

Figure 1 – a taxonomy of OR provision in England and Wales (Curry, 2001)

I. Statutory Access (de jure in perpetuity)
I.1 The rights of way system
I.2 Open country and common land
I.3 Direct state land ownership or purchase with an access use Forestry Commission Lands English Nature lands Country parks Picnic sites
I.4 Statutory rights of navigation
1.5 Town and village greens
I.6 Water company land

II Permitted Access by Formal Agreement
II.1 Payment schemes - agri-environmental (de jure by contract) Countryside Stewardship, access option Countryside Access Scheme Environmentally Sensitive Areas, access tier Tir Cymen Local ELMs schemes Under the Farm Woodland Scheme Under the FC Woodland Grant Scheme (including the Community Woodland Supplement)
II.2 Payment schemes - other agreements (de jure by contract or statutory agreement) under the National Parks and Access to the Countryside Act,1949 and the Wildlife and Countryside Act, 1981 (for example, Access Agreements and Orders). highways authority agreements parish council agreements under Community Forest Schemes

under the National Forest Scheme

II.3 Non-payment agreements or orders (de jure by contract or in perpetuity)

Through planning agreements

Through public path creation orders

To National Nature Reserves.

II.4 Leases (de jure by contract)

These might relate to things such as Millennium Greens, Community Forests and the National Forest

III. Permitted access without formal agreement

III.1 De facto access

Free access with the permission of the landowner

Free access without the permission (but with the knowledge) of the landowner.

Access with donation box provision or other voluntary payment

Public rights of navigation

III.2 Market provision (de jure by contract)

Access through daily, weekly or annual memberships

Access through 'pay at the gate' or 'pay on the bank' facilities.

Dower was in good company. Wordsworth's Guide to the Lakes extolled the virtues of visiting (what was to become) the Lake District in 1810 and was even more animated in his expanded 1835 edition. But when the train came to Windermere in 1844, he changed his mind: all of those urban hoards arriving by steam for their holidays would destroy the Lakes as he knew it.

But surveys don't actually lend support to these apprehensive presumptions. I have argued in some detail that taking part in OR, in England and Wales at least, has been in long term structural decline since at least the 1970s (Curry and Brown, 2010). Surely this can't be true? Well, the House of Commons Environment Committee in 1995 noted with "some surprise" that there had been no growth in outdoor recreation in Britain at all since national surveys began in 1977 (this was the National Survey of Countryside Recreation rather than the earlier British Travel Survey). The Great Britain Visits Survey (2004, page 13) concluded that "between 1998 and 2002/03, all outdoor trips to the (English and Welsh) countryside declined by 12%". Natural England (2006) reported that between 2003 and 2005 total outdoor visits had fallen by a further staggering 45%. Scotland had similar experiences (TNS Travel and Tourism, 2008) as did many other advanced economies (SPARC, 2008).

Some surveys have noted increases in individual years during the 1990s (Social and Community Planning Research 1999) but as Whitby and Falconer (1998) point out, this kind of change is likely to be a short term cyclical fluctuation due as much as anything to the weather, than evidence of any long term trend. The data trail goes pretty cold after 2005 as surveys for Wales (Wales Outdoor Recreation Survey of 2008; Forestry Commission and Countryside Council for Wales, 2009) and England (English 'Monitor of Engagement with the Natural Environment' survey, Natural England, 2010) became much more broadly concerned with environmental issues.

But the underlying reasons that people have offered for this trend of decline persist. Leisure has become more home-based (the widescreen television, digital satellite and DVD, the CD player, the computer and the internet) (Curry, 2008): working lives are busier and leisure time more fragmented (Lowe *et al*., 1995), and leisure lifestyles have become more commodified (Clark et al., 1994).

2.2. Policy positions

This OR activity pattern is seen on policy statements too. So Dower's influence over the Council for Nature (1965) led them to warn:

"almost complete destruction of vegetation is taking place where the public congregate at weekends in large numbers …. some control is necessary unless the places that they wish to visit are destroyed" (page 24)

By 2006, both the National Audit Office (2006) and the Welsh Audit Office (2006) had roundly criticised the right of access to open country under the Countryside and Rights of Way Act 2000 because they couldn't find any evidence that anyone was knowingly using the new right.

By 2007, Dr Helen Phillips, Chief Executive of Natural England was to remark:

"People are missing out on the wide range of benefits that (OR in) the natural environment offers, particularly to their health and wellbeing" (Natural England, 2007, page 1).

The lack of observed participation in OR was sounding warning bells to the responsible provision agencies as another significant policy area – health – was being used as continued justification for funding (Parker, 2007). But health arguments for OR are of little worth if OR is not taken up by those who need exercise most (World Health Organisation, 2003). And this requires us to understand why people exercise and why they do not, rather than the extent to which they do. This is the key argument of this essay: we need to understand why people exercise not just for health reasons but for the full diversity of reasons that they might take part (or not) in OR.

Understanding *why* people take part in OR provides the key to influencing it, allows us to understand what we cannot influence as OR providers and allows appropriate and informed policies plans and implementation to take place. As a research sequence, this is embellished in figure 2 overleaf.

3. The policy push for more OR: the case of health

3.1 Abundant policies for healthy exercise

Healthy exercise is a good vehicle through which to explore the motivations for why people take OR because there is a considerable amount of public (health) policy that tells us we should do so: it is good for us (Department of Health, (2004), Hardman & Stensel, (2003)). In response to the size (in both senses) of the 'sedentary nation' policies on the theme of "30 minutes daily exercise" have emphasised the consequences of not taking exercise (World Health Organisation, 2006) and have been promulgated by, for example, the English Department of Culture, Media and Sport (2002), the British Chief Medical Officer (Department of Health, 2004) and the World Health Organisation (2007). Other policies emphasise the individual's own responsibility for lifestyle 'choices' (Sointu, 2005).

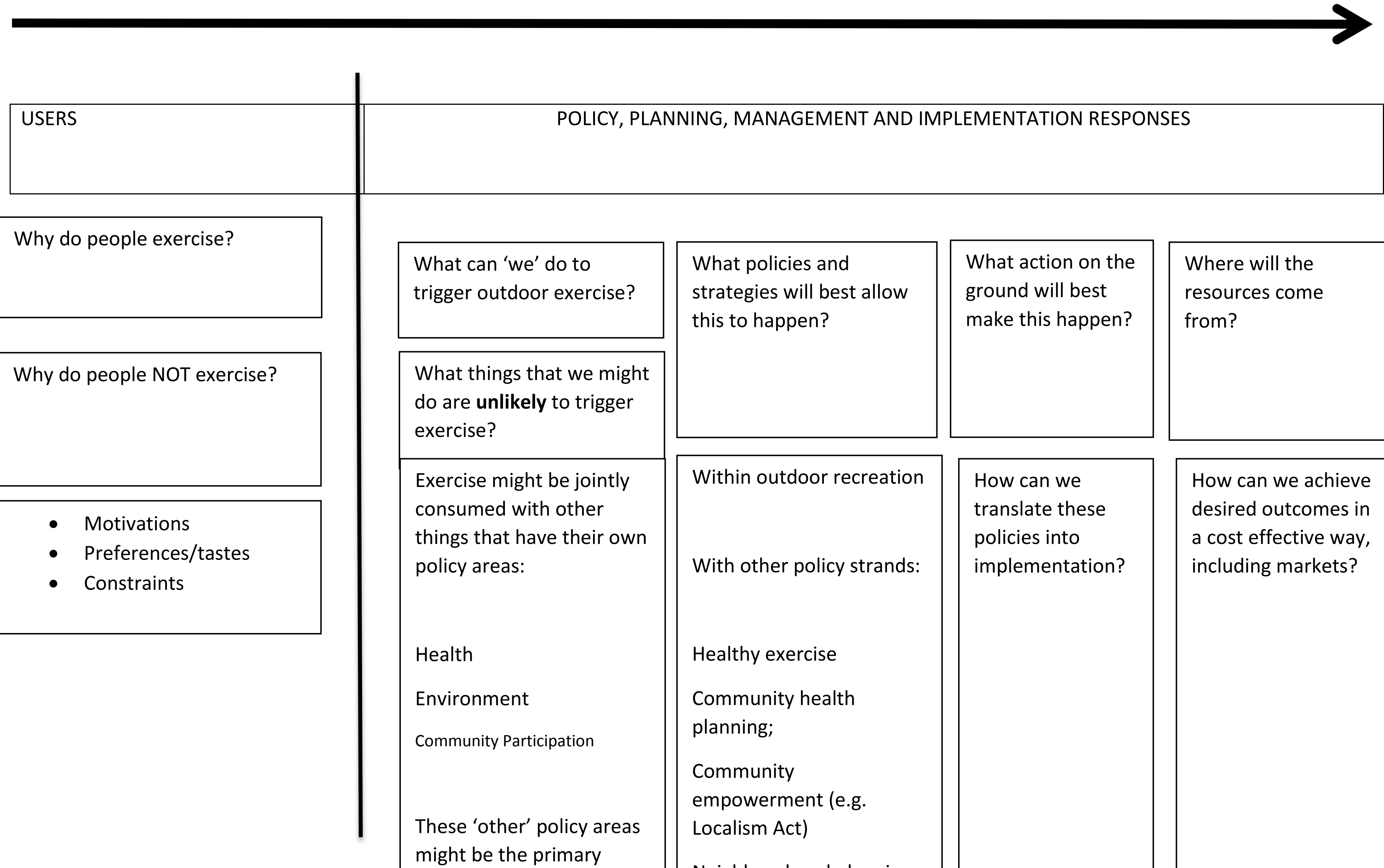
As a result, healthy exercise schemes abound: widely publicised encouragement to take part in OR. The Walking the Way to Health Initiative (WHI) in the late 1990s (Natural England, 2007) has led to over 350 healthy walking schemes with support from the British Heart Foundation and Big Lottery Funding. The British Trust for Conservation Volunteers also has developed the 'Green Gym' and the Forestry Commission actively encourages healthy walking. Metropolitan authorities have produced DVDs and the walk4life campaign, part of the British Government's Change4life healthy living campaign (Department of Health, 2009), enables people to download graded walks with maps for their local area free of charge.

Sitting alongside these, Physical Activity Referral Schemes (PARS) have been increasingly used in the United Kingdom since the early 1990s to rehabilitate those with both physical and mental health problems (Crone *et al*, 2008) as well as having a preventative element (Gidlow et al, 2005). These primary health care-based schemes involve referral by (usually) a General Practitioner to an OR provider who tailors a supervised activity programme (Dugdill et al., 2005). These are widely discussed in, for example, Taylor *et al*., (1998), Stevens *et al*., (1998) Sørensen *et al*., (2008) and Isaacs et al (2008).

Specifically for OR, green environmental spaces are good settings for both physical (Maas et al, 2006) and mental health (Barton and Pretty, 2010, Bowler et al., 2010). which is reassuring for OR providers. Exercising in natural environments and green space has been linked to improved self-esteem and a reduction in mood swings (Pretty, et al 2005; Barton and Pretty, 2010). So health is a good case study as most people are aware of what we ought to be doing in respect of OR.

But whilst health and OR are inextricably linked, policy exhortations on their own will not guarantee participation. Studies of scheme uptakes show, as we have known for countryside recreation for 50 years or more, that the main beneficiaries of such exercise

Figure 2 – a research sequence for understand outdoor recreation



in health terms are the better off. Principal health problems known to be strongly associated with a lack of exercise, predominate amongst lower income groups, the less well educated and the more vulnerable members of society (World health Organisation, 2003): precisely those who participate in OR least.

3.2 Policy successes?

So are these policy exhortations really enough to trigger OR? Research suggests that the general '30 minutes a day' exhortations may have a marginally positive impact on the population at large (Pretty et al, 2005), but specific local 'healthy exercise' initiatives have not fared so well. They have had particular limitations with 'hard to reach' groups (Department of Health, 2005). The main problems with such initiatives seem to be that many do not take them up at all and most do not stick at them (Harrison et al (2004)). Health risk reductions are small as a result (Williams et al., (2007), Williams (2009)). Morgan's (2005) review found that such exercise schemes were taken up only by those who were relatively more active anyway. Hard to reach groups have thus largely proved resistant to these opportunities, possibly because of a lack of motivation and commitment, and cultural attitudes (Hilsdon *et al*., 2005) but also commonly because of organisational complexity. Indeed, OR providers have expressed confusion about the profusion of such schemes and (James *et al*., 2010).

Specifically for targeted GP exercise referral schemes, Williams et al (2006) found them to have little impact on changing the behaviour of sedentary people and in this context the National Institute of Health and Clinical Excellence (2006) recommended that they be largely suspended unless they formed part of a controlled trial. Where these schemes in general have been successful, participants have been older, white, female and more affluent members of the population (Gidlow et al., 2007), a demographic profile not coincident with those at greatest risk (Natural England, 2007).

The 'healthy exercise' policy exhortation nationally, then, has had limited success in terms of participation, despite a lot of effort. In England and Wales, some 60% of men and 70% of women are insufficiently active to benefit their health (Sport England 2010).

4. Why do people do OR exercise - or not?

4.1 Provision, preference or constraint?

In an earlier paper (Curry et al, 2012) I have suggested that what causes participation is a mix of triggers, some of which are in the gift or OR providers and some of which rest largely with potential OR participants. These are summarised in figure 3 below.

Figure 3 – triggers to participation in outdoor exercise

'Provision' triggers	*'Participant' triggers*
Policy - encouragement (if you take more OR you will feel better) or 'threat (unless you take more OR you are likely to become ill)	*Constraints* – material constraints more likely to be overcome by higher incomes and employment than by subsidised OR
Physical infrastructure – the OR resource	

Information infrastructure - advice, guidance, advertising, good mapping	*Preferences* - the strongest determinants to participation: interest, motivation, will, ambition, lifestyle choices, and the disposition of the individual
Administrative infrastructure – making access as easy as possible.	

Source: adapted from Curry et al (2012)

What evidence there is suggests that the participant triggers are stronger determinants of participation than the provision triggers and within the participant triggers preferences to participate (or not) are stronger than constraints (Curry and Ravenscroft, 2001). It is therefore not within the gift of (nor can it be the responsibility of) OR providers to determine levels of participation because the strongest influences over success are likely to be beyond their control.

4.2 Participant triggers

We are now in the more murky area of why people undertake (or not) OR at all and given that the thrust of this paper is to suggest that this is the key research priority in OR, observations become more tentative. The UK Day Visits Survey of 1996 and 1998 did contain some questions in this regard. The results in each survey were very similar. In 1998, preferences (UK Day Visits Survey 1999) for *not* undertaking OR included the fact that people simply had not participated, were too busy with work or had no interest in participating. Together these accounted for 63% of reasons for not undertaking OR. Material constraints (lack of money and transport) were a much smaller influence, accounting for only 16% of reasons for not undertaking OR. Poor health or disability (18% of reasons) is a complex trigger as it can be both a preference and a constraint – sometimes simultaneously.

The reasons for these patterns give us some clue as to the limits that OR providers can have over participation, but this area merits further research. So for example, preferences for participation (or not) in OR have been observed to be culturally embedded (Henderson & Ainsworth, 2001; Carlisle, 2006; Henderson & Bialeschki, 2005), where lifestyles (Howson, 2005) and the media (Little and Wilson, 2005) have important roles to play. The growth in home-based leisure also has caused a concomitant decline in OR consumption – a preference to stay at home. There is some suggestion, too, that certain demographic groups are more motivated by health factors than others, and have different health risk profiles, for example, varying with age (Henley Centre, 2005), social grade (Burton & Turrell, 2000), education (Fletcher, 2008), gender (Carter, 2000) and ethnicity (Askins, 2004). Socio-economic influences over preference to exercise are also significant. These include the availability of time, and perceptions of availability, (Yeoman et al., 2008), income (Henley Centre, 2005) and mobility (Pigram & Jenkins, 2006).

Further influences over these preference–based triggers to both participation and non-participation in exercise on the part of participants relate to motivations; an area considered more fully in the next section. For some, exercise, and its context, can be relaxing (Schmidt & Little, 2007), and can lead to the acquisition of new skills. For others it is 'hard work' and painful (Allen-Collinson, 2005; Hardy, 2003). For others still it is severally, both. Exercise in the natural environment (Macnaghten & Urry, 2000) and green spaces (Lea, 2008) has been found to be an important trigger here but more generally peoples' attachment to particular places can have a positive impact on exercise motivation (Williams, 2002).

Concomitantly, particular places and environments can be a deterrent to exercise for reasons of lack of privacy, threat of physical or verbal attack (Allen-Collinson, 2008) or cultural animosity (Milbourne, 1997). Some respond positively to taking risks through exercise (Keiwa, 2002) but others are risk averse (Dilley, 2007). Health motivations to take exercise are also tempered by perceived health risks regarding injury and personal safety (Milligan & Bingley, 2007).

The social context of exercise can be a 'preference' trigger too, with some people using exercise as a context for developing social relationships (Wheaton, 2004) and others using it to set themselves apart from the general population through the development of exercise sub-cultures (O' Connor & Brown, 2007; Allen-Collinson and Hockey, 2001). More personally, the pursuit of body self-image has been seen as a motivation (Crossley, 2006). Interestingly, there is also growing evidence suggesting that owning a pet can be a motivator to exercise, particularly with dogs, because of the exercise needs of the animal (Wells, 2007). Again, all of these triggers can work positively or negatively on particular individuals.

Whilst these studies are a good start at understanding preferences or motivations for OR, many of them still have focused on 'what' in going on (what is it that triggers participation) rather than why it is happening (although this is not true of them all) and possibly more importantly they tend to focus on the motivations of people who do participate in OR rather than those who do not.

5. What motivates people to exercise – or not?

5.1 Some motivations to participate

What evidence we do have about what does or doesn't trigger exercise can be structured by making reference to the taxonomy in figure 3. For the provision trigger of physical infrastructure, Curry et al (2012) noted in the context of a specific health outdoor recreation referral scheme that the biggest trigger to participation was the *pedometer*. This spurred people to do a little better each day: it was competition against oneself. The *natural environment* also was seen as an important trigger. *Group activities* were felt to be not much of a trigger as participants had widely differing needs (short walks were not challenging enough for some, long walks were too challenging for others). Specifically in terms of health referral, *organised events* were not well liked: they stigmatised people as being unfit or ill: it was embarrassing. The *information infrastructure* in this study also was found to have little triggering impact: many people were not aware of the information issues and those that were, often found it confusing.

In terms of *personal* motivations, in the case study, some simply participated because they wanted to keep fit, but there is a complex set of motivations here, for example, one interviewee suggested, about her friends:

"they don't want to get fat, or have a streak of vanity" (P2).

Others participated to stave off illness or the effects of illness, others still for social reasons to stave off isolation. It is in this area of what motivates exercise that more, in depth, research is needed. From recent personal conversations, I have made a start at looking at these motivations in a more structured way. An example structure is offered in figure 4 below. With a fuller understanding of these motivations, the potential for triggering exercise by OR providers is likely to be increased. Key to success here is likely to be consuming exercise jointly with something else. In the health referral

case study noted above, and supported by findings from other studies (for example, Allen-Collinson *et al*., 2011) health trainers felt that incidental exercise was often the most successful part of regular exercise,

Figure 4 – postulations for the motivation to take exercise

Dedicated: wholesome with intrinsic motivation

- I exercise because it is who I am: it is my self-image and a key component of my identity.
- I like the competitive element of outdoor sport
- I like to improve myself

Dedicated: tactical with extrinsic motivation

- I exercise because I want to be able to carry on drinking and eating without getting fat.
- I exercise because it is a discipline I need to stop me going back onto drugs.
- I exercise because I'm frightened of having another heart attack.

Keen

- I exercise because I feel calm and refreshed when I have been in a 'green' environment
- It is emotional, almost spiritual for me. There's nothing like standing on top of Skiddaw.
- I exercise because it is a good activity to do with my friends, a good social gathering.

5.2 What constrains people from taking part?

The healthy exercise case study drawn on above is useful because it also interviewed non-participants (those who had been referred for outdoor exercise but had chosen not to take part). Here, lack of information was a deterrent (will it be too difficult? how much will it cost?) and a lack of time led some people to decline participation. Some felt they were too ill to take part. Some scheme organisers felt that the public in general had no interest in exercise and didn't appreciate its value. Whilst sports policy develops elite sport to create 'sporting heroes' for us to emulate, organisers felt, few of these heroes were known for 'gently strolling'. Also cited as demotivating factors were: a lack of confidence; a lack of good precedent at home or in school (Burton et al (2003), Jarvis and Wardle, (2006)); risk of further harm or illness.

5.3 Why do people prefer not to participate?

From the healthy outdoor exercise case study social reasons also were a reason for not taking exercise: people didn't want to mix with others. As a 74 year old said:

"It sounds silly, but I don't like mixing with too many oldies" (P3)

Others felt that they were already fit enough and therefore didn't need to take part. Others still just couldn't be bothered. Some simply didn't accord it a sufficient priority because they preferred pottering about and spending time with the family

"I don't do as much exercise as I should" (P7)

Some constructed age-related decline in outdoor exercise as inevitable:

"I've always been a bit idle .... when I did cross-country at school I would always sit down if I got a bit tired ..... I have never had the motivation to win ..... you have to accept that when you are in your mid 70s that you are on the decline rather than the improvement" (P25)

Health professionals also had a view. Many people, they felt, deluded themselves into thinking that they were more active than they actually were. Self-consciousness also put people off taking exercise, they felt.

As with motivations to participate, it will be important to research a classification of motivations not to participate, and the complexities of these, if we are to tackle them. From the health referral scheme case study cited above, and other research, we can certainly note the following factors in non-participation.

- I'm just not interested
- It's boring
- It's too hard
- I'm too busy
- I'm too old
- The weather is too unpredictable
- I've nobody to go with
- My doctor is responsible for my health, rather than me.

6. Conclusions: research on why people are motivated to undertake outdoor -recreation, or not.

As noted in figure 2 above a new research agenda for OR might usefully start with a closer assessment of why people choose to take part in OR and why they choose not to. We do have some fragmented evidence on some of these motivations, preferences and constraints but we do need a more systematic understanding if policymakers and providers are to seek to influence participation: we need to understand more fully both what types of provision are most likely to result in increased participation and which factors are likely to be influenced by providers, and which are not.

This closer understanding of motivations, preferences and constraints might embrace such things as:

- how people react to the pleasures and pains of undertaking OR;
- developing process of somatic leering;
- how people understand the 'lived body' experiences of OR;
- the role of the senses in triggering participation (particularly in relation to the natural environment);
- how motivations, preferences and constraints are triggered differently in different people;

- how motivations, preferences and constraints are triggered differently in the same people at different times
- how motivations, preferences and constraints are triggered differently by places and environments.

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