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Welsh Assembly Government

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Policy Position in support
of Woodlands for Wales,
the Welsh Assembly Government's
strategy for woodlands and trees

**Health & well-being benefits from
Welsh woodlands and trees**

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print



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previous
page



The previous page button will take users back to the previous page accessed.

contents



The contents button will return users to the contents page from where they can access the initial/start page of any section of this policy document.

next
page



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endnotes¹

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glossary



Glossary of Terms and Acronyms.

print



previous
page



contents



next
page



glossary



TABLE OF CONTENTS

1: INTRODUCTION	4
1.1 Aims and objectives	4
1.2 Equality and Diversity	5
1.3 Policy drivers	5
1.3.1 Health in Wales	5
1.3.2 Welsh Assembly Government strategies relating to health and well-being from Welsh woodlands and trees	7
1.3.3 Woodlands for Wales strategy	8
2: BACKGROUND	9
2.1 Physical activity	9
2.2 Mental health	9
2.3 Social inclusion	10
2.4 Therapeutic landscapes	10
2.5 Childhood development	10
2.6 Traffic-related health issues	10
3: AGENDA FOR ACTION	11
3.1 Physical access to woodlands	11
3.2 High quality woodlands	12
3.3 Meeting local needs	12
3.4 Effective partnerships	12
3.5 Child health and well-being	13
3.6 Promote urban tree planting	13
4: METHODS OF DELIVERY	14
5: MONITORING AND EVALUATION	14
APPENDIX 1: POLICY FIT	15
APPENDIX 2: EQUALITY AND DIVERSITY EVIDENCE IN RELATION TO HEALTH AND WELL-BEING	16
REFERENCES	17

1: Introduction

Purpose and Audience

This Policy Position is one of a suite designed to provide further background and evidence for the outcomes sought in Woodlands for Wales and the actions required to achieve these outcomes (see **Appendix 1** for full Policy Position list). Each Policy Position proposes an 'Agenda for Action' which collectively provide the implementation framework for the whole strategy. The 5-year Action Plan for Woodlands for Wales takes its lead from the combined 'Agendas' from each of the Policy Positions and sets out the short-term priorities for all the organisations responsible for helping to implement the strategy.

The primary purpose of these Policy Positions is therefore to support the implementation of the strategy through the relevant corporate processes of each organisation identified with a responsibility in the Action Plan. Forestry Commission Wales is already aligning its corporate programme development in this way and we hope that all the other lead and supporting organisations will act similarly.

Therefore the main intended audience for these Policy Positions are those responsible for policy development and policy implementation through corporate planning. However we hope that because of the way the Policy Positions are presented, they will be of wider relevance to those with an interest in the particular subject matter or Woodlands for Wales as a whole.

1.1 Aims and objectives

Our position on health, social care and well-being benefits from Welsh woodlands and trees has two key elements:

- **to provide access to well-managed woodlands across Wales which are suitable settings to deliver health and well-being benefits**
- **to develop targeted programmes to actively encourage increased use of woodlands and trees in areas with high levels of poor health**

The aims of this Policy Position are:

- To support the development of programmes by both Forestry Commission Wales and other organisations under the Woodlands for People theme of the Welsh Assembly Government's Woodlands for Wales strategy¹;
- To support the use of trees and woodlands in the delivery of the Welsh Assembly Government's health, social care and well-being agendas

The diagram in **Appendix 1** shows where this Policy Position fits into the policy hierarchy from both WAG and FC Wales perspectives.

The target audiences for this Policy Position are woodland owners and managers, public sector and voluntary health and social care providers, relevant grant giving bodies, Planning Authorities and other support organisations.

In this document the term 'health' is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organisation).

print



previous
page



contents



next
page



glossary



1.2 Equality and Diversity

The Welsh Assembly Government is committed to developing an organisation in which fairness and equality of opportunity are central to our business. We will ensure that we treat all users of our woodland, our stakeholders and staff fairly, with dignity and respect, regardless of race disability, gender, age, sexual orientation and religion and belief. We will assess the ability of all potential users to access woodlands, activities and services and take appropriate steps to ensure that barriers are reduced or minimised.

A summary of equality and diversity evidence in relation to health and well-being in woodlands in Wales is included at **Appendix 2**.

1.3 Policy drivers

1.3.1 Health in Wales

The current state of health in Wales shows that a significant proportion of the population is disadvantaged in terms of health-related quality of life. There are also obvious inequalities in Wales between those with the poorest health and those with the best. This inequality affects social integration, and the cost of health care places a huge burden on the economy. Some of the key indicators of poor health are listed as follows:

- Mortality rates in Wales are among the worst in Western Europe
- Death rates from heart disease in Wales, and the UK, are substantially higher than in many western European countries
- Wales has amongst the highest rates of cancer registrations in Western Europe
- Consistently poor health persists in the South Wales valleys - in 2000-2002 death rates in Merthyr Tydfil were almost 50% higher than in Ceredigion
- Wales has a much higher percentage of people reporting a long term limiting illness than in England - with the highest levels in the South Wales valleys
- Mortality rates from cancers are worse in Wales than in England and Northern Ireland, although better than in Scotland
- In the 2001 Census, the percentage in Wales reporting that their health was not good was 12%, compared to 9% for England, and all Welsh local authorities had rates above the English average²

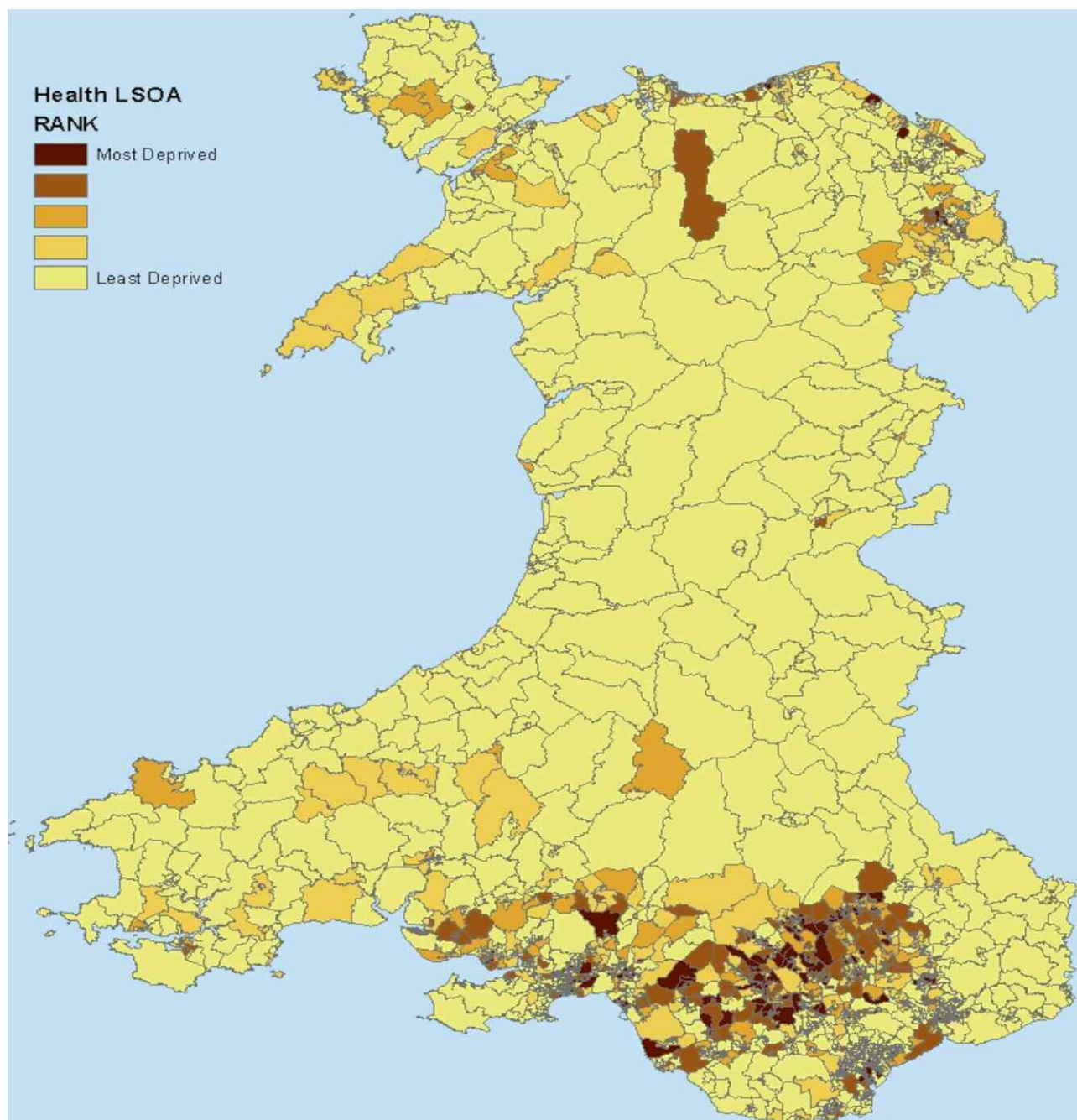
In terms of active lifestyles, the evidence indicates low levels of activity:

- Only 29% of adults in Wales are active at the recommended levels
- More than 47% of adults are overweight. The prevalence of obesity has doubled in approximately ten years³
- Wales has an ageing population. By the 2020s there will be as many people in their 60s (and over) as in their 20s and 30s. Given that age is a primary influence on activity rates this is likely to mean that, without radical interventions, Wales will become even less active³

A spatial representation of the areas of greatest health deprivation in Wales is shown in **Fig 1**. This is based on the combined indicators of limiting long-term illness, deaths and cancer incidence⁴.



(figure 1)
Health Deprivation Wales 2007



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1:950,000

print

previous
page

contents

next
page

glossary



1.3.2 Welsh Assembly Government strategies relating to health and well-being from Welsh woodlands and trees

To address the current state of health in Wales, government policy has gradually shifted from managing ill health to promoting joint responsibility for tackling the root causes of poor health and promoting health benefiting lifestyles. This 'joined-up' policy approach is reflected in health policy and is reflected as a priority in 'One Wales. A progressive agenda for the Government of Wales' (2007), which states:

'We will foster a sense of public ownership in relation to the countryside, urban green spaces and our coastline, recognising that many socially excluded groups do not currently enjoy their social, cultural and health benefits'.

This national policy link between the natural environment and health improvement is a thread which is reflected in other health and environment policy including:

- Environment Strategy (2006). This emphasises the need for a thriving environment to be valued by the people of Wales for its health (amongst other) benefits
- Designed for Life (2005)³. This is the over-arching strategy for health and social care in Wales that promotes lifelong health as one of its three strategic design aims, and highlights the importance of encouraging people to take responsibility for their own health
- Climbing Higher (2005)⁵. This is the Welsh Assembly Government strategy for sport and physical activity, which says that Wales needs to be more physically active in order to be a healthier nation, and that we need to maximise the synergy between sport, physical activity and the natural environment. The strategy sets challenging targets including:

Increasing the percentage of people in Wales using the Welsh natural environment for outdooractivities from 36% to 60% (by 2025)

Ensuring that (by 2025) 95% of people in Wales have a footpath or cycle-path within a ten-minute walk, and no-one lives more than a six-minute walk from their nearest natural space

- Health Challenge Wales (2003)⁶ which is a call to everyone to improve health. It provides a national focus, and encourages individuals and organisations to work together to create a healthier nation
- Fulfilled Lives Supportive Communities (2007)⁷, is a strategy for social services in Wales designed to protect and support vulnerable people and promote people's social inclusion and independence. The strategy places significant emphasis on young people and preventing them entering the social care system. It also focuses on developing effective Local Authority-led service delivery with improved connections between different parts of Government and the voluntary (third) sector
- One Wales: One Planet: The sustainable development scheme for Wales (2009)⁸. The Scheme is a strategic document which brings together the outcomes the Welsh Assembly Government wants to achieve through existing One Wales commitments in terms of their impact for the people and communities in Wales. The Scheme identifies a number of new high level commitments to promote sustainable development

Collectively, the current state of health in Wales and these policies provide a clear steer that:

- Individuals and communities need to share the responsibility with government for health and well-being, and the nurturing of active healthy lifestyles is key to the 'prevention' aspect of health care
- People need access to appropriate 'natural space' if they are to be expected to participate in healthy outdoor activity
- The current quality of health in Wales is poor and within Wales there are some obvious health inequalities. There is therefore a general desire across Wales to raise people's activity levels, with an understanding that focussed attention on the least active groups will potentially have a particularly beneficial health impact
- Different parts of Government as well as different parts of society need to work well together. Effective partnerships need to be formed to effectively support those groups least able to help themselves
- Nurturing healthy lifestyles starts from childhood and therefore children are a focus

1.3.3 Woodlands for Wales strategy

Woodlands for Wales (2009)¹ contains an objective to ensure 'more people lead healthier lives as a result of their use and enjoyment of woodlands'. We aim to achieve this objective by:

- Encouraging the development and promotion of woodland access throughout Wales with suitable infrastructure and well-managed woodlands which feel safe and welcoming
- Supporting tree planting to improve the landscape and provide opportunities to use green space for outdoor recreation, taking account of local needs
- Supporting communities to identify local access and recreation needs
- Encouraging joint working with providers of health, education and social care services to promote the use of woodlands by people of all ages, appropriate to their physical and mental health needs⁵
- Looking for opportunities where woodlands could contribute to volunteering initiatives that encourage physical good health and social inclusion



print



previous
page



contents



next
page



glossary



2: Background

A great deal of analysis has been done in recent years by Forest Research, other parts of Forestry Commission GB, and the Countryside Council for Wales, regarding the health care benefits of natural environments - and woodlands in particular. The key relevant points are summarised below.

2.1. Physical activity

There is strong medical evidence of the link between physical activity and lower rates of obesity, cardiovascular disease, osteoporosis and type 2 diabetes, as well as reductions in the incidence of some cancers, greater mobility and fewer injuries associated with ageing in the elderly⁵.

Most of the potential health benefits, possible through physical activity in adults, can be achieved by a total of 30 minutes of moderate intensity activity on at least five days per week. Recommended moderate intensity activities that tend to occur in natural environments include brisk walking, cycling and gardening⁵. Evidence suggests that walking is likely to remain by far the dominant form of physical activity to deliver health benefits.

If accessible, non-threatening green space is close by, people are more likely to exercise and gain more fitness normally free of charge. Exercise in natural, as opposed to artificial, environments has added positive impact on aspects of mental health such as mood and self-esteem and can reduce signs of stress such as lowering high blood pressure⁹. Gardens, woodlands, parks and wilderness are the most popular natural environments¹⁰.

Woodlands are especially useful environments in which to promote health and well-being to a broad section of the population as they provide inexpensive places to visit. Woods also have a high carrying capacity. This is an important factor when considering social inclusion problems and limited space in urban areas¹¹.

Woodlands are also inherently 'playable'. Play is a child's right and is a fundamental part of childhood. At the same time it provides a number of benefits to children and communities, in particular it supports long term mental health and psychological well-being and social skills.

2.2 Mental health

Experiencing natural environments can assist in the treatment and prevention of a range of mental health and well-being conditions including the treatment of people with severe mental health problems, modifying anti-social behaviour in young children and adolescents, and supporting people to manage stress and concentrate in the workplace⁹.

Studies have found that people with access to nearby nature are generally healthier than those without. It has been suggested that, broadly, mental health is generally better in rural areas than urban areas and that people in urban areas with gardens and greenspace have fewer medical problems¹².

2.3 Social inclusion

Well-maintained and accessible green space within communities encourages people to use it for informal social activities and recreation, contributing to community integration and social interaction. The presence of people in well-maintained green space can lead to community support and crime reduction⁷. By contrast, a poorly maintained and threatening greenspace has the counter effect.

Participation in group activities associated with the environment such as group walks, green gyms and community projects such as gardening and tree planting encourage social interaction and improved social inclusion for vulnerable individuals⁹.

2.4 Therapeutic landscapes

There is evidence that some outdoor landscapes have special significance for people which provide 'restorative' benefits after times of stress and help people to connect through a sense of place. Contact with nature increases feelings of pleasure, relaxation, autonomy, competence and interest; while reducing feelings of stress, anxiety and anger⁹. Evidence also suggests that patient recovery times are shortened and the need for painkillers reduced when patients have a view over natural greenspace compared to those who do not¹⁰.

2.5 Childhood development

It is argued that interaction with the natural environment is particularly beneficial for children. Childhood experiences of access and play in woodlands affect physical and mental confidence and aids mental development and physical co-ordination⁹.

2.6 Traffic-related health issues

There is evidence to suggest that the planting of trees and development of appropriate urban greenspaces can significantly reduce transport-related air pollution, noise pollution and traffic accidents⁹. Transport-related air pollution has a number of adverse health effects including: asthma, rhinitis, cardiovascular disease, cancer, adverse pregnancy and birth outcomes and lower male fertility¹⁰.



print

previous
page

contents

next
page

glossary





3: Agenda for Action

The following agenda for action has been developed from the recommendations arising from the Forest Research report *Health and Wellbeing: Trees Woodlands and Natural Spaces*¹¹ and the supporting activities identified in *Woodlands for Wales*.

The *Woodlands for Wales Action Plan* (published March 2010) identifies actions, and those organisations who will be taking the lead, to improve and promote the health and well-being benefits of woodlands and trees.

3.1 Physical access to woodlands

(a) Access to woodlands close to where people live. We need to support land managers to meet their obligations to provide access to woodlands generally in Wales. In particular, there is a need to prioritise the development of access to woodlands which offer the highest potential for increased use, especially in areas with the highest levels of social deprivation. Data to support this analysis has been generated by, for example, the Woodland Trust in the *Spaces for People* study and by Local Authorities using Countryside Council for Wales's *Access to Green Space Toolkit*. Where there is a deficit of greenspace, we will work with others to support the planting of new trees and woodlands as part of the agenda for the wider urban environmental agenda.

(b) Recognise and cater for diversity. In the provision of access to trees and woodlands, we need to accommodate the needs of those with both physical and mental disabilities and ensure our sense of welcome extends to all woodland visitors regardless of gender, race, age, faith, disability, sexual orientation, language and level of deprivation.



print



previous
page



contents



next
page



glossary



3.2 High quality woodlands

We will encourage the continued improvement of management across Welsh woodlands to create suitable settings for improved health, social care and well-being. We need to continually improve our understanding of what aspects of quality have an impact on health and well-being and develop good practice for optimal use of resources to deliver these qualities. Key aspects include:

- Quality of welcome - especially for traditionally inactive groups
- Ensuring a safe environment and dealing with anti-social behaviour
- Quality of trails and signage - especially in terms of disabled access, access for elderly people, children and traditionally inactive groups
- Quality of infrastructure and interpretation - we need to find 'low maintenance', cost-effective but appropriate solutions to support targeted improvements in health
- Variety and local character and distinctiveness; which supports local ownership and pride
- Quality woodlands; with appropriate and cost-effective management interventions to create the quality of experience which encourages regular visits to woodlands

3.3 Meeting local needs

We will encourage a culture of working with local communities and recognising the health and well-being benefits of 'community-based' initiatives. Community involvement in planning, decision-making, infrastructure development and maintenance supports the well-being of the volunteers involved in its own right, but also ensures that local character and distinctiveness are enhanced. It also ensures that appropriate facilities and infrastructure are provided, such as trails and signage, and increases the likelihood that facilities will be used regularly and responsibly.

3.4 Effective partnerships

We need to extend partnership working around the development and use of trees and woodlands for health, social care and well-being. We need to do this at several levels:

- At a national level we need to promote a shared understanding of the benefits of the natural environment for health, social care and well-being. Through dissemination of case studies and joint working between Forestry Commission Wales with CCW and NGOs, such as the Woodland Trust, Coed Lleol¹³, Llais y Goedwig¹⁴ and Tircoed¹⁵ and public health bodies, wider institutional understanding and support for natural environments for health, social care and wellbeing will be established
- At a Local Authority level we need to work with health and social care providers (including the third sector) in order to facilitate programmes which support priority groups to access woodlands for improved physical and mental health care
- At a community level we need to build on the lessons learned from Cydcoed¹⁶ to identify effective ways of working with community groups and other support structures such as Communities First

print



previous
page



contents



next
page



glossary



3.5 Child health and well-being

Health policy guides us towards encouragement of a lifelong association between natural environments and good physical and mental health. To do this we will strengthen the connection between our existing programmes for woodlands for learning and future programmes for health and well-being. This will ensure that learners - especially children - are supported to understand and experience the health and well-being benefits of outdoor recreation through learning and play. We will also ensure that the welcome we create in woodlands extends to both children and adults and that woodlands provide an appealing setting for natural play.

3.6 Promote urban tree planting

To support the creation of therapeutic landscapes, and to mitigate the impacts of climate change and traffic-related ill health, we will need to work with others, including CCW, Strategic Regeneration Partnerships and Local Authorities to influence planning policy and the operational programmes of Local Authorities to increase the use of trees and other forms of urban greenspace. We need to build on the experience of Treegeneration¹⁷ and Cydcoed¹⁶, and draw from wider UK and international experience to develop and promote examples of good practice.



print

previous
page

contents

next
page

glossary



4: Methods of delivery

This Policy Position will be delivered by FCW and others on behalf of WAG via the following mechanisms:

- Direct delivery of accessible and well-managed woodland on the AGWE
- Deployment of grant funding via Better Woodlands for Wales to other woodland owners to deliver accessible and well-managed rural and urban woodlands
- Supporting and enabling others to deliver programmes which encourage increased use of woodlands - especially in areas of high health deprivation
- Supporting and influencing others to develop tree planting programmes - especially in urban areas - designed to deliver health and well-being benefits
- Providing expert advice to partners and other stakeholders on the development and management of trees and woodlands for health and well-being benefit

It is hoped that organisations responsible for delivery of government policy will develop a corporate response to help deliver collectively this 'Agenda for Action'.

5: Monitoring and Evaluation

A number of key work areas need to be developed in order to effectively support programmes for health and well-being for woodlands in Wales. These are:

- **Best practice identification.** The review of Cydcoed and Treegeneration identified levels of health impact and examples of projects in Wales which have delivered tangible health, social care and well-being benefits. In addition to evaluating the health benefits care needs to be taken to learn lessons regarding effective ways of working between the Forestry Commission Wales and other Government, third sector and private sector partners
- **Measure public benefit.** As public funding is likely to remain limited, there will be continued pressure to demonstrate the impact of public investment in trees and woodlands for health and well-being. This is likely to remain an inexact science, however the Cydcoed review has quantified in financial terms the health and well-being impacts of Cydcoed projects
- **Develop partnerships.** Through joint working at National level - particularly by FCW with CCW, Strategic Regeneration Partnerships and appropriate health sector networks - we will promote the benefits of trees and woodlands for health and well-being and receive feedback. We need to consider further how best to engage with partners at Local Authority level
- **Monitor the levels of use.** We need to maintain our data sets relating to visitor numbers to woodlands and review their effectiveness at enabling us to quantify overall health and well-being impacts of trees and woodlands
- **Develop suitable indicators** We need more effective indicators to enable us to report on progress against a baseline for delivery of health and well-being benefits. The current indicator at a Strategy level is simply the number of visits to woodlands. At the FCW Corporate Plan level this is developed further in terms of the quality of visit. We need to manage the trade-off between the costs of data collection versus the need for differentiated data in order to report as accurately as reasonably possible against outcomes

print



previous
page



contents



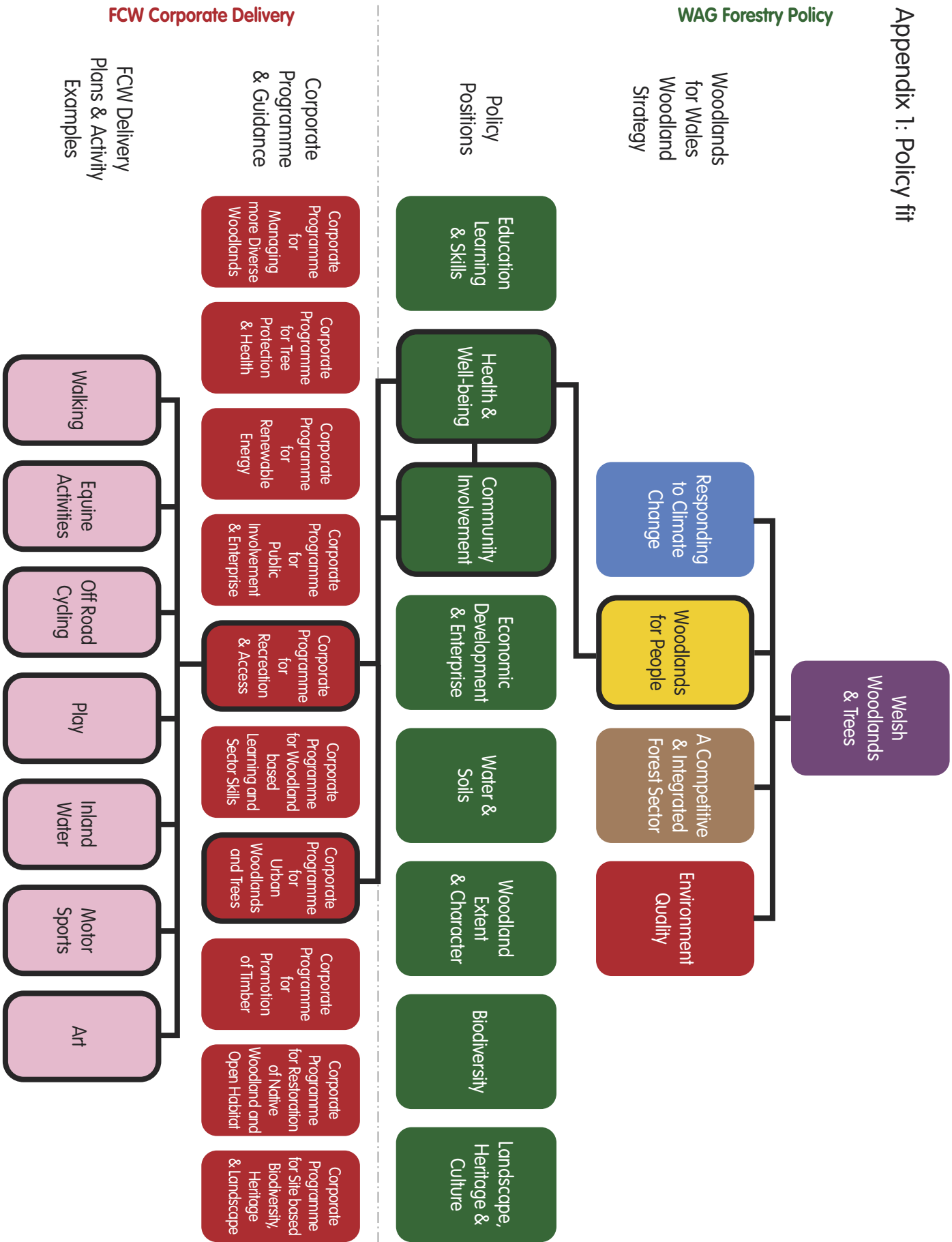
next
page



glossary



Appendix 1: Policy fit



[glossary](#)

[next page](#)

[contents](#)

[previous page](#)

[print](#)

Appendix 2: Equality and Diversity evidence in relation to health and well-being

This evidence review is taken from the Equality Issues in Wales: a research review¹⁸.

Although there is a substantial literature on health and social care in Wales, much of it relates to health inequalities in general rather than to equality strands. The evidence that exists shows that ethnic minority groups, disabled people, vulnerable children and older people tend to have poorer health at the same time as poorer access to care. The evidence on religion and sexual orientation, and on gender, is even more limited.

Health Status

Limited evidence shows that the health status of ethnic minority groups, women, disabled people, vulnerable children and older people is poorer than the population as a whole. There is no information about sexual orientation or religion, and virtually no evidence on different groups within the ethnic minority population.

Access to care

Access to health care also seems to be poorer for ethnic minority groups and for disabled people. Access to care, particularly mental health care, for vulnerable children, is also inadequate. The evidence on access for women, older people, Lesbian, Gay & Bi-sexual (LGB) people and religious groups is limited or non-existent.

Lifestyle

Evidence suggests that men have less healthy lifestyles than women, except for physical activity. There is more evidence on young people's lifestyles, which shows the prevalence of smoking and alcohol and substance misuse. In addition poor nutrition, low levels of physical activity and high numbers of young people being overweight or obese is evident. Older people also have relatively unhealthy lifestyles in terms of obesity and physical activity, although alcohol use and smoking are less prevalent. Little is known about the lifestyles of ethnic minority groups, disabled people, LGB people and religious groups.

Social Care

The available evidence points to marked shortcomings in access to social care for ethnic minority groups, disabled people and children. However there is surprisingly little evidence on gender, older people, sexual orientation and religion and the provision of social care.



print



previous
page



contents



next
page



glossary



References

- ¹ National Assembly for Wales (2009) Woodlands for Wales: The National Assembly for Wales strategy for woodlands and trees. Welsh Assembly Government, March 2009 61pp.
- ² Chief Medical Officer's Health Status Wales Report (2005)
- ³ Welsh Assembly Government (2005) Designed for Life: Creating world class health and social care for Wales in the 21st Century. NHS Wales, May 2005, 81 pp.
- ⁴ Welsh Index of Multiple Deprivation 2007
- ⁵ Welsh Assembly Government (2005) Climbing Higher: The Welsh Assembly Government Strategy for Sport and Physical Activity. January 2005, 34 pp.
This strategy is currently being revised (May 2009) and a Revised Version will be issued following consultation
- ⁶ Health Challenge Wales is 'a call to everyone - all people and organisations - to do as much as they can to improve health'. You can find out more at: <http://new.wales.gov.uk/hcwsb-site/healthchallenge/?lang=en>
- ⁷ Welsh Assembly Government (2007) Fulfilled lives, Supportive Communities: A strategy for social services in Wales over the next decade. Welsh Assembly Government, February 2007, 52 pp.
- ⁸ One Wales: One Planet: The sustainable development scheme for Wales
- ⁹ Weldon, S., Bailey, C., and O'Brien, L. (2007) New pathways for health and well-being in Scotland: Research to understand and overcome barriers to accessing woodlands. Forest Research, August 2007, 91 pp.
- ¹⁰ Davies, P. (2007) Natural Heritage: a pathway to health. A descriptive systematic review. Research report by the Institute of Rural Health for the Countryside Council for Wales. 4th June 2007, 6 pp.
- ¹¹ Tabbush, P., & O'Brien, L. (2002) Health and well-being: Trees, woodlands and natural spaces. Forest Research.
- ¹² Sustainable Development Commission (2008) Health, place and nature: How outdoor environments influence health and well-being: a knowledge base.
- ¹³ Coed Lleol is a partnership project hosted by the Smallwoods Association with a steering group of representatives from the Forestry Commission Wales, the Countryside Council for Wales, the Woodland Trust, the Wildlife Trusts, Tir Coed, the Health Service in Wales, and representatives of community woodland groups and self employed foresters. It aims to help more people enjoy and care for woodlands in Wales - see <http://www.coedlleol.org.uk/>
- ¹⁴ Llais y Goedwig - Llais y Goedwig an association which supports and represents community woodland groups in Wales - <http://www.llaisygoedwig.org.uk/>
- ¹⁵ Tir Coed works to promote education in woodland-related skills and to develop, promote and encourage the provision of woodland-related facilities, in the interests of health and social welfare - <http://www.tircoed.org.uk/>
- ¹⁶ Cydcoed was a £16 million EU and WAG funded community and woodland development programme managed by Forestry Commission Wales. It ran from 2001 to 2008 and supported more than 160 community woodland groups throughout the Objective 1 area of Wales. The programme was evaluated by Forest Research - see <http://www.forestresearch.gov.uk/fr/INFD-76KC7H>
- ¹⁷ Treegeneration, 2004 - 2008, was an urban forestry partnership (involving FCW, CCW, Flintshire County Council and Wrexham County Council) which gave advice and support to people and groups wanting to plant trees in urban areas of North Wales. This included school grounds, town centres, public parks and gardens - anywhere which could be enhanced by the addition of trees.
- ¹⁸ Winckler, V., 2009 Equality issues in Wales: a research review - The Bevan Foundation

print



previous
page



contents



next
page



glossary





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Further information

This is one of a series of Policy Positions providing additional detail and background to the overriding themes of the Woodlands for Wales strategy. Each also contains an agenda for action which set out methods for delivering strategic aims and objectives.

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