



Woodland as working space: Where is the restorative green idyll?



Amanda Bingley*

Division of Health Research, Faculty of Health and Medicine, Furness College, Lancaster University, Lancaster, LA1 4YG, UK

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ABSTRACT

Much has been written on the beneficial, restorative qualities of 'natural' (non-built) rural or urban 'green' space, including woodland, in promoting mental and physical health when accessed for leisure, sport and education. In contrast, with the exception of rural health studies, there is relatively little debate about the health benefits of 'green space' as work place, especially in woodland and forests. In the developed world, this apparent gap in the literature may be partly due to an assumption of the forest work place as inherently healthy, and also the invisibility of a tiny percentage of the workforce now employed in forestry. However, in the UK and parts of Europe over recent years there has been a small, though significant, increase in opportunities to train and work in woodlands using traditional, sustainable management such as coppicing, and an exploration of health issues of woodland work is timely.

This paper reports on findings from a secondary narrative analysis of oral history interviews selected from two phases of the Woodland Recollections Project and newsletters written by local people historically and currently engaged in coppicing and woodland work in North West England. Perceptions of healthy working in green space are examined by applying key concepts of Attention Restoration Theory (ART).

Findings suggest that woodland work environments involve many counter-restorative factors that can render the 'green idyll' detrimental to health and wellbeing. To benefit from restorative elements requires drawing on a high level of specialist skills that empower individuals to manage and maintain healthy working practices in these diverse and challenging environments.

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Introduction

Forests and woodlands are increasingly managed to create restorative green spaces that value and support human health, wildlife conservation and biodiversity. A considerable health literature reports on research into the restorative qualities of 'natural' (non-built) rural or urban 'green' space, including woodland, in promoting mental and physical health when used for leisure, sport and education (Bingley, 2012; Bowler, Buyung-Ali, Knight, & Pullin, 2010; O'Brien, 2008). In contrast, with the exception of rural health studies and literature on forestry work place injuries (Lilley, Feyer, Kirk, & Gander, 2002) there is relatively little debate about the health benefits of 'green space' as work place. Yet in many parts of the world, forest and woodlands are primarily working environments, managed to a greater or lesser extent to produce resources such as timber, fuel, food and medicines, and with an important role in the rural economy (FAO, 2008).

The apparent gap in the literature examining health issues of forest workers may be explained by two key factors. First, there is perhaps an assumption that because forest and woodlands are widely regarded as 'healthy' green spaces, these benefits extend not just to leisure activities, but also to forest workers. Second, forestry represents a relatively invisible, tiny percentage of the global workforce (an estimated decline from 0.6% in 1990 to 0.4% in 2006). Regionally, this figure varies depending on available forested areas and levels of mechanization, being marginally higher (est. in 2006 at 2–5%) in parts of North America, Northern and Central Europe (FAO, 2008). In the UK, despite an overall decline in those employed in forestry and agriculture, there has been since the mid-1980s, and particularly in the last 20 years, a small, though significant, resurgence in the number of people seeking opportunities to train and work in woodlands using traditional, sustainable management such as 'coppicing' (Oaks & Mills, 2010; WEP, 2009); a trend that matches similar interests in Northern Europe, such as Sweden, Denmark and Finland (FAO, 2008). Woodland management over the past 60 years in the UK, similar to many parts of Northern and Central Europe, has tended to fall into two categories, either large-scale commercial timber production or the more traditional, small-scale woodland management practices such as coppicing. This

* Tel.: +44 1524592718.

E-mail address: a.bingley@lancaster.ac.uk.

ancient management system shaped Northern European landscapes and has been the basis of rural working practices over the past 10,000 years up to the mid-20th century (Rackham, 2006). Trees are felled on a regular cycle depending on the different system chosen for that area of woodland and the products required. Coppiced woodland can be kept as low level tree cover, which as Nielsen and Møller (2008) found in their study of Northern European countries, is the preferred type of management in Sweden and the UK for urban woodland: suitable as children's play areas, for community local recreation and as a way of creating work for local people (Simson, 2004).

An increasing interest in these more traditional forms of woodland work appears in tandem with an ever-evolving public health message in developed countries that encourages outdoor activities. There is a particular emphasis on widening access to natural green space and this importantly includes woodland and forests. Trees tend to be regarded in many cultures as a significant element in what are felt to be 'therapeutic' qualities of landscape, conferring health benefits via a perceived calming, even spiritual influence (Conradson, 2005; Williams, 2007). Thus, from a health perspective there is an impetus to develop forest and woodland green space. Indeed, part of the European initiative COST Action E39 focusing on forests and health highlights issues around the motivation to grow and manage forests that are both commercially viable and provide 'healthy', green space (Gallis, 2005). The report raises the question as to whether there are public health advantages in promoting an increase in active management of neglected urban and rural woods, to create 'healthy' outdoor employment. This in turn, raises a practical issue of ensuring the health of forest and woodland workers is addressed, as their input is an integral part of providing well-managed 'green space'.

Of particular interest to this paper, is the need to explore whether forest work is in fact a healthy lifestyle simply because workers are in a landscape deemed, from a public health perspective, to be 'therapeutic'. Furthermore, do forest workers enjoy the same kind of benefits as those observed by people visiting woodland as a restorative recreational or educational space?

Whilst forestry and coppicing may appeal to people seeking these perceived benefits, the reality of the work may mitigate these advantages and result in the landscape being far from idyllic or therapeutic. Forestry work, whether large or small scale, is undoubtedly a 'high risk activity' (HSE, 2003; Lilley et al., 2002). The work of felling trees, cutting and preparing firewood for sale can become routine, inducing mental fatigue. Conditions in cold, wet or frosty weather handling heavy timber, using a chain saw or hand tool is physically hazardous, leading to accidents, chronic injuries, and exhaustion. Woodland work is not always profitable so there may be financial pressures. Another major stress as a sole trader is managing demand for seasonal products like charcoal or firewood. Given these negative aspects the reasons for a renewed interest in woodland work are not always clear.

Anecdotal evidence indicates that people are seeking opportunities to escape urban work for what is perceived to be a simpler rural lifestyle in the woods connected to 'nature'. For instance, as seen in contemporary popular British TV programmes such as 'Escape to the country' and 'Tales from the Wild Wood'. This also resonates with a historic, romantic belief associated with 'natural' landscapes, including woodland, as inherently therapeutic and thus regarded and promoted as a beneficial for 'vulnerable' groups to engage in conservation, horticulture and (to a lesser extent) agriculture (Conradson, 2005). Some people working in the industry clearly report enjoyment in their day-to-day contact with the natural world (Jones & Cloke, 2002). Inspired by the woodland space, people describe the satisfaction of developing specific skills such as making woven fencing, greenwood furniture or baskets, or

providing gardeners with locally sourced bean poles (Sinclair, 2007). This suggests the restorative factors of this kind of creative woodland work can outweigh or at least counter some negative impacts of 'hard graft'. People may settle for part time woodland work in the form of greenwood crafts, buying or renting small areas of woodland, or joining local conservation or wildlife trust groups to take part in voluntary woodland management schemes. Hence, there can be many differing motivations and experiences in the work with a variety of possible health outcomes, about which there is currently a lack of empirical research.

It is against this background that an examination of health in woodland work was prompted by an opportunity to conduct a secondary narrative analysis of oral and written narratives by woodland workers, including traditional coppicers, in the North West of England. With the exception of one oral history collected in the late 1990s prior to the coppicer's death, the original material was collected between 2006 and 2009, over two phases of the Woodland Recollections (WR) oral history project (WEP, 2009; Woodland Recollections, 2006). This project aimed to track the story of woodland management over a period of time post Second World War (WW2) to the present day. During this time there was an unprecedented and rapid decline in traditional woodland skills, largely due to the introduction of plastics, which spelt the end of the demand for wood products for household and industrial use. As one coppicer relates 'plastics came in and the coppice men were packing up ... by the time it got to 1979 I was the only one left ... I said ... when I finished that would be the end of it ... no more coppice, coppice men or anything. There was no one else'. However from the late 1980s to the present, an unexpected 'resurgence' of interest revived traditional woodland skills both in the region and nationally. To record this history at a regional level, the WR project first captured the oral histories of the last remaining older coppicers, who had worked in, and witnessed the decline of, what had been particularly vibrant traditional woodland industries in the region. Second, stories were gathered from a younger generation of woodland workers who, since the late 1980s, have been working to revitalize the old skills and promote traditional woodland management, some in coppicing, others in woodland conservation.

Thus the project brought together narrative accounts of forest and woodland work spanning nearly 60 years from post WW2 to the present day. The remaining material was a sample of writings about working in the woods published in newsletters over the last five years by The Bill Hogarth Memorial Apprenticeship Trust (BHMAT, 2011), an NW England charitable organization training apprentices in the coppicing industry. These newsletters report the work of the Trust and include first hand accounts by apprentices at different stages during and following their training, as they develop their own coppice business. Providing valuable insights into this changing work place, many of the stories that emerged from these sources referred, directly and indirectly, to the tension between the positive versus the negative affects of woodland work on health and wellbeing, and thus challenged the concept of woodland as an inherently restorative environment (Milligan & Bingley, 2007). This provides the conceptual framework to the paper, which draws on the key elements of Attention Restoration Theory (ART) (being away, fascination, compatibility, and extent) (Kaplan, 1995; Kaplan & Kaplan, 1989) to explore the restorative and counter-restorative elements of forest and woodland space as a working environment.

Narratives of woodland work: theory and method

Applying attention restorative theory

Attention Restoration Theory (ART) developed by environmental psychologists Kaplan and Kaplan (1989) posits that there

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