



From proximity to inclusion

A new framework for urban green space policy

**Zina Abdulla, Dr Dima Albadra, Dr Sophia Hatzisavvidou and
Dr Nick McCullen**

- Urban green spaces deliver multiple co-benefits: improved health, community cohesion, physical activity, biodiversity and climate resilience. But these benefits fall across different sectors, while responsibility and funding remain siloed within local authority parks services.
- Parks are essential preventative health infrastructure. Accessible, high-quality green spaces could save the NHS up to £2.1 billion per year, yet health systems do not contribute to their funding. The investment case is clear but the policy alignment is not.
- Current planning standards define accessibility by proximity alone. This is insufficient, as emphasised by evidence from our research and stakeholder exchange.
- A three-tier accessibility framework, developed with communities and validated with decision-makers, offers a practical, policy-ready tool for addressing these gaps.
- Integrating this framework into national policy requires specific changes to planning standards, funding structures and governance. Stakeholders have identified exactly where policy is currently failing and what would unlock change.
- Lack of evidence is not a barrier to change. Instead, the barriers are structural: fragmented funding, no statutory duty, maintenance gaps and a mismatch between who benefits from parks and who is responsible for paying for them.

“This research is vital, highlighting the unwelcome reality that some groups in society – including those living in deprived communities, people from ethnic minority backgrounds, disabled individuals, carers, older adults and women and girls – do not feel as welcome as others in our parks. These carefully developed and evidence-based policy recommendations would help ensure that our wonderful parks and green spaces are open, welcoming and accessible to all.”

Afzal Khan MP, Chair of the Parks and Green Spaces All-Party Parliamentary Group (APPG)

A policy gap at the heart of green space planning

Urban green spaces are among the most cost-effective tools available to government for improving public health, reducing health inequalities, supporting climate adaptation, enhancing biodiversity and building social cohesion. The evidence for these benefits is robust and well-established.¹

Yet for millions of people – particularly those living in deprived areas, those from ethnic minority communities, disabled people and carers, older adults and women and girls – green spaces do not function as the inclusive public resource that they are meant to be. People can live within walking distance of a park and still feel unable to use it.

This brief sets out why that gap exists, what it would take to close it and the specific policy changes needed to integrate a new, evidence-based accessibility framework into national planning and funding policy.

The brief draws on two sources of evidence:

- Research: Peer-reviewed research published in *npj Urban Sustainability*,² based on a mixed-methods study.
- Stakeholder evidence: A knowledge exchange (KE) event with local authority decision-makers, park managers, community organisations and planners, which identified the structural enablers and constraints that determine whether inclusive green space policy can be implemented.

What the evidence shows

The proximity paradox

Urban green space accessibility is currently defined by distance – in Natural England’s Accessible Natural Greenspace Standards (ANGSt), in National Planning Policy Framework (NPPF) guidance and in most local planning frameworks. Specifically, a green space is considered ‘accessible’ if it is within a walking distance of a person’s home.

But there is a fundamental flaw in this definition. Proximity does not guarantee accessibility. It is a necessary condition for access, but it is

1 See: Public Health England (2020). [Improving access to greenspace: A new review for 2020](#). Public Health England, and Barbosa, O., Tratalos, J. A., Armsworth, P. R., Davies, R. G., Fuller, R. A., Johnson, P. and Gaston, K. J. (2007). [Who benefits from access to green space? A case study from Sheffield, UK](#). *Landscape and Urban Planning*, 83, pp. 187-195.

2 Abdulla, Z., Albadra, D., McCullen, N., Hatzisavvidou, S. and Bennett, C. (2025). [Refining accessibility: Uncovering physical, cultural, and emotional barriers to urban green space accessibility](#). *npj Urban Sustainability*, 5, 107.

far from sufficient. When a park is unsafe, poorly maintained, culturally uninviting or simply not designed for the way that a community would want to use it, it may as well not be there.

What stops people using parks

This research – which draws on focus groups with 53 participants from over ten of Bristol's most deprived wards – identified the real barriers that prevent people from using their local parks. These are not hypothetical. They reflect the lived experience of people who live near parks but have effectively been excluded from them.

Barrier identified	Who is most affected
Feeling unsafe: poor lighting, anti-social behaviour, drug use, lack of visible staff	All users; women and girls disproportionately
Feeling unwelcome or experiencing racial hostility	Ethnic minority communities
Fear of dogs, dog mess and off-lead behaviour	Ethnic minorities; disabled people; autistic children; elderly people
Poor maintenance: broken equipment, dirty toilets, litter, neglect	All users; most acute in deprived areas
No infrastructure for group use: seating, shelter, BBQ areas	Communities that use parks collectively (primarily ethnic minority groups)
No provision for teenage girls and older children	Girls; teens; families
Cost of travelling to better-quality parks elsewhere	Low-income households
Lack of culturally relevant events or community presence	Ethnic minority communities; isolated older adults

A quarter of focus group participants in the study reported never visiting parks in Bristol at all. Some travelled to preferred parks – going an average of 3.2 miles – to find a space that felt safe and welcoming. The quality gap between parks in deprived and more affluent areas was experienced as a form of inequality in itself.

What decision-makers told us

The knowledge exchange event with local authority officers, park managers and community organisations revealed that practitioners are acutely aware of these problems. They also identified the specific structural barriers that

prevent solutions from being implemented and the conditions under which change becomes possible.

Change enablers	Change barriers
Parks framed as essential preventative health infrastructure, linking to NHS and social prescribing funding	Parks carry no statutory status: councils have no legal duty to maintain them, and lack appetite for delegating funding into already stretched national NHS budgets
Consolidated funding from multiple sources: health, schools, sport, police, biodiversity	Funding structures are fragmented and mostly restricted to capital spending with no maintenance budget
Community organisations as delivery partners with different funding relationships and community trust	Staff reduction in council parks teams limits capacity to engage communities or oversee projects
Social prescribing as a route to health system co-investment	Short-term project funding creates boom-bust cycles with no lasting impact
Demonstrating and recording social value and co-benefits to unlock diverse funding streams	Difficulty quantifying intangible benefits means evidence alone doesn't unlock funding
Participatory planning that involves communities in decisions about their parks	Existing 'friends of' groups are often not representative of the wider community
Needs-based prioritisation tools – scoring matrices rather than checklists	Income-generation models risk creating financial barriers to historically free spaces

The framework: Three tiers of accessibility

We propose a new way of defining and measuring accessibility to urban green spaces, one that incorporates physical, emotional, social and cultural dimensions and is grounded in what users actually need. This is not a framework for one community; it is a universal tool for assessing and improving parks for all users.

Tier 1: Provision

The park exists, is free to enter and is within walking distance (per Natural England standards). This is what current policy measures. It is the threshold, not the destination.

Tier 2: Basic needs (physical and emotional safety)

For a park to be usable in practice, it must make people feel safe and welcome. This includes clean, functioning toilets; reliable lighting and visibility; regular maintenance and litter management; accessible pathways; adequate seating; and freedom from hostility, harassment or intimidation. Without these, a park may be proximate but is not genuinely accessible.

Tier 3: Social and cultural needs (belonging and participation)

For a park to be truly accessible, people must be able to use it in ways that reflect their lives and communities. This includes infrastructure for group use (group seating, picnic areas, BBQ spaces, sheltered areas); activity provision for teenagers and girls; culturally relevant or community-led events; quiet and wellbeing spaces; and design that reflects the local community and signals that all are welcome.

The policy changes needed

Integrating this framework into practice requires structural change, a point that became clear in the stakeholder event. Specific policy changes are needed across planning, funding and governance.

1. Update national accessibility standards

The Natural England standards and NPPF green space guidance define accessibility by proximity. They should be updated to require local authorities to assess and report against all three tiers of the framework above: provision, basic needs and social and cultural needs. A proximity measure that ignores quality, safety and cultural inclusivity is not a measure of equity.³

Policy ask: Ministry of Housing, Communities and Local Government (MHCLG) to revise NPPF guidance and work with Natural England to update standards to incorporate the three-tier framework as the national standard for assessing green space accessibility.

3 Abdulla, Z., Albadra, D., McCullen, N., Hatzisavvidou, S. and Bennett, C. (2025). [Refining accessibility: Uncovering physical, cultural, and emotional barriers to urban green space accessibility](#). *npj Urban Sustainability*, 5, 107.

2. Align health funding with green space investment

Public Health England estimates that providing good access to green space across England could save up to £2.1 billion per year in health costs.⁴ The knowledge exchange event identified the NHS relationship as one of the most powerful enablers available, but noted that despite the evidence, the idea of linking health spending to parks has not translated into practice.

Green social prescribing, adult social care, mental health and sustainable transport targets are all directly connected to accessible green space. Funding for these policy areas could and should co-invest in the parks that deliver these outcomes.

Policy ask: Department of Health and Social Care (DHSC) to establish a cross-departmental green space investment mechanism, linking NHS preventative health budgets, social prescribing commissioning and MHCLG green space funding. This should be reflected in the NHS Long Term Plan and Integrated Care Board commissioning guidance.

3. Mandate maintenance funding alongside capital investment

One of the most consistent findings from both the research and the knowledge exchange was the damaging effect of the capital/revenue funding split. Projects improve parks, but without ongoing revenue funding for maintenance, those improvements deteriorate rapidly. In deprived communities, this cycle is experienced as a broken promise and erodes trust in local authorities.

Current funding conditions typically restrict spending to physical infrastructure, providing no maintenance budget. Structurally, this ensures that inclusive improvements cannot be sustained.

Policy ask: MHCLG and HM Treasury to require that all green space capital grants include a costed maintenance plan and ring-fenced revenue allocation as conditions of funding. This should apply to the UK Shared Prosperity Fund (UKSPF), the National Lottery Heritage Fund and any successor funds.

4. Introduce needs-based prioritisation as a national requirement

At present, there is no national requirement for local authorities to prioritise green space investment based on community need. Funding tends to follow

⁴ Public Health England (2020). [Improving access to greenspace: A new review for 2020](#). Public Health England.

applications, which rewards well-resourced councils and community groups and leaves the most deprived areas, where need is greatest, further behind.

Stakeholders called for a scoring matrix approach – weighted by deprivation, current park quality, ethnic diversity and existing provision – to replace checklist-based models. This would ensure that investment reaches the places where the impact of improved accessibility would be greatest.

Policy ask: MHCLG to develop and publish a national needs-based prioritisation framework for green space investment, incorporating deprivation indices, existing park quality (assessed against the three-tier framework) and community demographic data. Local authorities should be required to use this tool in green space strategies.

5. Formalise and resource community organisations as delivery partners

There is a clear gap between what local authorities can do and what communities need. However, community organisations currently operate in an informal, precarious funding environment. Community groups that manage local parks often rely on cobbled-together micro-grants with no continuity. A small amount of formal council recognition that makes groups ‘official’ can unlock access to wider funding, but this mechanism is inconsistently applied.

Policy ask: MHCLG to establish a formal Community Green Space Partnership framework, providing stable multi-year funding for community organisations to support inclusive park management, co-design processes and community engagement. This would also enable local authorities to formalise these partnerships as part of their green space strategies.

6. Pilot and evaluate the three-tier framework in target areas

Before national rollout, the framework should be piloted in areas with high levels of deprivation, high ethnic minority populations and low park use rates. Pilots should be co-designed with local communities and evaluated against both usage data and qualitative wellbeing outcomes. The knowledge exchange called for the framework to incorporate a neighbourhood-level view assessing the mix of doorstep and destination parks rather than evaluating parks in isolation. This will support identifying parks where intervention is needed the most, in addition to making the most impact.

Policy ask: MHCLG and UK Research and Innovation (UKRI) to jointly commission pilots in at least five areas nationwide, testing the three-tier framework as a planning and audit tool, with findings feeding into revised national guidance within two years.

Conclusion

Urban green spaces are meant to be public infrastructure for everyone. Yet as this brief highlights, communities living closest to parks are not always the ones who benefit from them most. Ethnic minority residents live closer to parks on average than white residents, yet are around 40% less likely to use them. Disabled people, older adults, women and girls, and low-income families face barriers that no proximity metric can measure. The evidence for why this happens – and what to do about it – is substantial. The gap is not in evidence. It is in policy architecture.

Practitioners who attended the knowledge exchange event understand why parks are failing large parts of their communities. Researchers have documented the barriers in peer-reviewed detail.

The three-tier accessibility framework does not require a new programme of park-building. It asks national government to change how accessibility is defined, how investment is structured and how communities are involved in the spaces that are meant to serve them.

Making parks genuinely accessible, for older adults and teenagers, for disabled people and families, for communities of every ethnic background, is an equity question. The policy tools to address this are available – what is needed now is the will to use them.

The authors

Zina Abdulla, Postgraduate Research Student, Department of Architecture & Civil Engineering, University of Bath

za440@bath.ac.uk

Dr Dima Albadra, Lecturer, Department of Architecture & Civil Engineering, University of Bath

da305@bath.ac.uk

Dr Sophia Hatzisavvidou, Reader, Politics, Languages & International Studies, University of Bath

sh2455@bath.ac.uk

Dr Nick McCullen, Senior Lecturer, Department of Architecture & Civil Engineering, University of Bath

nm268@bath.ac.uk

Partnerships

Your Park Bristol & Bath

access@yourpark.org.uk

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