



## All Party Parliamentary Group for Cycling & Walking (APPGCW)

### Active Travel and Social Justice inquiry

This response is from the [Faculty of Public Health \(FPH\)](#). The FPH, as part of the medical Royal College arrangements, is the standard-setting body for public health in the UK and professional home for over 5,000 members of the public health workforce. We advocate on key public health issues and have a strong mandate and responsibility to ensure that the essential functions, standards and resources of a robust public health system are maintained.

We are responding to this consultation as we see increasing active travel and reducing car dependency as a highly effective public health intervention, with benefits to mental and physical health, air quality, productivity, biodiversity and carbon reduction.

We would recommend separating walking (and wheeling<sup>1</sup>) from cycling in your considerations as the factors that influence each may not be the same, and interventions that work for one may not work for the other (1). Pedestrians, wheelers and cyclists are also often put in conflict in our car dependent system through being expected to share inadequate space.

While interventions that increase walking may appear easier to implement than those that increase cycling, the health benefits from cycling are much greater than from walking (2).

#### **Who is currently prevented from enjoying the full benefits of active travel and why?**

Currently, the majority of the UK population do not enjoy the benefits of cycling as fewer than 1/5 people cycle even once a month (3). The perceived and actual risks regarding safety presents as a significant barrier to walking, wheeling and cycling. Concerns around safety are most common in older people, children and women (4-6). A recent study in Greater Manchester found 68% of women compared to 20% of men reported feeling unsafe going out alone after dark (7). Women are more likely to cite concerns about road danger and the lack of safe cycling infrastructure as a reason not to cycle. People from the poorest

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<sup>1</sup> \*Wheeling can be used alongside the term walking as an equivalent alternative to foot/pedestrian-based mobility and is often used to capture the transport needs of people with disabilities. This may include wheelchairs, mobility scooters and bicycles (when being used at walking speed, i.e. as walking aids) but may also include users without disabilities who travel in a different way to walking, e.g. with prams, skateboards, roller skates, scooters, etc

households and living in deprived areas are also the least active, perhaps unsurprisingly as they face higher risk of death and injury from drivers (8).

BME groups tend to have lower levels of participation in physical recreation, particularly BME women (9, 10). Community engagement and co-designed programmes alongside environmental improvements is required to increase participation.

Poorly maintained pavements, potholes and uncleared leaves make active travel difficult (11, 12) Obstructions such as pavement parking can make walking especially hazardous for older or disabled people, or those with pushchairs, and increase the likelihood of transport related social isolation (13). A lack of benches on routes and access to toilets is another common barrier especially to older people. Fear of slips and trips on icy pavements puts people off walking and wheeling during cold periods, and disproportionately impacts older people and disabled people (14).

Active transport policies, infrastructure and initiatives regularly focuses on densely populated areas, leaving rural communities with less access to active transport.

1 in 4 people in the UK have a disability, and yet make 30% fewer journeys per year than non-disabled people (15). At present there is only non-statutory guidance to deliver accessible walking infrastructure. Furthermore, the average disabled person makes just 2 journeys per year cycling; with limited appropriate infrastructure, or suitable cycle available on mobility schemes cycling becomes off limits to many people. Many cycle routes are inaccessible to people in wheelchairs, those with prams or push chairs, or on adapted bikes, because of barriers erected to discourage anti-social behaviour. Such barriers are illegal under Equalities legislation but although Councils generally acknowledge this they persist.

**• In what ways are people travelling actively affected unevenly by poor provision and/or the negative consequences of motorised travel, and why?**

Fear of cars and poor driving practices such as speeding are a major deterrent to active travel (16). The number of cars in urban streets lead to traffic noise and air pollution, making active travel unpleasant and especially difficult for some people e.g. with respiratory issues or other health conditions or neurodiversity (17). People living in poorer parts of cities are subjected to greater air pollution, despite contributing less to this (18). Additionally, amongst pedestrians aged 5-8 years, fatal and serious injury is six times higher in the most deprived communities, compared to the least (19).

Even in urban areas around 1/3 of children aged 5-16 are driven to school and less than 5% cycle (20). Parents, carers and young people are often concerned about driver behaviour, and perceived risk of harm from other adults (11) and young people (21). This restricts children and young people's freedom to travel independently and actively, and the individual development, opportunities and educational outcomes that they can gain from independent active travel, including their understanding and assessment of risk (22).

Some people on low incomes (including single parents, unpaid carers and disabled people) find themselves forced into car ownership because of a lack of other transport options, and have to cut back on other essentials, such as heating, food, or social activities, as a consequence (23). New housing developments are being increasingly built in areas where people will need to be reliant upon cars for transport, with new development in rural communities regularly being identified as increasing car dependency within these communities (24).

In winter months many people are prevented from travelling actively. It is a legal duty of the council under the Highways Act 1980 (England and Wales) to ensure that 'safe passage along a highway is not endangered by snow or ice'. However whilst pavements do fall under the definition of highway, pavements are regularly excluded from gritting and clearing, with priority given to motorised travel over active travel alternatives (25).

**• Which initiatives (in the UK and abroad) aimed specifically at widening participation in active travel are having the greatest positive impacts? How are they achieving this?**

Active travel and public transport go hand in hand. Active travel is key to accessing public transport, therefore improving and integrating active travel alongside public transport can improve the uptake of both (26).

Initiatives that provide pedal bicycles appear to be most effective in promoting cycling among those who have no access to other modes of transport (27).

Protected cycle infrastructure in towns tends to increase the rate of women's cycling (28) which in countries with low cycling rates, is much lower than men's (17, 29).

Recent systematic reviews have shown that restrictions to how and when cars are driven and parked have higher impact (30), and behavioural interventions on their own are unlikely to have long term impacts (1).

**• Which initiatives working to address transport exclusion (but not specifically active travel) have most to teach the active-travel community? How is their work effective?**

Many people are underserved by public transport and rely upon community transport. Community transport encompasses; voluntary car schemes, group travel services, dial-a-ride, wheels to work (leased vehicles/bikes), demand-responsive or fixed-route transport services, e-bike hire and cycle schemes. Community transport can play a significant role in connecting many of the rural communities within the UK whilst alleviating transport poverty and fostering community. Funding and support for co-production of solutions, to increase active transport can be found within the communities themselves. Subsidies fares for buses have supported more people to use local public transport by elevating the growing costs of travel. Subsidies e-bike/bike hire can support those within the most deprived areas access active travel without experiencing as much financial burden. An example: [Lime Micromobility | Lime Access](#). Additionally, Cornwall council support the flexible term loan (£1 a day) of E-bikes and equipment (1 week to 3 months) under social prescribing for individuals struggling with physical or mental health, disability, or unemployment.

**• Which more general transport policies/schemes most reduce exclusion from active travel? How does this come about?**

Good public transport is a facilitator of active travel, as it extends the distances that can be travelled, and provides options when the weather is not conducive to active travel. Social-economic inequalities contribute to the risk that people will be less active. For example, in cities, poorer people are often priced out of areas with good public transport links (31). Many residents are at risk of Transport Related Social Exclusion (TRSE) due to being unable to afford the cost of transport or not having appropriate modes of travel available to them. Individuals most likely to be affected by TRSE are people with disabilities and long-term

health conditions, people with caring responsibilities and people on low income or insecure work.

Disabled people are also often further disadvantaged by public / active transport systems that are inaccessible to them.

**• What actions would be most effective in addressing social injustice in active travel? (financial incentives, regulation, infrastructure, institutional arrangements, funding for agencies, etc.)**

The recent Highway Code (32) changes to protect pedestrian and cyclists have not been well publicised. Enforcement of these protections along with enforcement of speed limits (and 20mph standard in cities) and a ban on cars parking on pavements and in cycle lanes would make the streets feel much safer. Pavement parking can prevent some people (especially those using walking aids) from leaving their homes.

Rural roads typically have higher road speeds than urban roads. Only 31% of cycling takes place on rural roads, yet rural roads see 55% of the fatalities of cyclists (33). As it is not always possible to have separate infrastructure for active travel on rural roads, greater consideration should be given to reducing speeds, particularly around settlements, thereby increasing safety.

## Practicalities

Your submission should:

- not exceed 2,000 words (though you are free to include appendices)
- include an introduction to you or your organisation and your reason for submitting evidence

## Appendix:

### Further supporting documents

#### CMO report, Chapter 4.7

<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2024-health-in-cities>

#### FPH Policy briefings on transport:

Congestion: <https://www.fph.org.uk/media/yigjzpl1/fph-tsig-policy-brief-on-congestion-for-website.pdf>

Transport and health: <https://www.fph.org.uk/media/m1hn1hvb/fph-transport-sig-policy-brief-transport-planning-and-health-september-2024.pdf>

Public transport: <https://www.fph.org.uk/media/i4hdtffa/fph-tsig-policy-brief-on-public-transport-for-website.pdf>

Transport and the climate crisis: <https://www.fph.org.uk/media/opylqy3a/fph-tsig-policy-brief-on-transport-and-the-climate-and-ecological-crisis.pdf>

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