

Evidence for All Party Parliamentary Group on Cycling & Walking

Introduction

Wheels for Wellbeing is a Disabled people's cycling organisation. We campaign for and provide access to cycling for Disabled people as part of a wider ethos of **mobility justice**. Much travel and transport infrastructure is geared towards those who already have the most mobility options rather than those who have the least. We believe that Disabled people's mobility should be at the heart of CWIS2, otherwise Disabled people (and other minoritized communities) will be left behind. Investing in walking, wheeling and cycling that is accessible to everyone is essential for equitable, healthy and connected communities and meeting sustainability targets. Our evidence covers twelve areas of the APPGCW's headings: targets; overall level of funding; capacity; public and political acceptability and behaviour change (combined); wider policy support; walking – and wheeling – as much as cycling; levelling up and justice and inclusion (combined); the relationship between central and local government.

1. Targets

1.1) The CWIS targets must include targets for accessible micro-mobility and active travel by Disabled people within a mobility justice context that ensures equitable choice, ease and independence of movement for all. A target minimum number of journeys by Disabled people using micro-mobility and active travel infrastructure should be a lynch-pin of CWIS2. The overall CWIS2 scheme must be structured so that achieving this aim is equitably dispersed across demographic groups and regions.

1.2) CWIS must be conceptualised in a way that explicitly includes Disabled people. We recommend "Cycling, Wheeling and Walking Infrastructure Strategy (CWWIS)" as this instantly conveys (to planners, policy makers, stakeholders, end-users) that Disabled people are included in this strategy. This will help to overcome exclusionary design as well as resistance from communities who otherwise feel excluded.

2. Overall Level of Funding

2.1) The overall level of funding must incorporate specific funding for (micro)mobility equipment and training for Disabled people.

2.2) Non-standard cycles (and active wheelchairs) are highly costly. Recumbents, tricycles and handcycles cost thousands of pounds, often more than the price of a second-hand car. Coupled with the disability employment and pay gaps, and the fact that a high proportion of disabled people live in poverty, this creates a double barrier. There are currently no funding schemes for non-standard cycles for disabled people. The Motability scheme provides access to powered wheelchairs, mobility scooters and cars (inactive forms of mobility) but not to non-standard cycles which not only provide transport but all the health and environmental benefits of active travel. We strongly recommend that the Motability scheme be expanded to include cycles (including e-cycles) for disabled people, bearing in mind that this will require a nationwide network of providers and maintenance that does not currently

exist. Other hire, funding and grant/voucher schemes also need to be developed to ensure that disabled people have the same ease and affordability of access to cycling as everyone else. This could also include VAT exemption on cycles which are used as mobility aids, extending the cycle to work scheme to part-time and lower paid employees and with a longer pay-back period, or developing a government interest-free loan scheme for non-standard cycles similar to the proposed scheme for electric vehicles.

2.3) Funding should be directly and explicitly linked to Target 1.1 (above) e.g. increasing the number of active and micro-mobility journeys made by Disabled people.

3. Capacity Building

3.1) Local authorities and other providers need training and guidance on delivering cycling, wheeling and walking infrastructure that is fully accessible. Much of the pop-up infrastructure provided during the pandemic was inaccessible to Disabled people or created new barriers to mobility¹. Consultation and auditing with Disabled people and their organisations must be integral to this.

3.2) A network which links chartered institutions, transport planners and local authorities with Disabled communities and organisations needs to be established to achieve point 1.1 and 1.2 – Disabled people and their organisations should not be expected to contribute their expertise free of charge.

3.3) All training and qualifications in transport, highways and urban planning should foreground accessibility to ensure that accessibility becomes embedded in the sector.

3.4) Given the underrepresentation of Disabled and older individuals in active travel and micro-mobility to date, contact services (e.g. health, social, employment and housing sectors) should be trained in the range of micro-mobility and active travel options that are available for Disabled people in order to increase knowledge and uptake.

3.5) Active Travel England should provide or accredit education/training for service-providers and facilitate a stakeholder accessibility network alongside auditing planned/existing schemes. The audit process results would be used to compel failing local authorities to undertake the necessary training.

4. Breakdown of Funding

4.1) A specific funding stream for Disabled people's mobility is essential in each of the areas of CWWIS2 activity (see 1.1).

4.2) Poorly maintained pavements and cycle lanes create huge barriers to active mobility for many Disabled people, but well-maintained infrastructure makes cycling, wheeling and walking a realistic and attractive micro-mobility option for many. Funding for cycling and walking infrastructure is currently assigned as a proportion of road maintenance funding according to a formula². This should be amended to provide greater funding for cycling, wheeling and walking and to ensure that infrastructure such as pavements and cycle lanes are maintained to a high standard.

4.3) Any funded cycling or walking programmes (e.g. Bikeability, e-scooter trials) should include accessible options (e.g. specific funding to enable Bikeability to access non-standard cycles for training), and/or be matched by alternative programmes with specific

accessibility aims (e.g. the opportunity to trial mobility scooters, handcycle and wheelchair attachments).

4.4) Programmes to improve links between cycling and rail journeys (e.g. PlusBike, Cycle Rail) should include measures to enable more Disabled cyclists to take cycles on trains and they must ensure barrier-free travel (to/from public transport hubs as well as onto public transport) for people who use a wide range of mobility aids.

5. Public and Political Acceptability/Behaviour Change

5.1) The fastest route to acceptability and behaviour change across demographics is for active travel infrastructure to be equally accessible, convenient and affordable to everyone. Schemes should not just “encourage” cycling wheeling and walking, but must actively enable it. For some demographics the barriers to cycling, wheeling and walking are currently too great to make encouragement effective. Investment in targets, provision and infrastructure to redress these barriers is crucial.

5.2) Consensus can be built via proactive consultation and engagement with local communities and stakeholders (especially Disabled people and their organisations) which actively responds to and addresses their concerns. Communication and consultation should be regular, from the initial planning stage, through implementation, to final evaluations. It must be easy, convenient and accessible for the whole community to offer feedback. Feedback should be proactively sought from underrepresented groups.

5.3) Increasing the number of “stages” taken by foot, cycle or wheels in multimodal journeys (CWIS1) will only be effective if the links between these stages are equally accessible. Disabled people must be able to use public transport and have an equivalent mobility aid at the end of that public transport stage or to be able to bring their mobility aid on board.

5.4) Accessible micro-mobility/active travel advice hubs should be established in each local authority to provide advice and education for local communities and organisations including: members of the public; healthcare providers; transport, employment and care services; and local community groups. These hubs would provide advice, education, training and/or contacts to give users the necessary information to enable the use of micro-mobility according to their individual needs. These hubs should also provide direct links to funding sources and providers of equipment for those who wish to purchase rather than hire their equipment. These hubs could form the basis of any future micro-mobility trials including e-bike try-outs, training, consultation or workshops such as training in the use of e-scooters and consultations on LTN proposals.

5.5) User training should be provided for all modes of micro-mobility and active travel to improve confidence and uptake among underrepresented groups, especially Disabled people. This should include training for new and existing wheelchair/mobility aid users to be as mobile as possible and to source the mobility aid that best suits their needs. Providing training for e-scooter users and other micro-mobilities will promote greater consideration and responsibility towards other pedestrians/micro-mobility users and alleviate the concerns of those who feel endangered by (mis)use of micro-mobilities.

5.6) There must be a focus on walking, wheeling and cycling for everyday transport, rather than just leisure or sport (i.e. make it “normal” rather than “niche”; CWIS1). This requires

representation of a wide range of walkers, wheelers and cyclists for different purposes (e.g. weekly shop, cinema trip, local delivery, journey to school). It should highlight the freedom and ease of movement that micro-mobility provides with individuals enabled to choose the mode that suits them best. This will help to counter assumptions that programmes of micro-mobility are aimed solely at non-Disabled, young & fit cyclists, which discourages those who do not consider cycling as an option for them.

6. Wider Policy Support

6.1) DfT must work with other departments to ensure comprehensive support for and facilitation of walking, wheeling and cycling. For example:

- a) DHSC: better training and resources for NHS wheelchair services so that users are provided with high quality “active” wheelchairs (e.g. light frame, cambered wheels, pneumatic tyres) that allow active wheeling and which can be used with add-ons such as powered, hybrid or manual handcycle attachments. Currently NHS guidance prohibits wheelchair service-users from using such “modifications” with their wheelchairs and it does not provide “active” wheelchairs as standard. Both these policies are direct barriers to active mobility by Disabled people. Conversely, the improved physical and mental health of Disabled people who are enabled to use active travel will have significant long-term cost savings.
- b) DHSC: cycling, wheeling and walking for health and wellbeing via social prescribing requires user-input on different accessibility aids/needs and realistic means of access to them.
- c) DWP: Recognition that greater active mobility supported by mobility aid does not equate to unsupported mobility; improved physical fitness does not necessarily remove need for Disability support/benefits.
- d) Treasury: VAT exemption on cycles used as mobility aids; funding for non-standard cycles as mobility aids.
- e) Home Office: central guidance and training should be provided to all Designing Crime Out Officers on LTN1/20 and specifically, the negative effect of access barriers (such as chicanes/A-frames/K-frames etc) on active mobility for Disabled people. The accreditation of such products by the Police should be thoroughly reviewed. Also training regarding the relationship between Community Safety Framework and the Equality 2010 Act

6.2) Promoting walking, wheeling and cycling would also contribute to other government policies, particularly those related to improved public health. Disabled people currently have some of the worst physical and mental health outcomes because of their forced immobility and active travel could have a huge impact. Clear links between CWWIS 2 and wider government policies such as NHS and DWP (6.1. and 6.1c) are essential. This will also ensure wider public acceptance of CWWIS 2 measures as it will highlight the benefits to the population as a whole.

7. Walking and Wheeling as much as Cycling

7.1) The overall quality and maintenance of walking infrastructure must be improved to ensure it is accessible for wheeling – incorporating “wheeling” into the title of the strategy

(CWWIS 2) is essential to ensure infrastructure is provided that is suitable for wheeling as well as walking.

7.2) Review and expediate DfT's "Inclusive Mobility" guidance to ensure all pavements are accessible (e.g. kerbs/drop kerbs, street furniture, width, camber, surface). This should include guidance for businesses on keeping pavement clear of clutter and passible for Disabled people who use a wide range of mobility aids including: wheels, canes, rollators, assistance dogs etc.

7.3) End pavement parking, this will require both significant penalties and wider cultural change.

8. Levelling Up/Justice and Inclusion:

8.1) The DfT must expand the notion of "levelling up" from "between regions" to "between *and* within regions" to recognise that within a region some groups (either smaller areas or demographics) do not have equal access to opportunities and have poorer health outcomes due to inadequate access to safe, active travel modes. The emphasis on mobility justice (equity of access to micro-mobility for all demographics across their lifespan) will enable greater public support as it will demonstrate that CWWIS 2 schemes are for everyone not just an already-active subset of the population in highly resourced areas.

8.2) One way to ensure regional and demographic levelling-up is the development of accessible micro-mobility advice hubs (see 5.4 above) which could be trialled in northern regions. Northern areas typically have less access to public transport and mobility/micro-mobility options, but many do have accessible cycling hubs (Wheels for All centres) which could form the basis of a new resource to enable wider participation in micro-mobility.

8.3) Provide case-studies/best practice examples from "successful" authorities and schemes to support developments in other areas.

8.4) Provide targeted support (funding, training, resources) to authorities for engaging with and enabling active travel and micro-mobilities to under-represented groups.

8.5) All proposed active travel and micro-mobility schemes must:

a) Meet the requirements of LTN 1/20

b) Include detailed plans to consult and work with local underrepresented communities (not just statement that there will be an EqIA). Consultations should include how the plans will enable all groups to walk, wheel and cycle more frequently, not simply focus on avoiding negative impacts of schemes.

c) Include specific targets for underrepresented groups.

d) Take steps to increase awareness of cycling as a mobility aid and permit cycling on pavements and other "no cycling" areas when cycles are used as a mobility aid.

e) Develop a scheme for funding for non-standard cycles (in partnership with other governmental departments).

f) Ensure that any changes to streetscapes to enable more cycling and walking must also make the area safer and more accessible for Disabled people and wheeling must be incorporated in all active travel designs and plans.

9. Role of CWIS2 in transport policy:

9.1) An accessible CWIS2 should form the basis of all other transport schemes, funding opportunities, design and planning. All transport policies should support walking wheeling and cycling and CWIS2 should provide the links between all other transport modes.

9.2) Walking, wheeling and cycling should always be prioritised in funding and planning over private car use.

9.3) Ensure that, walking, wheeling and cycling always integrates with public transport in fully accessible facilities e.g. parking at transport hubs, micro-mobility hire services, taking cycles and mobility equipment on public transport

10. Central government support for local government:

10.1) Central government must set the gold standard in accessible micro mobilities and active travel as a legal minimum for all guidance, provision, training and funding.

10.2) Funding should be dependent on meeting the highest possible standards of accessibility.

10.3) Each proposed scheme must explicitly address local needs and priorities.

Notes

¹ <https://wheelsforwellbeing.org.uk/campaigning/disabled-peoples-mobility-needs-and-post-lockdown-recovery/>

² <https://www.gov.uk/government/publications/investment-schedule-in-cycling-and-walking-interventions>