# Building An Active Travel Future for Northern Ireland Consultation Response

Belfast Healthy Cities welcomes the opportunity to comment on the Draft Active Travel Strategy.

**About Belfast Healthy Cities:**
Belfast Healthy Cities is a citywide partnership working to improve health equity and wellbeing for people living and working in Belfast and beyond.

Belfast is also a leading member of the World Health Organization European (WHO) Healthy Cities Network which has over 100 cities, with a strong track record of meeting WHO goals and objectives. Belfast Healthy Cities' office has a staff team dedicated to working with partner organisations to facilitate and support change. The office also acts as the link between the city and WHO, and Belfast Healthy Cities currently provides the WHO secretariat to the Network.

**Role of Belfast Healthy Cities:**
The role of the partnership is, through our leadership and innovation, to inspire and utilise the collective and individual strengths of partners to d*eliver the WHO European Healthy City* goals and requirements and maximise their impact on health and inequalities. The focus of the global Healthy Cities movement, including ours, is on the wider physical and social living conditions that shape health and wellbeing, and creating conditions that support health and tackle inequalities.

In the current Phase V (2009 – 2013), the overarching aim for Belfast, and all WHO European Healthy Cities, is Health Equity in All Local Policies, supported through the core themes of Healthy Urban Environment, including Climate Change and Health, and Healthy Living, including active living and wellbeing. Our comments are made in light of this.

## 1a. What are your views about the Draft Active Travel Vision set out at paragraph 2.5?

*'To put walking and cycling at the heart of local transport, public health and well-being and wider government strategies for the benefit of society, the environment and the economy as a whole'*

The vision is positive in that it sees the linkages of walking and cycling into other strategies and a joined up supported approach is what is required to support an active travel approach for Northern Ireland.

Both modes of transport are important for increasing physical activity and delivering a low carbon future supported by a mobility and accessibility culture that contributes to the economy and the health and wellbeing of all its citizens.

**1b. Given the low numbers of people currently walking and cycling in Northern Ireland, what contribution do you believe an active travel strategy can make to increasing those numbers?**

Cycling and walking are a very simple way for people to incorporate more physical activity into their lives. An Active Travel Strategy can help support and increase the number of people walking and cycling in a number of ways:

**Encouraging more walking and cycling**
Infrastructure needs to be appropriate and tailored to meet the needs of pedestrians and cyclists. An Active Travel Strategy can try to address some of these environmental issues for example cycle paths, clear signage and safe linkages for cyclists and pedestrians between routes. An Active Travel Strategy can help in improving facilities to support people to engage in more forms of active travel e.g. access to bicycles, bicycle stands and information on safe cycling and walking routes.

**Trying to change travel behaviour and attitudes**
Perceived lack of personal safety can often affect people's choice of more active forms of travel. An Active Travel Strategy should address safety issues for example traffic calming measures are more conducive to cycle use and pedestrian activity and protected cycle routes for newer cyclists. Maintaining footpaths and cycle routes to address safety issues such as potholes and improve resilience to extreme weather conditions. In addition, having adequate and safe crossings for people.

An Active Travel Strategy can encourage behaviour change through marketing to raise awareness of, encourage and sustain walking and cycling. This could be achieved for example through regular National Campaigns such as 'Walking/Cycling to Work Week' and advertisements which help to promote the health benefits of active travel and encourage walking and cycling.

An Active Travel Strategy can ensure that high quality information that encourages and facilitates people to walk and cycle is available. This could include access guides, adequate signage, cycle maps, walking calorie maps and guides to independent walking and cycling routes.

**Linking with planners to try to reduce car use through land use planning**
An Active Travel Strategy can link with planners to reduce car use through thoughtful planning techniques for example through:
- Policies to make walking and cycling more accessible
- Physical integration e.g. bicycle racks at stations
- Building bus stops and cycle lanes near residential, employment and shopping areas and healthcare facilities
- Mixed use developments
- Increasing residential densities
- Provide more local facilities e.g. shops

**Linking the sustainable travel and health agendas**
An Active Travel Strategy can help address both the sustainable travel and the health agendas by promoting walking and cycling which in turn can have a positive impact on environmental issues such as congestion and carbon emissions and also other health related issues such as obesity.

To implement this BHC would recommend a link to the new Public Health Strategy and the new Obesity Framework.

## 1C. What do you see as the most important benefits of active travel at both an individual and collective level?

Active travel has many important benefits at both an individual and collective level both areas are examined below:

## Individual level
Active travel can be particularly effective for tackling obesity and depression. Walking and cycling for transport has been identified as perhaps the best way to increase levels of physical activity at a population level, since active travel can be incorporated into daily routines and is therefore relatively easy to sustain. Physical activity also boosts mood and can be as effective as medication in relieving mild to moderate depression.[1]

Adults can achieve the recommended level of activity with 30 minutes walking or cycling five times a week, and by embedding activity into their daily lives - through cycling to work or walking to the local shops – it is likely to be sustained.[2]

For older people walking is particularly effective in maintaining independence and good health, and can promote social interaction which leads to an improved sense of wellbeing and quality of life. Walking is a natural, accessible and essential way of travelling and an essential part of most journeys. Shorter and more predictable journey times are possible when walking short distances of up to one mile.[3]

In a recent BHC project with school children in Belfast walking facilities were highlighted as a priority in the Belfast Area. The report which outlines findings of this work is 'Shaping Healthier Neighbourhoods for Children' can be found at the following link:
http://www.belfasthealthycities.com/PDFs/Healthier%20Neighbourhoods%20 Report.pdf    For young people, there are many opportunities for involvement in active sports, but it is also important to embed at an early age the concept of active travel as a means of getting to different activities. In particular, the journey to school is ideal for walking and cycling for most children.

## Collective level

Active travel and public transport can support economic prosperity. Longer term, transport systems that focus on public transport and integrate active travel as a key form of road use can reduce traffic and congestion. This cuts air pollution and CO2 emissions and contributes to environmental sustainability, while also cutting driver stress. Reduced congestion can bring economic benefits, by limiting work time lost in traffic, improving reliability for freight and reducing the need for road maintenance.[4]

Integrated systems support environmental sustainability and equity. Air pollutants involve a complex mix of gases and sources but the most serious health impacts are associated with particulate matter, which is emitted above all from motorized vehicles. Reducing long term exposure to particulates can help reduce significant health risks, such as an increased risk of respiratory tract infection, allergies and complications of conditions such as asthma and heart disease.[5]

Reducing motorized travel helps deal with climate change. Modal switch to active travel and public transport can also significantly reduce greenhouse gas emissions and help deal with climate change, which is a health as well as environmental risk.[6] Road traffic currently accounts for nearly a quarter of Northern Ireland emissions of $CO_2$ and emissions have risen in line with the growing vehicle stock.[7]

Active lifestyles can strengthen communities and make them safer. Active travel offers important opportunities for social interaction, which can both support mental wellbeing and encourage social cohesion. There is considerable evidence that people living on heavily trafficked streets have fewer friends and acquaintances in their neighbourhood than people living in light traffic streets.[8]

The flow of pedestrians and cyclists also create life on the street, which improves safety both in itself and through providing natural surveillance. This can, in the longer term, reduce anti-social behaviour and the need for security measures. It can also encourage new population groups to use the street, including children and older people and further strengthen communities.[9]

More active travel can bring business benefits – a healthier, more active workforce means reduced absenteeism and increased productivity and reduced congestion means better journey time reliability. It can benefit less active groups in particular – walking and cycling are simple, low cost and effective ways for some of the most inactive people in society to incorporate physical activity into their daily lives.

In summary an Active Travel Strategy can contribute to[10]:
(a) improved health and wellbeing through more active lifestyles, reducing the risk of developing major chronic diseases, such as coronary heart disease, high blood pressure, stroke and type 2 diabetes;
(b) A healthier and more active workforce, which can lead to reduced

absenteeism and increased productivity;

(c) reducing harmful emissions and improving local air quality, particularly in congested 'stop-start' conditions associated with peak-hour traffic in towns and cities;

(d) Reducing transport-related carbon emissions and supporting climate change targets;

(e) Supporting the UK's transition to a low-carbon economy;

(f) Reducing congestion and improving journey time reliability;

(g) Providing low cost transport;

(h) Maximising access to employment opportunities and key services without increasing congestion;

(i) Promoting enhanced mobility and independence for vulnerable groups, such as the young, who may not be able to drive, older people and those with disabilities or limiting long-term illness;

(j) improved road safety by providing cycle and pedestrian training;

(k) reducing transport-related social exclusion and improving accessibility for everyone to local services and social activities; and

(l) creating more sustainable, attractive and safer communities

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### 2a. What do you consider to be the main barriers to a higher level of active travel in Northern Ireland?

BHC recognises and supports the comprehensive work already undertaken by the Department for Regional Development (DRD) to identify the key barriers to increased walking and cycling outlined in the report 'Discussion Paper on Barriers to Active Travel'.[11]

The barriers identified are as follows:

**Physical barriers**
- Location and design of most common destinations
- Built environment – design of streets, poor or no cycle lanes, narrow footpaths, badly lit streets, hilly areas
- Fast moving traffic
- Poor signage
- Lack of funding and commitment from Government
- Implementation of national policy delivered at the local level

**Personal barriers**
- Behavioural attitudes
- Perceptions/reality of Road Safety
- Personal security (stranger danger)
- Increase in car ownership levels
- Distance
- Convenience

In addition to these barriers BHC would like to highlight additional barriers:

- Physical difficulties because of disability

- Temporary factors including heavy loads such as shopping and young children and equipment required for example for changing and feeding
- Desired opportunities are far away
- Lack of motivation – the car offers a comfortable, weather-protected, fast and convenient alternative to walking and cycling
- Staying at home offers electronic alternatives to making trips for example time for recreational walking may be taken over by online shopping and electronic games
- Lack of time because of modern lifestyles – modern lifestyles are complex and many revolve around the car

## 2b. Do you consider individual attitudes to active travel to be a greater barrier or lack of adequate infrastructure?
## 2c. What evidence could you provide in support of your views?

BHC believes that both individual attitudes and infrastructure have an impact on active travel. The two are intertwined for example when examining peoples attitudes about the safety of infrastructure for cycling. For evidence see below and throughout this document.

## 2d. What are the main challenges facing us in encouraging and facilitating an increase in active travel in Northern Ireland?

BHC believes that the main challenges facing encouraging and facilitating an increase an active travel in Northern Ireland are a combination of (1) addressing the physical and built environment and (2) tackling behavioural attitudes.

The built environment can both support and constrain active travel and is one of the many variables to affect physical activity levels. The way it is structured can provide more or fewer opportunities to be physically active, in settings such as home, work, school, in travel and in leisure.[12] Many services and facilities are difficult to access for non-car users due to their location or a design which inhibits pedestrian or bicycle access, for example lack of footpaths, absence of safe road crossings or the lack of secure facilities for bicycles. As such an unsupportive environment contributes to the obesogenic environment as it gives rise to obesity and poor health and includes problems such as congestion and accessibility.

In order to address these challenges it is important that planners develop innovative ways to encourage greater use of local environments for physical activity and active forms of travel. Shaping the environment to better support healthful decisions has the potential to be a key aspect of a successful obesity prevention intervention.[13]

In addition to this are negative health impacts associated with reduced access. An unsupportive physical environment can impact social networks, reducing social support and cohesiveness. This can lead to some groups, such as the elderly and disabled people being more vulnerable to these changes which can lead to poorer health outcomes.[14]

Behavioural attitudes also need to be changed to address personal travel arrangements. As recommended in the draft strategy, programmes which raise awareness of and encourage active travel must challenge negative perceptions and attitudes where appropriate and providing realistic and targeted solutions.[15]

Working with schools and young people can help develop positive travel habits early in life. The habitual nature of most travel behaviour can act as a barrier to walking/cycling for those who currently drive or use public transport for journeys. It is important to make people aware of more active forms of transport for shorter journeys.

## What objectives would you suggest are most important in an active travel programme?

As well as the three objectives identified within the draft Strategy:
- Increase annual walking distance
- Increase annual cycling distance
- Increase percentage of cycling journeys

BHC would like to see other objectives/areas included such as:
- Equitable access for all, to increase opportunities for potentially vulnerable groups including young people, black and minority ethnic groups, people with mobility impairments and those experiencing social exclusion
- To ensure that active travel is considered integral as part of the planning process and integrated with the shared aims and objectives of other plans and strategies
- To improve provision and connectivity with the wider network of access to avoid gaps
- Improving sustainable transport links to access education, employment and local services
- To ensure that active travel developments enhance the natural environment and the enjoyment of users
- To ensure that active travel developments contribute positively to the local tourist economy

## How would you prioritise these objectives?

BHC would recommend two main priority areas - it is vital that active travel is included in the planning process and incorporated into other planning

strategies to make sure that active travel becomes part of the planning agenda.

Equitable access to active travel opportunities is also vital to ensure that potentially vulnerable and isolated groups have fair access to services and leisure activities.

## Do you agree with the concept of encouraging active travel demonstration projects? If so, what do you think they should focus on?

BHC agrees with the concept of encouraging active travel projects as these initiatives provide evidence of the benefits of cycling and walking schemes as well as demonstrating how they can be delivered at low cost but with high value outcomes. However, BHC would suggest that in developing demonstration programmes the focus should be on not what is easy but what is accessible for all. Bicycle programmes in cities can be city and worker driven and therefore may not be seen as accessible by other groups.

Findings from the Cycle Demonstration Towns[16] have found that for every £1 invested in cycle measures the value of decreased mortality was £2.59. When considering infrastructure costs alone, it was found that cycle
infrastructure costing £1 million only requires 109 people each year to become regular cyclists for payback when considering the benefits to health, congestion and pollution.

## How important do you think adopting a cross-sectoral approach is?

Working in partnership is vital to successful service delivery, particularly in times of financial constraint. Partnership working plays an important part of the implementation of all measures to increase active travel as more can be achieved by working together in a joined up way. For example organisations that the Department of Regional Development (DRD) could work in partnership includes:

- Public and community transport operators
- The Health Service
- Tourism and Leisure Service Providers
- Pedestrian support and campaign groups
- Cycling promotion and campaign groups
- Cycle training organisations
- Road safety support and campaign groups
- Community Groups
- Working through schools can be a way of getting to parents

A cross-sectoral approach is paramount to allow for pooling of expertise, to address common aims, reducing duplication and adding value to common messaging.

## What specific actions would you like to see in an action plan?

Having considered and reviewed a number of active travel plans BHC would like to see the following actions included in an action plan:

- Ensure active travel and smarter travel information is widely available to the public
- Develop a high quality cycling and walking network to eliminate gaps, ensure continuity and increase access to essential services, employment opportunities, green spaces and leisure services
- In conjunction with health services, undertake local promotional and marketing campaigns and events to encourage people to walk and cycle more
- Invest in Behaviour Change/Smarter Choices training to inform people about alternative choices of travel
- Improve the integration of public transport services (buses and trains) with walking and cycling routes
- Provide road safety education an training for pedestrians and cyclists of all ages
- Provide safer active travel routes to schools
- Implement traffic calming initiatives in shared use areas
- Promote and support the development of travel plans and take up of the Cycle to Work Guarantee
- Improve the road network to enhance the safety of pedestrians and cyclists
- Standardise, improve and update walking and cycling route signing and information
- Increase provision of secure and sufficient cycle parking in town centres at or within easy reach of public buildings

## What ideas do you have on monitoring progress on the strategy? What information could you provide that would help to do this?
## How would the success of these actions be evaluated?

BHC suggests it would be useful to tap into monitoring and evaluation methods and findings within partners and other organisation and also using information as provided by the Northern Ireland Travel Strategy[17]. This would help provide a broad and robust monitoring process.

BHC would also suggest that uptake reflects on objectives. However, BHC recommends that some targets would be useful for example not just an 'increase annual walking distance' but a figure so that it is easy to identify improvements.

# References

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