

## Written evidence submitted by Wheels for Wellbeing

### Background

Wheels for Wellbeing is an inclusive cycling charity based in south London. We are a grassroots disability organisation, running five sessions a week at our three inclusive cycling hubs. Using any of our fleet of over 200 cycles (handcycles, tandems, tricycles, recumbents, wheelchair cycles, side-by-sides and bicycles) disabled people of all ages can discover or rediscover cycling, whilst enjoying its health and wellbeing benefits. Every year around 1,200 disabled people, aged from 18 months to 99 years-old, cycle at our hubs. We are also increasingly recognised as the voice of disabled cyclists in the UK.

### Executive summary

- Disabled people are more likely to be physically inactive and so have the most to gain from accessing cycling;
- The Government should increase investment in e-cycles as a way of dramatically broadening the demographic of people who can access cycling;
- Greater efforts should be made by local and national government to increase the visual representation of disabled cyclists;
- Cycling should be treated as a health issue (not solely a transport issue) and we would like to see a greater use of social prescription in relation to cycling;
- We recommend the creation of Dutch-style 'mobility lanes', which are accessible by bicycles, non-standard cycles and mobility scooters alike.

### Response

#### **The benefits and risks of active travel, and the extent to which they are properly understood by the public and Government**

1. Disabled people are much more likely to be physically inactive<sup>i</sup> and socially isolated<sup>ii</sup> than non-disabled people (and likely to be older),<sup>iii</sup> and therefore have the most to gain from being physically active. Cycling, as a leisure activity or a form of active travel, offers innumerable physical and mental health benefits to disabled (and older) people, including that it can:

- Be easier than walking for many, as it is non-weight bearing;
- Improve physical fitness and strength;
- Delay onset of many conditions (disabled people are more likely to experience comorbidity);

- Reduce social isolation (esp. where disabled people have access to a local inclusive cycling hub,<sup>iv</sup> or live close to good quality cycle infrastructure);
- Improve mental wellbeing, boost confidence, and give a sense of independence and freedom.

2. Inactivity and social exclusion are harming disabled people's physical and mental health, which in turn puts added pressure on the NHS. Moreover, a growing dependence on private car hire adds to the plight of the environment, does nothing to decrease sedentary living and, what's more, worsens disabled people's financial position. However, if fully inclusive, cycling can be of huge benefit to many disabled and older people. It is surely in the interest of everyone – disabled people, local authorities, the NHS, adult social care services and society as a whole – that every effort is made to ensure that cycling is made as inclusive as possible.

3. E-cycles, in particular, offer tremendous benefits to disabled and older people, with electric assistance affording disabled people the ability to cycle longer distances (by reducing the amount of physical effort required) and to stay physically active in life for longer. According to our research, nearly 1 in 5 disabled cyclists own a cycle that uses e-assist.<sup>v</sup> With this in mind, we recommend that the Government increase investment in e-cycles as a way of dramatically broadening the demographic of people who can access cycling.

4. According to TfL, in London alone 15% of disabled people use a cycle to get around occasionally or often, compared to 18% of non-disabled people.<sup>vi</sup> However, there remains a significant lack of understanding of the fact that many disabled people can and do cycle. For instance, as part of a research study that analysed images and text from over 50 London transport and cycling strategies, we discovered that very few images of cycles were of *non-standard* cycles (i.e. those most likely to be used by disabled cyclists, like handcycles and tricycles), whilst references made to disabled people as transport users were most likely to be in relation to public transport; very seldom were disabled people considered, referred to, or represented, as *cyclists*.<sup>vii</sup> We recommend that a greater effort is made to improve the visual representation of disabled cyclists in cycling and transport policy imagery: for instance, local authority cycling strategies should strive to ensure that at least 1 in 5 images of cycles depicted are of a non-standard cycle - proportionate to the number of disabled people in the UK (20%).

5. More research is needed to understand the needs of disabled cyclists in the UK and to uncover the true potential that cycling can offer to those who are furthest from it.

## **The effectiveness of the Department for Transport in setting the strategic objectives for active travel and in working with other departments that have relevant responsibilities**

6. We welcome recent steps taken by government to set out a clearer vision for cycling in this country, particularly the Cycling and Walking Investment Strategy (CWIS) and Inclusive Transport Strategy. However, whilst these strategies contain some ambitious and commendable targets, it is important that cycling does not continue to be viewed through the lens of transport alone. As alluded to, there are huge societal, environmental and health benefits to be gained from an increased uptake in cycling (especially so for disabled and older people). The remit for cycling should therefore be shared between the Department for Transport (DfT) *and* the Department of Health and Social Care (DHSC). We therefore recommend that cycling be treated as a *health* issue, as well as a transport issue, and would like to see more cross-Departmental working in this area.

7. On a local level, we would like to see a greater use of social prescription in relation to cycling, which amongst other things should involve:

- Better signposting to the fact that disabled people can cycle, as well as information about inclusive cycling for GPs, to help inform referrals;
- Local authorities and their health partners teaming up to ensure disabled people have access to cycling opportunities in their area, by supporting the sustainable growth of inclusive cycling hubs;
- The development of stronger partnerships between Clinical Commissioning Groups (CCGs), Health and Wellbeing Boards, SEND schools and inclusive cycling hubs.

## **The issue of poorly maintained local authority roads and the impact that this has on cyclists**

8. According to our research, inaccessible cycle infrastructure is the single biggest difficulty faced by disabled cyclists in the UK.<sup>viii</sup> Our Guide to Inclusive Cycling<sup>ix</sup> sets out in detail the most common barriers that disabled cyclists face when cycling out on the road, but two brief examples would be:

- The temporary closure of cycle provision, where no alternative accessible, step-free route or additional signposting has been provided.
- Uneven road surfaces and potholes, which can be a particular issue for disabled cyclists (e.g. handcyclists do not have the option of lifting off the saddle to avoid shocks to their spines when going over potholes).

9. We recommend that local authority roads be designed and maintained in a way that always takes into account the needs of disabled cyclists and users of non-standard cycles, including family and freight cyclists. To this end, engineers should be signposted to Highways England's "cycle design vehicle" blueprint, which sets out the needs and requirements of all types of cycle and cyclist.<sup>x</sup>

### **What can be learnt from international approaches in supporting active travel**

10. The government should look to the Netherlands for examples of best practice in supporting and encouraging a greater diversity of people into cycling. The Dutch CROW manual should be seen as an exemplar in the design of inclusive cycle infrastructure.

11. As a further nod to the Netherlands - and as an additional measure to supporting more disabled people to cycle, as well as a way of alleviating concerns around the future of shared space schemes (esp. for visually impaired people) - we recommend that laws be changed to permit the use of mobility scooters on cycle lanes, together with the creation of Dutch-style 'mobility lanes', which are accessible by bicycles, non-standard cycles and mobility scooters alike. Developing inclusive cycle networks in this way could improve conditions for those using mobility scooters, which would in turn free up space on the footway and improve the experience of pedestrians, particularly those with sight loss. It would also enable better access for other users of non-standard cycles, including family, freight and cargo cyclists.

*October 2018*

## Endnotes

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- <sup>i</sup> *Everybody Active, Everyday*, Public Health England (2014), p. 9. See [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/374914/Framework\\_13.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf)
- <sup>ii</sup> *Disability and domestic abuse: risk, impacts and response* (Public Health England, 2015), p. 12. See [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480942/Disability\\_and\\_domestic\\_abuse\\_topic\\_overview\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf)
- <sup>iii</sup> The majority of disabled people are elderly (and therefore at greater risk of developing health conditions), with the number of people aged 65+ expected to increase by 12% between 2015 and 2020. *Political challenges relating to an aging population: Key issues for the 2015 Parliament* (House of Commons Library, 2015). See <https://www.parliament.uk/business/publications/research/key-issues-parliament-2015/social-change/ageing-population/>
- <sup>iv</sup> See Cycling For All for a map of inclusive cycling hubs around the country: <http://cyclingforall.org/>
- <sup>v</sup> 'Experiences of disabled cyclists', *Wheels for Wellbeing survey* (2017). See: <https://wheelsforwellbeing.org.uk/wp-content/uploads/2017/06/Report.pdf>
- <sup>vi</sup> *Travel in London: Understanding our diverse communities* (Transport for London, 2015), p. 223. See <http://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities.pdf>
- <sup>vii</sup> 'Invisible cyclists? Disabled people and cycle planning – A case study of London', *Journal of Transport & Health*, Volume 8, March 2018 (pp. 146-156) <https://www.sciencedirect.com/science/article/pii/S2214140517301615>
- <sup>viii</sup> 'Experiences of disabled cyclists', *Wheels for Wellbeing survey* (2017)
- <sup>ix</sup> 'Guide to Inclusive Cycling', *Wheels for Wellbeing* (2017). See: <https://wheelsforwellbeing.org.uk/campaigning/guide/>
- <sup>x</sup> Interim Advice Note 195/16, 'Cycle Traffic and the Strategic Road Network', Highways England (2016). See: <http://www.standardsforhighways.co.uk/ha/standards/ians/pdfs/ian195.pdf>