

**The Camden (Torrington Place to Tavistock Square) (Prescribed Routes, Waiting and Loading Restrictions and Loading Places) Traffic Order [2017]**

**PLANNING INSPECTORATE REFERENCE: DPI/X5210/17/8**

**Proof of Evidence - Camden Cycling Campaign**

**Witness: Dr. Rachel Aldred**

I am Dr. Rachel Aldred, Reader in Transport at the University of Westminster. I have been researching transport since 2007 and teaching transport planning since 2012. I particularly focus on cycling, walking, and road injuries/safety and would like to draw on my own and others' research to explain the importance of such schemes.

1. London has adopted an approach to road safety that incorporates Vision Zero (seeing all road deaths are potentially preventable) and road danger reduction (reducing the source of the danger, understood primary as risk posed by motor vehicles).
2. Cyclists and pedestrians disproportionately suffer death and serious injury on London's streets. This is largely due to interactions with motorised traffic<sup>1</sup>.
3. For instance, between 2005 and 2015, there were 1,869 road deaths in London. Over half of these deaths were pedestrians (870) or cyclists (155) killed by a motor vehicle<sup>2</sup>.
4. Thus over 8% of London's road deaths between 2005-15 were cyclists struck by a motor vehicle, when during this period cycling's mode share was 1-2%. On average in a year London sees around one cycle fatality per month. Copenhagen, with roughly similar amounts of cycling (mode share is much higher, but population much smaller) often now manages to end the year without any cyclist deaths.
5. Evidence from analysis of Britain's National Travel Survey<sup>3</sup> suggests that the under-reporting of less serious cycling injuries is around double that of other groups, including pedestrians.
6. While injuries are important, we also need to study what I have called 'experienced safety'. I have looked at this in relation to near misses; finding that regular UK commuting cyclists might experience around one 'very scary' incident per week (Aldred and Crossweller 2015).
7. International evidence supports reducing motor vehicle speeds and volumes, and protecting cyclists and pedestrians from interaction with motor traffic. For example, a recent paper by Teschke et al (2012) found injury odds for cycling on busy streets with car parking to be nine times higher than injury odds for cycling on an off-street path. A study in London of pedal cyclist fatalities (Talbot et al 2014) found that at least a third could potentially have been prevented by separating cyclists from motor traffic or by improving the quality of existing segregation.

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<sup>1</sup> Police recorded injury figures from DfT Stats19 data: <https://data.gov.uk/dataset/road-accidents-safety-data>

<sup>2</sup> For comparison, 9 pedestrians died over this period after collisions with cyclists, and 4 cyclists died in collisions on the highway network not involving motor vehicles. Stats19 does not provide figures for cyclists killed in collisions with pedestrians, as uninjured parties are only included if using a vehicle, including a cycle.

<sup>3</sup> Academic paper by the author, under peer review but a copy is available on request.

8. Creating higher quality cycling infrastructure has been linked to a range of benefits; not just for cycling and cyclists. In the USA studies have suggested that pedestrian safety can be improved by better provision for cyclists (e.g. NYCDOT 2014).
9. My current analysis of National Travel Data (mentioned above) shows that disabled pedestrians experience around four times higher risk of being injured by a motor vehicle, compared to non-disabled pedestrians. Thus if through schemes such as Tavistock Place, we can create safer pedestrian environments, more vulnerable pedestrians are likely to benefit<sup>4</sup>.
10. London's cycling demographic is skewed towards men, younger adults, and non-disabled people. Improving cycle infrastructure is important for inclusivity. I led a recent systematic review of over 50 academic papers (Aldred et al 2017) which found that women express particularly strong preferences for separation from motor traffic. In relation to Central London, Woodcock et al's (2014) study has demonstrated 'higher road collision fatality rates for female cyclists'.
11. A stated preference study that I ran (Aldred 2015) showed that people say they need particularly high-quality infrastructure if they are to cycle with children.
12. A recent paper (Aldred and Dales 2017) comparing two parallel alternative routes in Camden – one with separated one-way cycle tracks such as proposed here, and one without – found statistically significant differences in gender, age, and clothing between the two routes. The protected route had 34% women, while the unprotected route had only 25% women. The protected route had both higher proportion of over-60s and under-18s than the unprotected route.
13. Finally, users of the protected route were less likely to be wearing 'sporty' clothing, and more likely to be wearing everyday clothes. This is important as it can help to normalise cycling and make it more culturally acceptable for under-represented groups. Qualitative research that I have carried out has shown that cycling in the UK is often associated with being super-sporty and fit, as well as risky and dangerous (Aldred 2013). Creating environments where people do not feel the need to keep up with motor traffic is a crucial part of creating healthier streets.
14. Given the high usage, the previous design of Tavistock Place with two-way cycling in a narrow track, was likely to have discouraged under-represented groups (despite being better than sharing with motor traffic). Disabled people and those cycling with children may be using wider bikes which would not have easily fitted on the narrow and congested tracks. Cycling close to oncoming busy cycle traffic may be particularly off-putting for older cyclists, who face higher injury risks than younger cyclists (Mindell et al 2012).
15. The current design provides high-quality cycling infrastructure, and an improved pedestrian environment. I am not surprised to see that early results suggest a decline in pedestrian injuries, while for cyclists an increase in injuries may, when normalised by increases in cycling, represent a reduction in risk albeit less substantial than for pedestrians.
16. Moreover, the overall strategy of reducing motor traffic throughput in the area is crucially important in improving walking and cycling safety, and in encouraging more people to cycle, particularly people from currently under-represented groups.

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<sup>4</sup> As in the recorded injury data, the NTS shows that pedestrians are much more likely to be injured by a motor vehicle than by a cyclist. There was no evidence that disabled people or any other group were at elevated risk of injury by cyclists.

## Cited References Provided as Appendices

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