Evaluation of the Cycling City and Towns Programme
Interim Report, January 2011

EXECUTIVE SUMMARY

Introduction

This report presents the interim findings of the evaluation of the Cycling City and Towns programme. The aim of the report is to share emerging messages about the factors influencing cycling behaviour, and explore the potential benefits of increasing cycling levels amongst different groups of the population, particularly in terms of health and physical activity, reductions in carbon emissions, and decongestion. Transferable lessons about the design and delivery of cycling schemes are also drawn out. The report should be of interest to local and national bodies working on the promotion of cycling, and to researchers working in the areas of sustainable travel and behaviour change.

The Cycling City and Towns Programme

Between 2008 and 2011, the Department for Transport and the Department of Health will have invested over £43m (plus local match funding) to create the Cycling City and Towns (CCTs): Greater Bristol, Blackpool, Cambridge, Chester, Colchester, Leighton-Linslade, Shrewsbury, Stoke, Southend, Southport, Woking and York. The aim of the programme has been to explore whether and how increased investment in cycling as part of a whole-town strategy could lead to a significant and sustained increase in the number of cyclists and frequency of cycling. The programme has been overseen by Cycling England, and built on earlier experience in six Cycling Demonstration Towns which began receiving funding in 2005.

The Evaluation

An independent programme of monitoring and evaluation has been commissioned to assess robustly the outcomes and longer-term impacts of the CCT programme, as well as to capture lessons about the design and delivery of local cycling schemes. The evaluation is investigating *what* has changed in the CCTs, *why* it has changed, and the *context* for change. The aims of the evaluation are to:

- Measure the extent to which the anticipated outcomes and wider impacts have been achieved through the CCT programme and to assess whether it has provided value for money.
- Assess the effectiveness of individual interventions, including those targeted towards specific population groups and journeys.
- Understand the factors which influence local travel behaviours and how these can be addressed to encourage cycling behaviours.
- Explore the approaches which have been critical to the success of the programme.
- Generate evidence of good practice which can be used to inform the design and delivery of future initiatives aimed at encouraging cycling.

At the time of this interim report, the programme was still being implemented and therefore a full assessment of the programme and its outcomes and impacts will be undertaken after the programme has ended (see 'Measuring the final outcomes and longer term impacts of the programme' below). This report presents findings from three strands of the evaluation data collection: a baseline survey of residents in the CCTs (which was conducted in July-November 2009); interviews with local cycling teams which explored the design and delivery of the programme; and analysis of monitoring data on expenditure. The analysis presented herein is an overview of the data available and further investigation of the range of data collected is ongoing.

Emerging findings

Cycling in the CCTs at baseline

The baseline survey identified that under a third of adult respondents aged 16 and over (28%) had cycled in the previous twelve months. One in five adults (19%) could be described as frequent cyclists, in that they said they cycled at least once a week, and one in ten (9%) could be described as occasional cyclists in that they said they had cycled at some point during the previous 12 months, but less frequently than once a week. The remaining adult respondents (72%) had not cycled during the preceding 12 months and could therefore be classified as non-cyclists.

The baseline survey revealed that individual CCTs were starting from very different baseline positions in terms of the proportion of cyclists (ranging from one in ten adults to six in ten adults), and also the frequency of cycling undertaken. Interviews with local cycling delivery teams found that strategies for investment in the CCTs have, in part, reflected these different starting points.

The analysis has identified that men, younger adults, adults in employment, adults from higher socioeconomic groups, and adults with children were those more likely to have cycled in the previous 12 months. The baseline survey also identified that an average of 80% of children across the CCTs had cycled in the previous 12 months. Adult cyclists were also more likely to be physically active than non-cyclists, in part because of the level of cycling undertaken but also because they undertook more activities of a physical nature (including walking, gardening and sport) generally.

Benefits of increasing cycling levels

Previous research[1] has shown that increasing cycling, and thereby physical activity levels, reduces the risk of premature death, and can reduce the development of illnesses such as diabetes and high blood pressure. The analysis of the baseline data found that almost 40% of adults surveyed were non-cyclists with low levels of physical activity, who would potentially obtain health benefits from taking up cycling.

The benefits of cycling could be experienced by existing non-cyclists and cyclists, the former through starting to cycle (even for short distances), and the latter through cycling more often and/or for longer distances. The CCT Programme Managers identified that both groups were targets for investment, alongside maintaining existing cycling levels for other cyclists.

A third of all trips of less than three miles made by non-cyclists[2] and a quarter of those made by cyclists reported in the baseline survey travel diary were undertaken by car (as driver). Overcoming barriers to cycling for such short distance trips amongst both non-cyclists and current cyclists, and thereby changing the model split of trips in favour of cycling, could generate carbon emission benefits. Furthermore,

[1] DoH (2004). At least five a week. Evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer, London: Department of Health.
[2] Not including respondents who reported being unable to cycle due to disability or health problems.

over half of commuter trips of less than three miles made by non-cyclists and just under a third of those made by cyclists were reported to be undertaken by car. Decongestion benefits at peak travel times could be generated if more of these trips were undertaken by bicycle.

Barriers to increasing cycling levels amongst different groups

The analysis of the attitudes and perceptions of CCT residents revealed that barriers to and enablers of cycling were varied and inter-related. The majority of baseline survey respondents felt that cycling should form part of a modern transport system and that more people should cycle for short journeys instead of using the car. However, barriers to cycling included the perceived safety of cycling on roads with other traffic, which was a concern for the majority of individuals interviewed. The provision of separate cycle paths and routes was widely supported as a measure to address this barrier.

A more complex set of barriers was identified through the analysis of the following baseline survey sub-groups:

1. Non-cyclists who indicated no intention to start cycling (46% of adult respondents to the baseline survey attitudes module);

2. Non-cyclists who indicated that there was a possibility they would start cycling in future (11%);

3. Cyclists who did not indicate an intention to cycle more frequently (24%);

4. Cyclists who indicated that they intended to cycle more frequently in future (4%); and

5. Non-cyclists who reported being to cycle due to disability or health problems (15%).

A barrier particular to non-cyclists was their past experience with cycling, and indeed their ability to ride a bike, with 22% of Group 1 above not knowing how to cycle. All respondents from Groups 2, 3 and 4 knew how to cycle. However, bicycle availability was identified as a constraint for 80% of individuals in Group 2. To overcome this barrier, many CCTs have invested in bicycle recycling, loan and hire schemes.

The baseline survey also identified that practicality (real or perceived) was a key barrier to cycling even for those in Groups 2 and 4 who indicated an intention to start cycling/cycle more: approximately half of respondents in these group agreed with the statement that “Cycling is not at all practical for the journeys I make". A commonly held concern across all population sub-groups, including existing cyclists, related to the security of parking a bicycle on the street, with over 40% considering it unsafe to do so.

Delivering cycling schemes in the CCTs

The strategies developed within each CCT have been designed to respond to identified local problems and opportunities, and to deliver a visible step change in the facilities for, and profile of, cycling. A key feature of the local strategies has been the application of a ‘whole town’ rather than a piecemeal approach to cycling investment, which has offered the opportunity to:

- tackle multiple barriers to cycling;
- develop dedicated specialist cycling teams which offered the broad range of skills required, and a strong focus on the delivery of strategy outcomes; and
- gain political and local community buy-in.

The challenges identified by the Programme Managers included establishing and maintaining the right combination of skills within cycling teams, which has been achieved through a combination of secondment, recruitment and contracting out.

Investment has been split between capital expenditure (£29.2m on cycle lanes, signing, parking facilities and enhanced junction crossings) and revenue expenditure (£14.2m on training, information, marketing and promotion), reflecting the different barriers to cycling (both structural and relating to skills and attitudes). Revenue expenditure quarter-by-quarter has been relatively constant throughout programme, whereas capital expenditure was more variable. This reflected the more complex and challenging nature of some infrastructure schemes, and the potential delays that occur in the design, approval and implementation of infrastructure.

Themed investment in the CCTs

Among the range of CCT investment, five key themes of investment have been identified[3]. Each of these has been in response to a different set of challenges to, and likely benefits of, increasing cycling for different kinds of journey.

Cycling to workplaces

Over £1.5m (plus local match funding) has been invested across the 12 CCTs on interventions targeting journeys to work. The baseline survey revealed that there was considerable potential for modal shift from motor vehicles to cycling for short commuting journeys within CCTs. Practical barriers to cycling to work have been tackled through the provision of cycle parking, lockers/showers and Personal Travel Planning, whilst cycling has also been encouraged through initiatives such as Workplace Cycle Challenges and Bike Breakfasts.

Schools and Young People

In the region of £5m (plus local match funding) has been spent improving access to, and the facilities at, schools across the CCTs, and on Bikeability training which has been central to this theme. Investment has been driven by the aim of encouraging parents and children to cycle for short school-runs, rather than taking the car. In addition, instilling cycling as a healthy leisure activity for children has been a stated goal. Significant barriers to cycling to schools identified include low bicycle availability (particularly amongst lower socioeconomic groups), low levels of cycle training, and parental safety concerns. Targeting children via the schools they attend was believed to provide a means of accessing the wider family group and thus influencing household travel choices.

Cycling to stations

Over £3.5m (plus local match funding) has been invested in addressing a lack of secure parking at stations; improving access on station forecourts and wider infrastructure routes; facilitating onward journeys; and promoting the benefits of cycling. Cycling to stations at baseline was very low, but with many journeys being undertaken which involve a rail trip, there is evidence of potential to increase the use of bicycles to access train stations, with anticipated benefits particularly focusing on reducing congestion around the station.

Cycling to universities and colleges

Over £100,000 (plus local match funding) has been spent on promoting cycling at universities and colleges, seeking to influence the short and long term travel behaviour of staff and students. Investment has focused on security of cycle parking, but the importance of planning for cycling in campus development has been emphasised by stakeholders.

[3] These represent core activity in the CCTs, but it is important to note that significant investment was also made in areas other than these five.

Neighbourhoods and population groups

The targeting of specific neighbourhoods or population groups has been a common element of CCT strategies. This has included more affluent areas, but has typically focused on lower socio-economic groups and deprived areas because of the range of health, economic and accessibility benefits likely to be realised if cycling levels could be increased. Integrated and intensive approaches have emerged to deal with the multiple barriers experienced by these groups/areas, including partnerships with key stakeholders such as the NHS, and schemes to provide bicycles (e.g. hired/recycled) in areas of low bicycle ownership.

Measuring the final outcomes and longer term impacts of the programme

The evaluation will seek to measure whether the investment in the CCT programme delivered the anticipated outcomes and assess whether it generated wider (intended and unintended) impacts, for example in relation to reductions in car use, increasing other forms of sustainable travel (such as walking) and generated health benefits. These can only be assessed after the programme has been fully implemented. This will be done through post-intervention surveys and analysis of monitoring data.

Behaviours can take time to change and the benefits generated by the investment may continue over a number of years; therefore, measuring changes in attitudes towards cycling as well as behaviours is important to indicate whether people are more likely to contemplate changing their behaviour in the future.

It is also important to demonstrate the extent to which the changes in observed behaviours and attitudes have been caused by the programme rather than other factors. The evaluation has been designed to enable comparisons to be made with non-programme areas, and will monitor the effect of national and local contextual circumstances on the outcomes, to help inform the transferability of the findings.