ISSUES FOR SHARED FOOTPATHS

Riding on footpaths

Children are being encouraged to cycle more, and may do so on footpaths if their bicycle wheels are 355mm (14 inches) or smaller. A cycle that has a wheel diameter not exceeding 355 mm meets the definition of a wheeled recreational device and is able to use a footpath. Bicycle wheel size is used as an analogue for user age.

In many situations, a child cycling to the local school, park or friend's house may be able to do so safely on a footpath, but it is an illegal activity if their bicycle wheel has a diameter larger than 355mm. Police generally turn a blind eye to responsible footpath riding by children with larger wheels, recognising that requiring a young child to ride on the road might lead to tragic results.

Over the last decade, however, bicycle design has evolved so that the once standard 660mm (26 inches) wheel size for mountain bikes has been superseded by 700mm (27.5 inches) and 735mm (29 inches) wheel sizes. This is filtering down to the design of children's bicycles. It is becoming common for children to ride larger-wheeled bikes at a younger age, and this has some safety benefits as larger wheels are more stable when dealing with pot-holes and loose gravel, etc. However, this technological evolution has resulted in young children clearly breaching the law when riding on footpaths, albeit at an age when they lack the cognitive skills to deal with riding in traffic.

In fact, most children graduate to a medium wheel-size of 505mm (20 inches) around age 6, but are generally not ready to cycle on the road until age 10 or 11. A recent University of Otago study of almost 300 8–12-year-old pupils at four Central Otago primary schools found that many children aged under 11 are unable to complete a practical cycling skills assessment.[1]

Tested on their ability to start biking, perform turning and stopping signals for at least three seconds, and to look over their right shoulder and identify a potential hazard, while maintaining control of their bicycles and without straying outside the lines of a model cycle way, 25.6% of eight-year-olds were found to be unable to complete the assessment without losing control of their bicycles or veering out of the cycle lane. Around 23 per cent of 10-year-olds were also not able to complete the assessment safely. In contrast, the percentage of those aged 11 and 12 able to complete the tasks safely was 91 and 93 per cent, respectively.

The crash risk of cycling on footpaths varies widely depending on factors such as width, numbers of users, visibility and frequency of driveway traffic, and gradient. Regardless of age or wheel size, some footpaths are too busy, steep or narrow to share. Safe road crossing may require that young children dismount and walk. Parental guidance is important.

On trips to parks, cycle paths, school, or sports facilities, an adult may need to supervise a young child cyclist. Along roads with on-street parking, it is risky for adults to ride on the road while supervising young children riding on the footpath. The adult's attention is split between scanning for hazards that they may encounter and the risks faced by the child, and communication is difficult with traffic noise present. In these situations, allowing adults to cycle on the footpath when supervising a child may deliver improved safety for all modes.

In Australia the rules on footpath riding vary from state to state, but all are more permissive than New Zealand. Some states allow riding on the footpath, regardless of age, unless signs state otherwise (ACT, Queensland, Tasmania, Northern Territory). Others allow children under the age of 12 to ride on the footpath (West Australia, South Australia). Some allow an adult to ride on the footpath if they are accompanying a child under the age of 12 (NSW, Victoria).

In considering any change to New Zealand restrictions on riding on the footpath, authorities need to remain conscious of the potential to enforce any regulation. While any Police officer equipped with a tape measure can verify the diameter of a wheel, no ready means to verify the age of a cyclist is readily available.

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[1] Bromell, RJ (2016) *Children on Bicycles – How Safe Are They?* Report to Child Injury Prevention Foundation

Cyclist competency and fitness of cycle helmets and cycles

While cycling is encouraged among New Zealand children to prevent and reduce childhood obesity, it is not without risk. The 2016 Otago study noted the rate of deaths/injuries per million hours travelled, at approximately 30 cyclist deaths/injuries for all ages reported per million hours cycling, is more than double the number of death/injuries reported for motor vehicles. Despite increases in cyclist numbers, the number of cycling accidents has stayed fairly constant since the mid-1990s. Between 2000 and 2012, 37 children died in cycling related incidents, with 9,192 cyclists between the ages of 0 and 14 being hospitalised for non-fatal injuries between 2000 and 2014[2]. Children aged 10-14 were the largest cohort of cycling deaths or injuries in motor vehicle crashes during 2009-2013[3]. This age group starts cycling alone more frequently, and for a greater distance than before, and thus is at greater risk of an accident.

The Otago study found 40.9% of the 127 children aged 8-12 who usually ride to school were wearing helmets that were unsafe because of damage, or potentially ineffective because of the way they are being worn. In the majority of cases the problem was that that straps were too loose and/or did not form a 'V' under the ears. This finding agreed with a 2010 study that found 20% of children aged under 13 years wore their helmets incorrectly.[4] A case-study of cyclist head and facial injury risk in relation to helmet fit subsequently concluded that an incorrectly worn or fitted helmet had an increased ratio of head injury of 3.38.[5]

The present Rule requirements are:

11.8 Safety helmets for cyclists

. (1) A person must not ride, or be carried on, a bicycle on a road unless the person is wearing a safety helmet of an approved standard that is securely fastened.

. (2) The approved standards for safety helmets are—

(a) AS/NZS 2063, **[**Bicycle**]** helmets; or

[(b) EN 1078, Helmets for pedal cyclists and for users of skateboards and roller skates; or**]**

[(c) AS 2063.2, Lightweight protective helmets (for use in pedal cycling, horse riding and other activities requiring similar protection) —Helmets for pedal cyclists; or**]**

(d) any safety helmet manufactured to the Snell standard for protective headgear for use with bicycles; or

(e) any safety helmet manufactured to ASTM F1447; or

(f) any safety helmet manufactured to the Consumer Product Safety Commission Safety Standard for Bicycle Helmets (reference 16 CFR) Part 1203, complying with the CPSC certification process.

. (3) A safety helmet must comply with the version of an approved standard for safety helmets that is—

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[2] Ministry of Transport, *Cyclists 2014*, Table 1

[3] ibid, Figure 2

[4] Hagel BE, Lee RS, Karkhaneh M, Voaklander D, Rowe BH, (2010) *Factors associated with incorrect bicycle helmet use*. Injury Prevention 2010

[5] Romanow NR, Hagel BE, Williamson J, Rowe BH, (2014) *Cyclist head and facial injury risk in relation to helmet fit: a case-control study*. Chronic Diseases and Injuries in Canada 2014

(a) applicable in the relevant standard-setting jurisdiction to the date of manufacture of the safety helmet or as specified in the standard; or

. (b) a more recent version of the standard if the safety performance of the safety helmet is not adversely affected.

. (4) An approval of a safety helmet under the Traffic Regulations 1976 that was published in the *Gazette* before 27 February 2005 remains valid after this rule comes into force.

. (5) A person riding a cycle that is towing a trailer must ensure that every person carried on the trailer is wearing a safety helmet of an approved standard that is securely fastened.

. (6) A person riding, or being carried on, a cycle on a road who is stopped by an enforcement officer must, if so requested by that or any other enforcement officer, produce for inspection by the officer the person's safety helmet or proof of an exemption granted under subclause (7).

. (7) Subclauses (1) and (5) do not apply to a person if the **[**Agency**]** grants the person a written exemption from the requirement to wear a safety helmet on the grounds of religious belief or physical disability or other reasonable grounds.

. (8) The **[**Agency**]** may at any time revoke in writing an exemption granted under subclause (7).

. (9) The **[**Agency**]** may, by notice in the *Gazette*, approve types of safety helmets for use under this clause.

. (10) In proceedings for an offence of breaching this clause, proof that a safety helmet worn by the defendant did not bear a standard specification mark or a registered trademark is, until the contrary is proved, sufficient evidence that the helmet was not of an approved standard.

Two New Zealand studies have looked at the safety benefits of wearing a helmet.[6] In these studies, the proportion of head injuries to non-head injuries over time was examined against Land Transport Safety Authority (LTSA) data obtained from observation of children cycling to school. The data relied on an assumption that the helmets were the correct size, and properly fitted and worn. The findings of the Otago study indicate that around 40% of children wear helmets that would not provide maximum protection in the event of an accident. This suggests that the earlier studies have underestimated the safety benefits.

Cycle helmet wearing rates based on observation data have also been used to calculate potential cost-benefits, where the cost of the lifetime provision of helmets for the cycling population was compared to the potential savings, as a result of helmet wearing, in hospital costs of treating skull fractures and intracranial injuries. The number of events expected to be prevented was estimated according to the findings of two overseas studies. The first, a population wide survey, compared increase in helmet use over time with the decrease in the number of serious head injuries, while the second, a case study, compared the risk of a serious head injury to a cyclist wearing a cycle helmet with that of a non-helmet wearing cyclist.[7] Again, each study assumed the helmets were 'safely' worn, leading to an underestimation of the potential savings in the cost-benefit analysis.

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[6] Povey LJ, Frith WJ, Graham PG, (1999) *Cycle helmet effectiveness in New Zealand*. Accident Analysis & Prevention 1999; Scuffham P, Alsop J, Cryer C, Langley JD, (2000) *Head injuries to bicyclists and the New Zealand bicycle helmet law*. Accident Analysis and Prevention 2000

[7] Hansen KS (2003) *Protective effect of different types of bicycle helmets*. Traffic Inj Prev. 2003; Amoros E, Chiron M, Martin JL, Thélot B, Laumon B, (2012) *Bicycle helmet wearing and the risk of head, face, and neck injury: a French case-control study based on a road trauma registry*. Inj Prev. 2012

The most common reported causes of death and injuries accidents for cyclists were a motorist turning into, or across, the path of a cyclist.[8] Both events would require an emergency stop on the part of the cyclist. The Otago study found that 37% of the 8-12-year-old children who usually ride to school were doing so on bicycles that have problems that cycle shop staff considered would render the cycle 'not roadworthy'. The single biggest reason was brake pads that were worn to the extent that they would impede the child's ability to make an emergency stop. In addition, 29% of the bicycles tested had badly underinflated tyres, which reduces manoeuvrability and would increase the risk in the above situations.

Serious deficiencies were also found with two bicycles that had been assembled from kit sets. The study recommended that in all situations the assembled kit-set bicycle should be checked by a cycle shop mechanic. 'Bike-in-a-box' bicycles are available throughout New Zealand at prices ranging from under $69 to over $1000. The Warehouse website provides three videos to aid the assembly of various types of bicycles. Kmart stores provide an assembly service for $19.

At present the New Zealand Police and New Zealand Transport Agency recommend that "children under 10 years old cycle on the road only when accompanied by a competent adult rider". This recommendation has been adopted and promulgated by SafeKids New Zealand.

While this does not state that 10-year-olds can be allowed to cycle unsupervised, it would not be unreasonable for a parent to draw this conclusion. The Otago study found one in four 10-year-olds were not able to perform the practical assessment without losing control of their bicycles or veering out of the cycle lane. This number dropped to one in ten of 11-year-olds. The findings of that study suggest that there is no specific age at which it can be assumed that a child can be allowed to ride unaccompanied on public roads. A 1978 test of 144 children between the ages of 5-13 for their ability to perform a number of skills deemed important to ensure safe cycling in traffic situations found that it was only the 13-year-olds who could manage all the tests well.[9]

While the Otago study recommended enrolment in cycle skills courses where these are available, it noted that parents could not solely rely on these as 'proof' of their child's competence.

The study identified a basic check-list for competency:

- does the child know the various hand signals required for safe cycling, and
- do they understand when and for how long to perform these
- can the child maintain control of their bicycle and remain within a cycle lane while performing these required hand signals, and
- when checking over their shoulder for traffic approaching from behind?

The Otago study shows that it cannot be assumed that simply requiring a cycle helmet to be worn means a child will have maximum protection in the event of an accident. The study identified a check-list for helmet fitness:

- is it the proper size,
- is it worn correctly, and
- is it in good condition?

The study also showed that bicycles require regular maintenance and tyre pressure and brake pads should be frequently checked.

This suggests that a prudent regulatory response would be to exclude a child from being allowed to ride on the road until the child's competency has been assessed, and certified by the assessor.

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[8] Ministry of Transport, *Cyclists 2014*, Table 2

[9] Arnberg PW, Ohlson E, Westerberg W, Oström C, (1978) *The Ability of Preschool and School Children to Manoeuvre Their Bicycles*. National Road and Traffic Research Institute, Linkoping, Sweden

It could be assumed that normal peer pressure would work to encourage most children to desire to acquire certified competency to distinguish themselves from younger cohorts.

At the same time, satisfying a certificate of competency would provide parents with greater certainty of the child's ability to be on the road. The competency assessment would also provide the most opportune moment to assess the fitness of the helmet and the bicycle. The helmet may be assessed against the requirement to comply with the version of an approved standard for safety helmets and to be securely fastened. There is no comparable requirement for a bicycle to be roadworthy, however. Although a cycle is defined as a vehicle and required to be used on the road, there is no certificate of fitness for a bicycle equivalent to that required of a motor vehicle.

Without some alternative structure for ensuring that young cyclists use the road or the footpath as appropriate to their cycling competency, amending the Rule to permit anyone under the age of twelve to ride on footpaths has the potential to create a situation where cycling on footpaths becomes normalised for all ages, with few practical means of enforcing the Rule.

Pedal-Powered Mobility Devices

Given the recognised health benefits to be gained by regular physical activity, consideration is being given to broadening the definition of a mobility device to include pedal-powered tricycles and quadcycles, so that those with physical or neurological impairments that make cycling on the road untenable, may cycle on a footpath (subject to the usual restrictions placed on users of motorised mobility devices).

A mobility device is permitted to use footpaths and is defined as:

> "a vehicle that is designed and constructed (not merely adapted) for use by persons who require mobility assistance due to a physical or neurological impairment, and
>
> (a) is powered solely by a motor that has a maximum power output not exceeding 1500 W; or
>
> (b) has been declared by the Director, by notice in the Gazette, to have a maximum power output not exceeding 1500 W"

As a pedal tricycle would not be powered solely by a motor, it would not meet the current definition of a mobility device able to use a footpath. A pedal-powered tricycle or quadcycle might meet the definition of a wheeled recreational device, also able to use footpaths:

> "a vehicle that is a wheeled conveyance (other than a cycle that has a wheel diameter exceeding 355 mm) and that is propelled by human power or gravity; and
>
> (b) includes a conveyance to which are attached 1 or more auxiliary propulsion motors that have a combined maximum power output not exceeding **[**300 W**]"**

If the tricycle or quadcycle has wheels that exceed 355mm, however, the device would be a cycle, defined as:

> "a vehicle that has at least 2 wheels and that is designed primarily to be propelled by the muscular energy of the rider; and
>
> (b) includes a power-assisted cycle"

A new mobility scooter costs $3,000 to $5,000. A pedal tricycle, on the other hand, costs $1,300 to $2,000, so may be an appealing choice for those wishing to get some exercise, despite their impairment. New Zealand's largest retailer of adult tricycles – Trikes New Zealand – sells 150 to 200 tricycles annually, with sales growing significantly over the last five years. Trikes New Zealand estimate that around 90% are sold to people with a physical or neurological impairment, and half are ridden primarily on footpaths.

A significant part of the range of tricycles being sold have wheel diameters of 600 to 650mm. As devices propelled by human power and having a wheel diameter exceeding 355 mm, these cycles cannot legally be used on footpaths. A person must not ride a cycle on a footpath or on a lawn, garden, or other cultivation forming part of a road under Rule 11.11(1). The only exception is for a person who rides a cycle on a footpath in the course of delivering newspapers, mail, or printed material to letterboxes.

Permitting pedal tricycles or quadcycles to be used on footpaths by those with physical or neurological impairments that make cycling on the road untenable would create a need for any enforcing officer to be able to require evidence of such impairment if such cycles were otherwise not permitted to be used on footpaths. In the absence of visible impairment, use of footpaths by such cycles could be expected to normalise cycling on footpaths.

Meaning of Footpath and Shared Path

Although a footpath is defined as a path or way principally designed for, and used by, pedestrians, the Rule provides for mobility devices and wheeled recreational devices to use a footpath as of right. Notwithstanding 11.11(1), therefore, an effect of Rule 11.1A is that all footpaths might be deemed to be shared paths.

A path is a shared path if it is "a cycle path, a footpath, or some other kind of path and may be used by some or all of the following persons at the same time:

. (i) pedestrians:

. (ii) cyclists:

. (iii) riders of mobility devices:

. (iv) riders of wheeled recreational devices."

As the Rule allows riders of mobility devices, and riders of wheeled recreational devices to use a footpath as of right, a footpath is thereby a shared path. If a path is a shared path cyclists may also use it as of right.

Under 11.1A(4) if a sign or marking on the path gives priority to pedestrians or cyclists, the following rules apply on the path:

> (a) pedestrians, riders of mobility devices, and riders of wheeled recreational devices must give priority to cyclists if the sign or marking gives priority to cyclists:
>
> (b) cyclists must give priority to pedestrians, riders of mobility devices, and riders of wheeled recreational devices if the sign or marking gives priority to pedestrians:
>
> (c) no user may unduly impede the passage of any other user, whatever priority the sign or marking gives.**]**

The Road User Rule gives standing priority to pedestrians and mobility devices over wheeled recreational devices, however; under 11.1(5) a person using a wheeled recreational device on a footpath must give way to pedestrians and drivers of mobility devices.

Taken together, 11.1 and 11.1A imply that a cyclist may use a footpath where it is able to be used by pedestrians, mobility devices or wheeled recreational devices, and may expect reasonably unimpeded passage unless the path is signed or marked giving priority to those other users.

Speed that constitutes a hazard

Under 11.1A(2) a person using the shared path—

(a) must use it in a careful and considerate manner; and

(b) must not use it in a manner that constitutes a hazard to other persons using it.

A rider of a cycle, mobility device, or wheeled recreational device on the path must not operate the cycle or device at a speed that constitutes a hazard to other persons using the path. [11.1A(3)]

The speed that might constitute a hazard to other users is undefined. This or, more precisely the speed differential between users of a path, is critical to both the actual and perceived safety of a path. Observed speeds have included 12kmph for mobility devices, 15kmph for tricycles and 21kmph for bicycles. These may be broadly described as 33.33m/second, 41.66m/second and 58.33m/second respectively. Research in the UK established the mean walking speed of men over 65 as 0.9m/sec and of women over 65 as 0.8m/sec.[10]

A study in New South Wales found no difference in cyclist speeds between footpaths and local roads with a posted speed limit of 50kmph.[11] Cyclists travelled on both at a mean speed of 21kmph. The potential risk of collision is significantly greater on Footpaths, however. A 2011 Brisbane study found that cyclists riding on the footpath were more likely to have one or more pedestrians within a 1m radius (46.5%) than were cyclists riding on the road (10.4%).[12]

Austroads investigated actual and potential conflicts between cyclists and pedestrians, and recommended strategies to minimise conflict and to improve both perceived and actual safety on shared paths and footpaths in 2006.[13]

The study reported a wide range of "conflict-generating mechanisms covering user behaviour, the physical environment or the interaction between the two. The study reported that the principal people-generated causes of conflict are: (i) unpredictable and unexpected interactions; (ii) lack of an agreed protocol for dealing with actual conflict; (iii) perceived clashes of values between users; and (iv) frustration in task/goal achievement.

The report noted that the quiet nature of cycling and the use by pedestrians of radio/CD headsets are contributing factors to conflict on shared paths. It also summarised the specific behaviours that contribute to conflict on shared paths. Cyclists were considered to contribute to conflict on shared paths through:

- individual riders passing too close at relatively high speed – a function of a basic desire to maintain speed either in training, recreation or commuting
- similar action by groups (at the extreme, a peloton)
- failure to warn pedestrians of their approach or intention to pass
- excessive speed in inappropriate situations.

Pedestrians were considered to contribute to conflict on shared paths through:

- individuals failing to keep to the left and to maintain a predictable path
- groups occupying the width of the path

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[10] Asher L, Aresu M, Falaschetti E, Mindell J, (2012) *Most older pedestrians are unable to cross the road in time: a cross-sectional study*. Age and Ageing 41(5)

[11] Grzebieta R, McIntosh A, Chong S, (2011) *Pedestrian-cyclist collisions: issues and risk*. Australasian College of Road Safety Conference, Melbourne, 1-2 September 2011

[12] Haworth NL, Schramm AJ, (2011) *Adults cycling on the footpath: what do the data show?* Australasian Road Safety Research, Policy and Education Conference, Perth, 6-9 November 2011

[13] Mellifont D, Ker I, Huband A, Veith G, Taylor J, (2006) *Pedestrian-cyclist conflict minimisation on shared paths and footpaths*. Austroads Research Report AP-R287/06.

- children not being adequately supervised
- use of other vehicles and toy vehicles (powered scooters, roller blades, roller skis)
- dogs not being kept under control.

The report listed a number of engineering design and traffic management aspects of shared paths that can contribute to conflict, including path location and abutting land use (eg restaurants, car parking activity); width; sight distance; design of road crossings; and regulatory and warning signs.

The Austroads report reinforced many of the findings of a 1998 OECD Scientific Expert Group on the Safety of Vulnerable Road Users (RS7) report on 'Safety of Vulnerable Users' that found that pedestrian-cyclist conflicts were generated mainly by narrow footpaths, narrow cycle-tracks, relatively high speeds of cyclists, poor visibility, or considerable age difference between cyclists and pedestrians. That report noted that while few conflicts were dangerous, the danger increased when several of these factors were combined.

These findings suggest that many of the normal social interactions and activities encountered on footpaths become inappropriate on a shared path, which should be considered more as another thoroughfare within the road. There is potentially a substantial diminution in social function if a footpath is treated as a shared path.

Needs of Pedestrians with Impairment

Pedestrians with dementia can have similar difficulties to cyclists on pathways being used as meeting points, whereby people stopping to chat prevent them from going about their routines. People with dementia tend to feel that people blocking footpaths simply to chat prevented them from enjoying a walk free from distractions. This can pose an even greater problem for a person with Fronto-temporal dementia whereby they cannot navigate hazards easily and have to focus on a clear direction.

Shared usage of paths requires greater awareness of the needs and potential vulnerabilities of other users. Many pedestrian groups argue that it should be made compulsory for all bikes/vehicles to have a bell or other alert system. Those with severe hearing impairments would not hear a bell or other alert, however. Pedestrians with cognitive and/or sensory impairments are more likely to be startled and alarmed by cyclists and other vehicle users coming up from behind them.

Needs of Seniors

Seniors are the fastest growing age group in the population. They currently experience relatively high rates of chronic diseases and fall injuries that impact on their health, wellbeing and quality of life, and present a growing challenge for the provision of accessible and affordable health care services.

Rates of several of these age-related health conditions can be reduced by increased physical activity. Physical activity levels among senior adults tend to decline with age, but walking tends to decline less rapidly. Walking tends to be the most popular form of sport and physical recreation among adults aged 35 years and older, with participation rates increasing up to the age of 64 years.[14]

In addition to the health benefits of physical activity, walking for transport has additional health, well-being and community benefits associated with reduced car use. These benefits include improved air quality, reduced traffic congestion, improved social connectedness and community "liveability" and improved mobility for people who do not drive cars.[15] Walking becomes an

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[14] Garrard J, (2013) *Senior Victorians and walking: obstacles and opportunities.* Final Report, Victoria Walks

[15] Litman T, (2013) *Transportation and public health.* Annual Review of Public Health 34

increasingly important form of personal mobility as seniors age, and their car use declines. Walking as a proportion of all trips tends to increase with age.

One of the constraints on seniors walking is traffic-related injury risk. Most research has focussed on injury prevention rather than walking behaviour, although the two are inter-related, with both actual and perceived risks affecting walking behaviour.

Pedestrians are at greater risk of traffic-related injury than motor vehicle occupants and older pedestrians experience more, and higher severity, injuries than younger adults.[16] Countries with the lowest rates of pedestrian fatalities also have relatively high rates of walking, including among older adults, indicating that it is possible (as well as desirable) to improve both the prevalence and the safety of walking among older adults.

Features of the Safe System framework can make the road system more or less usable and safe for older adults. Safer roads and road environments for pedestrians include the provision of well-designed and well-maintained footpaths and road crossings. Safer speeds are those that enable drivers of vehicles (including cycles) to avoid colliding with a pedestrian or, if a collision is unavoidable, to make contact at a less injurious speed. There is consistent evidence that slower speeds reduce pedestrian injuries, and some evidence that slower speeds increase walking rates.

While older pedestrians are largely held responsible for traffic-related collisions and injuries, and exhorted to "take more care on the roads", observational studies of pedestrian behaviour indicate that older adults are more careful, cautious and law-abiding pedestrians than younger adults. Consistent with older adults' generally cautious use of the road system, 'unexpected' events, such as bicycles passing at high speed and uncontrolled dogs on shared paths, can be a source of concern. Although injury data and observational studies suggest that such incidents currently cause relatively little injury harm to pedestrians, there are indications that the risks may be greater for older pedestrians and this perceived risk can be more intimidating for them.

Both actual and perceived risks need to be addressed to make walking safer, less stressful and more pleasurable for seniors. The current literature suggests that creating living spaces that support rather than constrain walking requires an integrated package of measures based on the principle that walking is an important form of mobility that, in many neighbourhood settings, should be prioritised rather than simply tolerated.

Increased use of footpaths by wheeled devices travelling at greater speed may not assist to achieve this goal.

Vehicles on Footpaths

New forms of vehicle are being introduced that do not meet the definitions of mobility device or wheeled recreational device, and access to footpaths is being sought for them.

The present Rule requirements are:

> 2.13 Driving along footpath.
>
> (1) A driver must not drive a motor vehicle along a footpath.
>
> [(2) Subclause (1) does not apply to a person who rides a moped or motorcycle on a footpath in the course of delivering newspapers, mail, or printed material to letter boxes if the road controlling authority has authorised the use of the footpath for that purpose.]
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> 2.14 Driving on lawn, garden, or other cultivation

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[16] World Health Organisation (2013) *Pedestrian safety: a road safety manual for decision-makers and practitioners*. Geneva, WHO.

A driver must not drive a motor vehicle on a lawn, garden, or other cultivation adjacent to, or forming part of, a road.

The only vehicles allowed to drive on a footpath are cycles, mopeds or motorcycles that are being used "in the course of delivering newspapers, mail, or printed material to letter boxes". A vehicle may be classed as a motorcycle based on its controls:

"motorcycle—

. (a) means a motor vehicle running on 2 wheels, or not more than 3 wheels when fitted with a sidecar; and

. (b) includes a vehicle with motorcycle controls that is approved as a motorcycle by the **[**Agency**]**; but

. (c) does not include a moped"

While some of the new vehicles could be classed as motorcycles based on their controls, despite having four wheels, they could only be used on a footpath where their use was "in the course of delivering newspapers, mail, or printed material to letter boxes" and only "if the road controlling authority has authorised the use of the footpath for that purpose".

There has been some suggestion that these vehicles could be used on footpaths as mobility devices or wheeled recreational devices. A mobility device is permitted to use footpaths where it is:

"a vehicle that is designed and constructed (not merely adapted) for use by persons who require mobility assistance due to a physical or neurological impairment, and

(a) is powered solely by a motor that has a maximum power output not exceeding 1500 W; or

(b) has been declared by the Director, by notice in the Gazette, to have a maximum power output not exceeding 1500 W"

A wheeled recreational device is able to use a footpath where the device is:

"a vehicle that is a wheeled conveyance (other than a cycle that has a wheel diameter exceeding 355 mm) and that is propelled by human power or gravity; and

(b) includes a conveyance to which are attached 1 or more auxiliary propulsion motors that have a combined maximum power output not exceeding **[**300 W**]"**

To date the devices being proposed for use on footpaths have failed to meet the criteria within the Rule for being designed and constructed for use by persons who require mobility assistance due to a physical or neurological impairment, but arguments are being advanced overseas that physical impairment due to obesity can require mobility assistance of a type for which these devices have been specifically designed and constructed.

The widespread use of mobility scooters by persons who have no physical or neurological impairment has also normalised the use of such devices on footpaths, however, so that clearly enforceable exclusions are blurred.

The need to park these devices once the desired destination is reached has also seen increasing frequency of mobility scooters being parked on footpaths. The most frequent location for this is as near as possible to the entrance to the destination premises, leading to large unexpected obstacles being placed in the natural path for pedestrians, and visually impaired pedestrians in particular.