Institutional Barriers and Enablers to Children’s Independent Mobility

(photo credit: J. Perkovic)

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Research Aim (photo: VicHealth)

- To identify institutional interventions that facilitate children’s independent mobility (CIM) within urban environments, and to determine whether there are principles across interventions that can be replicated by:
  - Summarizing current Australian and international research on ‘good practice’
  - Investigating several programs operating in Victoria to find evidence as to ‘what works’

- Practical aim of increasing institutional awareness and action within Victoria and Australia
Children’s Independent Mobility
(photo credits: J. Rudner, VicHealth, British Council in Korea)

- The freedom of those under 18 to move around in public space without adult accompaniment (Hillman et al 1990): walking, cycling, public transport
The Problem: Huge Generational Shift in CIM (Journey to School)

- Late 1960s: 90% of US primary school children (6-12) walked or cycled to school on their own; 2001: only 13.5%
- 1971: 80% of 7-8 year old UK students went to school on their own; 1990: only 9%
- One longitudinal study in a Melbourne primary school found 65% of kids walked to school and 25% were driven in 1974. At the same school in 2005, only 8% walked and 89% were driven
The Problem: Huge Generational Shift in CIM (other journeys)

- But the journey to school (like the journey to work for adults) only about 20% of trips
- While 80% of German 10 year olds were allowed to travel to places other than school in 1990, only 38% of 10 year olds in the UK, and 34% of 10 year olds in Sydney, were allowed the same freedom
- Car trips taken by children in the UK increased 37% from 1986 to 1999, and walking trips down 31%: greater than modal shift of adults
- In Melbourne, 1/3 of primary school aged children walk less than 5 minutes a day
The Problem: Huge Generational Shift in CIM: why?

- Main reason: Traffic safety and ‘stranger danger’: more an issue of perception than actual increases in crime or traffic accidents
- Other reasons: Increasing car ownership (why not drop off child on way to work?), increasing sprawl (distances to amenities), decreasing neighbourhood activities (decline of neighbourhood store, fewer and bigger schools), ‘turbo charged childhoods’ (less time to walk or cycle)
- Vicious circle: more traffic around schools means less safe
- Road safety education and ‘risk management’: “Always hold the hand of a child under 11” says Pedestrian Council in Australia, while the norm in Japan is that children as young as 4-5 travel to school on their own
Impacts: Physical Health

- Everyday walking and cycling are the most effective ways to accomplish 60 minutes of moderate exercise 5 days/week, more than school-organized phys ed or extracurricular sport.
- Low levels of physical activity associated with increased risk of heart disease, type 2 diabetes etc. in children as young as 12.
- Levels of physical activity and health track from childhood to adulthood.
- In general, children from low SES areas are less likely to be physically active (including CIM) even though low SES households are less likely to own vehicles: this may be due to local environment factors such as high volume of traffic, perceptions of crime, poor amenities, unpleasant urban environment (garbage, broken bottles).
Impacts: Mental/ Social Health

- While much of the literature on decline in physical activity focuses on computers and tv, the time spent in cars is also actively harmful to children.
- CIM is strongly differentiated by gender: boys have much more freedom than girls the same age.
- Children who walk or cycle to school are more alert and ready to learn that children who are driven.
- Half of the 50 children in Bendigo aged 4-8 who were asked to take photographs of a 'typical week', included a photo of the back seat of their car.
Impacts: Environmental Citizenship

- International Centre for Technology Assessment: the air inside cars includes higher level of pollutants; “may pose one of the greatest modern threats to human health”
- Driving children to school, recreation, friends, etc. a significant source of current car traffic congestion and dependency eg., ‘the school drive’ accounts for 17% of traffic 8.30-9 a.m. in Melbourne; airborne pollutants are higher around some schools than in the surrounding neighbourhoods
- Children are the transport decision-makers of the future: are we raising a car-dependent generation?
- Children also need independent mobility in order to explore and understand their communities, meet neighbours, and generally become citizens: people who feel they have the right to use public space
Understanding CIM: both physical and social environment issue (McMillan 2004)

MEDIATING FACTORS
- Neighborhood safety (real/perceived)
- Traffic safety (real/perceived)
- Household transportation options

MODERATING FACTORS
- Social/cultural norms
- Parental attitudes
- Sociodemographics

Urban form → Parental decision-making → Children’s travel behavior (trip to school)
What are the Institutional Barriers? (photo: J Perkovic)

- Transport planners (and other decision-makers) don’t consult with or listen to children; children’s trips not considered
- Risk management matrix: easier to dissuade parents from letting their children out than to make public space safer
- CIM is not a policy issue (but child obesity and sustainable transport are)
What are the Institutional Enablers?
(photo: J Perkovic)

Policy intervention $\Rightarrow$ environment change $\Rightarrow$ behaviour change $\Rightarrow$ improved health
What Works to Increase CIM? (internationally)

- Traffic calming: reducing volume of speed and cars
- Planning for walkability and Transit Oriented Development: increasing land use mix and amenities (adventure playgrounds, benches, convenience stores, recreation centres)
- Walking School Bus/ School Travel Plans: some evidence that they create the preconditions of CIM (less traffic, increasing children and parents knowledge of neighbours and neighbourhoods), but no evidence of impact on CIM
- Child-Friendly Cities: participatory planning and local governance to enforce children’s rights (including right to enjoy public space) being tried in 650 cities, but little evidence of impact on CIM at present
Research Thus Far (06-07)

- First Phase Report: From Battery-Reared to Free Range Children (December 2007) summarized international research and Victorian policy to provide framework of ‘what works, what doesn’t, and what is promising’: being transformed into a chapter in international Child Obesity Book (eds Boyd Swinburn and Elizabeth Waters)
- PhD student, Julie Rudner, investigating conceptions of risk in relation to CIM institutional policies and household practices
- Papers at Walk21 ’06 and ’07; Australian Association of Geographers ’07; Planning Institute of Australia ’08; Child Friendly Cities conference ’08; AESOP/ACSP ’08
- Policy Impact: transformation of Walking School Bus to ‘Streets Ahead’ independent mobility program in late ’07 partially due to impact of research
- Research Assistant (Jana Perkovic) and Postdoctoral Research Fellow (Vivian Romero) recently hired to work on next phase of research
Research Next Phase (08-09)

- Research on 4 Child Friendly Cities initiatives in Victoria: what physical and social environment changes; what impacts?
- Victorian Health Promotion Foundation grant application (Child-Friendly Cities research into CIM for children in high-income and low-income highrises)
- Australian Research Council Linkage application (with 5 other universities) to do first national study on environments and children’s physical activity, active transport, and independent mobility outcomes
- October ’08: Student Research forum on CIM in Melbourne