

31ST WESTMINSTER LECTURE

ON TRANSPORT SAFETY



WHY WE NEED TO LEVEL UP ROAD SAFETY



FEATURING

PROF. NICOLA CHRISTIE

DIRECTOR OF ENGAGEMENT,
THE DEPARTMENT OF CIVIL,
ENVIRONMENTAL AND GEOMATIC
ENGINEERING - UCL

IN PARTNERSHIP WITH



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Safe transport for all.

Acknowledgments

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The Westminster Lecture Series

PACTS held the first Westminster Lecture on Transport Safety in 1990. It is proud to have sustained this tradition over many years. Many leading figures in transport safety from around the world have kindly accepted the invitation to speak. The full list of Lectures is provided in the Appendix.

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Presenter's Profile



PROF. NICOLA CHRISTIE

DIRECTOR OF ENGAGEMENT,
THE DEPARTMENT OF CIVIL, ENVIRONMENTAL AND
GEOMATIC ENGINEERING - UCL

Nicola Christie is Professor of Transport Safety at the Centre for Transport Studies, UCL. She specialises in understanding safety through a public health lens looking at the individual, social, economic and environmental factors that lead to crashes.

Her current research focuses on understanding the safety of cycling using sensors with embedded artificial intelligence and understanding occupational road risk including the safety of motorcyclists working in the gig economy and the road safety of children with SEND.

She is currently President of the London Road Safety Council.

WHY WE NEED TO LEVEL UP ROAD SAFETY

Seeing road safety through a public health lens

Over 10 years ago in the 21st Westminster Lecture for the Parliamentary Advisory Council for Transport Safety Professor Danny Dorling alluded to the public harms caused by motorised travel:

A car standing on the drive outside of 'your' house is widely seen as a sign of success. But what is one person's immediate convenience is a town's congestion and a country's major killer. And we know all this even before considering fumes, oil and car debt.[1]

We are still killing or seriously injuring nearly 30,000 people a year in the UK.

Road safety needs to be seen through a public health lens—but what is a public health approach?[2] Its key features are to:

- Improve the overall health and well-being of communities and populations;
- Reduce health inequalities;
- Prevent illness and injury;
- Be proactive and holistic in addressing the wider determinants of health at the population level,
- Play a crucial role in planning, implementing, and evaluating these efforts to protect and promote the health of the public.

Creating safe environments can support healthy behaviours and well-being. Government recognises that the population needs to be more active to reduce the obesity epidemic with 28% of children aged 2-15 being overweight or obese and this continues into adulthood.[3] In terms of health inequalities obesity levels are highest in deprived areas.[4] There is a government recognition that we need to travel more sustainably to reduce pollution caused by motorised vehicles and again pollution levels are highest in deprived areas.[5] Creating safe, clean environments can support the health benefits afforded by walking and cycling. The Commons Transport Select Committee report in 2019 on active travel notes: "The economic, human and environmental costs of inactivity, climate change, air pollution and traffic congestion are huge." [6]

[1] [The 21st Westminster Lecture on Transport Safety](#)

[2] Nicola Christie, "Why we need to view road safety through a public health lens?", *Transport Reviews*, 38:2, 139-141, DOI: 10.1080/01441647.2018.1411226 (2018).

[3] "Overweight and obesity in adults and children", *Health Survey for England 2018*, 3 December 2019, healthsurvey.hscic.gov.uk

[4] "Latest obesity figures for England show a strong link between children living with obesity and deprivation", *NHS Digital*, 3 November 2022, digital.nhs.uk

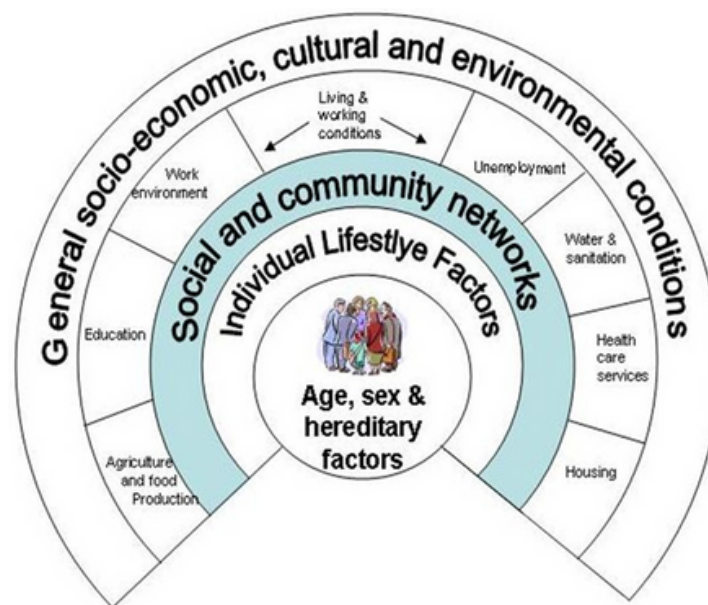
[5] *Air Quality and Social Deprivation in the UK: an environmental inequalities analysis, Final Report to Department of Environment, Food and Rural Affairs AEAT/ENV/R/2170*, June 2006, uk-air.defra.gov.uk

[6] *Transport Committee, Eleventh Report of Session 2017-19, Active travel: increasing levels of walking and cycling in England*, HC 1487

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Sir Chris Whitty was among senior figures appointed to the Active Travel England advisory panel to address health issues caused by sedentary living, nothing was mentioned about the role of safer roads in the press release. However, hostile, unsafe environments are a major barrier to walking and cycling. For example, a perceived lack of safety is seen as a major barrier to the adoption of cycling among Londoners.[7]

There is also a useful systems model used in public health known as the social determinants of health model by Dahlgren and Whitehead (1991).[8] The model serves to remind us that road safety occurs in a system and many different aspects of the system can influence health outcomes.



Social determinants of health model by Dahlgren and Whitehead (1991)

[7] Question: Barriers to Active Travel, 20 June 2022, london.gov.uk

[8] Dahlgren, Göran & Margaret Whitehead, "Policies and Strategies to Promote Social Equity in Health". Stockholm, Sweden: Institute for Futures Studies (1991).

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Another important part of a public health approach is targeted universalism. The premise of this approach is that every citizen deserves the opportunity to be healthy and to practice healthy behaviours.

However, not everyone has access to environments that support healthy behaviours and therefore a 'levelling-up' approach is necessary to disproportionately improve the health of more disadvantaged groups while at the same time improving the health of the entire population. A public approach to road safety is needed because there is a strong socioeconomic gradient in road casualties, with those in the lowest socioeconomic class experiencing the greatest burden of death and injury. This relationship was published over 40 years ago in what became known as The Black Report led by Sir Douglas Black. In his obituary, it was noted that "In 1974 he was seconded to the Department of Health as its first chief scientist, a post he hated. The mandarins blocked his work."^[9] Research on health inequalities under Conservative governments seems to cause 'mandarins' some disconcertion. The Black Report 1980 stated that:

Among child pedestrians, for example, the risk of death from the impact of a motor vehicle is multiplied by 5-7 times in passing from class I to class V. These differences demonstrate the non-random nature of accidents as a collective class of events.^[10]

While the death of an individual child appears as a random misfortune, the overall distribution clearly indicates the social nature of the phenomena. How is it to be explained?

Accidents have two primary causes: either environmental hazards or dangerous behaviour reflecting carelessness, adventure or irresponsibility. These primary causes involve both material and cultural factors and indeed full explanation of inequalities in the risk of death in childhood implicates each of them.

^[9] [Obituary, Sir Douglas Black, BMJ 2002;325:661 \(21 September 2002\).](#)

^[10] [The Registrar General's scale \(RGSC\) was used by the UK government between 1911 and 1980. The RGSC divided the population into five distinct social classes, with each class based on measurements related to occupations, considering both skill levels and status.](#)

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Inequalities in road safety for children and young people

So how is this to be explained? It was clear that the health inequalities in road safety outcomes needed to look at factors that caused risk from a holistic systems perspective. Research exploring the reasons behind the socioeconomic gradient in road casualties was carried out at TRL funded by the Department for Transport and was the foundation of my PhD (supervised by Richard Allsop and Heather Ward) at UCL (an institution whose establishment was predicated on reducing inequalities).

The TRL report 'The high-risk child pedestrian: socio-economic and environmental factors in their accidents'^[1] was published in 1995. It was a case-control study involving over 500 school children aged 5-15 from deprived areas in England, whereby 'cases' (injured children) were recruited from hospitals in Bradford, Bristol, London, Reading and Merthyr Tydfil in Wales. Taking a wider determinants perspective—a constellation of factors was associated with becoming a casualty. In terms of individual factors, the following were associated with belonging to the 'accident' group:

- Being male;
- Aged under 11;
- From an ethnic minority;
- Having a hearing impairment;
- Living in a household with one adult carer or parent and several siblings,
- Living in overcrowded accommodation.

^[1] [Christie, Nicola, "The High Risk Child Pedestrian: Socio-Economic and Environmental Factors in Their Accidents" \(1995\).](#)

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Lifestyle and environmental factors related to exposure to risk were that children:

- Did not go to any clubs after school;
- Reported playing in the street;
- Were in a family having no access to a car,
- Lived on through roads on old developments e.g. classic Victorian gridiron.

The report was delayed for publication by the Conservative ‘mandarin’, the Secretary of State for Transport, Brian Mawhinney. But somehow the report, and the story of its delay, was published in the Guardian newspaper—history was repeating itself. The consequences were that I was implicated as having leaked the report and was temporarily taken off this type of work and switched to researching issues around brain injury and fitness to drive.

In 2007 I became involved in further research funded by the Department for Transport on fatal trends in car occupants.[12] As part of a multidisciplinary team, we explored trends in car occupant fatalities, how changes in hospital care could account for them and how fatalities varied with socioeconomic status. This showed that whilst 13% of the population can be categorized into the lowest social class (there were 7 classes based on ONS data) they accounted for 20% of the fatalities. Work from Nottingham University comparing fatal crashes across quintiles of deprivation (based on the indices of deprivation linked to the postcode of the fatality) showed that fatal collisions in the most deprived were more likely to be associated with behaviours such as driving at excessive speed, driver impairment through drugs or alcohol, driver/passenger failure to wear seat-belts and unlicensed/uninsured driving.[13]

So, the evidence was mounting that the socioeconomic gradient in road casualties could be observed for other road users not just child pedestrians.

[12] [Department for Transport, Road Safety Research Report No. 76, Trends in Fatal Car-occupant Accidents, February 2007](#)

[13] [Clarke, David & Ward, Pat & Truman, Wendy & Bartle, Craig, "A poor way to die: social deprivation and road traffic fatalities" \(2008\)](#)

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In 2008 I was called as an expert witness on the wider determinants of road casualties for the Transport Select Committee Chaired by Labour MP Gwyneth Dunwoody alongside Danny Dorling (Sheffield University) and David Lynam (TRL). The report provided recommendations for addressing wider determinants and co-benefits of safer roads:

We commend the Government on having set and maintained ambitious road traffic casualty reduction targets. We also commend it for recognising that road safety needs to be integrated with other important policy objectives such as promoting good health, reducing carbon dioxide emissions, tackling deprivation and improving quality of life. The Government has not sought to reduce casualties by discouraging vulnerable road users from taking to the streets; but some trends, such as increased traffic, have had this effect. We recommend that in the forthcoming White Paper on sustainable transport, road safety objectives should be integrated with these wider objectives. We also recommend that the road safety strategy for beyond 2010 be explicitly set in the context of wider policy objectives. This should help to ensure that road safety is seen as relevant in other policy areas and that road safety policies do not have unintended consequences on other important objectives, such as improving public health by encouraging walking, cycling and play.[14]

In 2004 I was involved in the Evaluation of the Neighbourhood Road Safety Initiative (NRSI). The NRSI was funded by the Department for Transport to address the causal chain that linked road casualties to deprivation—tackling the upstream factors through multiagency partnerships and multifaceted approaches. It was a groundbreaking world first involving 15 of the most deprived areas in England with the highest child pedestrian casualties. The evaluation showed that efforts to address injury inequality through a multifaceted approach, encompassing education, publicity, enforcement, and engineering contributed to a significant reduction in casualties despite challenges in establishing a causal relationship, the initiative demonstrated improvements in safety, particularly in casualty reductions.

The NRSI evaluation highlighted the impact of the road environment on quality of life, mobility, and safety perceptions in deprived communities.

[14] [Transport Committee, Second Special Report of Session 2008-09, Ending the Scandal of Complacency: Road Safety beyond 2010: Further Government Response to the Committee's Eleventh Report of Session 2007-08, HC 422](#)

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Residents expressed feelings of isolation from decision-makers and a perceived lack of responsiveness from local authorities and police. The initiative shed light on the complex factors contributing to pedestrian injuries in deprived areas, emphasizing the need for a holistic understanding and collaborative interventions. Importantly, the evaluation provided primary quantitative and qualitative research on the lived experience of parents.

Our research showed that:

- Antisocial driving was more prevalent in deprived areas;
- Residents had to navigate drug needles strewn on the pavements on local routes;
- Residents encountered vandalised parks, stray dogs and dog mess, litter from drugs and glass from alcohol use;
- The volume and speed of traffic was problematic,
- Many had stories about children being killed or injured on local roads.

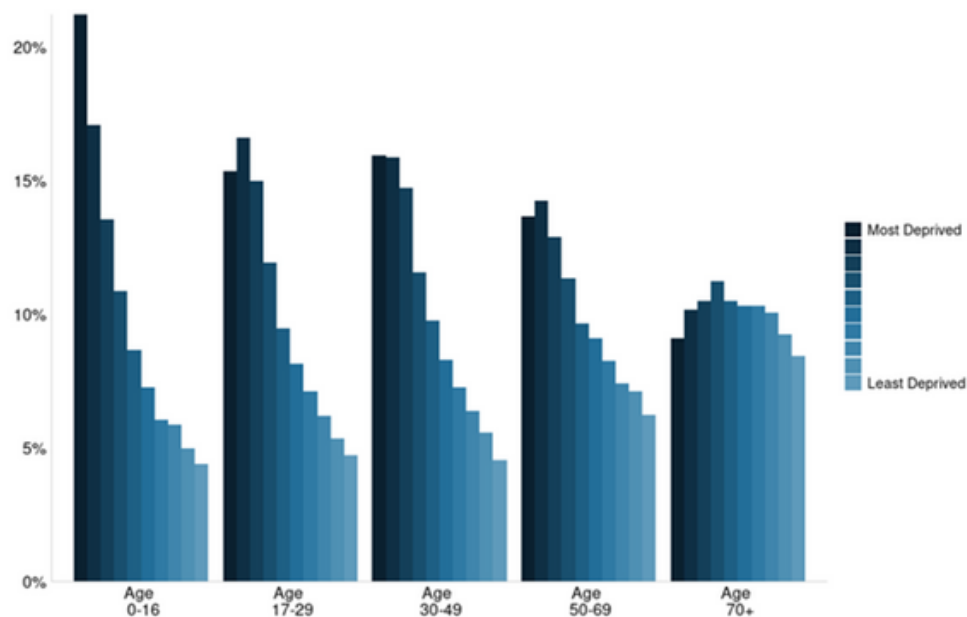
Concerns about anti-social behaviour among drivers in NRSI areas underscored the importance of targeted enforcement to address safety issues and reassure the community. Road safety was interconnected with social determinants, impacting community well-being, physical activity, and social cohesion.

So, what is the current relationship between road casualties and socioeconomic status 40 years on? Now the Department for Transport monitors road casualties by deprivation associated with the postcode of the home address of the casualty. However, the resulting picture is bleak across all road user groups, especially for the young whether travelling as pedestrians, cyclists, motorcyclists or car occupants.[15]

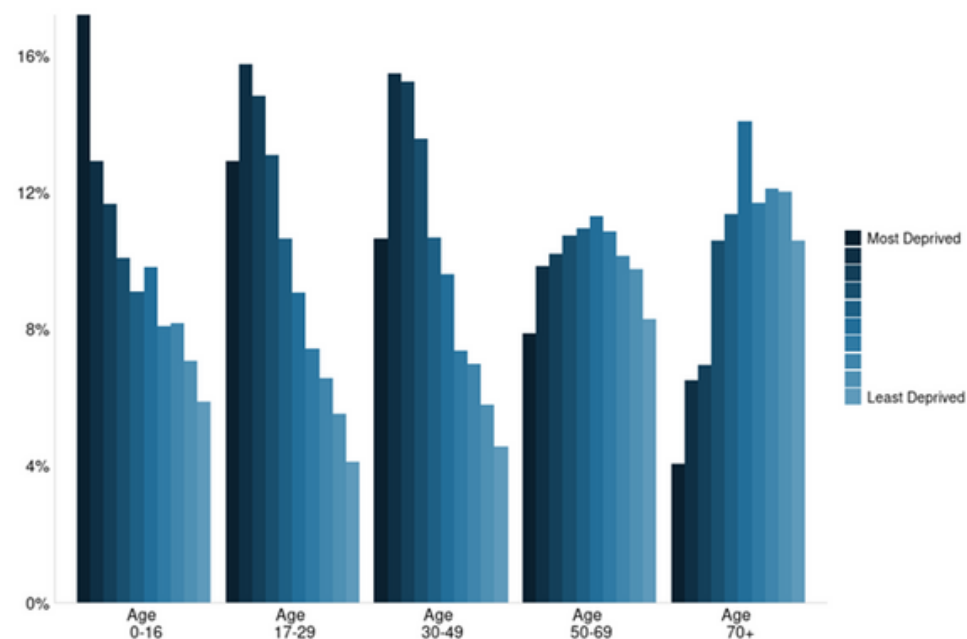
[15] [Department for Transport, Reported road casualties Great Britain: Casualties and deprivation, September 2022](#)

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The proportion of pedestrian casualties by IMD decile of casualty home postcode, by age, 2017 to 2021 (England only)



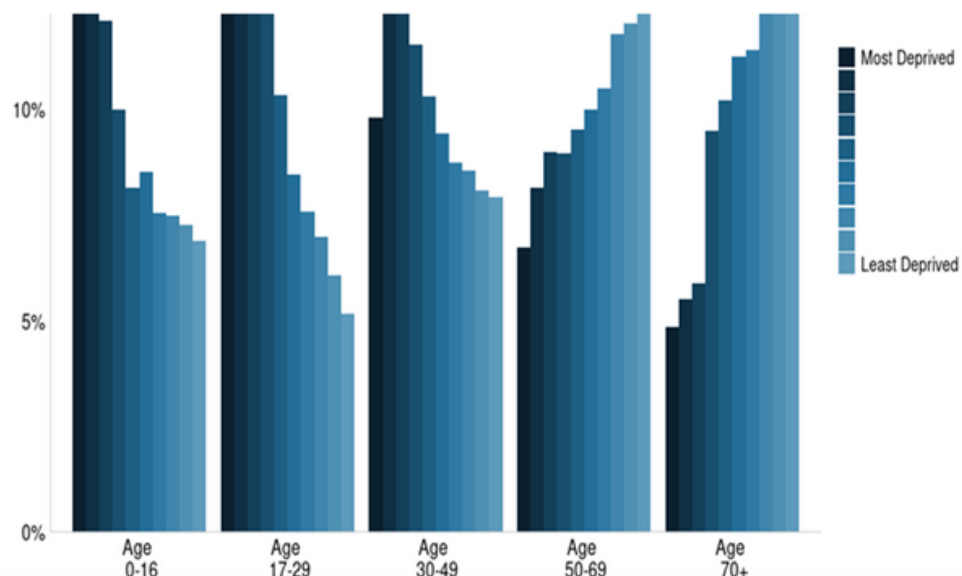
Proportion of motorcycle casualties by IMD decile of casualty home postcode, by age, 2017 to 2021 (England only)



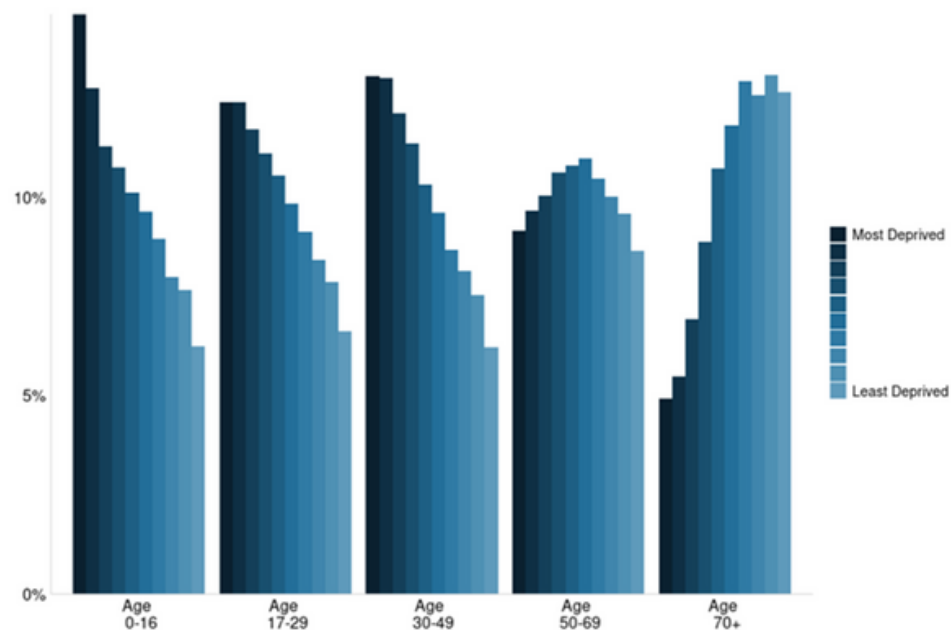
DfT: Reported road casualties Great Britain: Casualties and deprivation

WHY WE NEED TO LEVEL UP ROAD SAFETY

Proportion of pedal cyclists casualties by IMD decile of casualty home postcode, by age, 2017 to 2021 (England only)



Proportion of car occupant casualties by IMD decile of casualty home postcode, by age, 2017 to 2021 (England only)



DfT: Reported road casualties Great Britain: Casualties and deprivation

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Whenever research on the socioeconomic gradient in road casualties is presented, a frequent question is, does it just reflect greater activity or exposure to risk? In other words, do children in poorer areas just walk more? Getting good quality exposure data is difficult and undoubtedly previous research would suggest that children from poorer backgrounds are more likely to play on the streets. We explored inequalities taking exposure into account using routine national datasets (O'Toole and Christie, 2018).

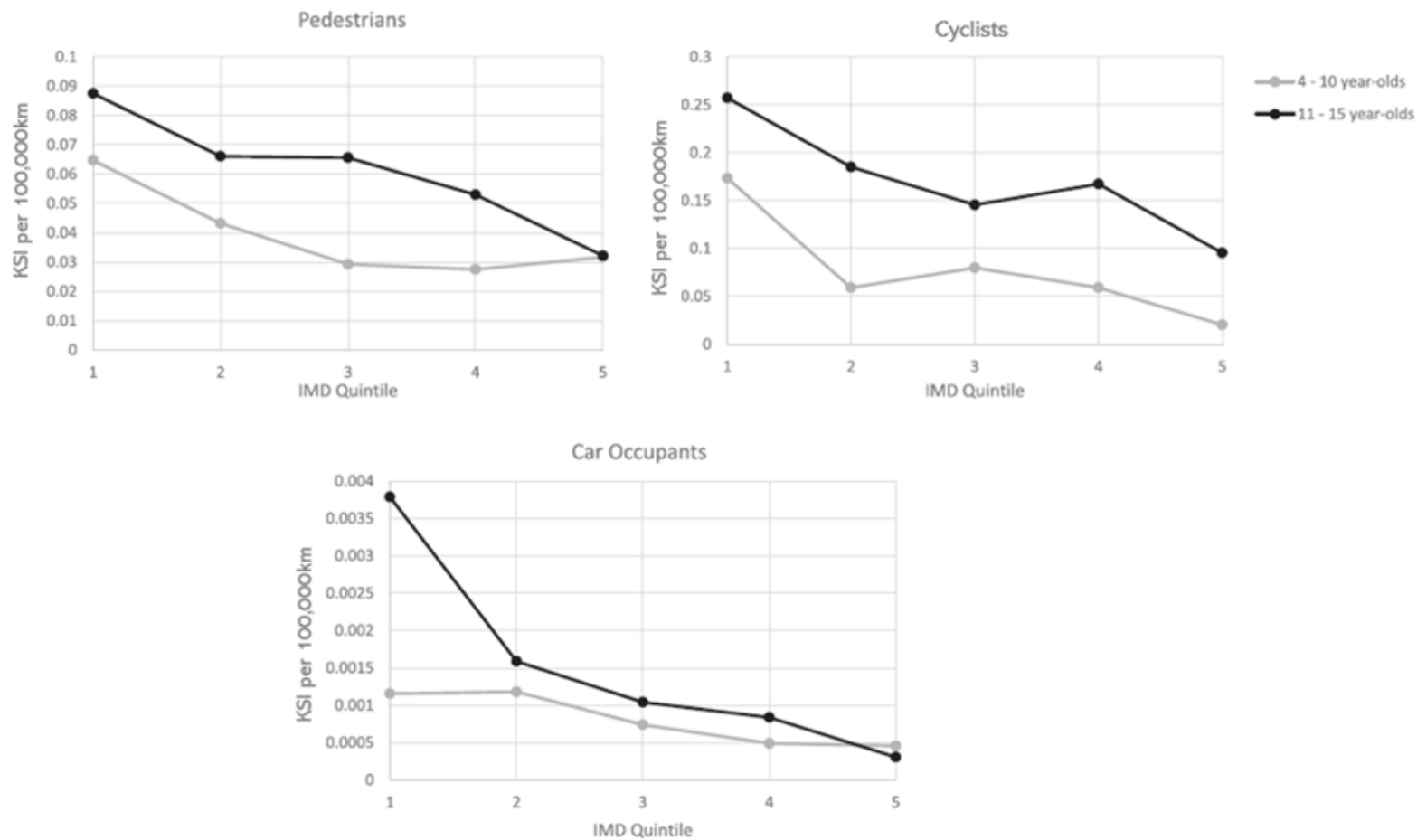
By aggregating killed and seriously injured casualty data for children aged 4-10 and 11-15 by indices of multiple deprivation (IMD)[16] quintile as the numerator and population and exposure (miles travelled) per IMD quintile as the denominator it can be seen that inequalities still exist for child pedestrians, cyclists, and car occupants.[17]

[16] [English indices of deprivation, 13 December 2012, gov.uk](#)

[17] [The Indices of Deprivation are a unique measure of relative deprivation at a small local area level across England. They are based on seven different facets of deprivation which are measured in a broad way to encompass a wide range of aspects of an individual's living conditions. Combining information from the seven domains produces an overall relative measure of deprivation, the Index of Multiple Deprivation \(IMD\).](#)

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Killed and Seriously Injured Casualty Data for Children ages 4-10 and 11-15



O'Toole, S; Christie, N; (2018) Deprivation and road traffic injury comparisons for 4-10 and 11-15 year-olds

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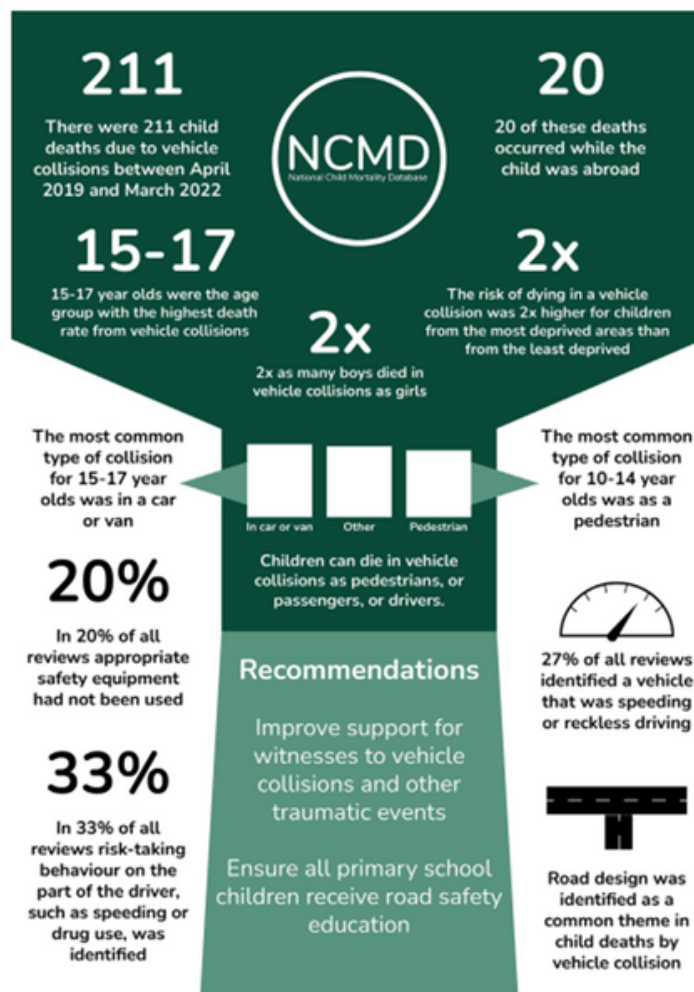
This year data from Child Death Overview Panels (CDOPS) (2023) was published in a report on traumatic incidents that led to deaths in children, including vehicle collisions.^[18] CDOPs are multidisciplinary, interagency teams that have a statutory role to review and analyse the circumstances surrounding the death of a child. The primary goal of a CDOP is to enhance the understanding of child deaths to prevent future fatalities and promote child safety and well-being.

This report shows the relationship between road deaths and deprivation revealing a more nuanced picture than police-reported casualty data. Again, this data shows that children from the most deprived backgrounds (in deciles of deprivation) were twice as likely to be killed in a vehicle collision compared to those in the least deprived area. For car occupants, children aged 15-17 were most at risk and behavioural factors included being in a car where the driver was speeding or taking drugs and lack of use of safety equipment. For pedestrians, those aged 10-14 years were most at risk and over a quarter were associated with a driver speeding or driving recklessly and where road design was problematic. A recent conversation with the research team that wrote this report suggests that children in deprived areas are still being killed playing on the street.

^[18] [Deaths of children and young people due to traumatic incidents, National Child Mortality Database, July 13, 2023](#)

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Deaths due to vehicle collisions



Source: National Child Mortality Database 2023

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There are evidence-based interventions that can significantly reduce child casualties in deprived areas using engineering measures to reduce the speed of vehicles (Grundy et al, 2009;[19] Jones et al, 2005[20]) and their effectiveness as a health prevention measure is underlined in NICE guidance.[21] There is also evidence from a randomised controlled trial of child pedestrian training in deprived areas (funded by the Department for Transport) which showed positive behaviour change with respect to:

- Recognising safe versus dangerous crossing places;
- Crossing safely at parked cars,
- Crossing safely near junctions for children aged 5-7 (Whelan, et al; 2008).[22]

But undoubtedly in this age of austerity it seems that adequate resources are not there to implement these interventions, though we should question, can we afford not to?

My current research is called ActEarly and is a UK Prevention Research Partnership Grant.[23] The project aims to:

- Create a research consortium that unites broad transdisciplinary expertise with the public, policy leaders and practitioners;
- Identify and implement system-wide early life upstream prevention solutions;
- Provide efficient data platforms and methodological expertise enabling robust population-scale evaluation,
- Evaluate the collaboration approach as a model for addressing upstream determinants of health.

Once again, its focus was on early life changes to improve the health and opportunities for children in two areas with high levels of child poverty; Bradford, West Yorkshire and Tower Hamlets, London. There are three strands of work of which one is Healthy Places, which I co-lead,

[19] S J Jones, R A Lyons, A John, S R Palmer, "Traffic calming policy can reduce inequalities in child pedestrian injuries: database study", *Injury Prevention*, vol 11 (2005), pp 152-156

[20] Chris Grundy, "Effect of 20 mph traffic speed zones on road injuries in London, 1986-2006: controlled interrupted time series analysis" *BMJ* 339 (2005).

[21] NICE guideline, "Unintentional injuries on the road: interventions for under 15s", 24 November 2010, nice.org.uk

[22] Whelan, Kirstie, Elizabeth Towner, Gail Errington and Jane Powell, "Evaluation of the National Child Pedestrian Training Pilot Projects", Road Safety Research Report No. 82 (2008).

[23] ActEarly: a City Collaboratory approach to early promotion of good health and wellbeing [version 1; peer review: 2 approved], 14 October 2019, wellcomeopenresearch.org

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(the other two are Healthy Learning and Healthy Livelihoods). We are looking at the importance of street-based interventions such as healthy school streets and low-traffic neighbourhoods (also known as liveable streets) that create safe environments to encourage active travel by reducing road dangers associated with the speed volume of traffic and the pollution they create. However, street interventions that are perceived to constrain the freedom of motorists have become politically polarising and our research on liveable streets had to be stopped because of the election of a new mayor in Tower Hamlets whose first election pledge was to remove all +low-traffic neighbourhoods due to community protests.

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Work and inequalities in road safety

An important social determinant of health is access to fair, safe employment. A growing area of my work is exploring the risks associated with app-based gig work by talking to taxi drivers, parcel delivery drivers, food delivery riders on pedal cycles and motorbikes and carrying out large-scale surveys among them funded by The Road Safety Trust.^[24] The rise of the digital gig economy, whereby people access work via an app and get paid per gig or a 'piece rate' seems to be an existential threat to health and safety at work. Much of this work is in the food and parcel delivery sector or in taxi services. It can be precarious, unreliable, and low-paid. Gig workers sign up via the recruitment interface on mobile phone apps. Jobs are notified by app and must be accepted or rejected within a certain time (~1 minute). If don't accept jobs can lead to a rejection level that means they are 'kicked off' the system. The system allocates jobs and tells the rider how to get there. Workers can sign up for multiple delivery apps ('Multi Apping'). Some of these food delivery apps pay higher rates when the weather is hazardous.

For those working on pedal cycles or motorcycles, we found that the delivery app was a distraction with constant notifications and having to continually look down at their phone taking their eyes off the road. There was also pressure to accept or reject a job quickly otherwise they would be negatively evaluated with the threat of their account being closed. 40% of those using an app found them to be distracting whilst driving or riding.

Fatigue was also a problem. The narratives of workers showed that they could become mentally and physically fatigued with one cyclist reporting that she fell asleep on her pedal cycle and subsequently crashed and a driver reporting that he had to slap his face to keep awake and travelled at 'only' 50 mph on the motorway to limit any damage if he crashed. For some taxi services, drivers had long commutes into London before they started work. In the survey, 16% reported feeling severe fatigue e.g., struggling to stay awake whilst working.

^[24] Nicola Christie, "The health and safety risks for people who drive for work in the gig economy", *Journal of Transport and Health*, vol 13 (2019), pp 115-127

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Gig workers reported going through red lights when under pressure. In our survey, 15% car/van drivers, 56% pedal cyclists and 37% motorcyclists agreed they had gone through a red light when under pressure. This pressure also led to speeding with 45% of car/van drivers and 74% of motorcyclists said that the pressure led to them breaking the speed limit. Unsurprisingly, they also reported being involved in collisions reported by 6% of car drivers, 17% of pedal cyclists and 19% of motorcyclists.

Little safety management was reported. Parcel delivery workers reported that companies were only interested in 'the life of a parcel than the person delivering it', virtually no training was given or safety equipment leaving workers feeling that there was a general disregard for their safety.

A follow-up study funded by the Department for Transport^[25] aimed to explore whether it was the gig business model or just the vulnerability of riding a motorcycle that was risky as motorcyclists are one of the most vulnerable road users being 50 times more likely to die in a crash than car drivers.^[26] This study explored the risks experienced by people delivering hot food by motorcycle either working in the gig or employed by restaurants.

We found that the differences between the two sets of workers were stark. Compared to riders employed by restaurants, gig workers were:

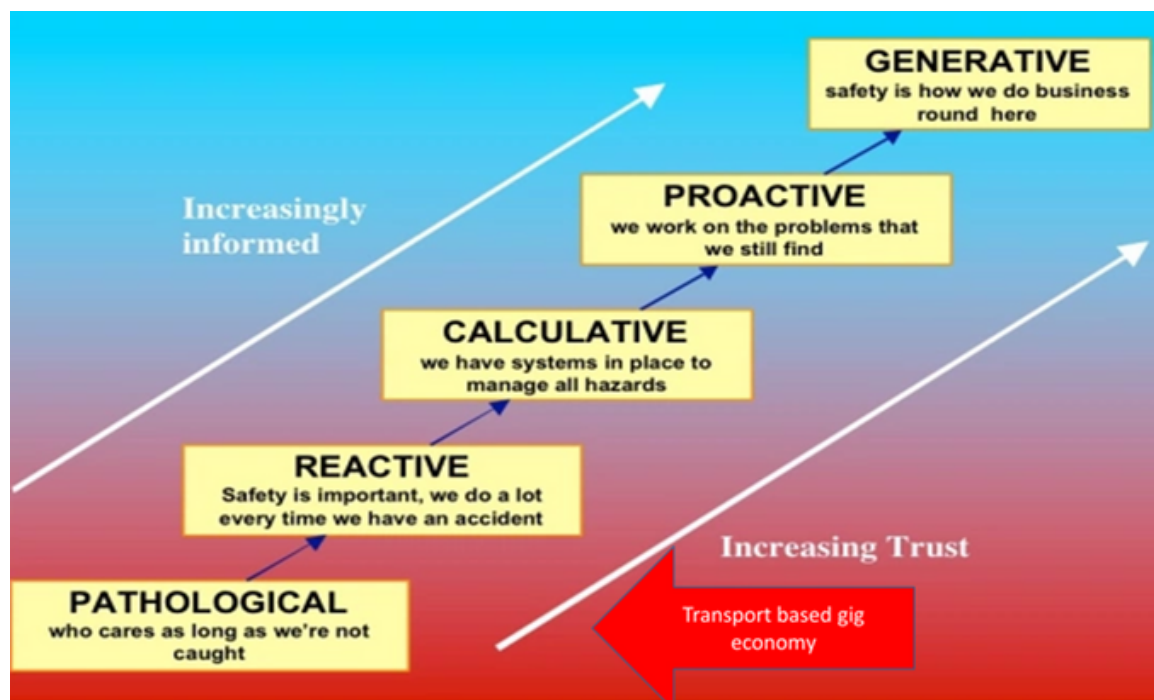
- more likely to agree that the pressure of work led to speeding;
- more likely to agree that they had driven through a red light when under pressure;
- paid more to go out in wet and icy conditions or in unsocial hours;
- less likely to wear protective clothing like protective jackets, and trousers;
- more likely to handle their phone when riding and report that was distracting;
- more likely to report they carry loads which make them feel unstable;
- more likely to say they weave in and out of traffic when there is congestion;
- more likely to report being stopped by the police and be involved in crashes,
- more likely to have points on their license.

^[25] [Christie, Nicola and Ward, Heather, "Delivering Hot Food on Motorcycles: The Impact of Business Model on Rider Behaviour and Safety", 28 April 2022, .papers.ssrn.com](#)

^[26] [Department for Transport, Reported road casualties Great Britain: motorcycle factsheet, 2021, 29 September 2022](#)

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It seems the transport gig economy presents a perfect storm of risk factors for road safety. From a human factors' perspective, we can quickly see that the hazards are related to the work design and this leads to unsafe acts. But these companies externalise all the road safety risks and abrogate their responsibilities. If we were to describe the industry's level of safety culture maturity using Hudson's safety culture ladder it could be described as very immature, at the bottom of the ladder or 'pathological' (who cares as long as we're not caught).[27]



The Evolutionary Model of Safety Culture [28]

[27] Patrick Hudson, "Safety Management and Safety Culture: The Long, Hard and Winding Road", m3rsms.com.au

[28] Patrick Hudson, "Safety Management and Safety Culture: The Long, Hard and Winding Road", m3rsms.com.au

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Motorcyclists working in food delivery are a road safety concern in cities as recognised in London where over 80% of casualties are vulnerable road users:

The food delivery industry has more than doubled since the beginning of 2020, bringing with it an increase in delivery riders. TfL estimates that up to 40,000 currently operate in London, most of them ride high-risk, low-powered motorcycles and scooters and they have only completed basic training. Motorcycles with engines under 125cc have the highest casualty numbers and these casualties have increased over the past five years; 3,459 in 2017 to 4,656 in 2021." (October 2022)[29]

Transport for London has developed a charter for delivery motorcyclists in 2023.[30]

It has ten key principles which include:

1. A commitment to Vision Zero
2. Making sure workers meet the legal requirements for working and riding in the UK
3. That they ride safely within the law when delivering in London
4. Use green modes of transport
5. Use personal protective equipment (PPE)
6. Report collisions
7. Act against dangerous riding
8. Maintain vehicle standards in terms of insurance and roadworthiness
9. Ensure that mobile phone and delivery apps do not cause a distraction
10. Make sure delivery schedules are realistic and achievable without breaking the law

[29] [Question: Motorcycle Delivery Drivers, 25 October 2022, london.gov.uk](#)

[30] [Transport for London, The meal and grocery delivery motorcycle road safety charter \(September 2023\), tfl.gov.uk](#)

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Whilst key players have signed up to this voluntary charter it seems difficult to measure its impacts, and is ostensibly asking digital platforms to change their business model which seems unlikely. Globally, other countries are saying that gig workers need to be employed, with all the employment protection that this can bring. This seems a better way forward for fair, safe work.

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Conclusions

So why do we need to level up? Because health inequalities related to road casualties are unfair and preventable.

How do we do it?

- By targeting evidence-based interventions where needed most;
- By addressing the wider determinants – including stewardship of the environment, providing safe places for recreation, building the case for the co-benefits of safe streets;
- By creating targets for casualty reduction – especially in areas of deprivation;
- By working with those that influence workplace safety,
- By forming cross-sector partnerships.

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The importance of politics

But some cautionary notes. Politics matter. Interventions that reduce the speed and volume of traffic are politically polarising and divide communities. We need to engage more deeply with communities in a bottom-up way to show the benefits of creating safe, accessible and inclusive environments and to show how any unintended consequences can be mitigated. Politicians want to win the hearts and minds of the communities they represent. If there is not full and direct participation in decisions that impact the lives of communities, there is the danger of a vociferous backlash. Even at a national level, this can be seen with the new The Plan for Drivers:[31]

It is not right that some drivers feel under attack. This long-term plan will address key elements of those concerns. We will explore options to stop local councils using so-called “15-minute cities”, such as in Oxford, to police people’s lives; we will restrain the most aggressively anti-driver traffic management measures. We will make it clear that 20mph speed limits in England must be used appropriately where people want them - not as unwarranted blanket measures. We will take steps to stop councils profiting from moving traffic enforcement.

There is clearly so much more that needs to be done to level up road safety – and politics has a key role to play.

[31] [Department for Transport, Policy Paper, Plan for drivers, Supports motorists by making driving as straightforward, accessible, environmentally responsible and safe as possible, 2 October 2023, gov.uk](https://www.gov.uk/government/policy-papers/plan-for-drivers-supports-motorists-by-making-driving-as-straightforward-accessible-environmentally-responsible-and-safe-as-possible)



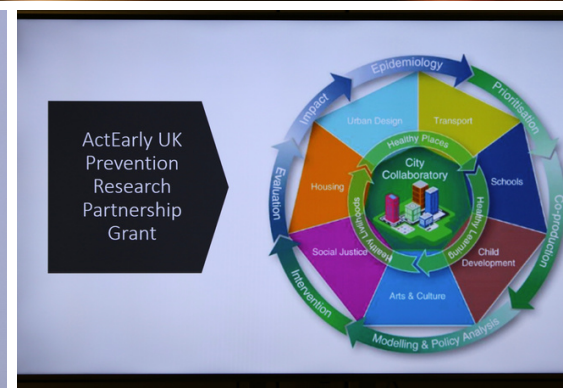
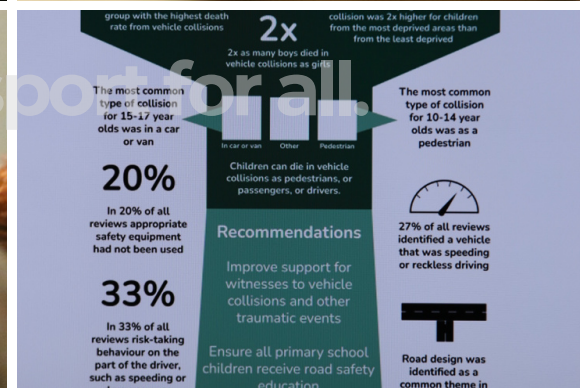
Baroness Randerson, Liberal Democrat Lords Spokesperson (Transport),



Tony Ciaburro, PACTS Chair



Nicola Bell, Executive Director of Major Projects, National Highways



EVENT HIGHLIGHTS



Previous Westminster Lectures on Transport Safety

The Westminster Lecture is an annual event in which leaders in transport safety address topics of concern to practitioners, researchers, and policymakers in the field. It is organised by PACTS.

- **30th** - Simon French OBE, Former Chief Inspector, Rail Accident Investigation Branch.
Title: Reflections on 18 years as a railway accident investigator
- **29th** - Robert L. Sumwalt, FRAeS, Chairman, US National Transport Safety Board
Title: Lessons from the Ashes: Improving Transportation Safety through Accident Investigation
- **28th** - Prof. Alan F. T. Winfield, Bristol Robotics Laboratory, UWE Bristol
Title: The Implications of Robots in the Transport Sector
- **27th** - Christian Friis Bach, Executive Secretary & Under-Secretary-General, United Nations Economic Commission for Europe
Title: Road Safety and the Global Goals for Sustainable Development
- **26th** - Ruth Sutherland, Chief Executive, Samaritans
Title: Working Together to Reduce Suicide in Transport
- **25th** - Tony Bliss, Global Road Safety Advisor, Monash University Accident and Research Centre, Australia
Title: Road Safety in the 21st Century: Public Expectations of Government

Previous Westminster Lectures on Transport Safety

- **24th** - Dr Rob Hunter, Head of Flight Safety, BALPA Staying Awake
Title: Staying Alive: The problem of fatigue in the transport sector
- **23rd** - Jeanne Breen, OBE, FRSA, MCIHT, Jeanne Breen Consulting
Title: Managing for Ambitious Road Safety Results
- **22nd** - Dr Jillian Anable, Centre for Transport Research, University of Aberdeen
Title: More haste, less speed: changing behaviour for safety and sustainability
- **21st** - Danny Dorling, Professor of Human Geography, University of Sheffield
Title: Roads, casualties and public health: the open sewers of the 21st century?
- **20th** - Fred Wegman, Managing Director, SWOV Institute for Road Safety Research, The Netherlands
Title: Putting People at the Centre: How to Improve Road Safety in the 21st Century
- **19th** - Professor Oliver Carsten, University of Leeds
Title: Technology: Curse or Cure?
- **18th** - Professor James Reason CBE, Emeritus Professor, University of Manchester
Title: Recurrent patterns in transport accidents: Conditions and causes
- **17th** - Professor Phil Goodwin, Professor of Transport Policy at the Centre for Transport and Society, UWE Bristol, Emeritus Professor at University College London
Title: Determination and Denial: The Paradox of Safety Research and Traffic Policy

Previous Westminster Lectures on Transport Safety

- **16th** - Professor Ronan Lyons, Professor for Public Health, University of Wales at Swansea
Title: Connecting Public Health and Transport Safety
- **15th** - Professor Helen Muir, Director, Cranfield Institute for Safety
Title: Risk and Reliability In times of crisis how do passengers react?
- **14th** - Professor David Begg, Chairman, Commission for Integrated
Title: Transport Transport Safety and Integration: putting the two together
- **13th** - Mr Ken Smart, CBE, Chief Inspector, Air Accidents Investigation Branch
Title: Transport Accident Investigations: a question of trust
- **12th** - Professor Richard Allsop, Centre for Transport Studies, UCL
Title: Road Safety: Britain in Europe
- **11th** - Dr Rod Kimber, Director of Science and Engineering, TRL 2010
Title: Getting there in one piece
- **10th** - Simon Folkard D.SC, Department of Psychology, University of Wales at Swansea
Title: Transport Rhythm and Blues
- **9th** - Dr Dianne Parker, University of Manchester
Title: The social psychology of driver behaviour: is it time to put our foot down?

Previous Westminster Lectures on Transport Safety

- **8th** - Professor Frank McKenna, Department of Psychology, Reading University
Title: Death by Accident: the psychology of human error
- **7th** - Mr Stefan Nillson, Director, Automotive Safety Centre, Volvo
Title: A Holistic View on Automotive Safety
- **6th** - Sir Alastair Morton, Co-chairman, Eurotunnel
Title: There is no such thing as perfect safety in transport, but life is life, however you travel
- **5th** - Dr Leonard Evans, Principal Research Scientist, GM R&D Centre
Title: Traffic Safety Measures, Driver Behaviour Responses and Surprising Outcomes
- **4th** - Mr Brian O'Neil, President, Insurance Institute for Highway Safety
Title: Progress in Transport Safety: the US experience
- **3rd** - Mr Robert Coleman, Director General, DG VII, European Commission
Title: Transport Safety and the EC
- **2nd** - Dr Ian Johnston, Executive Director, Australian Road Research Board
Title: Effective strategies for transport safety: an Australian's perspective
- **1st** - Dr Jan C. Tetlow, Secretary General, European Conference of Ministers of Transport
Title: Transport Safety: European cooperation for the 90's

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Safe transport for all.

31ST WESTMINSTER LECTURE

ON TRANSPORT SAFETY

IN PARTNERSHIP WITH



Parliamentary Advisory Council for Transport Safety (PACTS)
Buckingham Court
78 Buckingham Gate
Westminster
London
SW1E 6PE

admin@pacts.org.uk
(+44) 7928 050 742
www.pacts.org.uk
 @PACTS