

CWIS3 Draft Response

Question 1: Do you agree or disagree with the proposed national vision for active travel?

Agree

Question 2: If you disagree, why do you disagree with the proposed national vision for active travel and what potential alternatives do you suggest?

N/A

Question 3: Do you agree or disagree with the objective: 'Ensure people are safe to travel actively'?

Agree

Question 4: If you disagree, why do you disagree with the objective: 'Ensure people are safe to travel actively' and what potential alternatives do you suggest?

N/A

Question 5: Do you agree or disagree with the objective: 'Ensure people feel it is an easy choice'?

Disagree

Question 6: If you disagree, why do you disagree with the objective: 'Ensure people feel it is an easy choice' and what potential alternatives do you suggest?

In many rural authorities, active travel will not realistically feel like an easy choice due to distance, dispersed land use and older/less mobile populations. The focus should instead be on ensuring access to active travel opportunities where realistic, such as short journeys to essential facilities such as shops, schools and health care providers. Proposed alternative: 'Ensure people feel it is an accessible and safe choice'.

Question 7: Do you agree or disagree with the proposed key performance indicators?

Disagree

Question 8: If you disagree, explain why.

CIHT feels that the proposed KPIs are reasonable, however it would be helpful to understand how each reads across to the new objectives that have been set. For example, which of the KPIs are anticipated to be able to measure whether the public believe active travel has become an easier choice for them to make? It would likewise be helpful to include KPIs relating to links to public transport, in recognition of the close relationship between these modes. The [National Travel Survey](#) provides framework for measuring changes in people's travel patterns across modes.

We recommend that records of how often and how many people make use of the newly built or maintained infrastructure should be kept and statistically analysed to verify if changes in pattern are significant. Introducing a rating of maintainability and resilience to severe weather events could also be useful to monitor over time. KPIs and more qualitative monitoring of active travel should aim to determine whether infrastructure is attractive to all, and used by all regardless of factors such as age, gender and disability.

A broader KPI focused on well-being and health, which has not been measured up to now, will help us identify health benefits related to active travel strategies. Such health-related KPIs will need to be measured through surveys.

We call for the strategy to feature more KPIs covering maintenance and infrastructure quality. As outlined in the recently published guidance from Active Travel England (ATE)- '*Critical safety issues for walking, wheeling and cycling*', well maintained, safe networks are key to enabling more people to walk, wheel and cycle. Outdoor falls have been estimated to cost the NHS more than £2.3 billion per year (Living Streets, [Pedestrian slips, trips and falls](#), 2023).

When applied to rural authorities, the proposed indicators risk perpetuating an uneven playing field because they do not sufficiently account for local context. Rural populations are more dispersed, often face limited or irregular public transport, and lack continuous access to essential destinations. This structural disconnect restricts the practicality of walking, wheeling and cycling for everyday trips and contributes to higher levels of social isolation, as evidenced in [Transport for the North's research on transport-related social exclusion](#). Applying trip-based metrics without appropriate weighting therefore risks reinforcing existing systemic disadvantages.

Physical conditions compound these challenges. Topography, road geometry, hazardous routes and limited street lighting all influence the feasibility of active travel- particularly for school journeys. Rural authorities are disproportionately affected by

these constraints, and it is therefore inappropriate to make direct, like-for-like comparisons with urban areas.

Standardisation in data- such as casualties per billion miles walked or cycled, or adjustments for population size and journey length - can also mask meaningful variation in actual risk. Likewise, indicators based on perceived personal safety introduce added complexity, as these perceptions are subjective and often biased, and do not reflect wider issues such as limited lighting and higher vehicle speeds.

Taken together, these factors demonstrate that a rural-sensitive framing is essential. Without context-specific calibration, the proposed KPIs risk entrenching rather than addressing inequity.

Question 9: Do you agree or disagree with the proposed approach to performance monitoring of LTA outcomes frameworks using the performance indicators outlined?

Disagree

Question 10: If you disagree with the proposed approach to performance monitoring of LTA outcomes frameworks using the performance indicators outlined above, explain why.

There needs to be a mechanism to identify how we make this more accessible to people, as there may be groups of people in areas of deprivation who cannot afford bikes/scooters etc. It also does not cover how we can expand accessibility to those difficult to reach groups.

The LTA performance indicators don't all naturally align with the overarching KPIs. The KPI for travel to school won't naturally align with an increase in the number of miles of new infrastructure and this would be better aligned with getting schools to improve their travel plans.

There would need to be clarification on what the active travel capability rating means and how that relates to the KPI about concerns for safety.

Question 11: How can ATE support local authorities in delivering local targets?

ATE should continue to advance local authority staff expertise, share good practice examples and case studies across the country and support the generation of more

funding and/or developing private and third sector partnerships to deliver more on the ground.

Many authorities, particularly those in rural areas, continue to face acute skills and funding pressures when compared to larger, better-resourced mayoral and urban authorities. Recognising this disparity, ATE should maintain a supportive transition framework that offers training, targeted assistance and greater tolerance where baseline capacity is limited. This will help prevent widening gaps in scheme quality and delivery.

ATE can also support local authorities through the provision of guidance, such as the recently published guidance on [*Critical safety issues for walking, wheeling and cycling*](#), helping to promote accurate information and facilitate knowledge sharing. Consistency is key, especially in urban areas where schemes often cross borough boundaries, ATE's remit to champion coherence, deliverability and value for money becomes increasingly important. By strengthening guidance, supporting partnership working with private and third-sector organisations and encouraging innovation in securing additional funding, ATE can enable more places to move from policy to tangible delivery on the ground.

ATE's role in building capability, ensuring schemes are accessibility and standards consistent and helping authorities access the skills and resources they need will remain central to enabling successful, equitable progress nationwide.

Question 12: Do you agree or disagree with the indicators relating to the work of ATE?

Disagree

Question 13: If you disagree, explain why.

CIHT reserves a view on whether we agree with the indicators relating to the work of ATE until we understand how the performance indicators are measured.

Question 14: Do you have any other comments?

CIHT welcomes the third cycling and walking investment strategy. We have long called for policymakers to recognise the link between transport and health, both in direct terms through topics such as active travel, air pollution, road traffic accidents and social exclusion and indirectly through economic development and the ability to provide health and social care services (CIHT, [*Making the Case for Investment in Active Travel*](#), 2025).

We support the strategy's ambition to make active travel a safe choice for more people and recommend efforts to achieve this are focused on helping people choose active modes for short journeys (under 5 miles) as this metric is inclusive of those living in both urban and rural areas. Research is clear that even modest increases in physical activity have profound, positive consequences for both physical and mental health (CIHT, [*Overcoming the Barriers to Implementing Active Travel Schemes*](#), 2025). We recommend that this vision is strengthened, changing 'the government wants walking, wheeling and cycling to be a safe, easy and accessible option for everyone' to 'the government *will* make walking, wheeling and cycling a safe, easy and accessible option for everyone'.

We would welcome greater clarity as to how the strategy will intersect with the upcoming Integrated National Transport Strategy, given the importance of both active and public transport in facilitating sustainable, affordable and healthy door-to-door journeys. The strategy should commit to connecting the country's key trip attractors and public transport interchanges with measurable targets, including rail stations, bus and tram stops, ports, airports, hospitals, primary care sites, schools and leisure destinations. Active travel needs to become a seamless part of integrated journeys to boost public transport usage. For more information about successful multimodal integration, please see CIHT's article [*Sustainable Transport Integration: Global Success Stories*](#).

The strategy should also make clear that new housing and major infrastructure projects must embed active travel from the outset, ensuring every home has safe access to green and blue space within a short walk, wheel or cycle. Above all, the strategy should commit to world-class, fully accessible standards, including routes built to LTN 1/20 and Inclusive Mobility best practice guidance.

It is welcome to see that ATE is receiving a three-year funding settlement which helps Local Authorities be able to properly plan, design, and construct new active travel infrastructure. However, it is difficult to see how the amount of funding is sufficient for them to be able to deliver on the ambitions that have been set - if the aim is to deliver major modal shift to active travel, then levels of investment should reflect this.

Analysis of public perceptions reveals that simple measures such as well-maintained pavements are key to encouraging more people to walk (Department for Transport, [*National Attitudes Survey*](#), 2021). As such, it's crucial that funding is used to maintain existing assets, as outlined in our recently published report, [*'Unlocking the Benefits of Long-Term Funding for Local Roads'*](#). Consistent revenue funding is vital to support the proposed increase in the number of trained active travel professionals/local authority

officers. We would appreciate clarity as to whether the new mayoral combined authorities that are being created will receive additional funding earmarked for active travel. The delivery of change at a local level is highly variable which means many citizens miss the opportunity to choose walking, wheeling and cycling because their local conditions are hostile. We would like to see a strategy for dealing with this uneven level of delivery and opportunity incorporated.

CIHT looks forward to working collaboratively with the Department for Transport (DfT) and ATE to support the development and delivery of the third cycling and walking investment strategy. CIHT is committed to sharing its professional expertise, evidence-based insights, and industry leadership to help shape policies and practices that promote safe, inclusive, and sustainable active travel networks. By working together, CIHT, DfT, and ATE can ensure the strategy drives meaningful progress toward increased walking, wheeling and cycling uptake, improving accessibility and creating healthier, more connected communities improved accessibility, and healthier, more connected communities across England.