

**ROAD SAFETY COMMITTEE**

**Inquiry into Pedestrian Safety**

Melbourne — 1 May 2006

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Dr Ken Ogden, General Manager, Public Policy; and

Ms Dimitra Tapsas, Road User Policy Officer, Royal Automobile Club of Victoria.

**The CHAIR** — I will officially open our meeting. In doing so I would once again like to welcome the Royal Automobile Club of Victoria to the Victorian parliamentary Road Safety Committee. Ken Ogden is the general manager, public policy. Ken has contributed enormously to our committee over at least the years I have been on the committee. We appreciate his time and contribution again today. I also welcome Dimitra Tapsas from the RACV.

At the present time we are re-examining the pedestrian safety inquiry on which a report was tabled in 1999. As I said before, we appreciate the RACV coming along. I know it made a submission back in 1999. We are recording the proceedings and are operating under parliamentary privilege, so what you say cannot be held against you legally in the future. Again, welcome, and I will hand it across to you, Ken.

**Dr OGDEN** — Thank you very much, Mr Chairman. As you say, we have appeared before your committee on a number of occasions over the years, and we are pleased to be able to do so again for this inquiry. We have prepared a written submission, and perhaps I could elaborate on some of the points that are made in that submission. Of course we would be very happy to take questions.

The RACV is the Victorian automobile club, and it may not be obvious what our connection, as an automobile club, is to pedestrian safety if you think of our interest as being simply that of motorists. However, I want to put on the table that we see ourselves as interested in mobility more generally than just motoring, and that gives us a legitimate interest in this inquiry. In addition, almost without exception every trip begins and ends with walking. Therefore, even if we were to very narrowly restrict our interest to motoring, I think the beginning and the end of the trip is important, and therefore we have a legitimate interest in this topic. Of course, more broadly we acknowledge that walking is increasingly seen and recognised — and perhaps practised — from a health perspective and is important in terms of overall mobility. Our interest is that of representing our members as part of their mobility and not just narrowly as motorists.

Our submission presents a brief overview of the pedestrian crash statistics. I will not go into that here, except to say that pedestrians represent about 15 per cent of the road toll. There are mainly three groups: older people, who are about 40 per cent of that 15 per cent; intoxicated pedestrians, who are about 30 per cent of that 15 per cent; and young people, who are about 10 per cent. I would like to talk briefly about each of those groups, but particularly older pedestrians.

In relation to the 40 per cent or 41 per cent of pedestrian deaths which are attributed to people over 60, they represent 17 per cent of the population, so it is a significant overrepresentation. I think we need to ask ourselves why. In part it is the issue that comes up whenever we are talking about older pedestrian involvement in road crashes — that is, their frailty. A collision that might lead to minor injury or perhaps serious injury for a younger person may lead to something much more serious or a fatality for an older person simply because of their frailty. However, in addition, I think it is probably a reflection of the fact that as we age some of us have a somewhat diminished ability to sense danger and to avoid hazards. That leads us to having more difficulty in dealing with complex situations such as when multiple vehicles are approaching us — I am saying ‘us’ because I am actually in that category myself now. There is perhaps some difficulty in crossing undivided roads where the traffic is approaching from both directions, in some circumstances understanding who has priority and who must give way and perhaps failing to see cars turning or reversing.

These cognitive issues, which are perhaps more important for older people, along with the frailty, underlie the overrepresentation. There are some things that can be done to counter that, and I will come to those in a moment. We are familiar with the issues faced by older people because we hear about them every day through our Years Ahead — Road Safety for Seniors program, which I think we have told the committee about before. We run that program to group situations throughout the state.

I think it is also fair to say that the problems faced by older pedestrians are probably more concentrated in those areas where older people live. We have not done a correlation statistically, but we can tell you that the largest proportion of people aged over 60 are in the metropolitan area, the Mornington Peninsula, with 24 per cent of its population; Bayside, with 22 per cent; Whitehorse, 22 per cent; and Moreland, 21 per cent. In the country the municipalities with the highest proportion of older people are Queenscliff, Bass Coast, Yarriambiack, Hindmarsh and Buloke. Pedestrian crashes are not so high in rural areas, but I think if we are looking at where we perhaps should concentrate the effort for older pedestrians, it should be in those areas where there are the largest proportion of older people — those municipalities I have mentioned.

We turn now to alcohol. The Transport Accident Commission figures indicate that about one-third of all pedestrians killed have a blood alcohol concentration of above .05. With children, about 11 per cent of pedestrian fatalities involve children under the age of 16. Children are not overrepresented relative to the population, but children have a disadvantage in the road system because they display unexpected behaviour or careless road-crossing behaviour because of their immaturity. They are smaller and therefore less visible, and they have less ability to respond to complex situations. That is our understanding of the situation with pedestrian crashes.

I would now like to turn to the specific terms of reference of the inquiry, particularly the one that relates to the recommendations you made back in 1999 that have not yet been adopted by government. I will comment particularly on three of those. Firstly you made some recommendations in relation to a road safety audit. Our belief is that there should certainly be a quality assessment process, and particularly at the design stage, because if we are talking about pedestrian facilities, for the most part they are relatively low cost and difficult and expensive to take out and replace if they are not right. We would see some sort of quality assessment process, particularly at the design stage, as being important. Whether that needs to be a road safety audit, which is a very specific procedure, I think is an open question. We would be recommending that the intent of the committee's previous recommendation is certainly still valid, but whether it needs to be a road safety audit or some more general quality review process I think is —

**Mr BISHOP** — Ken, could you speak up a bit? I am struggling to hear.

**Mr STONEY** — The acoustics are terrible in here.

**Mr BISHOP** — It might be a good thing if I do not hear, but still I would rather.

**The CHAIR** — Ken, just on road safety audits, I know we travelled throughout Victoria on an inquiry — and it escapes me as to what it was — a couple of years ago, and we met with some councils, and it would be fair to say that they had a strong commitment to road safety and therefore the road safety audits they conducted were regular and intense as compared to those of some other councils, who, in fairness to those councils I suppose, did not have the same commitment as we saw in other places. The point I am getting to is this: would you see that road safety audits are being conducted by councils but that they are very much ad hoc across Victoria?

**Dr OGDEN** — I think you have described the situation very well. I think those road authorities, councils and others, who have used road safety audits and have actually institutionalised them within that process, find them very valuable. Those that have not perhaps see them as daunting or an imposition or an expense. Our view is that the road safety audit, properly conducted and properly built into the design, the preconstruction, the construction and the post-construction stage, can be very valuable.

Our point here is that most pedestrian facilities are relatively low cost, and if you are doing a \$20 000 remedial treatment of some sort you do not want to spend \$10 000 on a road safety audit. So you want to have it tailored to the need and to the scope and scale of the process, and that is why we think that perhaps rather than a formal, structured road safety audit process, some form of review, particularly at the design stage — saying, well, this will work or this will not work or it

could be done better perhaps by moving it this way or redesigning it that way — would be a better way to go. The formal road safety audit is quite structured in terms of its procedure. That was the first of the recommendations in that area.

The second related to compulsory testing for the presence of alcohol and drugs for pedestrians involved in a road crash. Once again we certainly support the intent of the recommendation. We can see that more information about the nature and circumstances and the location of pedestrian crashes can only be helpful, but at the same time we recognise the practicality and the resource implications for hospitals of collecting this information. So perhaps it would be appropriate to revisit that recommendation, having a look at the benefits that would flow from having more detailed and precise information on the one hand, as against the costs and inconvenience to hospitals of collecting that information on the other. But certainly the intent of the recommendation, we believe, is extremely valid.

**Mr BISHOP** — Ken, I thought I heard you say that a third of pedestrians killed were over .05 blood alcohol content?

**Dr OGDEN** — Yes, I believe that is what I said. Yes. That is correct.

**Mr BISHOP** — I have been concerned in previous hearings that a lot of emphasis — and probably correctly so — has been on the driver element and not as much on the pedestrians themselves. You mentioned the breathalysers being installed in premises throughout Victoria.

**Dr OGDEN** — Yes.

**Mr BISHOP** — Can we expand on that now? It is my understanding that the Transport Accident Commission is involved, and perhaps someone else, in supporting that installation of those breathalysers?

**Dr OGDEN** — I am not sure of that, Mr Bishop. I could take that on notice, but I do not know the answer to that.

**Mr BISHOP** — Okay. I understand there are about 100 installed in Victoria at the minute, and some work has been done to have some more. What would your organisation's opinion be of having many more of those installed for both pedestrians and drivers?

**Dr OGDEN** — We certainly support the intent of that. The one caution is that we want to be sure the information that those devices are giving is correct and not misleading, and to do that those machines require regular calibration. As this committee would know, I think it is illegal to sell a product in this state that does not meet Standards Australia requirements.

The portable machines that are put in areas like hotels — I am not sure they do meet the Australian standard, but in any case they would certainly need to be regularly calibrated. If they are calibrated and accurate, subject to that, we would certainly support the intent of that and indeed encourage patrons of hotels to use them.

**Mr BISHOP** — So the issue of calibration would involve the legal sense as well? If someone blew into it and it said, 'You are okay to drive or walk' or whatever it might be, in fact that could be challenged in a court later on?

**Dr OGDEN** — I imagine that is the case. To retail such a product in Victoria it must meet Standards Australia specifications. To provide it on a gratuitous basis without retailing it — I am not sure where the law stands on that. In any case, if the machine is inaccurate and gives a false reading and on the basis of that false reading somebody then gets themselves into trouble, perhaps they may have some legal redress against the owner of the premises. I am not sure about that. That is a legal question, but I think it is a valid question. We could take that on notice if you wish, but I do not know the answer to the legality at this stage.

**Mr BISHOP** — But in principle you would support more of those machines being put in licensed premises throughout the area?

**Dr OGDEN** — Yes, subject to the qualifications I have raised we would certainly support them. In fact the third area I was about to go on to relates to licensed premises and the legal definition of intoxication, which was one of the recommendations that you made last time. Once again we support this and think it would be particularly helpful for liquor licence holders so that they had precise information as to what constituted intoxication and therefore their legal obligations in relation to people who are intoxicated on their premises.

If I could turn now to the other terms of reference of the committee, particularly that related to countermeasures. Again looking particularly at older pedestrians, we think that there is scope for more targeted education and information programs. We note in particular the VicRoads program, Walk with Care. I have also mentioned our own Years Ahead program. They are two programs that run at the moment. The Walk with Care program we believe is a good program. It is well constructed and provides useful information, and we would certainly encourage its wider use.

However, as we understand it, the situation at the moment is that while VicRoads can and does make this program available via a resource kit to local councils, it is up to the local council as to whether it uses it or not. We would like to see the Walk with Care program, which we think is sound, more widely used, more widely supported and if necessary better resourced, so that councils can run it within their own communities. We think that, where appropriate, the program should be available in languages other than English.

Turning to other countermeasures — —

**The CHAIR** — Just before you do that, do you want to tell us about your Years Ahead program and what that is about?

**Dr OGDEN** — Perhaps I could hand over to Dimitra to describe that.

**Ms TAPSAS** — Our Years Ahead program is a peer-presented program. We promote the program widely to all Probus clubs, RSL clubs and any other clubs, and we have a presenter who goes out and gives the 1-hour presentation. They cover issues such as mobility and how to get round if people need to stop driving. The presenter also goes through the road rules, which have probably changed since they acquired their licences, and through the road environment and merging on freeways and how that would have changed over the past 20 years and so forth.

The program also covers health issues — how do they maintain or self-assess their health to make sure they are fit to drive; reinforces that they can drive as long as they are safe to do so and how to recognise when they are not safe to do so; and talks about what their options are in terms of speaking to their GP or limiting their driving. It is a 1-hour presentation. It is quite in-depth, but it covers all the issues related to older drivers.

**The CHAIR** — How do you publicise it?

**Ms TAPSAS** — With the older groups, word of mouth is the best form of advertising, so we find that if somebody hears the presentation, then somebody else from a different Probus club would call us up and seek to offer it, so we do not have to do a lot of promotion for it, but if we were to do promotion it would be mail-outs to the RSL clubs, Probus clubs or women's clubs and so forth.

**Dr OGDEN** — I will add, Mr Chairman, that our drive school also offers a driving assessment for older people and people who have gone through the Years Ahead program — I think at a discount if they undertake that driving assessment.

Our submission also talks about an emerging opportunity within the Australian new car assessment program, whereby the new set of protocols being introduced measures pedestrian safety as well as occupant safety. This is quite a departure for the new car assessment program, which hitherto has been solely related to occupant protection. But some of the new cars that are appearing in response to the NCAP, particularly in Europe, for example, have a mechanism that pops up the bonnet if it detects that a vehicle has struck a pedestrian, so there is actually a space between the bonnet and the engine, so that instead of immediately hitting the engine block with the head, if a person is struck by a vehicle there is a more forgiving space there.

The new car assessment program is actually measuring that pedestrian safety. It involves a dummy pedestrian being struck at a speed of 40 kilometres per hour and includes a rating for the upper and lower legs as well as an adult head and a child head. Those protocols are being introduced in the new car assessment program. It provides an incentive for manufacturers to provide vehicles that are more pedestrian friendly in the case of a collision. It also provides information to consumers about how different vehicles perform. As I say, hitherto that performance has been related solely to the occupant. Whether consumers will buy a product that perhaps costs more but is more pedestrian friendly remains to be seen. I think really it is a question of fleet purchase.

This gives me the opportunity to say again, as we have said to this committee before, that we would very much like to see government take the lead in this and specify in its own fleet purchase policies vehicles that achieve a 4-star NCAP rating. We have said that before, and now we could add to those criteria: at least a 3-star pedestrian rating. We believe there is certainly scope for government to take a lead. That would send a very clear message not only to the community but to vehicle manufacturers, who tend to make this safety equipment available only in the luxury versions of a car, so that if you want to get an electronic stability program or antilock brakes or something, you have to buy leather seats and a sunroof. We would like to see that safety equipment being introduced right across the board, and we think that government leadership there would go a long way towards doing that. You have heard me say that before, but I will say it again.

We have also identified a number of measures related to urban planning. Ideally things like schools, shopping centres, recreation areas and other large pedestrian-generating activities should be located in such a way that they reduce the conflict between pedestrians and vehicles — for example, not having a busy arterial road between two major pedestrian generators. We believe that should be an important component at the planning stage of new subdivisions and not just an afterthought, introduced after the vehicles have been catered for.

We also think it is important that there be attention to detail at that stage and in the actual rollout, because we have probably all seen instances where pedestrians are given a false sense of security — for example, by having painted lines on the road that actually have no legal significance. To have legal significance, a pedestrian crossing requires a sign of some sort. Two lines on the road are not sufficient — and yet sometimes we see them. That legal standing and that attention to detail are important.

We then go on to talk about some specific aspects of road infrastructure, at relatively low cost, that we would see could go a very long way towards reducing pedestrian collisions — things like pedestrian crossings, including the introduction of smarter crossings that actually detect whether a pedestrian is still on the crossing before the green signal is brought up to vehicles. That smart technology is around. We refer to fixing things like kerb outstands and central medians, which would mean that pedestrians do not have to walk as far to cross the lanes of vehicles. A central median means that they have to cross only one direction of traffic at a time as well as crossing only perhaps two lanes instead of four lanes at one go, and so forth.

Pedestrian fencing is relating back to the earlier point about intoxicated pedestrians. Instead of somebody stumbling out of a pub and onto a lane of moving traffic, perhaps particularly in those

circumstances, pedestrian fencing could be put in so that they are prevented from doing that. In other circumstances where it is appropriate to guide pedestrians to a safe crossing place through a pedestrian crossing, we believe that can certainly help.

I would like to conclude by relating the pedestrian situation to the speed situation. I think we could say that over recent years in this state speed management, speed enforcement and speed zoning have been an important and high-profile part of what particularly this government has done in terms of road safety.

I think one of our concerns about that is that this is putting too many eggs in that one basket. There is scope to do things directly to improve pedestrian safety through infrastructure without going first and immediately to speed zoning as being the cure-all for all problems. So we think it would be appropriate in some cases to invest in infrastructure and maintain the speed limit rather than leave the infrastructure as it is and go immediately to reduced speed limits as being the cure-all for all problems. I think in recent years there has been a tendency to put too many of the road safety eggs in that speed management basket.

With those remarks, I summarise our submission. You have the written submission. I would be very happy to take any further questions on either my remarks or the written submission.

**The CHAIR** — Just on the speed limits, what is the RACV's position on the current tests, I suppose, for 40 kilometres per hour in shopping strip centres?

**Dr OGDEN** — Where there is very heavy pedestrian activity, that may well be an appropriate solution, but as I have indicated we would like to see that considered in accord with improved pedestrian infrastructure — either one or the other, rather than just the speed limit reduction by itself. Further, we believe where there is a reduced speed limit, say 40 kilometres per hour through a strip shopping centre, that needs to be very, very clearly and visibly signed with high-visibility illuminated signs, not relying on just a bit of painted aluminium a few hundred metres down the road, because it is an unusual situation.

Finally, we believe that where it is introduced it needs to be consistent, so that when drivers have got used to it in one strip shopping centre they have similar sorts of expectations in another strip shopping centre, rather than having an ad hoc rollout of such a program. We are not opposed to it in principle where it is appropriate, but again we believe that where it is done it needs to be done as part of a comprehensive package of safety improvements.

**Mr EREN** — You mentioned that Queenscliff is one of the regional areas that have a high incidence of accidents with pedestrians. How did you collect that data, and is it updated or from previous years?

**Dr OGDEN** — If I could just correct that: it was not high numbers of pedestrian accidents, it was high numbers of older people. We actually looked through the census statistics of municipalities that had an above-average percentage of older people. The point I was making was that, all else being equal, you would expect that where there are high numbers of elderly people you would have high numbers of people involved in pedestrian accidents.

**Mr EREN** — Do you have any such data on pedestrian accidents and where they occur most?

**Dr OGDEN** — I can ask Dimitra if we can provide that.

**Ms TAPSAS** — No, we do not collect road trauma statistics. The only data that we have available to us is through any research that is published or any TAC or VicRoads statistics that they collect annually.

**Mr STONEY** — Just exploring the issue of insurance, just remind me, if either a pedestrian or a driver is injured during a collision, the TAC covers any health or medical issues for both the pedestrian and the driver, does it not?

**Dr OGDEN** — I believe that is the case, yes. I do not think there are any exceptions to that.

**Mr STONEY** — I have been corrected. I think that is right. What happens when a pedestrian who is totally at fault causes physical damage to the car? They might not hurt themselves, but if the driver swerves and the pedestrian lands on the bonnet and does a couple of thousand or so dollars worth of damage, from an insurance point of view, where does the driver stand when the pedestrian is at fault in causing damage to the car?

**Dr OGDEN** — I would expect that if it chose to the insurance company could seek legal redress and compensation from the pedestrian, but I am not aware that that is a normal practice. Again I would need to take that question on notice. Unlike the situation where there are two vehicles involved and there is an arrangement between the insurance companies, irrespective of fault, I think that if there is a pedestrian involved, then by definition they do not have comprehensive car insurance, so it is not relevant to that circumstance.

**Mr STONEY** — It could mean that the driver has to find the excess, even though he was not at fault, and things like that?

**Dr OGDEN** — I believe that is the case, but I can follow that up.

**Mr STONEY** — Just as a side issue, what is the RACV's attitude to cyclists? You have pedestrians and cyclists. Does the RACV see a difference between cyclists and pedestrians or are they seen as more or less the same, something to be avoided or be careful about?

**Dr OGDEN** — It is not something we have looked at closely, but I am aware there can be a situation where we have shared bicycle and pedestrian facilities, and pedestrians feel vulnerable in that situation. But I am not sure we have very much we can offer the committee in terms of a solution to that problem.

**Mr STONEY** — So it could be that the insurance issues are the same with cyclists as they are with pedestrians?

**Dr OGDEN** — My understanding is that cyclists may choose to insure themselves, I think through Bicycle Victoria, but they are not obliged to do so. Again I would need to take that question on notice as to just where the TAC stands in that circumstance and where Bicycle Victoria stands.

**Mr STONEY** — It is something we might go into a little bit more. There seems to be a bit of a grey area there.

**Dr OGDEN** — Yes. I am sorry I cannot be more helpful.

**Mr STONEY** — That's all right.

**Dr OGDEN** — I will find out what I can and let the committee know.

**The CHAIR** — In relation to bullbars, does the RACV have a position on bullbars especially in metropolitan Melbourne?

**Dr OGDEN** — In short, Mr Chairman, we believe a case could be made to license vehicles that have bullbars in urban areas. We think there is a legitimate application for bullbars in country areas and by extension urban vehicles that use country areas. But I do not think there is

any case at all to have bullbars on city streets. So perhaps there is a case to be made for licensing vehicles that have bullbars in urban areas.

**The CHAIR** — Does the RACV keep records of members who have bullbars on their cars?

**Dr OGDEN** — I would be very surprised if we do; in fact I am sure the answer is no.

**The CHAIR** — Further questions?

**Mr STONEY** — I suppose a general one about pedestrians per se. They are always taking risks. They have headphones on, they are on the phone and so forth. Does the RACV have any idea how an awareness campaign might be successful? It would certainly help motorists if people were more aware of their activities. I think we have all done it — run across the street and so forth. Have you thought of having an awareness program about what pedestrians are doing to the driving public?

**Dr OGDEN** — I think your point is a very valid one. As to how one might run such an awareness campaign, I do not think we have thought through how that might happen. I think people need to be reminded — the old ‘Look left, look right, look left’ that we all grew up with does not seem to be as well instilled, and as you say there are things like earphones and the like, and generally lesser discipline by pedestrians. I think these are all fruitful areas for information but I do not think we have given much thought about how that might roll out.

**Mr STONEY** — So this committee might think about suggesting a campaign along those lines?

**Dr OGDEN** — Yes, we would certainly support in principle an updated campaign along those lines, yes.

**Mr STONEY** — Thank you.

**The CHAIR** — Thank you, Ken and Dimitra, for your time today. We will be providing another report to the Parliament in July or August of this year, and we will provide a copy to the RACV. Again, thank you for your time.

**Dr OGDEN** — Thank you very much.

**Witnesses withdrew.**