

TRANSCRIPT

LEGISLATIVE ASSEMBLY ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into the impact of road safety behaviours on vulnerable road users

Melbourne—Tuesday 8 August 2023

MEMBERS

Alison Marchant—Chair

Kim O’Keeffe—Deputy Chair

Anthony Cianflone

Wayne Farnham

John Mullahy

Dylan Wight

Jess Wilson

WITNESSES

Marcelo Vidales, Head of Road Safety Victoria, Department of Transport and Planning;

Samantha Cockfield, Head of Road Safety, Transport Accident Commission; and

Professor Zoe Wainer, Deputy Secretary, Public Health, Department of Health.

The CHAIR: Welcome to the public hearings for the Legislative Assembly Economy and Infrastructure Committee Inquiry into the impacts of road safety behaviours on vulnerable road users. All mobile telephones should now be turned to silent.

All evidence given today is being recorded by Hansard and broadcast live on the Parliament website.

While all evidence taken by the Committee is protected by parliamentary privilege, comments repeated outside this hearing, including on social media, may not be protected by this privilege.

Witnesses will be provided with a proof version of the transcript to check. Verified transcripts and other documents provided to the Committee during the hearing will be published on the Committee's website.

Before we invite you to make an opening statement, I thought it would be best for the Committee to introduce themselves and their titles. I am Alison Marchant, the Chair, Member for Bellarine.

John MULLAHY: John Mullahy, Member for Glen Waverley.

Jess WILSON: Jess Wilson, Member for Kew.

Wayne FARNHAM: Wayne Farnham, Member for Narracan.

Anthony CIANFLONE: Anthony Cianflone, Member for Pascoe Vale.

Dylan WIGHT: Dylan Wight, Member for Tarneit.

The CHAIR: Thank you. I might ask you to also introduce yourselves with maybe your title, and then you can go into your opening statement.

Professor Zoe WAINER: Professor Zoe Wainer, Deputy Secretary for Public Health, Department of Health.

Marcelo VIDALES: Marcelo Vidales, Head of Road Safety Victoria in the Department of Transport and Planning.

Samantha COCKFIELD: Samantha Cockfield, Head of Road Safety at the TAC.

The CHAIR: Thank you. I will give you around 10 minutes for your statement. I know you have a presentation. Thank you. I will let you start.

Visual presentation.

Marcelo VIDALES: Thank you so much. I would like to start by acknowledging the traditional owners of the land on which we meet today and pay my respects to elders past, present and emerging. I also would like to share that our thoughts are with the families, friends and communities who have been impacted by road trauma.

We are here representing incredible professional, passionate and highly capable road safety teams across organisations who work tirelessly on reducing road trauma in Victoria. A key strength of our Partnership is that we each bring something different to the table yet we work in a coordinated and united way to address road trauma in Victoria. Our work and the solutions we generate to effect change range from laws, policies and regulatory reform to enforcement, education, behaviour change programs and campaigns. Our collective expertise and diversity of thinking is focused on reducing road trauma on our roads.

Although we see firsthand the impacts of road trauma and the lives that we are losing, we are also saving lives, and I think that is important to recognise; for our teams and the effort that the Partnership and organisations that work in road safety make. The initiatives we deliver are not just for the present, they are also for the future and we are always mindful that we follow evidence-based decision-making in what we do.

For background, in 2019 Road Safety Victoria was created, bringing together staff from the former VicRoads and the Department of Transport. As you know, the Department of Transport and Planning has undertaken a number of machinery-of-government changes that has reformed our organisation. We work as a Partnership to

deliver government initiatives to address road trauma. We in Road Safety Victoria support the coordination and governance of road safety initiatives across the Partnership. We have established a strategic policy framework for road safety in Victoria, including the delivery of logistical reforms and community programs. Within the Partnership we share data and intelligence to draw on evidence-based responses to emerging trends that create and deliver long-term strategies, policies and initiatives. We coordinate our collective resources and powers to rally around emerging trends and issues. We coordinate our efforts to engage and communicate with the public, to drive behaviour change campaigns and programs, to enforce road safety and to create a safer road network.

If we think about where we have come from, it is important to recognise that our journey and the standing of Victoria in leadership on road safety is significant. We introduced compulsory seatbelt wearing in 1970, so that is 50 years ago. We are also pioneers in drug and alcohol testing, and recently we have introduced distraction and seatbelt detection cameras and legislation.

Overall, we see that long-term road trauma is trending down; however, we do know that trauma does spike and change year on year. For example, last year we saw significant increases in impacts on vulnerable road users, while this year we are seeing impacts on drivers and passenger vehicles. So again, the work that we do has to actually address the different types of traumas that we see on our roads. We have seen that population growth has outstripped projections and we have seen more and different types of vehicles and micromobility devices on our roads. However, we cannot assume this long-term trend will continue without sustained efforts by us as a Partnership, by government, by the organisations we work with and by the community that we actually support. We continue to work hard to identify road trauma solutions and interventions to address these challenges. I will hand to Sam.

Samantha COCKFIELD: We are incredibly fortunate in Victoria to have a very rich dataset with which to work. Marcelo has mentioned that we are an evidence-based Road Safety Partnership, using solid evidence to back our initiatives. You can see here the range of data that we collect. Whether it be from the TAC's claims database, Victoria Police's crash database or Ambulance Victoria's database, we have got very rich datasets. We are also fortunate that we have been able to join with the Department of Health's data linkage unit to actually link all of this data. Having said this, we always would like more. We are not saying everything is perfect, but within the bounds that we have right now we are certainly providing data not only to ourselves to develop initiatives and understand what is happening on our roads but also very much to universities, the community and local government areas who request it. It is a very big part of what my team does and, I know, what the Department of Transport and Planning's research and data teams do.

I think the other thing that is really interesting is that in particular the TAC undertake a range of market research. Every campaign that we put out is researched, but also pretty much every day of the year we survey Victorian road users to understand what their views are about road safety issues and also what their self-reported behaviours are. I think that is probably it on our data issues.

If we move over to the cost of trauma, which is one of the things we understand from all of this research we undertake, it is a huge cost of the Victorian community. Approximately \$6 billion is the economic cost, but I think we know that the main costs to the Victorian community, and particularly to the individuals and families who suffer, are the injuries and deaths. We know from the TAC claims data that one person suffers a serious spinal injury about every 18 days, eight people are hospitalised every day and two people suffer severe brain injuries every week. I think what we cannot underestimate is that most of these injuries are life changing for families, for friends and often, particularly when we come to rural areas, for the entire community. We know that we are trying to address two issues. One of course is the economic burden to the community, but I think more so the other is the moral issue of not having anybody suffer or be injured on our roads.

Just a little bit about what we know about human vulnerability: we are talking here today about vulnerable road users, but why are they vulnerable? Basically, we are all vulnerable, because at a certain point our bodies can only take so much energy before they become injured, and unfortunately sometimes we get killed. We know that 30 kilometres an hour or lower is the sort of speed that pedestrians or other unprotected road users have a fairly high likelihood of surviving. Above that rate—and it is almost exponential—we know that injuries start to get far more severe and our chances of dying become far greater. That is really why we are vulnerable, because we are not protected and energy hits our bodies and we cannot cope with it.

Recently the World Health Organization, through the UN, has advocated and recommended that best practice is having a 30-kilometre-an-hour zone in areas where motorised traffic needs to mix with pedestrians and cyclists. We do see that internationally that has been picked up, particularly in those sorts of high- and well-performing international jurisdictions, with some really quite great success. If you just think about this: we can talk about our speed and how much speed impacts us, and if we think about it, for every 5-kilometre increase in your speed, your crash risk doubles in a 60-kilometre-an-hour zone. That is actually for basically any vehicle in a 60-k-an-hour zone. So again, speed really is the underlying issue that we have, I suppose, with our vulnerable road users and what we need to really start addressing when we come to our initiatives.

Marcelo VIDALES: Thank you. The Inquiry relates to vulnerable road users, and we want to define it. Obviously for us, vulnerable road users are where they are unprotected, so we talk about pedestrians, cyclists, motorcyclists, older road users and young people. It is also because of their inexperience as young drivers or also their physical vulnerability as older users.

I think it is important to note when we see the statistics that, as I mentioned earlier, the trauma trends do change year on year, hence why we actually have to have a multipronged approach to how we address road trauma on the roads. We are not unique in that space; every leading jurisdiction in the world does the same. We follow experts that are world leading, we get their advice and we set principles with them. In Victoria we follow the Safe System approach, where we consider speeds, vehicles, users and infrastructure as pillars of how we develop our interventions. When we look at this data we see, for example, last year there was a spike in motorcyclists. It is also interesting to note that within that, one of the key challenges that we have is what we call 'un' riders, so unregistered, unlicensed drivers. That is a key challenge because they fall outside of what we can control at times. So those are the types of interventions that we look at more and more: how can we apply some pressure, if I put it that way, from a policy/regulatory reform point of view?

But it is important to note, if you look at this year's trends, although tragic, we are seeing that pedestrians are actually under-represented. It is not the end of the year—we are halfway there—but what I want to point out is the spikes do change year on year, hence why we actually have to keep this long trend analysis and evidence base for how we approach trauma. It is important to also note when we look at our road safety programs and interventions we do not just look at fatalities but we also focus on serious injuries. On that, I might just hand over to Zoe.

Professor Zoe WAINER: Thank you.

The CHAIR: Zoe, sorry to interrupt. I am mindful of time to allow for questions as well. Zoe, I will let you speak, but we might have to keep it moving as well.

Professor Zoe WAINER: Please just give me a hint if you would like me to wind up. I am very happy to take the guide.

The CHAIR: I will. Thank you, Zoe.

Professor Zoe WAINER: Obviously from the Department of Health's perspective road safety is a major public health, human and economic concern. This slide really focuses on the injury data, but we know the broader outcomes of road safety are complex and difficult to capture in data and really need to be taken into account as well. In terms of the burden on the health system from road trauma, it really comes in the form of the acute healthcare response, rehabilitation and also ongoing treatment and carer support. The main graph here demonstrates that the total number of hospitalisations due to road trauma declined during the early period of the COVID-19 pandemic. However, there are some further details that are worth noting in the data.

Firstly, there was an increase in hospitalisations for some vulnerable groups, as already covered, particularly cyclists. Pedestrian-related injury hospital admissions across all ages were lower during COVID compared to the pre-COVID average. More males than females were admitted to hospital for pedestrian- and cyclist-related injury admissions before and during COVID, with motorcyclist injury hospital admissions remaining steady before and during COVID. We note the impact of social movement restrictions during the lockdown on the community's exposure to the road network as well as opportunities to develop and maintain driving skills being challenged.

Our monitoring of major trauma data indicates that the Victorian state trauma system is both resilient and effective despite the challenges presented by the COVID-19 pandemic. We are reflecting on what we have learned in recent years in the context of the broader health system and working to get patients home safely and more quickly.

The Department of Health's vision is for Victorians to be the healthiest people in the world. From a health perspective our road safety priorities are focused on working towards shared health and wellbeing outcomes, including reducing injury, death and long-term disability from road trauma; supporting safe, accessible physical activity and active transport options to ensure people are able to meet the physical activity guidelines for sufficient health; addressing inequity and access to transport options by supporting active transport—so recognising dominance of cars leading to inequity in access to transport and ensuring that other options are embedded within the system to address those inequities; identifying and addressing inequity in road safety risk between population groups; supporting access to sustainable transport options, recognising that cars are a major contributor to carbon emissions and congestion in urban centres and impact on heat health; and increasing neighbourhood livability, productivity and work participation.

The *Victorian Public Health and Wellbeing Plan* is a whole-of-government strategy and is supported by a whole-of-government outcomes framework that reflects a wider focus on healthy and liveable environments. There are measures that sit across five domains that are relevant: Victorians are healthy and well—and that includes healthy activity; Victorians are safe and secure—and that is also looking at hospitalisation rates for assault and domestic violence and understanding the trauma impacts; Victorians have capabilities to participate—that they are connected to culture and community; and that Victoria is liveable. A range of prevention programs across the health promotion sector are focused on creating environments for health and options for active travel. These include health promotion programs; the use of evidence-based programs, such as walk to school; local government through municipal public health and wellbeing planning; as well as developing neighbourhoods that support active lifestyles, with actions including improved lighting and traffic-calming measures to increase pedestrians and cyclists.

How am I going for time?

The CHAIR: We might have to come back to it with the questions, if that is okay.

Professor Zoe WAINER: Absolutely, very happy to.

The CHAIR: Thank you so much, and thank you for your submission and your presentation today.

What we might do, just being mindful of time, is allow each Committee member to ask one question. If we have time at the end, we will go around again, if that is okay. Jess, I might start with you.

Jess WILSON: Thank you, Alison, and thank you very much for the presentation. You touched on the fact that the road trauma changes, depending on the road user or drivers or whoever it might be, year on year. Then we see the road toll this year has already increased by about 25%. What are the year-on-year factors that really drive the changes between the trauma, the increase in the road toll, the decrease in the road toll—what are those broad factors that actually impact that, year on year?

Marcelo VIDALES: It is an interesting point. For example, this year we have seen non-seatbelt wearing over the last two years picking up again, so behaviours play a key role obviously in road trauma. Distraction at the moment is one of the key elements that we also are addressing, and people being tired on the road, or driving to conditions. One of the things that we have seen, and we are trying to get the data on this, is more trauma caused by people being unfamiliar with roads and driving in conditions that perhaps—even though the speed limit might say 100 kilometres per hour, we always encourage people to consider the fact that when they are driving on roads that are not known or the conditions are not optimal, they should reduce their speed. The speed limit is a setting that is at the higher tolerance. We should always be looking at the lower and how we manage ourselves through it.

But to your point, things do change year on year. Our analysis tries to capture what exactly is happening from a community point of view. What are the types of roads that we perhaps need to enhance? Obviously, we are building more and more systems thinking into how we approach, for example, our high-speed roads. We want people to, obviously, travel at the speed limits that are set, but it is important to consider that at times speed is a

significant contributing factor in what we are seeing on our roads and the fatalities that we are seeing, especially in regional Victoria.

Samantha COCKFIELD: Yes. I just might add that in relation to those sorts of spikes that we are talking about, it is actually also quite statistically well understood that variations occur when you have got very small numbers. And we are very fortunate to have brought those—particularly fatality—numbers down, and so we do see quite a bit of variation just because of that. If we look at our serious injuries and even our very serious injuries, which we measure by our MAIS 3+ category, we see a lot more stability. So we do tend to look at that area as well, where we can better understand, maybe, when changes are occurring. I just wanted to explain that. It is not just changes in behaviour, it is the small numbers that we have that partly drive that.

Jess WILSON: Thank you.

The CHAIR: Thank you. We will work along. John.

John MULLAHY: Thank you for the presentation. How is the data gathered and managed at a state level and nationally? And are there any datasets that you believe are missing that would provide a better picture for you?

Marcelo VIDALES: For us I think there is a slide that, probably if I can go back—we do collect significant amounts of data that you might have seen. That data is available within government and to us as a Partnership to make evidence-based decisions. Other datasets could be included. We are always looking at more data linkages. We are actually identifying more things that we can bring into our data capture. We do acknowledge that recently there has been a gap in regard to how we are capturing our lives lost—sorry, on fatalities—on serious injuries.

Samantha COCKFIELD: Serious injuries.

Marcelo VIDALES: Sorry, apologies—serious injuries. However, we are working hard to actually remedy that, and we are actually hoping that that will be resolved by the end of this year. So we have got additional resources to do that. We do work nationally and across the Partnership, again, with other jurisdictions to actually identify trends. We do not work in isolation; we also work a lot globally to understand the trends that we see across other jurisdictions. We are not alone when we see the trends that we are experiencing. If you look at our colleagues, unfortunately in New South Wales they are sitting at over 40 over their normal road fatality trends. So it is something where we do look at every avenue and every dataset that we can actually bring in to impact our evidence-based decision-making.

Samantha COCKFIELD: I think that is very reasonable. I think I started by talking about the fact that we are very fortunate with our datasets, and one of the reasons we are very fortunate is that the TAC actually has a claims dataset which is quite unique. Because we are the only transport injury insurer in Victoria—we are basically a social insurer—we have very unique information available, which does get linked with all of the other data that Marcelo was speaking about. It gives a richness in understanding—of what the injuries are, how well people recover from them, and, I think to some degree, how they have actually occurred—that very few jurisdictions in the world have. That dataset, the linked dataset, is used extensively by universities internationally, not just in Australia, to actually do, I suppose, their evidence-based work—just because of its uniqueness.

The CHAIR: Thank you. Dylan.

Dylan WIGHT: Thank you. Thank you so much for your submission and your presentation as well. Your submission speaks about a Safe System approach to road safety. Can you please take us through what that means and how that potentially benefits vulnerable road users as well?

Samantha COCKFIELD: Yes. So we have been working with what is called the Safe System approach in Australia, quite often known as Vision Zero internationally, for quite some time. It starts off by saying that nobody deserves to be killed or seriously injured. Health and wellbeing is paramount, and it should be the first thing we are thinking about when we are planning the transport system. It acknowledges that while people do risky things, people also make mistakes, and while we can work on behaviours, we are never going to eradicate people's mistakes, so we do actually have to plan for them. It also acknowledges, as we have already talked

about, that humans are frail and fragile, and they break when exposed to energy forces greater than their body can take. So it starts to talk about the physics of crashes, and it says that we can actually plan a system that understands that if we stop those energy forces from reaching the human body, we can actually stop injuries. Unfortunately, that is going to take time, but it encompasses all the elements of a road network. We talk about the roads themselves—so how we design the roads; the people who use the roads—so the behaviours and making sure that they are compliant with all our road rules; and the vehicles that actually sit on the roads and how we design them and make sure they are providing the best safety outcomes for us as possible.

Marcelo VIDALES: In addition to that there is also the speed settings that are applied to those roads. I think if I can just add a minor comment there, although we see them as pillars, the key for our success is to actually see how they apply collectively. So when we look at our solutions it is not just one solution that we draw on, it is how they collectively can actually get us to that goal of zero.

The CHAIR: Thank you. Wayne.

Wayne FARNHAM: Thanks. Thank you for your submission today. What I am interested in and what I picked up on through this—and I think I might be the only rural MP on the panel today—when we are talking about vulnerable road users, especially in the age bracket from 18 to 25-year-old, which roughly accounts for 10%, is why the TAC stopped its part study of the Fit to Drive program for year 11 students. What was the reason for ending the subsidy for that? When we talk vulnerable road users, I know firsthand that when accidents happen in rural Victoria—and I totally agree with you on this—it really does affect rural communities. Younger drivers in rural Victoria will probably tend to speed because we are a little bit loose in rural Victoria at times. So why would the TAC stop that?

Samantha COCKFIELD: Yes. Thank you for the question. Personally, I have a very long history. I was probably the second or third person that was involved in the Fit to Drive program, so my heart is there with the program, but we are committed in Victoria to providing the best education to young people in relation to road safety. To that end, we undertook a review—it took a few years to do this review, but it was around the 2020 period—and looked at what best practice was. As part of that, we started to understand that what Fit to Drive now offered, as a program that was developed quite some time ago, was no longer fit for purpose. The other thing that we committed to through that review—and I was really working with the Department of Transport and Planning and the other Road Safety Partners—was providing free education for young people and free resources to schools and the community. In that regard we worked with Fit to Drive and explained what the review in Victoria showed: that we were committed 100%, really, from birth right through to licensing to providing best practice education resources and education materials to schools but also the whole community and that the Fit to Drive model really no longer worked for us. We have continued to work with Fit to Drive, though, as we transition to new programs, and we do still have a program that we are working with Fit to Drive, so I think it is fair to say that it has been a process but we believe that we have now got a very contemporary program we are offering in Victoria.

Marcelo VIDALES: I think I would add that, as Sam mentioned, we are covering all ages. We have programs that go to preschools—Starting Out Safely. We have bike education and Safe Routes to School for primary school kids and also for early secondary school. We actually have programs that support them—perhaps it does not apply as much to those in regional Victoria—with how to commute to your train, to your public transport, but also then we have a number of programs that target young drivers or kids in their teens. As Sam said, it is important to actually understand that we want to connect with them in contemporary ways. One intervention at one point—it will be there but it will be forgotten, so for us it is that constant repetition of message and accessibility to the programs and services that will make that difference. For example, we have programs like L2P that offer those disadvantaged youth opportunities to get their 120 hours on the roads. We have recently also introduced unsafe2safe which provides grants for young kids in regional Victoria who do not have access to a safe vehicle. We want to put them in a safer vehicle to enhance their safety if they were to get into an accident.

Samantha COCKFIELD: I just might add that there are two programs that we have added in recent times, one being the Road to Zero education complex at the Melbourne Museum, which we would really encourage you to visit because it does actually take you through the Safe System approach. We can talk a lot about what we do, particularly with that sort of year 9, 10 and 11 age group in terms of curriculum-based programs. But the other thing is we also have developed a program which is an incursion, so we go into schools, which is called

Road Smart Interactive, and we would be really happy to provide more information for your knowledge about that in terms of that offering.

The CHAIR: Thank you. Anthony.

Anthony CIANFLONE: Thank you. Thank you for your submission and your evidence. I have gone through the submission, and it is quite extensive, so I really want to acknowledge and thank you for all the effort that all of you and your teams have put into that. It is quite impressive. Look, my question is more around the data and what we can learn from the data around the trends in accidents that are happening on the road and the consequences of those accidents for vulnerable road users. I guess in that respect, I just want to draw the Committee's attention and your attention to those key stats that are in your submission there around the most common behavioural factors contributing to road fatalities. As you say in your submission, drugs account for 30%, speed is associated with 26%, non-seatbelt wearing is associated with 24%, fatigue is 22%, alcohol is 19% and driver distraction is 11%. I would really appreciate you elaborating on those statistics in the context of vulnerable road users.

I represent the areas of Pascoe Vale, Coburg and Brunswick West. Unfortunately the community of Merri-bek, which encompasses those areas, has some of the highest rates—the highest rates—particularly when it comes to vulnerable road users being impacted by those behaviours. For example, Merri-bek council's submission is also quite extensive and talks about 123 crashes. Of these, 118 had very serious impacts and five were fatalities involving vulnerable road users. There were also 29 crashes with pedestrians, 28 with motorbike riders and 23 with cyclists. I would really appreciate, I guess, you talking just a bit more around those statistics and what we can actually do going forward through this Inquiry to prevent those and reduce those.

Marcelo VIDALES: It is a really good point. I think is important to understand as well when you talk about those contributing factors that there could be multiple contributing factors to a fatality or to a serious injury. So it could be a mix of fatigue and drug impairment or speeding and drug impairment or alcohol use. That is the challenge that we have—how do we actually develop interventions that address this as a holistic problem? In saying that—and you talked about your community—one of the things that we are actually enhancing is our engagement with local councils. We understand that there is a significant number of fatalities and serious injuries that occur on those local roads, and recently we announced a \$210 million investment in those local roads to introduce calming measures and enhancements to road infrastructure to support them. We also want to work with local councils to enhance their road safety capability to make sure that we are all on the same page when we are driving those solutions.

When it comes to data, that is what we use for evidence-based decision-making, as I said earlier. Look at the motorcycle issue as an example. What can we control? What can we enhance? How do we actually build safety measures for those high-speed roads? We know, for example, that wire rope barriers on a corner are not the solution, and we actually can build to ensure that they have protection, like Stack Cushion so that if they are hit, it is not actually going to cause a fatality and so that it will reduce the impact of that crash.

Samantha COCKFIELD: Look, I think Marcelo is right in terms of there being no one solution. That evidence base that you talk about explains to us where the issues are coming from; it does not always actually tell us what the solution is. I am well aware of the issues in Merri-bek and in fact in a lot of the inner-suburban areas where we have got large numbers of vulnerable road users at all times. I think one of the key things we are really doing is trying to separate the energy from the road user with things like dedicated bike lanes and like low-cost infrastructure—and you will see wombat crossings popping up all over Merri-bek and its surrounds—that actually slow down traffic and make sure that we have got more time to respond as motorists, because we see people better when we are slowing down, and if in the worst-case scenario somebody actually does get hit, the impact is such that it is slow enough not to cause serious injury or death.

When I said before that sometimes implementation of the system is slow, it is because it takes time to plan, and it does also take money to undertake these types of initiatives. I think the other thing that we can do with that type of evidence base, when we are talking about addressing directly the behaviours, which we still do—and you have got Victoria Police on soon—is think about how we can target things like drinking and driving and drugs and driving. With that evidence base and understanding—it is not just the broader numbers, but we start to understand where it is occurring and why it is occurring—it just helps us target that and make sure that we have highly compliant road users.

Marcelo VIDALES: I think that is our key point when we talk about the interventions like the distraction and seatbelt-wearing cameras, new technology that is being used—and I am sure you will hear from my colleagues from the Department of Justice and Community Safety and the police on their enforcement. They use this data to plan their operations, and I think that is a key element of how we actually as a Partnership work collectively to use the data to drive the interventions.

The CHAIR: Okay. Thank you. I am just mindful of time, so I think we will get another question from some of us. But I would just like to ask a question about cycling in particular. I am a regional MP that very much loves their cycling across the Bellarine and Geelong areas, but I notice in your submission that the admissions to hospital have gone up with cyclists, although the fatalities may have gone down through that COVID period. Can you talk a little bit about what the Victorian Government is doing to improve that pedestrian or cycling infrastructure that would link us to either public transport or movability around our regions?

Marcelo VIDALES: Yes, absolutely. As part of the investment there has been over \$160 million invested in different implementation plans, as we call them, interventions that range from active precincts, strip shopping centres, walking neighbourhoods and transformation of popular cycling routes—to your point. Obviously, they take different shapes and forms. Cycling in a region or on a country road is very different to cycling in metropolitan Melbourne, and I think that is where we actually talk about how we design the infrastructure to meet the different needs, mobility needs, of the community. We also talk about safer travel speeds on local roads, which Sam talked about. There are different interventions, including wombat crossings and other traffic-calming measures that are used to address speed and support vulnerable road users. We are really focused on creating those spaces and those areas.

There is also the awareness that we need to build for, through campaigns, but we also work with local councils to do that. And it is important when we think about, for example, cycling clubs: how do we ensure that they have the right practices, that they are informing their members around how to properly ride on those roads? We do from time to time hear about people perhaps not wearing a vest on a country road, a simple measure that enhances the visibility of a cyclist. But that also applies to the vehicle and how it can actually detect someone on the road, so, as Sam said earlier, the systems are actually complementing each other.

Samantha COCKFIELD: Yes, look, I think I really cannot add all that much. The Transport Accident Commission have been working with the department of transport on a very large infrastructure program. \$1.74 billion has been dedicated over a 10-year period, and we have not quite finished that. There has been extensive work in relation to pedestrian facilities and cycling facilities, and we do understand what works. I think you have probably heard us talk about that. A lot of this for us is getting the infrastructure out there. The other thing I would say is that the Government did introduce a few years ago now a law particularly for cyclists that actually introduces a distance of a 1-metre gap, and that has been highly successful. We do see very good compliance with it. We ran a campaign which we have repeated a number of times to remind road users of that new law, and we know that people do understand that need to provide separation. It is a continuous process. We continue to, I suppose, add to the arsenal and to devise actions and interventions to support vulnerable road users as we can and as new evidence emerges.

The CHAIR: Just a follow-up question: is it fair to say, though, that people are more inclined to get on a bike if they have a dedicated space?

Marcelo VIDALES: I think obviously the sense of safety is what we are trying to achieve, and obviously as a vulnerable road user, the more you trust the network and the environment that you are in, the more you are probably going to use it.

The CHAIR: Okay. Thank you. We have a few minutes. Jess, I might go to you.

Jess WILSON: Thank you. We spoke a little bit about speed limits, and obviously the World Health Organization has recommended 30 kilometres in areas where we have got both pedestrians and traffic. There are a number of submissions that point to reducing speed as one of the ways to improve road safety, and I think we can all see that has its benefits. There are a number of submissions that make the point though that local councils that do administer I think more than 85% of roads do not have the autonomy to make decisions about speed limits. I know in my own area we have got a shopping village that has got a primary school adjacent to it

and they have been fighting to reduce the speed limit from 60 to 40 for many years with no success. Just down the road it took 15 years to change another shopping strip from 60 to 40. Do you think that local councils could have greater input into changing speed limits given they often have better understandings of the local roads and have more communication with the local community as well?

Marcelo VIDALES: It is a really good point I think. Obviously speed for us is a key factor in how we can drive safety. We do work closely with local government. Our speed settings, our speed guidelines—we communicate frequently with them, we provide them. We also build capability and share our learnings. We actually are working really hard to make sure that when councils have engaged with community and have proposals for lower speeds in settings where there are mixed environments—pedestrians, active users and vehicles—we actually consider that strongly, because again, that context of shopping precincts, stations and schools is key for us to protect vulnerable road users.

We have a number of examples of where we introduced trials of 30 kilometres per hour in partnership with councils—there is the Mornington Peninsula, the City of Yarra and recently Mildura—so we are actually really thinking about ‘How do we enhance that liveability?’, and I think Zoe mentioned that as part of government objectives of increasing active transport and also enhancing obviously our health as part of that. Absolutely we could do better, and we are doing better, obviously in how we engage with councils to make those changes.

The CHAIR: John.

John MULLAHY: Thanks, Chair. How does the Victorian Government evaluate its public education campaigns to see how effective they are at changing road users’ behaviours?

Samantha COCKFIELD: Road safety campaigns, public education campaigns—the starting point is always an evidence base. We are looking for behaviours and issues that we believe we can—I suppose that the community is amenable to change and the public education will work as a starting point. The evidence base is always the starting point for anything. We have behavioural change experts—psychologists—within the TAC that work on behavioural change theory and add that to the data before we even start a brief. The starting point is evidence base. Once we develop a campaign, we put it through several rounds of basic market testing before it goes, I suppose, live to the public, and then once it is out in the community we undertake market research to understand its impact. I suppose the other thing that we normally do is have a baseline as to what people believed and thought about any particular issue that we are undertaking public education on before we start a campaign. It is quite an involved process. We do that for every campaign. Over and above the specific measurement of every campaign we do, we also do—literally day in, day out—surveying of the Victorian community to understand their general understanding of key road safety issues, what they think about them and also their self-reported behaviours so we can understand changes over time.

The CHAIR: Thank you. Dylan.

Dylan WIGHT: Thanks, Chair. Your submission speaks to the 33 supported recommendations from the inquiry into Victoria’s road toll. Now, 12 of these are yet to commence. Which recommendations are these, and why are they behind? What is the reason for the delay?

Samantha COCKFIELD: Do you want to speak to—

Marcelo VIDALES: Yes. The specifics—I might just get back to you on the ones that are yet to commence, but what I can say is we actually have worked significantly on progressing the recommendations of the previous parliamentary inquiry. It is important to understand that some of that is undertaken as a program and in addition to our BAU, business as usual, work, plus the development of interventions for the action plan and our strategy. In a way we have to prioritise the resources and put them where they matter the most and where they will make the biggest impact. In saying that, we are also working progressively through addressing those and actually understanding how they correlate to our program and where we can make the biggest wins. There are interventions where we actually have to work to resolve one in order to address the next one because they are correlated. I think that is how we are actually addressing it, through a program. I would be happy to get back to you around the specific interventions and recommendations that we are yet to commence.

The CHAIR: Thank you. I am mindful of time. Sorry, we will have to end it there. Thank you so much for the submission. Thank you for coming today as well and letting us unpick some of that data. It is very much appreciated.

Witnesses withdrew.