2012

'It's good to have wheels!': Perceptions of cycling among homeless young people in Sydney, Australia

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**Publication Details**

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Abstract
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Keywords
cycling, among, homeless, young, people, sydney, australia, 'it's, good, have, wheels!'::, perceptions

Disciplines
Education | Social and Behavioral Sciences

Publication Details

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This journal article is available at Research Online: http://ro.uow.edu.au/sspapers/3691
‘It’s good to have wheels!’

Perceptions of cycling among homeless young people in Sydney, Australia

Participation in sporting or recreational programs can be unattainable for many disadvantaged young people. Encouraging regular cycling is an important public health strategy to increase participation in physical activity and expand personal transport options for marginalised youth. Perceptions and attitudes toward cycling were explored in eight focus groups, involving 47 young people who were experiencing or at risk of homelessness in central and south-western Sydney, Australia. The benefits of cycling for physical activity, personal transport, independence and social inclusion were recognised. Barriers to regular cycling included compliance with mandatory helmet legislation; a lack of cycling skills and experience; a paucity of cycling infrastructure and reliance on cars for personal transport; and access to affordable bicycles and equipment. A comprehensive multi-strategic approach that engages marginalised young people is required to improve access and enable increased participation in cycling activities.

Physical inactivity has been identified as the second most significant cause of ill health in Australia (Mathers, Vost & Stephenson 1999). A recent New South Wales survey showed that 37% of school students do not engage in sufficient levels of physical activity (Hardy et al. 2010). Rates of physical activity are known to decrease during adolescence, often as the result of changing priorities, time restrictions and competing commitments from employment, education and social activities (Australian Government Independent Sports Panel 2009). Rates of physical activity also reveal a marked social gradient, with lower levels of physical activity evident among young people from disadvantaged, minority and migrant communities (Australian Bureau of Statistics (ABS) 2009). Unlike other forms of exercise and recreational activities, cycling may be incorporated into daily life as a means of travel (Yang et al. 2010). The promotion of cycling has been therefore identified as a sustainable public health strategy to increase physical activity across the population (Shephard 2008).

Cycling is the fourth most popular physical activity for young people and adults in Australia, following walking, aerobics and swimming (Standing Committee on Sport and Recreation 2011). There is strong evidence that regular cycling substantially reduces overall mortality, obesity, chronic disease and improves mental health (Anderson et al. 2000). Despite these health benefits, only 12 per cent of the population cycle on a regular basis and an even smaller

by Belinda Crawford, Chris Rissel, Rowena Yamazaki, Elise Franke, Sue Amanatidis, Jioji Ravulo, Jenni Bindon & Siranda Torvaldsen
proportion cycles for transport (Standing Committee on Sport and Recreation 2011). Rates of cycling decrease during adolescence, as cycling loses social status and bicycles are abandoned in favour of motorised forms of transport (Lorenc et al. 2008). There is a paucity of research investigating perceptions and attitudes toward cycling in adolescents, as most studies have focused on cycling injuries (Jacobson, Blizzard & Dwyer 1998; Rasanathan et al. 2008), risk-taking behaviours (Feenstra, Ruiter & Kok 2010) and helmet use (Finnoff et al. 2001; Elvik 2011). A small number of Australian studies have investigated the barriers to and facilitators of adult cycling and have found individual factors such as skill and confidence to be important considerations for inexperienced riders. A lack of cycling infrastructure and safety concerns associated with high levels of traffic congestion, a lack of acknowledgement and negative attitudes from motorists were also identified as barriers to regular cycling (Daley, Rissel & Lloyd 2007; O’Connor & Brown 2010).

Sporting and physical activity programs can effectively engage young people and promote social inclusion, particularly within disadvantaged, ethnic and newly arrived groups. However, financial constraints, socio-cultural differences and poor access to recreational facilities have been identified as limiting participation in traditional sporting activities (Australian Government Independent Sports Panel 2009). However, these barriers are not as apparent for cycling, as high rates of participation have been observed in marginalised groups in Denmark (Anderson et al. 2000), the Netherlands (vanLenthe, Brug & Mackenbach 2005) and North America (Agrawal & Schimek 2007). In addition to promoting more equitable participation in physical activity, cycling is a cost-effective transport option, thereby improving personal mobility and access to employment, training and community activities (Garrard 2009). Homeless young people are an important target group for cycling promotion programs, as the disadvantage, inequality and social exclusion of homelessness may be lessened by improved access to cycling opportunities. A broad cultural definition of homelessness is used in Australia to include people who are not in conventional accommodation or are living on the street, as well as people in crisis, temporary, medium- to long-term supported accommodation or boarding houses (Chamberlain & MacKenzie 1992).

In this study, we explored the issues associated with cycling for recreation and transport among young people who were experiencing or at risk of homelessness in Sydney, Australia. This work was completed as a component of a larger needs-assessment for the Younger Hunger (YHUNGER) project, an evidence-based health promotion program targeting food security, nutrition and physical activity in young people accessing support from youth accommodation services. To our knowledge, this is the first study to investigate perceptions of cycling as well as the barriers to and enablers of cycling in this diverse group.

TABLE 1
Semi-structured physical activity and cycling questions used in the eight focus groups with homeless young people in Sydney

<table>
<thead>
<tr>
<th>Context</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are interested in finding fun, cheap ways for homeless young people to try different sport and recreation activities while in accommodation services.</td>
<td>• What activities do you recommend or like to feel healthy and well?</td>
</tr>
<tr>
<td>One option is linking up with local bike fleets, where you can borrow a bike and learn more about cycling, and where to ride.</td>
<td>• Why would you ride a bike?</td>
</tr>
<tr>
<td></td>
<td>• Where would you ride?</td>
</tr>
<tr>
<td></td>
<td>• Why would you not ride a bike?</td>
</tr>
</tbody>
</table>
Methods

A qualitative approach of semi-structured focus groups was used to generate detailed information from a marginalised and often voiceless population (Grbich 2004). An interview guide of six questions and interactive activities was devised in collaboration with paid youth advisors and the project advisory committee. Two questions were based on physical activity and cycling (Table 1). All other discussion focused on food insecurity and nutrition and is described in detail elsewhere (Crawford et al. under review).

Eight youth services across central and south-western Sydney were purposively selected to reflect the social, cultural and linguistic diversity of homeless youth. Eight focus groups were planned (Table 2). In total, 51 people, aged 15 to 24 years, accessed these services at the time of the study. All were eligible to participate. Focus groups were scheduled to coincide with drop-in and group activities in which young people would attend the youth service, thereby maximising participation in this study.

Verbal consent to be audiotaped was recorded at the beginning of the focus group. Young people under 16 years of age had additional consent provided by their youth worker as guardian. All participants were provided with a AUD$20 supermarket voucher to cover any costs of participation. The study was approved by the Human Research Ethics Committee of the Royal Prince Alfred Hospital and the Human Research Ethics Committee of the University of New South Wales.

Eight focus groups were completed between November 2010 and May 2011. Group sizes ranged from three to 10 participants with a total of 47 young people (29 females, 17 males and one transsexual, Table 2). In total, only four young people declined to participate in this study. Focus groups were conducted in the common areas of seven youth accommodation services and lasted 80 to 120 minutes. Each group had at least one facilitator and one scribe. Paid youth advisors from the project advisory committee attended most focus groups in order to establish credibility and build rapport with participants. The facilitator guided discussion using a series of predetermined topics, questions and prompts, thereby ensuring that open discussion was encouraged while key research questions

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Rider type</th>
<th>Age range (years)</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New residents of youth accommodation service; culturally diverse group</td>
<td>Mixed</td>
<td>16–24</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Young people with Aboriginal backgrounds</td>
<td>Mixed</td>
<td>16–20</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Female group</td>
<td>Mixed</td>
<td>16–20</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Young people who identified as gay, lesbian, bisexual or transgender</td>
<td>Mixed</td>
<td>16–24</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>Residents from medium- to long-term supported accommodation</td>
<td>Mixed</td>
<td>15–19</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Female group; residents from medium- to long-term supported accommodation</td>
<td>Non</td>
<td>15–20</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Young people with culturally diverse and refugee backgrounds</td>
<td>Mixed</td>
<td>17–24</td>
<td>8</td>
</tr>
<tr>
<td>8</td>
<td>Female group; young parents</td>
<td>Non</td>
<td>16–20</td>
<td>4</td>
</tr>
</tbody>
</table>
were addressed (Morgan 1998). An additional focus group with six young people (3 females and 3 males) was completed in July 2011 for respondent validation (Mays & Pope 2000; Grbich 2004). The focus group discussions were tape recorded and transcribed verbatim. For the purposes of analysis, participants were categorised as “regular riders” if they rode frequently for exercise and/or transport, “occasional riders” if they rode a couple of times per month for recreation and “non-riders” if they rode very infrequently or not at all, based on their descriptions of their cycling. All transcripts were verified by at least two members of the research team. Thematic analysis was completed separately for all focus groups in order to identify any group, cultural or service-specific differences. These analyses were reviewed and confirmed by the research team as well as by a paid youth advisor in order to ensure credibility and trustworthiness (Blignault & Ritchie 2009).

Findings

Most participants viewed cycling as an effective personal transport option, a means to gain independence and freedom and a tool for health and wellbeing. Participants were also strongly image conscious and disliked bicycle helmets. Variation was evident both within and between groups in regard to the influence of personal factors such as skills and confidence and a reliance on cars as a preferred transport option. Finally, infrastructure barriers – from a lack of bike paths and large geographical distances to access to bicycles and equipment – were also recognised. These themes are discussed below.

Independence, freedom and social inclusion

Strength of character and resilience were striking features of this group of young people. They valued their dignity and were motivated to gain independence and move away from the stigma and embarrassment of homelessness. Cycling was strongly associated with this feeling of independence:

I think it’s good to be independent, cause it gives you confidence in life to be able to move on. To be able to face the world and not be afraid of it. To go on and do what you want. (Male, regular rider)

Although most participants tried to look forward and plan for the future, they also identified periods of feeling trapped and isolated by poverty and homelessness. This was particularly evident in focus group discussions in south-western Sydney, as participants described large geographical distances and limited, unreliable and relatively costly public transport options as ongoing barriers to training, education and pro-social engagement. For many participants, a reliance on youth workers and family for assistance with daily activities limited their independence and self-worth and was associated with feelings of shame and embarrassment. However, a small number of participants overcame these challenges by cycling regularly:

It’s good to have wheels! (Female, regular rider)

For these young people, cycling gave them the opportunity to take control of their daily activities and engage in social and community life, thereby increasing their social inclusion:

Cause sometimes you can’t always go places and it’s good to have something, like a bike or something … and it would help with the shopping. You could just put it on the handlebars. (Female, occasional rider)

In line with recent research (Daley & Rissel 2011), all participants recognised the benefits that cycling would provide in terms of a greater level of freedom and a way to transition to a more independent life:

When you get past that [learning to ride], it’s like freedom. (Male, regular rider)

Health and wellbeing

The health benefits of cycling as an affordable form of exercise were also identified, as many
Participants reported improved cardiovascular fitness and strength from riding outdoors or on a stationary bike:

*Bike riding is really good exercise, pedalling … your legs and muscles get toned.*
(Female, occasional rider)

Notably, female participants also discussed cycling as an effective exercise for weight loss. This result is consistent with national and international literature, which indicates that weight management benefits are a primary motivator for cycling, particularly among females (Garrard 2003; Lusk et al. 2010). While most young people in the study were motivated to exercise, cost was seen as a primary barrier limiting access to other recreational activities such as gym-based activities and team sports. However, some participants identified cycling as a more affordable form of physical activity because free or subsidised access to community bike fleets and equipment was available (Miskell, Xu & Rissel 2010).

Participants in this study also identified psychosocial benefits as an important motivator for cycling. They felt that cycling gave them the opportunity to escape the hardships and challenges of their daily lives and experience peace, if only for a short time:

Feel free when I’m riding a bike. I feel at peace. Like nobody there. I feel good.
(Male, regular rider)

In line with recent Australian research, participants also described the benefits of group cycling for socialisation and interpersonal interactions (Daley, Rissel & Lloyd 2007). They saw it as an opportunity to escape the social isolation so often associated with poverty and homelessness, and to communicate with friends and family. Consistent with the desire for freedom, many participants also valued the opportunity to explore their surroundings, experience nature and find places not easily accessible by car or public transport:

They’ve got a few dams down there. And you know I take my pully [bicycle] down there and see frogs, swim in the river and it’s good to see what’s outside … Brings you back to life, brings you back.
(Female, occasional rider)

The motivation expressed by most young people in this study highlights the need to use cycling as a tool to address the isolation, social inequalities and barriers to physical activity in this diverse and vulnerable population.

**Skills and experience**

There were considerable differences in the skill and confidence levels of participants, based on their cycling experiences. A small number of participants reported that they owned their own bikes and used cycling as a form of recreation and transport. Notably, these participants were generally male, of Anglo-Australian background and reported learning to ride as a child:

*As a form of transport, I’d go anywhere on a pushbike.*
(Male, regular rider)

However, for the majority of participants, a skills deficit was a primary barrier to cycling, as many had never learnt to ride a bicycle:

*I can’t ride a bike … I never really like ever saw a bike when I was little. We were too poor to own one so I never learnt.*
(Female, non-rider)

Negative experiences and fear were also important barriers to cycling, particularly in young people from diverse cultural backgrounds. One participant from a refugee background described a persistent fear of cycling, which dated from a minor fall as a child:

*Once in our country, I rode bike and I fell and scraped my knees and elbows and since then I’ve never touched a bike.*
(Female, non-rider)

Additionally, participants with children reported that they lacked the skills and confidence to ride safely. For this group, cycling
did not appear to be an option for exercise or transport until, perhaps, their children were able to ride independently:

_I probably wouldn’t trust myself riding a bike with a kid on it, I’d probably stack it._
(Female, non-rider)

In line with recent research in adult groups (Telfer et al. 2006; Daley, Rissel & Lloyd 2007; Daley & Rissel 2011), the majority of young people in this study were motivated to learn to ride and said they would utilise bike classes and lessons to improve their skills and confidence:

_I haven’t ridden a bike in ages. If I got lessons or something like that I’d definitely think about riding a bike._
(Female, non-rider)

**Car culture**

A strong desire to fit in with their peers was evident in all focus groups, as participants seemed to struggle to recognise and define their own identity as separate from the stertotypical view of a homeless young person. The negative stigma associated with bike riding, so often recognised in the adolescent literature (Lorenc et al. 2008; Underwood & Hardy 2011), was evident for non-riders and occasional riders, who viewed cycling as boring, uncool and embarrassing:

_For transport, I would be totally embarrassed to ride a bike… I’d rather be in a hot and super nice sports car._
(Female, non-rider)

For these participants, owning or riding in a car was not only seen as a symbol of prestige and success, but also the best way to move away from the poverty and isolation of homelessness. These findings are consistent with Australia’s “automobile monoculture” and reliance on cars as the only transport option (Austroads 2010). It highlights the need to increase the social status of cycling and to promote it as a more time- and cost-effective transport option for short distances and daily travel.

**A dislike of bicycle helmets**

Most participants in this study reported that they would not wear a helmet. Australia has mandatory bicycle helmet legislation and, for many, this was a significant deterrent to regular cycling:

_Main reason I would not ride a bike is because I would have to wear a helmet and it mucks your hair up. In all honesty, I thought about riding a bike and that’s what stopped me._
(Male, non-rider)

Both riders and non-riders consistently described a dislike of bike helmets associated with appearance and comfort, with many riding frequently without a helmet. These findings are not surprising as adolescents have the lowest rates of bicycle helmet use of all age groups and report that they would ride more if they did not have to wear a helmet (Rissel & Wen 2011). Additionally, international research has found that helmet use is strongly influenced by peer helmet use (Finnoff et al. 2001). Although participants were aware of the role of bicycle helmets for injury prevention, they felt that the discomfort and embarrassment of wearing a helmet outweighed the potential risk of an accident:

_I don’t wear a helmet. I don’t care. I ride on the road, path, dirt… everywhere. But if I hit my head then I know I learnt my lesson._
(Male, regular rider)

A small number of participants resented mandatory helmet legislation. They felt that wearing a helmet should be a personal decision based on a range of factors including cycling skills levels, experience, perceived risk of injury and distance of travel:

_If I’m just riding to the shops, I don’t wear a helmet. If I’m riding a longer distance… I’ll wear a helmet, that’s different._
(Male, regular rider)
A further deterrent to regular cycling was the financial implications of riding without a helmet, as participants identified the risk of a fine to be of greater concern than the risk of a cycling injury. Additionally, participants were concerned that this government initiative might be driven by an interest in economic gain rather than a concern for rider safety:

It’s like revenue raising as well, cause if you don’t wear a helmet, you get like a $220 fine. (Female, occasional rider)

The built and planned environment

All focus groups identified a lack of cycling infrastructure as an important barrier to cycling. Participants living in central Sydney reported that constantly high levels of traffic congestion and a lack of designated off-road cycle paths made cycling through the city difficult, even for confident riders. In comparison, large geographical distances and hilly terrain coupled with limited cycle paths were the primary barriers for young people in south-western Sydney. In line with recent qualitative research (O'Connor & Brown 2009; Daley et al. 2010), participants identified safety concerns for themselves and their equipment as a primary deterring factor. The primary safety concerns appeared to be ongoing danger and a high risk of accident and injury from heavy traffic:

I think it’s a bit of a safety thing as well ... I guess starting off I’d go somewhere safer, like probably through a park or something rather than on the roads. There’s so many times I’ve heard on the radio about accidents for cyclists and that does concern me a little bit. (Female, non-rider)

The financial cost of cycling

A small number of participants identified a persistent lack of money as a deterrent to regular cycling. It is important to note that these participants had limited cycling experience and most had not owned a bike before. The primary barriers appeared to be the initial financial cost of a bike, helmet and equipment, ongoing bike maintenance and the fear of bike theft. However, this barrier may be overcome with improved access to free or subsidised equipment through community bike fleets. Additionally, a number of services within central Sydney provide young people with free bike equipment and guidance on bike safety:

The service sometimes takes us out, it’s pretty cool! (Male, occasional rider)

It is important to note that experienced cyclists identified the financial benefits of owning a bike, through reduced costs of public transport and exercise and leisure time physical activity.

Limitations

This study provided valuable insights into a vulnerable and marginalised youth population. However, the results of focus group discussions may have been limited by gender imbalance, as more females participated than did males. However, key themes and discussions were consistent across all focus groups and the research team continued data collection until saturation had been met. Additionally, a ninth focus group with an equal number of male and female participants was completed to ensure the credibility and trustworthiness of results (Mays & Pope 2000). These results are also based on a small number of questions within a larger needs assessment. Further research is required to investigate accessibility and use of free bicycle equipment as well as the psychosocial benefits of cycling for this disadvantaged group of young people.

Conclusion

Our findings suggest that some homeless young people in Sydney are motivated to cycle for recreation, exercise and transport. Cycling was seen as a cost-effective transport option and a means to move away from the isolation of homelessness toward a greater level of independence, freedom and social
inclusion. The health, weight management and psychosocial benefits of cycling were also recognised. All participants viewed mandatory helmet laws as a deterrent to regular cycling. There was considerable variation between participants in regard to the barriers to and facilitators of cycling, based upon their current cycling behaviour and previous experience. Personal factors such as skill levels and confidence were seen as barriers for infrequent riders but as enablers for regular riders. For infrequent riders, cars were seen as the ideal transport option, as well as a symbol of status and success. Infrastructure barriers in the built and planned environment were also identified as barriers to regular cycling, particularly by inexperienced riders.

**Recommendations**

1. Cycling skills and proficiency training should be offered widely at a community level to address the skill deficit evident among disadvantaged young people. Direct networking with youth accommodation services may be beneficial to facilitate increased participation in local cycling activities.

2. The provision of free or subsidised bicycle fleets to youth accommodation services is required to enable increased access to cycling as a means of physical activity and transport for marginalised young people.

3. Public health strategies should address the ‘automobile monoculture’ and reliance on motorised transport in Sydney by promoting cycling as a time- and cost-effective transport option for short trips and daily activities.

4. Youth participation should be an essential component of policy review regarding mandatory helmet legislation in Australia.

5. Improved cycling infrastructure, particularly in south-western Sydney is required to overcome barriers to regular cycling posed by large geographical distances and a perceived lack of safety.

6. Further research investigating the health benefits and impacts of cycling on antisocial behaviour, including alcohol and drug use; mental health; and physical health is warranted to further promote cycling as an effective intervention strategy for homeless youth.

**Acknowledgements**

This research was completed as part of the NSW Public Health Officer Training Program in partnership with the University of New South Wales. It was funded by Sydney and South Western Sydney Local Health Districts. The authors declare that there is no conflict of interest associated with this research. Thank you to Vanessa Clift for her ongoing managerial support and contribution to the YHUNGER program. Additionally, we wish to acknowledge Tegan Picone and Jillian Manahan for their work on the YHUNGER team as well, as Johnny Ellis, Josh Cringle and Rebecca Nassar who assisted with the focus groups. Thank you to Brandon Bear (Yfoundations), Brett Pickard and the members of the project advisory committee as well as the youth services that hosted the focus groups.

**References**


Issues, v.27, n.4, pp.274-97.
Daley, M. & Rissel, C. 2011, ‘Perspectives and images of cycling as a barrier or facilitator of cycling’, Transport Policy, v.18, pp.211-16.


Standing Committee on Sport and Recreation 2011, Participation in exercise, recreation and sport survey 2011 annual report, AGPS, Canberra.


Underwood, S. & Handy, S.L. 2012. Adolescent attitudes toward active transportation: Bicycling in youth in retrospect from adulthood, University of California, California.

vanLenthe, F., Brug, J. & Mackenbach, J. 2005, ‘Neighbourhood inequalities in physical inactivity: The role of neighbourhood attractiveness, proximity to local facilities and safety in the Netherlands’, Social Science and Medicine, v.60, n.4, pp.763-75.


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