



Dr Cranky's  
BIKES FOR KIDS

# Dr Cranky's- Bikes for kids

Our kids and families are not physically active enough<sup>i</sup>; we throw away bikes or let them rust despite other families needing them<sup>ii</sup>, and we don't connect enough with others in our community<sup>iii</sup>. This results in huge and increasing societal costs<sup>iv</sup>. Dr Cranky's might provide a solution.

Dr Cranky's recycles bicycles at primary schools. The program reduces waste; gets children and families riding more; and brings people together to build stronger communities.



Dr Cranky's is run by parent volunteers with support from Dr Cranky himself (Bart Sbeghen). Families and locals donate unwanted/unused bikes which are fixed up and given to those that need them. It gets more children and families riding by providing them with working bicycles where they might otherwise not have one. It builds the community by allowing people to meet and support others in their local area.

A bicycle recycling scheme started at Flemington Primary School in 2014 and formed the basis for the program. A pilot program to test the concept was run in five schools from Aug 2016 to June 2017. The pilot saw over 300 bikes fixed and distributed. Before and after surveys showed that half the people receiving bikes or repairs had not ridden in the preceding month. After receiving the bike or repair from Dr Cranky, most recipients became

regular riders, riding their bikes on average 3 times a week. Eighty percent of the non-riders were riding at least once a week. This is an extraordinary result as these people have made bike riding a healthy habit – something almost every program struggles to achieve. In comparison, less than half of the general population under 17 years old rides at least once a week (National Cycling Participation Survey 2017). The program is measurably creating healthier, more active and engaged communities.

## Summary results – all Dr Cranky's Bicycle Hospitals since 2014 (including pilot schools)

Bikes given away	<b>466</b>
Repairs to bikes	<b>74</b>
Helmets provided	<b>113</b>
Locks provided	<b>188</b>
Average rides/week by participants before	<b>1.7</b>
Average rides /week after receiving bike or repair	<b>3.5</b>
Average additional rides/week	<b>2.1</b>
Number of previous non-riders (no rides in previous month)	<b>126</b>
% of non-riders who became regular riders (riding at least once a week)	<b>77%</b>



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Bart ("Dr Cranky") at the shed with his daughters Hannah and Ellie

Each school, operating their own "Bicycle Hospitals", receives, fixes and distributes bikes to those who need them at school. Monetary donations from recipients and local businesses cover most of the material costs of fixing the bikes at each school including parts and providing helmets and locks for those that need them. Establishing Bicycle Hospitals with reliable volunteers took up to 3 months at new schools as recruiting regular volunteers willing as many parents lack spare the time and/or the confidence to

work on bikes. Nevertheless, the pilot showed that the Dr Cranky model and systems can work and are effective at other schools.

The program has been shown to be replicable and successful when implemented. The challenge now is to refine a scalable model that can be rolled out at numerous schools. This will require creating a legal entity and associated systems as well as an implementation plan.

### The story

In early 2014 Bart Sbeghen and Peter Hormann started recycling kids bikes at Flemington Primary School - their children's school. Peter and Bart had noted that, on Ride2School Day, many children did not have a bike. Additionally, many children were riding (or pushing) unsafe bikes that needed repairs. Disturbingly, some did not have working brakes. Peter and Bart set up under a tree once a week before and after school with their own tools and some spare parts and posted a notice in the school's newsletter. They took in donated bikes, fixed them, and gave them out to children and families. They also did minor repairs of bikes. The aim was to give every child access to a working bike and reduce the wastage of unwanted or abandoned bikes. Bart gave it 2 months, tops.



The Bicycle Hospital at Flemington Primary was established in the school's "bin shed"

The program was (an almost) instant success. After 2-3 months, with the support of the school, families, and local businesses, the program found a home in the school's "bin shed" and was able to recycle and repair over 100 bikes a year (see picture). By early 2016 they had recycled over 200 bikes



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- this in a school with less than 500 students. The shed became part of the school “furniture” and culture. A school naming competition saw the shed – colloquially known as “Cranky’s shed” - officially christened and signed as “The Bicycle Hospital”.

Having worked in bicycle advocacy at Bicycle Network for over a decade Bart was surprised by the success of the Bicycle Hospital. He knew how hard it was to get more children riding bikes and the school was seeing a lot more students on bikes. There were also great examples of whole families getting on their bikes. During his work and wide travels, he’d not seen or heard of such a program anywhere in the world. There were many bicycle recycling programs, including several in Melbourne, but none that he knew of that operated locally at primary schools with parent volunteers.

The Bicycle Hospital seemed to be doing three main things:

1. getting more kids and families riding – a big achievement given the lack of physical activity in today’s cities. There were noticeably more bikes at school and in the local community.
2. reducing waste – many of the bikes donated had been sitting unused in shed or were destined for the rubbish heap. People were very glad to see their unwanted bikes being put to good use in their community.
3. building a stronger community – unexpectedly the Bicycle Hospital became a hub of activity before and after school. People from different backgrounds met and interacted at the shed. Flemington Primary School is a very multi-cultural and diverse socio-economic school. The Bicycle Hospital provided a chance to meet and do things with others who you may not have otherwise met or interacted. For instance, Muslim women were able to talk to men volunteering at the shed as it was on a “business” rather than personal basis.

Bart was intrigued. The Bicycle Hospital was a feel-good story but could the results be measured? And could the program be successfully replicated and sustained at other schools with similar results?

Having developed and run programs to get children and families riding he knew how difficult it was to develop, run and fund these programs. Harder still was creating a program that robustly measured and produced positive results. And more difficult still, some would say impossible, was producing such a program that was financially, environmentally, and socially sustainable over more than a few years – that could run itself.

The Bicycle Hospital looked like it had the basics for a truly successful program. And Bart was in a position to resource and test the program via a pilot program. He finished his full time job and gave himself 9 months and a limited budget to:

- systematise the program so it could be replicated
- develop a regime to measure and monitor the key results
- pilot the program at other schools
- report on the results
- assess whether it was pursuing further and what was needed.



*Helmets  
and locks  
are  
provided  
when  
needed*

Like all “start-ups” it was a rollercoaster ride filled with ups and downs and moments of self-doubt and exhilaration. The pilot has shown that Dr Cranky’s is a worthwhile enterprise that can produce exceptional community benefits. It’s time to get serious. But it can’t be a one-person enterprise. Dr Cranky’s is going to need some partners and expertise.

## The Program explained

Dr Cranky’s volunteers recycle bikes at primary schools and then gives them to children and families.

### What is needed?

To operate at a school the following are needed:

- The support of the school to operate the program in the school grounds. This usually includes processing cash donations and spending through the school accounts.
- A space to store bikes and equipment, preferably in a lockable, undercover area. It should be at least 6 m<sup>2</sup> to allow bikes to be stored during the week.
- At least one, and preferably more than two, parent volunteers who are willing to coordinate and run the program at the school. This usually means running a Bicycle Hospital once a week or fortnight before (one hour) and after school (one and a half hours).

Dr Cranky’s provides the training, spare parts, tools, helmets and locks. It also provides the systems to process the bikes and monitor and report on progress/results.

### What happens?



The parents, with the support of Dr Cranky, advertise in the school communications that the program is running and at what times. Parents and families are encouraged to bring their bikes in for repair or to donate unwanted or unused bikes. People who need or want bikes are also encouraged to introduce themselves. Dr Cranky sets up the Bicycle Hospital with a basic tool kit, spare parts and support for volunteers. The usual response in the first week is a couple of bikes donated and two or three repairs. In some cases, there are children requesting bikes which are not available at that school. In these situations, suitable bikes can usually be sourced from other schools. Spare parts either taken from salvaged bikes; purchased at wholesale price; or donated. Helmets and locks are provided and these are also purchased.

People receiving a repair or bike are asked if they would like to make a donation. There is no obligation or pressure to do so. When asked how much is appropriate they are told that \$25 is the cost to the program of providing another child with a working bike, helmet and lock. The usual donation from individuals, if any, is \$10-20.

Details of all bikes and repairs are recorded on cardboard tag attached to each bike as it comes in. The tag has fields for details of the bike, the person donating, the person receiving and any repairs. Each recipient is asked for their age and gender and, importantly, how many times they have ridden in the last month. A contact name and mobile number or email is also requested which allows a follow up survey to be conducted so we can see if they person still has the bike at a later date and see how



Since 2014 all Bicycle Hospitals have taken in and spent \$4200 of which \$1200 has come from local businesses or charities (Bendigo Bank, Rotary Club, and a local café). The overall average cost per transaction is \$7. The major material costs are the helmets and locks which are purchased new. Bells, seats and gear/brake cables make up the most of the remaining repair costs. The average material cost of a recycled bike with helmet and lock provided is about \$20. A basic toolkit to start a new school costs about \$200. Less frequently used tools and better equipment (for example repair stands and tool trolleys) are purchased as funds become available through donations.

## Potential

The long-term potential benefits, if we could replicate Dr Cranky's pilot results, are enormous.

Each Dr Cranky's Bicycle Hospital has, once established weekly, processed an average 2-3 bikes a week. Over the 40-week school year this amounts to about 100 bikes a year per school. Most of these are processed in the warmer months in Victoria. Flemington Primary School, with the involvement of the neighbouring secondary school processed over 150 bikes in 2016.

The potential "customer base" of students and families of primary schools is large. In 2015 there were 7547 primary and combined primary/secondary schools in Australia (government and non-government) with 2.1M students attending ([Australian Curriculum and Assessment Authority](#) figures). Detailed National Cycling Participation figures indicates that 22% of households with children aged 5-17 do not have a working bicycle then that's about 250,000 children living in a household without a bike (based on 2016 Census figures – table G25 Family Composition). The total number of children without access to a working bike is likely to be much larger.

If Dr Cranky's could be established initially in one hundred schools across Australia and process an average of 30 bikes a year then that's 3000 extra kids on bikes. If the pilot outcomes could be replicated then that would equate to 1500 new riders and over 10,000 extra bike rides a week (or half a million in the year).



<sup>i</sup> Only 34% of Australian's rode their bike in the last year. 15% rode in the last week. These have dropped from 40% and 18% since 2011. [National Cycling Participation Survey 2017](#).

<sup>ii</sup> 44% of households in Australia do not have a working bicycle while about 24% have three or more. [National Cycling Participation Survey 2017](#)

<sup>iii</sup> Australia's declining "social capital" is well accepted. See, for instance <https://probonoaustralia.com.au/news/2015/08/connected-communities-how-australias-social-capital-has-declined/> The costs are [wide ranging](#) and [hard to quantify](#).

<sup>iv</sup> In Australia the cost of physical inactivity was estimated at \$805M annually in 2013. See [http://www.huffingtonpost.com.au/2016/07/28/physical-inactivity-is-costing-australia-nearly-1-billion-a-yea\\_a\\_21441164/](http://www.huffingtonpost.com.au/2016/07/28/physical-inactivity-is-costing-australia-nearly-1-billion-a-yea_a_21441164/) citing [Ding et al. 2016. Less than one in three children do adequate physical activity](#). Producing and selling a bike emits about [200kg of CO<sub>2</sub>](#) (compared to about [10 tonnes for a car](#)).