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Research Paper

The social and economic benefits of community transport in Scotland

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ABSTRACT

An inquiry by the Scottish Parliament Infrastructure and Capital Investment Committee launched in 2013 found that there is a lack of evidence on the social and economic benefits of community transport (CT) in Scotland. This paper reports the outcome of research designed to identify the economic, social and health benefits generated by CT. Following a review of available literature on the benefits of CT, a primary research programme was carried out with five case studies from across Scotland. Findings confirm that CT is a critically important service providing cross-cutting benefits across a range of policy areas, including transport, health, social services and leisure, amongst others. It also plays an important role in tackling different types of inequality, an important issue on the policy agenda of many Governments. © 2017 World Conference on Transport Research Society. Published by Elsevier Ltd. All rights reserved.

1. Introduction

This paper investigates the social and economic benefits of community transport (CT) in Scotland. CT provides a critical role in meeting the transport needs of a wide range of groups where conventional transport fails to do so. This may be because there is not a commercial case (even where subsidised) for running a traditional transport service or where the needs of users are such that they cannot easily access conventional transport services. CT operators conduct invaluable work in this area by filling gaps where other public transport services are not possible or appropriate for users.

The UK Community Transport Association (CTA) defines CT as: “a wide range of transport solutions usually developed to cover a specifically identified transport need, typically run by the voluntary sector for the local community on a not for profit basis” (CTA, 2012a).

Organisations providing CT are varied in both scale and scope. For some, the provision of CT is their only activity, whilst for others, CT is just one part of a wider remit. In terms of scale, CT providers range from small to large and from those that rely entirely on volunteers to those with large numbers of paid staff.

An inquiry by the Scottish Parliament Infrastructure and Capital Investment Committee into CT provision in Scotland in 2013 (SPICIC, 2013) highlighted the lack of evidence on the social and

economic benefits of CT in Scotland. The report identified the lack of information on CT provision and needs as being a key challenge. Information gaps identified included the lack of baseline data on CT, making it difficult to plan for future transport needs.

The key purpose of this paper is to investigate the social, economic and health impacts of CT with the aim of identifying the ongoing benefits. In particular, it is important from a funding perspective to understand who is using CT and for what purpose. In the absence of robust data and an understanding of the benefits of CT, it is difficult to make the case for maintained or additional funding for this essential form of transport provision. This study addresses the gaps in existing data sources through the identification and selection of a series of case studies designed to cover the breadth of provision across Scotland. This approach provides an understanding of the benefits of CT in different geographic and urban-rural classifications.

2. Literature review

There are many benefits associated with CT provision. While some of these are relatively easily quantified, such as the number of journeys, many of the core elements which contribute to the overall value of CT such as improved health and well-being and higher levels of social interaction are more difficult to measure. In particular, these social outcomes are often difficult to quantify and are not easily assessed using conventional transport analysis

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methods.

This section provides a review of existing literature, identifying the key evidenced benefits.

2.1. Accessibility and social exclusion

There is much discussion in the literature as to the ability of CT to improve accessibility and consequently reduce social exclusion (Farrington and Farrington, 2005). Accessibility can be defined as “the ease with which individuals can reach destinations” whilst social exclusion can be understood broadly as the inability to participate fully in society (Velaga et al., 2012).

Problems of accessibility and social exclusion can be particularly acute amongst members of vulnerable groups, most of whom do not have access to private transport and are therefore reliant on public transport to access key services. These groups may include: older and disabled people; unemployed people and those with low incomes; and people in communities with limited public transport provision (e.g. rural areas whose specific challenges for CT are described by Schiefelbusch (2016); drawing on experience from Germany). The provision of suitable transport for older people is a significant issue since their specific accessibility requirements are often not accommodated through traditional public transport services (Mulley and Nelson, 2012). These include lower incomes, an increased number of physical limitations and changes in trip purpose (Alsnih and Hensher, 2003).

Through overcoming gaps in accessibility, CT services can provide access, particularly amongst vulnerable groups, to key destinations including employment, education, and health services.

2.2. Social interaction and social capital

While generally less well understood than the economic impacts, a lack of accessible transport can also result in significant social impacts at both the individual and community level (Lucas, 2010). Individuals who are socially isolated as a result of distance, infirmity or poverty can experience feelings of loneliness and isolation. By providing a means to access key destinations such as employment, education and leisure facilities, CT provides users with the opportunity to get ‘out and about’ and interact socially within their community.

The importance of the CT journey in providing an opportunity for social interaction is identified by Martikke and Jeffs (2009) in their research on CT providers in Manchester. They note that “low-key interactions” with the driver can become “very significant and something to look forward to” for those whose opportunities for social interaction are limited. By providing an arena for social interaction, the provision of CT can support social capital, particularly in rural areas (Gray et al., 2006). Communities with high levels of social capital generally have greater access to resources, skills and influence and research indicates social capital is positively associated with a range of positive social and economic indicators, including perceptions of trust and participation in organisations (Spinney et al., 2009).

2.3. Well-Being, quality of life and mental health

Transport, mobility, social interaction and the ability to engage more fully in community life are also important pre-conditions for well-being and quality of life. While the link between CT and well-being has not been explored in detail, studies have explored the relationship between transport, mobility and well-being more generally. Banister and Bowling (2004) examined the relationship between mobility and quality of life amongst people over the age of 65 in Britain. They found a clear relationship between quality of

life, and both the availability of facilities such as health services and shops and the number of social activities undertaken in the last month, concluding that transport is important as it provides the means to access local services and facilitates engagement in social activities.

The relationship between transport, mobility and well-being has also been examined by Vella-Brodrick and Stanley (2013). Using survey responses from adults in Melbourne, Australia, they assess how transport mobility helps to satisfy inherent psychological needs which are deemed necessary for well-being. These include “relatedness needs”, i.e. having supportive and satisfying relationships, “competence needs”, i.e. the belief that one has the resources to achieve desired outcomes, and “autonomy needs”, i.e. the perception of undertaking activities based on choice, volition and self-determination. The study found that transport mobility successfully predicted psychological well-being which in turn predicted subjective well-being, with mobility providing the means to “interact with the world” and generate “feelings of connectedness, self-worth and competency”. Other studies have identified that mobility-related factors can contribute to the positive relationship that is known to exist between social coherence/social community and mental health (Sugiyama et al., 2008).

2.4. Supporting independence

CT can also support independent living and mental and physical health. In their analysis of CT providers, DHC and TAS (2011) found that many of the users of the organisations they assessed would not be able to live independently without support from CT and would therefore need to move house or into residential care services. Such a move would result in significant additional costs.

The provision of transport and greater independence can also have positive benefits for the families involved. A number of sources note the reduced reliance and pressure on family and friends to provide transport as a result of the availability of CT (Age Scotland, 2013). This can have wider economic and social benefits as a result of a reduction in days taken off work and can improve the carer-patient relationship by providing carers with much needed respite (Martikke and Jeffs, 2009). Furthermore, Alsnih and Hensher (2003), in an international review, highlight that in future families are less likely to be able to cater for the transport needs of elderly relatives as a result of the growth in life expectancy as well as general changes in lifestyle. As a result, they contend that an increasing number of individuals will find it increasingly difficult to meet their transport needs without improved public transport provision which meets accessibility needs.

2.5. Health and lifestyle

The provision of CT has also been linked to earlier detection and treatment of health conditions, with resultant benefits in terms of quality of life for the individuals involved as well as significant savings for the NHS (Age Scotland, 2013). In part this is likely to be simply a result of improved access to health services, with the greater availability of transport encouraging people to seek medical advice when they might otherwise not have done so.

A number of sources also highlighted that involvement with CT organisations can also act to provide an ‘early warning system’ when health problems arise. In their submission to the Infrastructure and Capital Investment Committee Report, the Highland Council noted that “drivers may suggest to the health professionals that there has been a change in circumstances and a visit may be beneficial for the passenger’s wellbeing”, with “most health professionals recognising that this is helping to reduce admissions

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