

Submission to the Public Accounts Committee Inquiry into Active Travel

Written Evidence submitted by GroundsWell

GroundsWell are a team of researchers and local communities who, by working together, are capturing the role of urban green and blue spaces within wider social, economic, environmental, cultural and health systems. In particular, we are identifying and implementing actions to maximise the health benefits of urban blue and green spaces, including the active travel people conduct within them.

Recently, a multi-strand system-orientated approach to developing interventions to reduce car dependency for improved population health, was implemented by members of the GroundsWell team (Prof Ruth Hunter, Dr Leandro Garcia, Prof Alberto Longo, Dr Claire Cleland, Prof Frank Kee, Prof John Barry and Prof John Barry) at Queen's University Belfast. It provided promising findings to inform the current active travel evidence base (Hunter et al., 2021). Specifically, a review performed by Cleland et al., (2023) highlighted evidence to support active school travel, teen mobility, organisational travel plans and walking for transport interventions to shift travel modes to more active modes. With the potential for healthy and sustainable active travel life course approaches (Cleland et al., 2023).

In addition, hypothetical changes to the transport infrastructure, including the role of financial measures to reduce car use in the Greater Belfast Area, Northern Ireland were explored. A survey of 773 car users indicated that the most attractive measures would include: (i) increasing the frequency of public transport and connecting poorly served areas, (ii) providing free public transport for all, and (iii) improving cycling infrastructure. Less popular options included (i) reducing current speed limits to 20miles/hour in all urban areas, (ii) reducing the availability of parking and the creation of parklets and car free areas in city and town centres. We also found that car users would be willing to accept on average £14.46 for giving up using their car one day per week compared to their current use. This value is comparable to the current London congestion charge of £15/day that car users pay to drive in London. Working with the local community to understand their needs and drivers in reducing car usage and increasing active travel is essential to its success throughout local authority investments.

Furthermore, a Citizens' Jury on car dependency in Belfast sought to bring underrepresented perspectives on car dependency into the conversation and make evidence-informed recommendations for reducing car dependency (Involve and Queen's University Belfast, 2023). Six key recommendations were made with one specifying the "building of a network of cycle access and dedicated cycle lanes connecting to, across and through the Greater Belfast area and integrated with other transport policies/solutions (Involve and Queen's University Belfast, 2023). The rationale for this recommendation involved the reduction of car dependency and the promotion of well-being with actions relating to levelling the playing fields between cars and cycling, the creation of safe cycling infrastructure, ensuring collaboration to have great cycling support infrastructure and engagement with relevant stakeholders and communities.

While the health benefits of active travel have been well documented, it has also been shown that specific population groups face a number of barriers to engaging in active travel, which may in turn impact their ability to achieve health-related benefits. GroundsWell recently

undertook a rapid systematic review funded by Sustrans and Transport Scotland, to investigate the barriers and facilitators to active travel amongst various underserved population groups. Twelve studies met our inclusion criteria, and we identified a number of context-specific barriers to active travel for people from ethnic minority backgrounds (safety/fear of racial abuse on streets, access to and ability to ride a bike), people with physical disabilities (fear/safety/physical/infrastructural barriers, public perceptions/stigma) and people with learning disabilities (fear/safety concerns). We also identified that the overall quality of evidence in this research area is low, and there is a need for more robust studies investigating not only barriers, but how to alleviate these for underserved population groups.

Following this review, intercept surveys (Edinburgh Active Travel survey) were conducted in two shopping centres in Edinburgh, to investigate active travel habits and barriers of local communities. Of 118 respondents, we found neighbourhood cyclability to be lower than perceived neighbourhood walkability. Additionally, a number of barriers to active travel were more prevalent amongst ethnic minority respondents than white respondents (fear/safety, access to a bicycle). Additionally, people who identified as having a disability were more likely to cite physical demands and access to adapted cycles as barriers to walking and cycling, compared to people who did not state they had a disability.

If the Public Accounts Committee will consider the wider picture of value for money in active travel investments, particularly focusing on the reality of health inequalities across local authorities and community barriers to active travel, then the potential for increased value (in health, economy and safety) for the communities who need active travel investment the most is huge. GroundsWell would ask that the committee includes discussion on assessing community needs for active travel investment within local authorities. Co-production of active travel interventions is essential in order to understand the true value of such investments and why uptake in active travel has not met the DfT objectives thus far. If the DfT hopes to achieve its ambitions for increasing walking and cycling activity by 2025 then local authorities must be supported to identify barriers to active travel beyond infrastructure, such as those identified in our systematic review. This will ensure that tackling the barriers to increasing active travel has been fully understood and may provide evidence on the benefits of local actions over the longer term.

References

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(Under review)