



**Driving Urban
Transitions**



DELIVERABLE 2.2

INVENTORY OF CA PRACTICES

IN THE OUTSKIRTS AND BEYOND

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1 WP2: OBJECTIVES AND AIMS STATED IN THE FUNDED COMMON_ACCESS PROPOSAL

WP2 aims at developing and applying methodologies to understand existing and potential CA practices by mapping the relational dimension of accessibility in urban outskirts and beyond by:

- Defining key concepts, theories, and statutory requirements of commoning accessibility;
- Identifying existing CA practices in urban outskirts suburban areas and beyond;
- Analysing the role of communities in sharing (mobility) services, and optimising resources and abilities;
- Exploring the interdependencies between functional accessibility (physical access) and relational accessibility (social access) resulting from CA practices and how/whether different CA practices have evolved.

For archiving these goals, the WP2 is organized into four tasks as follows:

Task 2.1: CA conceptual framework (Lead: PoliMi)

The task is finalized to provide a systematic literature review for the definition and the expected context of Commoning Accessibility, including different practices and their interpretation in Europe and the discussion and identification of research gaps.

The systematic collecting and structuring of existing work will be finalized for the development of a working definition of i) commoning accessibility ii) commoning accessibility practices through:

- Review of research database (including Scopus, Google Scholar and Web of Science) for the keywords: commons; commoning; accessibility; community (of transport; of practices; of project); mobility practices; informal transport...
- Analysis of grey literature about existing CA practices and selection and systematization of the main findings, distinguishing papers dealing with theoretical insights and CA practices.
- Collection through an online Commoning Accessibility Practices Collection Form of a preliminary Atlas of Communing practices able to consolidate the definitions.
- Glossary for a shared definition of Commoning Accessibility and Commoning Accessibility practices.

Task 2.2 Inventory of CA practices (Lead: PoliMi)

Based on the main outcomes of Task 2.1. an inventory and classification of existing CA practices in urban outskirts and suburbs via literature review, research projects; thematic platforms (Polis, Eltis, Enoll) planning documents will be finalized to collect examples of CA practices and the role of communities in sharing services and optimising resources and abilities in urban outskirts and beyond. The Inventory of CA practices will be finalized to produce a webAtlas structured as in

task 2.1. through the Commoning Accessibility Practices Collection Form. **The activities related to this task are at the core of this deliverable.**

Task 2.3 Functional and relational accessibility in CA practices (Lead: PoliMi)

Citizen survey and stakeholders focus groups in two selected testbeds within Provincia di Pavia and Provincia di Bergamo will be implemented to achieve an overview of the forms, statutory functions and activities carried out by the communities in CA practices and existing challenges.

In Provincia di Bergamo, the testbed will be selected with two main aims:

- Experimenting with solutions to improve accessibility to workplaces by solving the last-mile problem focusing on two municipalities (Cologno al Serio and Urganò) located in the southern plain area of the Province, which is characterized by a widespread diffusion of productive platforms with limited accessibility via public transport or active mobility options, highly impacting daily work-related trips;
- Exchanging and producing policy-related knowledge about the relevance of transition experiments in the fields of accessibility by exploring possible ways of communicating accessibility through citizens' participation and stakeholder engagements while coping, according to the planning strategies already adopted by the authority (see PTCP Provincial Plan 2020 and its further updates), with the climate-impacting last-mile problem;

In Provincia di Pavia, two main goals address the selection of the testbed:

- Complementing the mobility and territorial strategies of the Provincial-Territorial Plan (PTAV), creating the conditions for shifting away from car dependency in low- to mid-density settlements with uneven service distribution and high car use in its territory.
- Analyze CA practices that have been implemented and are still ongoing in the province of Pavia, with a particular focus on the rural and mountainous area of the Oltrepò Pavese Apennines. This region, where several community-led initiatives have been developed to enhance territorial accessibility, constitutes a compelling case study for investigating the enabling and constraining factors in the evolution of CA practices. It also offers valuable insights into the roles played by various public and private stakeholders, as well as the influence of policy frameworks on the operational dynamics of these practices.

Task 2.4 CA Design Expert tool (Lead: PoliMi)

Development of the casebook from insights collected from task 2.2 and 2.3. and production of a CA design expert tool to design and replicate CA practices, based also on the outcome of WP3 and WP5.

2 INTRODUCTION

The main objective of the *Common Access* project is to understand Commoning Accessibility (CA) practices and explore their potential to contribute to the implementation of the 15-minute city (15minC) in urban peripheries through a multidisciplinary and multi-stakeholder approach. Within this framework, the activities of Work Package 2 (WP2) are specifically dedicated to developing and applying methodologies to understand, collect, and analyse existing and potential CA practices by mapping the relational dimension of accessibility in urban outskirts and beyond.

Consistent with the project's goals, Task 1 of WP2 defined the concept of CA by means of a literature review on urban-commons, re-examined through the lens of accessibility studies. Drawing on the notion of *commoning mobility* proposed by Nikolaeva et al. (2019), the review produced a novel conceptual framework that clarifies the conditions under which accessibility—understood as a fundamental good for social participation and inclusion—may become a common good through collective re-evaluation of its societal value and renewed thinking about how accessibility is provided and governed.

The framework, presented in Deliverable 2.1 (Lanza and Pucci, 2024), views commoning accessibility as the outcome of a process in which a group of people collaborates to co-create accessibility solutions that address needs unmet by other forms of provision (e.g., state- or market-based). Three key constitutive elements emerge:

1. **Commoning Accessibility** as the process through which a community collaboratively creates and manages the conditions necessary to provide access to needed/desired socio-spatial resources to its members under shared rules and norms. This process can either develop as an alternative to or in conjunction with market/state accessibility provision and is based on the self-empowering capacity of the community.
2. **Community of Access** as a defined and relatively bounded self-organized group of people sharing specific accessibility-related needs/desires and commonly searching for a solution resulting in the process of commoning, which ultimately depends on the existence of the community. The community is contingent and connected by constraints of opportunity characterized by instability and momentary enactment based on the needs to be achieved.
3. **Commoning Accessibility Practices** as a set of actions that materialize in the realized access performed by a community of access, which are both the foundation for the development of the commoning accessibility process and its outcome.

Framing accessibility as a common good, as outlined in the previously introduced definitions, brings to the forefront a number of critical issues that lie at the core of the research activities pursued within the project's thematic work packages. Among these, several aspects deserve particular attention:

- The need to investigate the diverse mechanisms through which access is improved via commoning approaches (Hicks, Halden & Verlinghieri, 2024), using appropriate analytical tools. This task, addressed in WP3 and initially introduced in Deliverable 3.1,

will result in the identification of key dimensions concerning how CA practices are planned, organised, funded, resourced, and delivered, based on a selection of case studies identified within the project. Ultimately, the WP will propose a framework to translate these concepts into a practical typology of CA tools. In this regard, the collection of well-documented case studies represents a foundational step in examining the role of communities in the commoning process, including their organisational models and functioning

- The importance of understanding which motivations and behaviours that drive people to get engaged (or not) in CA practices, becoming part of a community of access (Verhulst & Witlox, 2025). This line of research underpins the work in WP4, as outlined in Deliverable 4.1, which introduces an analytical framework centred on the concept of *acceptance*. This framework investigates the motivations and reasons behind individual involvement in CA practices, and in subsequent stages, will also analyse the impacts of such practices on travel behaviours. These activities are based on the analysis of case studies of existing CA practices, aiming to understand—through interaction with community members—the motivations, barriers, and enablers that influence individuals' involvement in the reproduction of these practices, ensuring their continuity and evolution.
- The relevance of analysing policy barriers, enablers, and potential strategies for commoning accessibility practices, and of formulating different hypotheses based on research conducted in specific case studies. This constitutes the core of WP5, which aims to analyse how policy conditions shape CA practices and provides an overview of such practices in rural, peripheral, and suburban contexts in Europe (Prins et al., 2024).

In light of the specific goals of each work package and of the overarching project, it becomes clear that identifying existing CA practices, aligned with the definitions provided in Deliverable 2.1, is a critical foundation for the advancement of the research agenda. On one hand, collecting and classifying case studies of CA practices supports the analysis of how these practices function and their socio-spatial impacts in real-world contexts, providing valuable insights that advance the project's objective of understanding CA practices from multiple perspectives. On the other hand, compiling these case studies in an accessible, user-friendly, and regularly updated database allows the innovative concept of Commoning Accessibility to be illustrated through concrete, real-life examples. This not only enhances its comprehensibility beyond academic circles but also contributes to disseminating the project's themes and findings, encouraging the circulation of ideas and information, and inspiring communities and stakeholders to envision and develop their own CA practices.

Based on this background, the present deliverable focuses on the core activity of Task 2.2 concerning the development of an inventory and classification of existing CA practices, which led to the creation of the *Common Access Atlas* (hereafter, the "Atlas").

The Atlas is conceived as a gateway to the *Common Access* project and its core concept of Commoning Accessibility. It functions as a digital, easy-to-navigate, and publicly accessible repository of CA practices case studies, collected through the literature review conducted in

Task 2.1 and a crowdsourcing effort via the collection form (see Deliverable 2.1, Section 5, and Section 3 of this deliverable). Continuously updated over the course of the project with new content and, potentially, new functionalities, the Atlas represents a key tool among those developed by the Common Access project. Given its strategic importance, its development has followed an iterative process that actively engaged the entire project consortium.

This deliverable outlines the main features and functionalities of the Atlas, tracing their evolution across versions 1.1, 1.2, and 1.3. It also details the methodology for collecting, classifying, and organising the case studies in accordance with the project's theoretical framework, highlighting the key decisions that have informed the architecture and configuration of the platform.

The remainder of the deliverable is structured as follows. **Section 3** revisits the description of the Common Access collection form, briefly introduced at the end of the previous deliverable, to illustrate the process of gathering and managing the information and data used to feed the Atlas. **Section 4** describes the methodological choices made in preparation for the development of the Atlas, including guiding objectives, intended users, platform architecture, and case presentation formats, along with technical aspects related to the selection of the digital mapping and visualisation platform. **Section 5** provides a detailed description of the features and characteristics of the current release of the Atlas (v.1.3), which represents the final outcome of the iterative feedback collection process carried out to progressively refine the features and functionalities of the Atlas. Finally, **Section 6** outlines future development scenarios for both the collection form and the Atlas to ensure they become increasingly useful and central tools within the Common Access project.

3 CASE STUDIES COLLECTION

As anticipated in Deliverable 2.1, a preliminary activity for building a repository of CA practices concerns the collection of references and case study examples. This task is intended as an opportunity to identify insightful cases worth including in the Atlas and potential target cases for further in-depth analysis.

A distinctive feature of CA practices lies in their reduced visibility, underexposure, and under-recognition, often due to their bottom-up, community-led nature and their reliance on personal relationships within small-scale groups. Given the granularity of many of these practices, their informal character, and the relative absence of official channels for disseminating information about their existence and functioning, such practices are often difficult to identify and document.

In some cases, examples can be retrieved from academic or grey literature — for instance, the *Navettes* initiative in Brussels described by Kęłowski & Rekhviashvili (2022); community-based carpooling systems in rural areas analysed by Thao et al. (2021); community-led car sharing options discussed by Newman (2016); or forms of mobility falling within the broader category of *community transport*, as investigated by Ravensbergen and Schwanen (2023). Some of these documented cases have already been incorporated into the current version of the Atlas.

However, the majority of the cases collected to date by the Common Access project and included in the Atlas stem from a crowdsourcing process based on an online form, developed with Qualtrics and jointly co-designed by the teams from Polimi and University of Westminster. The form, structured as a survey with a limited number of mandatory fields, allows respondents to share relevant information about a specific CA practice by providing a set of key elements aimed at achieving a general overview of the practice and its potential impact. These include the characteristics and activities of the involved community, operational dynamics, organisational structures, institutional relationships, geographical scope, temporal evolution, lessons learned, and challenges encountered.

English ▾



Welcome to the **Commoning Accessibility Practices Collection Form**, a tool designed to compile a global repository of best practices within the Common_Access project under the [DUT \(Driving Urban Transition\)](#) partnership, coordinated by the University of Westminster.

Fig. 1 Homepage of the collection form

The collection form, currently available in English and Italian, is structured into twelve sections, each focusing on a specific aspect of the practices, according to the following structure, as illustrated in D2.1:

- Section 1 – What: Questions asking for general information about the practice, with a focus on the specific aspects of the ±15-minute City touched by the practice.
- Section 2 – Where: Questions regarding the setting, focusing on the territorial characteristics of the area where the practice has developed.
- Section 3 – Why: Questions related to the main aims and historical development of the practice.
- Section 4 – How: Questions concerning how the practice is managed, the accessibility needs it supports, and information about management and costs.

- Section 5 – Who: Questions about the community contributing to the creation and management of the practice.
- Section 6 – For whom: Questions about the recipients.
- Section 7 – When: Questions about the temporal availability of the practice.
- Section 8 – Policy and Institutional Interactions: Questions about the conjunction between the practice and institutional or market actors.
- Section 9 – Impacts: Questions about the observable impacts of the practice.
- Section 10 – Lessons and Challenges: Questions about the challenges that emerged during the implementation process.
- Sections 11-12: Comments, references, personal details.

Launched in April 2024, the form has been disseminated on multiple occasions—including seminars, conferences, and project partner meetings—primarily through the distribution of a QR code granting direct access to the survey. Over the course of approximately one year, 29 valid cases have been collected. Two additional submissions were excluded—either because they were not located in Europe or due to the lack of available information on the functioning of the practice.

Name	Typology	Location
Dégage	Vehicle sharing	Flanders Region, Belgium
Pedibus and bicibus	Passenger rides sharing	Genoa, Italy
Travel Buddies	Passenger rides sharing	Cities of Crawley and Chicester, England, UK
Nachbarschaftstreff Freiham 1	Service hubs, Local gathering spaces	Freiham district, Munich, Germany
GUIFI.NET	Internet access	Catalonia, Spain
Garantiert mobil	Passenger rides sharing	Odenwald district, Hasse
Taxito	Passenger rides sharing	Various regions in Switzerland
Talybont Energy EV car club	Vehicle sharing	Talybont on Usk, Wales
Vaterstettener Auto-Teiler e.V (VAT)	Passenger rides sharing	Vaterstetten, Bavaria, Germany
Vereniging Vervoer Ouderen Purmerend (VVO) (Transport Association for Elderly People in Purmerend)	Passenger rides sharing	Purmerend, The Netherlands
Freihamer Freiluftgarten	Local gathering spaces	Freiham (City of Munich), Bavaria, Germany
Dorpspunt	Vehicle sharing, Local gathering spaces	Beveren, Alveringem, Belgium
Planka.nu	Transport advocacy	Stockholm, Gothenburg, Skåne and Östergötland.
Oxfordshire first and last mile flexible Community transport	Passenger rides sharing	Rural areas of Oxfordshire, UK
Rezo Pouce	Passenger rides sharing	Rural France
Op Wielekes (On Wheels)	Transport advocacy	Flanders
Progetto 80	Passenger rides sharing	Genoa, Italy
Buurtbus (NeighbourhoodBus)	Passenger rides sharing	Flanders
Community car scheme provided by the Larkhall & District Volunteer Group	Passenger rides sharing	Larkhall, UK
Taxi sociale/Taxibus	Passenger rides sharing	Province of Pavia, Italy
The big lemon	Transport advocacy	East Sussex and other areas in nothern UK
WiganPlus	Transport advocacy, Service hubs, Local gathering spaces	Wigan, UK
Fietsmaatjes (Cycling Buddies)	Passenger rides sharing, Local gathering spaces	Over 50 municipalities in the Netherlands
Austerlitz Zorgt ('Austerlitz Cares')	Passenger rides sharing, Service hubs, Local gathering spaces	Austerlitz, Netherlands
Maggiordomo rurale	Door2Door services	Provincia di Pavia, Italy
Eietra community sharing	Vehicle sharing	Genoa, Italy
Community carpooling around the European Commission's Joint Research Centre site in Ispra	Passenger rides sharing	Ispra, Italy
De Fietschool (the bicycle school)	Transport advocacy	Flanders, Belgium
OVK - SAVE	Transport advocacy	Flanders, Belgium

Fig. 2 Cases collected through the CA collection form. For an in-depth description of the typologies of CA practice, please see section 4.

While the form has proven effective in identifying many valuable cases, its structure has posed challenges for some respondents, particularly due to the specificity and number of questions. For example, inquiries into economic dimensions—such as operating and management costs—or the impacts of the initiative, may prove difficult to answer in cases where the initiative is highly informal and no structured assessment has ever been conducted.

Nonetheless, the aim of the form is to collect as much information as possible from each respondent, with the understanding that the research team managing the database will conduct further investigations to fill any gaps left by contributors. This process of data cleaning and

enrichment has been necessary in many instances where the information provided did not match the level of completeness found in other submissions, requiring a thorough review and supplementary research.

Given the feedback indicating that the form is perceived as overly burdensome, a revision is currently under consideration, as further detailed in Section 6 of this deliverable. The proposed changes would streamline the survey by removing or consolidating questions that have received the fewest or least complete responses. Moreover, since the structure of the Atlas—developed after the initial form launch—ultimately requires only a smaller subset of the information gathered, the revised form could enhance the collection process by focusing on a more targeted and relevant set of fields, aligned with the Atlas’s content architecture.

4 TOWARD THE ATLAS: AIMS, TARGET USERS, ARCHITECTURE, AND TECHNOLOGY.

The development of the Atlas followed an iterative process, actively involving the Common_Access project partners at various stages of brainstorming and feedback collection. The first round of discussion occurred during the project’s kickoff meeting in Edinburgh (September 2024), during which the Polimi team presented early hypotheses on the potential structure and content of the Atlas.

Based on the feedback received, PoliMi developed a first prototype (v1.1), which was released internally to the consortium in March 2025 for review and comments. Feedback was subsequently collected during the second project meeting, held later that month in Vaterstetten and Munich. In May 2025, a second version (v1.2) was released, incorporating most of the suggestions and recommendations advanced by project partners, along with additional improvements made by the PoliMi team to enhance the visual appeal and functionality of the platform. Subsequent refinements led to the release of version 1.3 in June 2025, in conjunction with this deliverable.

It is important to emphasise that both the collection form and the Atlas will remain active and regularly updated throughout the duration of the Common_Access project. As such, further modifications or enhancements may be introduced over time. Hence, although version 1.3 constitutes a significant milestone and is considered suitable for public release, it should not be regarded as definitive or final.

Figure 3 summarises the full development process leading to version 1.3 of the Atlas

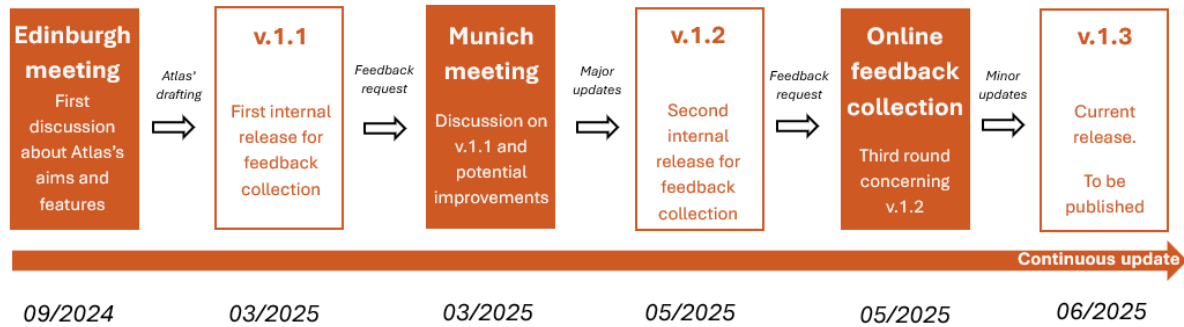


Fig. 3 Iteration process for the development of the CA Atlas

From the outset, three key aspects have guided the development of the Atlas:

- the definition of its objectives, target users, and the foundational criteria that inform its construction—principles that directly influence decisions regarding the format and the language through which content is delivered;
- the design of the classification system used to organise the case studies, which plays a critical role in ensuring the accessibility and usability of the repository;
- the selection of the digital platform on which the Atlas is hosted.

The following sections discuss each of these aspects in detail, illustrating the rationale behind the decisions that have led to the current structure of the Atlas.

4.1 Objectives, Target Users, and Foundational Criteria of the Atlas

In accordance with the research and dissemination goals of the Common_Access project, the primary aim of the Atlas is to introduce, raise awareness of, and give visibility to initiatives that—according to the definitions provided in the conceptual framework developed in Task 2.1 and presented in Deliverable 2.1—can be considered meaningful examples of *commoning accessibility practices*. Through the Atlas, users can explore these practices in the European context—particularly in peri-urban, suburban, and rural areas—and gain insights into their functioning and impacts generated. As a living and continuously updated repository, the Atlas seeks to exemplify and disseminate the concept of commoning accessibility.

As a general-purpose dissemination tool, the Atlas is designed to be easily accessible even to those unfamiliar with the theoretical constructs underpinning the novel notion of commoning accessibility developed within the project. Its core aim is to function as an entry point to the concept—helping users grasp its socio-political significance through concrete examples, while also showcasing the diversity of these practices and offering useful references for further inquiry.

Given this introductory and dissemination role, the Atlas is aimed at a diverse audience that extends beyond academic researchers. It includes policymakers and planning professionals, activists, NGO members, and citizens, who may find in this tool a valuable resource for discovering and engaging with practices from across Europe that respond to specific accessibility needs in often innovative ways—serving as genuine best practices in the field. At the same time, the Atlas maintains significant value for researchers, who can use it as a repository of real-world case studies to support further investigation into accessibility and urban commons.

To meet these goals and reach the intended audience, several foundational criteria were established to guide the development of the Atlas:

- 1) **Position the Atlas as an accessible entry point** to complex themes and issues—an introductory tool that offers practical examples of the social and political relevance of commoning accessibility practices, especially in contexts beyond dense urban areas.
- 2) **Ensure the Atlas is suitable for a broad, mixed audience**, presenting complex theoretical content in the clearest, most accessible form possible without oversimplifying or distorting it. This should be achieved through a user-friendly overview of the commoning accessibility concept embedded in the Atlas interface, accompanied by a clear and accessible language in the presentation and description of the Atlas and featured cases.
- 3) **Design an intuitive interface architecture** that facilitates user interaction with the content, enabling navigation and case exploration based on specific interests through filtering and classification options.
- 4) **Embed the Atlas within the broader dissemination ecosystem** of the Common_Access project—both to promote the Atlas via official channels and to use it as a gateway for discovering other project resources and materials via cross-linking.
- 5) **Promote active user engagement through crowdsourcing**, encouraging users to contribute new cases via the online collection form and fostering a community of contributors that ensures the continuous expansion and updating of the Atlas.
- 6) **Choose a technological solution** that offers flexibility in content and interface customization, while remaining easy for the research team to update and manage. The chosen technology should also support wide sharing and seamless embedding of the Atlas within the project’s official communication channels.

These criteria have guided both the design of the Atlas interface—particularly the system for classifying and presenting the cases—and the selection of the most suitable platform to implement the tool in line with the project’s goals and guiding principles, resulting in the current 1.3 release. The following sections describe these steps in greater detail.

4. 2 Classification of the cases

The Common_Access project investigates CA practices by placing particular emphasis on the motivations driving their emergence, the communities involved, and the ways in which these practices function, evolve, and produce impact. The Atlas plays a central role in mapping and analysing these practices through real-world case studies. However, the variety and potential scale of collected cases necessitated the development of an effective classification system to support meaningful exploration and comparison.

From the outset, the development of the Common_Access Atlas has therefore been guided by the decision to adopt a classification system based on a set of shared thematic categories, selected for their relevance in broadly describing the key dimensions of *commoning* processes.

In theoretical terms, the introduction of a common classification framework for all cases was seen as a promising solution to systematically organize the collected cases and to support users in locating and comparing them through a set of filtering options. In our minds, the thematic categories should be as general and inclusive as possible, to ensure that every case could be classified under one or more of these thematic items. Once a case of interest is identified through this initial thematic categorization, users can then explore more detailed information about the specific functioning of the practice via its dedicated case entry.

In practical terms, the main challenge was to determine which categories would be most appropriate for enabling a meaningful and flexible classification of the practices. The solution adopted in version 1.3 of the Atlas is the result of an iterative and collaborative process involving project partners, during which multiple hypotheses regarding the organization and classification of cases were proposed, reviewed, and refined over several stages.

An initial classification proposal took shape by integrating insights from the conceptual framework developed in Deliverable 2.1 with the inductive analysis of the first cases collected via the collection form. This comparative process highlighted several key analytical dimensions that characterize commoning accessibility practices:

- **Type of practice/initiative.** CA practices are highly diverse, yet they all share the common aim of *providing accessibility* to the communities involved in their development and implementation. As outlined in D2.1, the project adopts a broad definition of accessibility inspired by Levine et al. (2019), according to which accessibility can be achieved through three distinct modalities: mobility, proximity (physical or relational), and connectivity. Consequently, a first macro-classification was based on the kind of accessibility action each practice supports. The first classification encompasses initiatives supporting the mobility of the community, such as community car-sharing, community transport services, or transport advocacy for active mobility promotion. The second case encompasses *proximity-based* practices, such as the development of community hubs or door-to-door services, which bring people closer to resources and relationships without requiring high mobility. Finally, the third typology encompasses *connectivity-based* practices, which involve the co-production of digital access infrastructures by communities. All CA practices address one or more of these

accessibility needs, and this tripartite classification provides a foundational lens for categorizing cases.

- **Aims.** A common trait across all analyzed practices is that they are developed by communities of individuals working together to achieve shared goals. However, the *nature* of these goals varies both across practices and among different members of the same community. Common objectives include: addressing inadequate or inefficient public transport systems (especially in low-density areas); fostering *capability improvement* for specific mobility needs (e.g. for individuals with reduced mobility); promoting sustainable, safe, and/or more economically efficient mobility behaviours; reactivating or enhancing local services; or providing internet access. These objectives often overlap, making them an important analytical category for understanding the motivations behind each practice.
- **Community.** The notion of *community* lies at the heart of commoning accessibility. It refers to a group of people who, in recognising specific accessibility needs, join forces to address those needs collaboratively. However, the forms, roles, and dynamics of these communities are highly variable. This includes how access to the community is structured, how roles and responsibilities are distributed, how relationships are sustained over time, and how the community evolves (i.e. if it is contingent and connected by constraints and opportunities in a temporary way, or not). As such, the “community” dimension is essential for identifying the specificity of each practice and understanding the multiple configurations that communities can take in co-producing accessibility.
- **Functioning.** This category refers to the set of actions and rules through which a community enacts a CA practice. This includes not only the internal organisation and evolution of the community itself, but also its interactions with the broader social, political, legal, and cultural contexts in which it operates. These external conditions influence the structure, sustainability, and transformation of the practices. Functioning also involves examining the relationships between CA practices and exogenous actors—such as state institutions or market players and their legal frameworks—as well as the role of CA initiatives in complementing, contesting, or substituting state/market-based accessibility provision. Moreover, it includes consideration of enabling mechanisms and barriers (i.e. legal, cultural, social) encountered in the development and maintenance of these practices.

Typologies of CA practices	Aim of commoning	The community	Functioning, institutional relations end evolution
<u>Mobility-based</u> <i>Direct mobility provision:</i> <ul style="list-style-type: none"> Community transport Community sharing Community Pooling <i>Indirect mobility support:</i> <ul style="list-style-type: none"> Community indirect mobility support (advocacy) <u>Proximity-based</u> <ul style="list-style-type: none"> Community social gathering Community door2door Community service hub <u>Connectivity-based</u> <ul style="list-style-type: none"> Community digital access through infrastructure and services 	<ul style="list-style-type: none"> Address inadequate and inefficient public transport supply Foster a capability improvement for specific mobility needs Promote sustainable, safe and/or more economically efficient mobility behaviors Improve and (re)activate local daily services Foster community engagement and relational proximity Provide internet access Multiple 	<ul style="list-style-type: none"> Open / bounded (e.g., requiring membership) Size Which roles are present? <ul style="list-style-type: none"> Initiators Managing structure (decisions and rule making) Active participants (can be included in decision making) Preexistent to the genesis of the CA practice / Subsequent to the genesis of the CA practice Developed and maintained through direct personal relationships / digital-based relationship / both 	<ul style="list-style-type: none"> Autonomous from institutional actors (IAs) / Autonomously promoted but supported and/or recognized by IAs/ Fully or partly promoted by IAs Providing a complementary / substitutive / competitive / unrelated service compared to established institutional services Market-oriented (profits) / socially oriented (no profit) / both / evolutionary Threatened by internal or external conflicts / lack of support from the local community and/or IAs / lack of resources (human and economic) / Restrictive policy schemes Facilitated by the support from the local community market actors, IAs / Favourable policy schemes

Fig. 4 First proposal for classification of the CA practices

As illustrated in Figure 4, the principal analytical dimensions identified in this initial phase may serve as overarching thematic categories through which to organise the information pertaining to each case collected and mapped within the Atlas. These dimensions allow for deeper insights into the specific characteristics of each case—particularly in terms of type, objectives, involved community, and general functioning within its context. This classification and description structure thus supports an interaction with the Atlas in which users can gain in-depth understanding of individual cases after identifying and selecting them.

However, this structure proves less effective in the preceding phase—specifically when users access the Atlas and, confronted with the complete set of mapped cases, wish to identify and select those of particular interest. This requirement highlights the need for a filtering system that enables users to browse cases based on user-defined parameters. Given the diversity and variability of objectives, community configurations, and functional arrangements among the cases, such a filtering mechanism must rely on broadly generalised categories in order to remain functional and accessible.

For this reason, version 1.1 of the Atlas introduced a case-categorization system based on the “typology” thematic dimension. This decision was informed by the observation that, as previously discussed, all CA practices can be categorised as mobility-, proximity-, or connectivity-based, and thus filtered accordingly. This solution enables a straightforward and intuitive process of case identification based on just three main categories and their possible intersections (e.g., when a proximity-based practice also provides mobility solutions). Consequently, the design structure implemented in version 1.1 of the Atlas included a user-friendly interface featuring a map of the European continent, wherein georeferenced points indicate the location of individual practices. Each point is marked using a visual symbol that

refers to the specific type of accessibility addressed by the practice. This visual classification includes seven possible combinations:

- Mobility based
- Proximity based
- Connectivity based
- Mobility and Proximity based
- Mobility and Connectivity based
- Proximity and Connectivity based
- Mobility, proximity and connectivity based

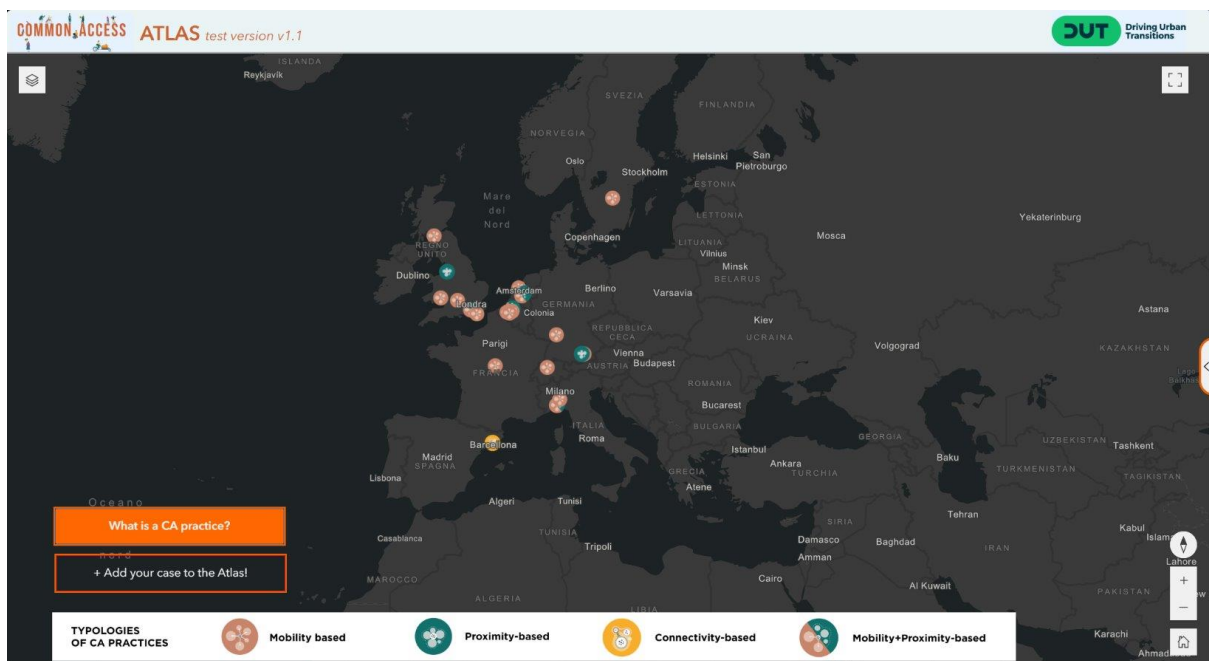


Fig. 5 Classification in v.1.1 (mobility, proximity, connectivity)

Upon visually identifying a CA practice of interest, users can click on the corresponding point on the map to activate a sidebar displaying detailed information about the selected case. This includes the initiative's name, location, and brief descriptions organised according to the three thematic dimensions of aim, community, and functioning. From this overview, users may then choose to access the complete case description or initiate contact with the community members involved in the co-production of the practice via external links to websites or other digital resources.

	<p>Rezo Pouce Rural France</p> <p>Typology Community pooling</p> <p>Aims of the CA practice Rezopouce is a modern platform-based hitch-hiking service created for young people and for journeys under 20 km for which traditional carpooling platforms could not be used. It was developed to respond to the extremely high cost of public transport in rural areas, the lack of mobility for people without a car, and the (subjective) feeling of unsafety and uncertainty of classic hitch-hiking</p> <p>Community The community involves registered users providing and requesting lifts. The platform is managed by the NGO Rezopouce Association, a Cooperative society with collective interest (SCIC) which has the technical, technological, communication and operational knowhow. Local authorities can also contribute to the project by supporting the development and participation by adhering to the project, communicate it and providing economic support</p> <p>Functioning, institutional relations, evolution over time of the CA practice This CA practice is based on the free engagement of registered users. A user should reach an official stop and send a request for a lift through the app. Registered drivers receive the request and offer the lift. The system works with no specific legal framework, but the municipalities can be involved supporting the service, its functioning, and its development. The system can work in substitution or integration with existing transport options. This CA practice is based on the free engagement of registered users. A user should reach an official stop and send a request for a lift through the app. Registered drivers receive the request and offer the lift. The system works with no specific legal framework, but the municipalities can be involved supporting the service, its functioning, and its development. The system can work in substitution or integration with existing transport options.</p> <p>Want to know more about this CA practice? https://rezopouce.fr/</p>	<p>Name and location</p> <p>Brief description of the practice</p> <p>Aims (what is commoned?)</p> <p>The community (who does it?)</p> <p>Functioning (how does it work?)</p> <p>External links</p>
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Fig. 6. Case study description in v.1.1

This architecture—based on a tripartite classification for case filtering and featuring case descriptions structured around the thematic dimensions of aims, community and functioning—was the foundation of version 1.1 of the Atlas. However, it was later revised in light of feedback received from project partners. Indeed, several significant limitations of the initial model were identified, necessitating structural modifications to the Atlas:

- The decision to map, classify, and filter practices based on the tripartite scheme (mobility, proximity, connectivity) resulted in an interface that was deemed as not particularly user-friendly. Indeed, the filtering logic was based on an academic definition of accessibility, derived from Levine et al. (2019), which may not be immediately intelligible or relatable to a broader audience without adequate explanation of the meaning and implications of the three categories in the context of CA practices.
- This approach also undermined the efficacy of the classification system itself, as it failed to provide users with meaningful filtering options to explore the full set of cases based on multiple thematic interests. Rather, it offered a merely visual distinction among cases, thus limiting its practical value for guided navigation.
- From a conceptual standpoint, adopting Levine et al.'s (2019) definition of accessibility as the primary organising criterion for the Atlas proved reductive when considered in light of the complex and multifaceted nature of commoning practices. Moreover, this criterion appeared secondary in importance when compared to other salient aspects—such as the practices' objectives, forms of community collaboration, and operational models—which should not only be included in the individual case descriptions but also offered as filtering parameters. Doing so would enhance the user's ability to explore the Atlas in a manner commensurate with its potential richness and insight.

In light of these critical considerations, a comprehensive revision of the Atlas architecture was undertaken, leading to the implementation of several key improvements.

First, a new filtering system was foreseen to improve the usability of the map interface. This system should be activated via a dedicated button on the homepage allowing users to filter the displayed cases according to a curated set of thematic keywords, thus providing a simplified and more intuitive access and selection process. The selected themes include:

- Type of initiative, offering a concise description of the kind of collaborative service provided;
- Main objectives of the practice, distinguishing between initiatives aimed at improving accessibility through mobility, proximity, or digital connectivity;
- Community access modalities, differentiating between practices characterised by open participation and those restricted to members or governed by specific rules or statutes;
- Functioning, indicating whether the practice is self-organised or has been initiated/supported by public or market actors;
- Territorial setting, identifying the type(s) of settlement contexts in which the practice is implemented.

In addition to the filtering system, other changes were foreseen to improve the overall usability and user-friendliness of the Atlas, including the possibility to include a landing page preceding users' access to the map. This page should serve as a welcoming interface, clearly presenting the objectives of the Atlas, defining the notion of CA practices, and providing straightforward user instructions. It would also contain hyperlinks to the Case Collection Form and the official project website

Minor graphic enhancements were also envisioned to improve the visual clarity and aesthetic appeal of the interface. These include the adoption of a more engaging design and a colour palette consistent with the visual identity of the Common Access project.

All these improvements have been integrated into the current release of the Atlas (version 1.3), as described in Section 6 of this deliverable.

4.3 Adopted technology

The selection of the platform employed for the development of the Atlas was based on a comparative evaluation of several available alternatives. The evaluation considered a number of key aspects, including:

- Consistency with the conceptual architecture developed for the Atlas, particularly regarding user-friendliness, clarity of interface, dissemination potential, and compatibility with the project's broader communication infrastructure;

- Availability of functionalities required to meet the Atlas's goals—particularly the ability to combine interactive mapping with informative pop-ups and case-filtering options;
- A High degree of customisation, while retaining ease of development and updating
- Public accessibility, with intuitive visualisation optimised for both desktop and mobile devices, and the capacity for seamless sharing and embedding across digital platforms.

Following a systematic evaluation of various options, the team selected ArcGIS Experience Builder (EB), a web-based platform developed by Esri which enables the creation of interactive and responsive web applications (both desktop and mobile), without the need for programming skills. EB is part of the Esri ecosystem and is fully integrated with ArcGIS Online, providing seamless access to hosted GIS data and resources.

The platform is relatively intuitive to use thanks to its modular architecture based on widgets. Each feature or content element (map, text, image, button, data list, filter, chart, etc.) is encapsulated in a widget that can be flexibly inserted and configured. Moreover, applications developed with EB are publicly accessible and can be easily disseminated through hyperlinks or embedded in external websites.

Due to the absence of direct interoperability between the data collected via the Collection Form (developed in Qualtrics) and the EB platform, the raw data must undergo manual processing. This is also due to the structural differences between the form and the Atlas. The Qualtrics form includes highly specific questions that respondents often struggle to answer, which further reinforces the need to revise the Collection Form and align it more closely with the information architecture of the Atlas.

The lack of interoperability, combined with the heterogeneity of responses—ranging from detailed narratives to very concise entries—requires an intermediate manual processing step between data extraction and insertion into the Atlas. In this phase, researchers clean and adapt the data to the Atlas structure, identifying key elements regarding aims, community, and functioning, while also assigning relevant keywords for thematic classification and filtering.

The updating process itself is relatively simple and involves enriching a point-based dataset hosted on ArcGIS Online. This dataset serves as the base layer of the map, with the attributes of each point carrying the information presented in text format or as selection options in the EB interface.

Although EB has proven to be an effective and well-supported platform—benefitting from extensive documentation, tutorials, and community forums—it does exhibit certain limitations. While customisation is relatively extensive, it ultimately remains bounded by the platform's inherent framework. Some desirable functionalities cannot be implemented unless explicitly supported by Esri or developed through more advanced programming approaches. A further significant limitation concerns the restricted editing and interaction capabilities for users outside the hosting organisation. Since the platform is managed by the Polimi team, access to

the editing environment is restricted to users operating under the same institutional license, although public access remains unrestricted.

Despite these limitations, EB emerged as the most suitable technological solution for the objectives of the project and was thus selected as the platform upon which to build the Atlas.

5 THE CA ATLAS – CURRENT VERSION (RELEASE 1.3)

The current release of the Atlas (v1.3), available [at this link](#), represents the outcome of a comprehensive revision process informed by feedback gathered through iterative design and testing activities. Its main features are described below.

New landing page. A new landing page has been introduced to facilitate navigation. This page presents the main contents of the Atlas in a simple and engaging way. It includes a brief, accessible introduction to the concept of commoning accessibility and commoning accessibility practices, a short textual tutorial explaining how to use the Atlas, hyperlinks to the project’s official website and to the case collection form, as well as credits related to the tool’s development. The content of the landing page has been adapted from the first version of the Atlas, but it has been rewritten to make it easier to understand for a wider audience. The layout and visual identity follow the common graphic language and color palette used throughout the Common Access project.

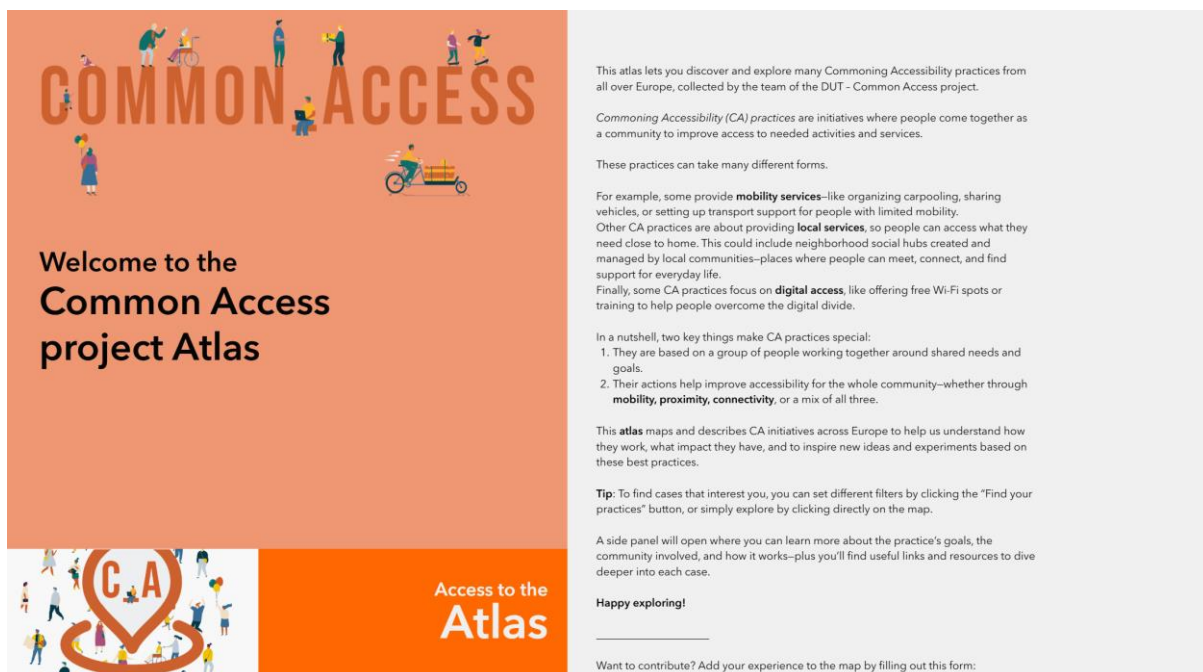


Fig. 7. Landing page in v.1.3

Change in the pop-up activated by the “What is a CA practice” button. From the landing page, users can access the main environment of the Atlas by clicking on the “Access to the Atlas” button. This leads to the interactive map, which displays the georeferenced case studies,

alongside three supplementary buttons. The first, labelled “What is a CA practice”, opens a simplified version of the landing page that includes only the conceptual background and contact details. This allows users to consult the theoretical framing without needing to return to the initial page.

Filtering options. The second button, “Find your practice”, opens a filtering panel enabling users to search among the cases using a system of keywords, organised into five colour-coded thematic categories. These refer respectively to the type of initiative (providing a brief taxonomy based on the nature of the collaborative service), the aims of the practice (discretizing between initiatives promoting accessibility through mobility, proximity, or connectivity), community access conditions (distinguishing between open communities and those requiring some form of membership), the functioning of the initiative (indicating whether the initiative is bottom-up or supported/launched by public or market actors), and finally, the territorial setting in which the practice takes place. The filters operate according to a dual logic: within each category, an OR logic applies (i.e., selecting multiple filters will return all cases matching at least one of the selected criteria); across categories, an AND logic is applied, ensuring that only those cases satisfying all selected criteria are displayed. This structure supports a highly customisable and intuitive user experience.

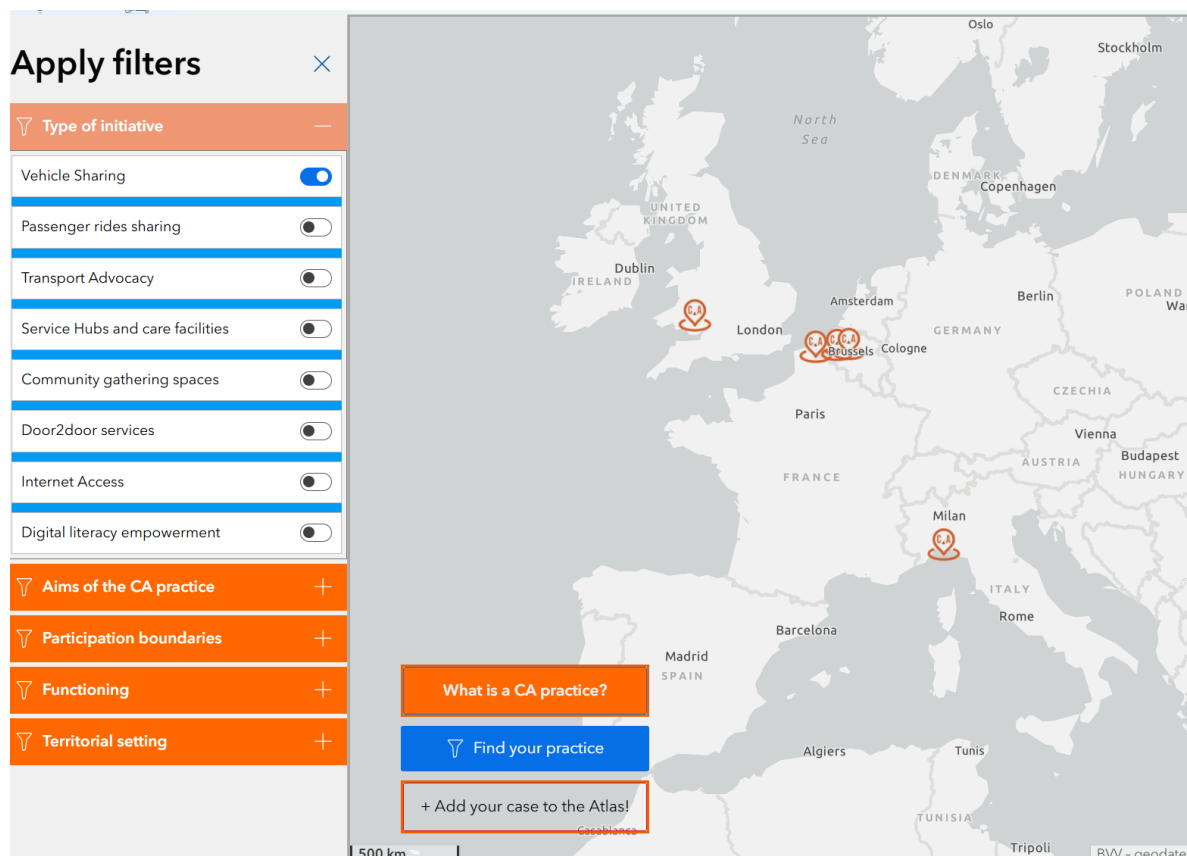


Fig. 8. Filtering options in v. 1.3

Redefinition of the cases’s descriptive sections (cards). The individual case cards have been restructured. While maintaining the original descriptive framework focused on aims (why the CA

practice was developed), community (who is involved), and functioning (how the practice works), a new section dedicated to external links has been added. Furthermore, each case is summarised at the top by a tag system, which highlights its most relevant features using the same structure and colour codes as the filtering interface. This facilitates a rapid understanding of the practice before engaging with the full textual description.

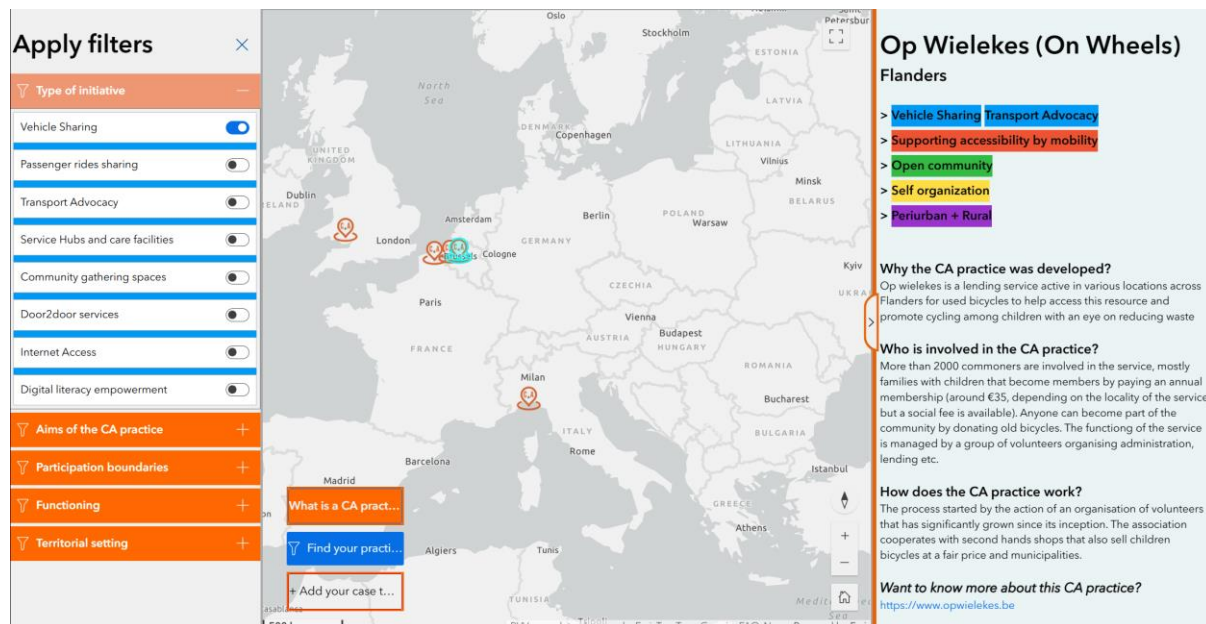


Fig. 9 New cases cards in v.1.3

Minor modifications. Several minor adjustments were made to the visual interface of the map, including updates to the colour scheme, design of location pins, language options, and the correction of factual inaccuracies in previously recorded cases.

6 FUTURE STEPS

Atlas version 3.1 is currently online and available for public consultation.

As stated in the deliverable, the Polimi team will continue to update the cases and improve the interface and functionalities upon request. Collaboration with other project partners in charge of communication and dissemination will support the integration of the Atlas within the broader Common Access communication tools. One key aspect that needs discussion is the streamlining of the current collection form available in Qualtrics. Specifically, a revised version of the form is proposed—subject to discussion with project partners—that reduces the total number of questions from 34 to 21. The objective is to increase participation by offering a user-friendly and non-onerous completion process. The proposed modifications are structured as follows:

- Questions in green are retained from the current version.
- Questions in orange have been modified, new wording added in blue.
- Questions (or parts thereof) in red are proposed for removal from the survey.

- The rationale for each changes or removal is provided *in italics* below each question or set of questions.
- Compulsory questions are marked with *.

Section 1 – **What** -> **General information about the CA practice**

1.1 What is the name of the CA Practice?*

1.2 Please briefly describe the CA practice*

This question may be erased to avoid duplicates: other, more detailed questions are focusing on this aspects later on in the questionnaires

1.3 (1.2) When did the implementation start? (Provide the year)* -> In what year did the practice start?*

1.4 (1.3) When did the implementation end (Provide the year, if applicable)* -> If applicable, in what year did it end?*

We suggest making the wording easier for respondents

1.5 Which aspects of the ±15-minute City does this CA Practice include?*

- Ensuring local accessibility and proximity to services by providing convenient and sustainable transportation options (KA1)
- Designing urban spaces and plans that prioritize the well-being and needs of residents (KA2)
- Enhancing the management of logistics, production, and service sites to support local businesses and services (KA3)
- Establishing effective urban governance and actively engaging the public in decision-making processes (KA4)
- Other

This question seems too complex and specific for general public. Also, it is barely interesting for our goals and answer can be deducted by researchers while analysing each case

1.6 Can you list up to four keywords that encapsulate your CA Practice?

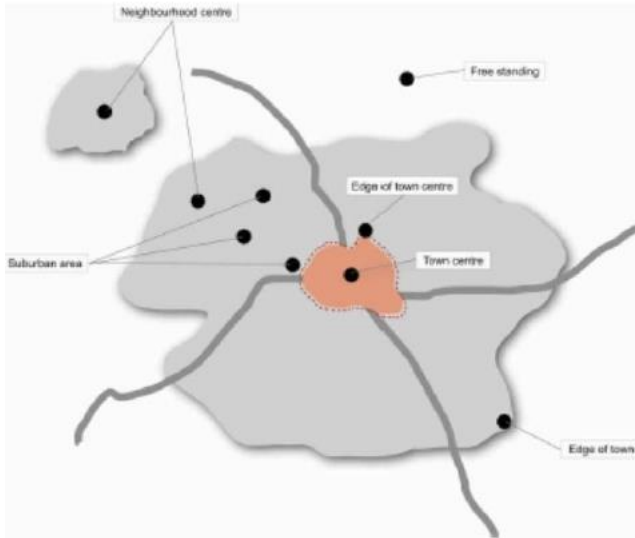
Results obtained from this question so far resulted not very useful for classification purposes and may be removed.

Section 2 – **Where** -> **Location of the CA practice**

2.1 In what country was the CA Practice implemented?*

2.2 In which city/ region was the CA Practice implemented?

2.3 What type of area was the CA Practice implemented in? (Refer to the detailed definition of area types provided here). Select all that apply*



(picture to be removed)

- Town centre
- Edge of town centre
- Suburban area
- Neighborhood centre
- Free standing

-> Change in

- Urban
- Peri urban (e.g. in-between town centres and the countryside)
- Rural
- Don't know

A simplified version of the question, aligned with the categories used in the Atlas, could make it easier and more straightforward to fill in.

2.4 What is the total population of the urban area where the practice was implemented?

2.5 How would you describe the land use patterns in the area?

2.6 What is the average population density of the area where the CA Practice was implemented?

These questions require statistical/ technical knowledge that respondents may not have and can lead to incorrect estimations. We can easily get obtain this data without asking respondents.

Section 3 – Why -> Aims of the CA practice

3.1 What were the primary reasons and objectives behind the development of the CA Practice?*

-> What were the primary reasons and objectives behind the development of the CA Practice?*

3.2 What is the genealogy of the CA Practice? Specifically, what needs does it target?*

-> What accessibility needs or problems does this CA Practice address?*

A simplification as the one proposed may result in a better understanding of the questions.

Section 4 – How -> Functioning

4.1 What resources or services are shared or managed in the CA Practice, and how is this organized?

-> How does the practice work in concrete terms? What resources or services are shared?*

A simplification as the one proposed may result in a better understanding of the question.

4.2 Which aspects of accessibility does the CA Practice address?

This question may be redundant with Q 3.1 and 3.2

4.3 (4.2) Is there a legal framework established for the CA Practice If so, please specify.

-> Are there any laws or regulatory framework (local, regional, national) that affect the practice? Do they act as enablers or constraints?*

The question synthesizes two similar questions (4.3 and 8.3)

4.4 (4.3) What economic or financial models support the CA Practice? For example, does the practice receive funding or is it self-financed? -> What kind of financial model supports the practice? (e.g., public funding, private donations, self-financed, hybrid, etc.)*

A simplification as the one proposed may result in a better understanding of the question.

4.5 Please specify the range of investment costs of the CA Practice

- less than 20.000EUR
- between 20,000EUR and 100.000EUR
- between 100.000 and 500.000EUR
- more than 500.000EUR
- Other (please specify)
- information not available

4.6 Please specify the range of maintenance annual costs of the CA Practice

- less than 20.000EUR
- between 20,000EUR and 100.000EUR
- between 100.000 and 500.000EUR
- more than 500.000EUR
- Other (please specify)
- information not available

These two questions are very specific and respondents may not be willing/able to answer properly. It may be strategic to remove them

8.1 (4.4) What type of relationship does the CA Practice have with public or private established institutional services that address similar needs? -> How does the practice relate to existing public or private services addressing similar needs?

- Complementarity
- Competition
- Substitution
- Other (please specify)

- It complements them
- It competes with them
- It replaces them
- Other (please specify)
- Don't know

8.2 What kinds of relationships exist with other institutional or market actors in relation to the practice, if any?

8.3 (4.5) How do local or wider-area policies influence the CA Practice? Do these policies act as enablers or barriers?

Q 8.1, 8.2 and 8.3 were moved from section 8 being in line with the topic of functioning of the CA practice. Q 8.2 seems to be redundant both with Q 8.1 and 5.4 and may be removed. Q. 8.3 can be incorporated into Q 4.2

Section 5 – Who -> The community involved

5.1 Please indicate the number of participants in the CA Practice community -> Approximately, how many people are actively involved in the CA Practice?

- less than 20
- between 20 and 50
- between 50 and 200
- between 200 and 500
- between 500 and 2000
- More than 2000

Adding “approximately” may result in a better understanding of the question.

5.2 Who are the commoners, and how do they participate in the CA Practice? -> Who are the people involved in the community, and how do they contribute to the CA Practice?

A simplification as the one proposed may result in a better understanding of the question.

5.3 How do commoners contribute to, share, or manage the CA Practice?

This question seems rather difficult to answer and can be absorbed by the previous one.

5.3 NEW How can new people join the community? Are there rules, conditions, or registration processes?

This question that may be relevant was omitted from the previous version

5.4 Which institutional or market actors are linked to the practice through collaboration or negotiation? -> which institutional or market actors are involved in the practice through collaboration or negotiation (e.g., municipalities, companies, NGOs)?*

Section 6 – For whom

6.1 How many people are affected by the CA Practice?

- less than 20
- between 20 and 50
- between 50 and 200
- between 200 and 500
- between 500 and 2000
- More than 2000

Assuming that commoning is about being part of an active community, this section/question may be hard to answer compared to 5.1 and potentially misleading

Section 7 – When (time frame of the practice)

7.1 Can you describe the availability of the CA Practice? Is it accessible at all times, or are there specific hours or seasons when it is available?

This question/section seemed to be redundant. In most cases, this was already discussed in previous questions about the functioning of the practice.

Section 8 - Policy and Institutional Interactions

8.1 What type of relationship does the CA Practice have with established institutional services that address similar needs?

- Complementarity
- Competition
- Substitution
- Other (please specify)

8.2 What kinds of relationships exist with other institutional or market actors in relation to the practice, if any?

8.3 How do local or wider-area policies influence the CA Practice? Do these policies act as enablers or barriers?

The questions within this section can be moved before and partially modified as suggested (see text highlighted in grey in section 4)

Section 9 (6) – Impacts of the CA practice

9.1 (6.1) What short-, medium-, and long-term impacts have been observed? Possible impacts might include improved accessibility, altered travel behaviors, novel governance approaches, stronger community ties, organizational innovations, and changes to the public transport system. -> What kind of impacts has the CA Practice produced? (e.g., improved accessibility, behavioral changes, community empowerment...)

9.2 (6.2) How are the impacts evaluated, documented, and quantified? -> Have these impacts been documented or evaluated? If yes, how?

These two questions have been rewritten to make them less technical

Section 10 (7) – Lessons and challenges emerged in the CA practice implementation

10.1 (7.1) What key lessons and challenges have emerged during the implementation process? -> Has the CA Practice faced any challenges during its implementation (e.g., lack of resources)?

This question has been rewritten to make it less technical

Section 11 (8) – References

11.1 (8.1) Please list any related references, including strategic plans or grey literature, pertaining to the practice -> Please share any documents, websites, or reports related to this practice

This question has been rewritten to make it less technical

Section 12 (9) – Comments

12.1 (9.1) Please provide any comments or feedback on this form and suggest potential improvements. -> Do you have any comments or suggestions on this form or the Common_Access project?

This question has been rewritten to make it less technical

Your details

- Name*

- Surname*

- Your institution*

- Your email address*

Clean version:

Section 1 – General information about the CA practice

1.1 What is the name of the CA Practice?*

1.2 In what year did the practice start?*

1.3 If applicable, in what year did it end?*

Section 2 – Location of the CA practice

2.1 In what country was the CA Practice implemented?*

2.2 In which city/ region was the CA Practice implemented?

2.3 What type of area was the CA Practice implemented in? Select all that apply*

- Urban
- Peri urban (e.g. in-between town centres and the countryside)
- Rural
- Don't know

Section 3 – Aims of the CA practice

3.1 What were the primary reasons and objectives behind the development of the CA Practice?*

3.2 What accessibility needs or problems does this CA Practice address?*

Section 4 – Functioning of the CA practice

4.1 How does the practice work in concrete terms? What resources or services are shared?*

4.2 Are there any laws or regulatory framework (local, regional, national) that affect the practice? Do they act as enablers or constraints?*

4.3 What kind of financial model supports the practice? (e.g., public funding, private donations, self-financed, hybrid, etc.)*

4.4 How does the practice relate to existing public or private services addressing similar needs?*

- It complements them
- It competes with them
- It replaces them
- Other (please specify)

- Don't know

Section 5 – The community involved

5.1 Approximately, how many people are actively involved in the CA Practice?

- less than 20
- between 20 and 50
- between 50 and 200
- between 200 and 500
- between 500 and 2000
- More than 2000
- Don't know

5.2 Who are the people involved in the community, and how do they contribute to the CA practice?*

5.3 How can new people join the community? Are there rules, conditions, or registration processes?

5.4 Which institutional or market actors are involved in the practice through collaboration or negotiation (e.g., municipalities, companies, NGOs)?

Section 6 – Impacts of the CA practice

6.1 What kind of impacts has the CA Practice produced? (e.g., improved accessibility, behavioral changes, community empowerment...)

6.2 Have these impacts been documented or evaluated? If yes, how?

Section 7 – Challenges emerged in the CA practice implementation

7.1 Has the CA Practice faced any challenges during its implementation (e.g., lack of resources)?

Section 8 – References

8.1 Please share any documents, websites, or reports related to this practice

Section 9 – Comments

9.1 Do you have any comments or suggestions on this form or the Common_Access project?

Your details

- Name*
- Surname*
- Your institution*
- Your email address*

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