

Mobility as Therapy

The Role of Accessible Transport in Enabling
Recovery and Independence

White Paper by
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Open Road Access (ORA)

ORA: Accessible Transport
for Real-World Rehabilitation



Introduction

About ORA

ORA provides short- and long-term Wheelchair Accessible Vehicle (WAV) hire designed around rehabilitation. Our flexible, person-centred model ensures clients, clinicians and case managers can access the right vehicle at the right time, so that mobility actively supports therapy attendance, goal attainment and independence. We deliver quickly, reconfigure as mobility needs evolve, and wrap insurance, servicing and breakdown cover into one simple, affordable, tech-enabled service. Led by a team with combined decades of experience in accessible transport, ORA has the largest rental fleet of accessible vehicles in the UK.

About the Author

Catherine Marris is an innovation leader in accessible transport and inclusive technology. At Open Road Access, she leads partnerships and policy that advance smart, flexible mobility for disabled and older people. Formerly Head of Innovation at Motability, she launched major programmes including the National Centre for Accessible Transport (ncat) and initiatives to support an inclusive transition to electric vehicles. With degrees from the University of Oxford and Columbia University, Catherine combines strategic insight with a commitment to equitable mobility and user-centred design.



The Hidden Barrier to Rehabilitation

Why Accessible Transport Must Be Part of Every Recovery Plan

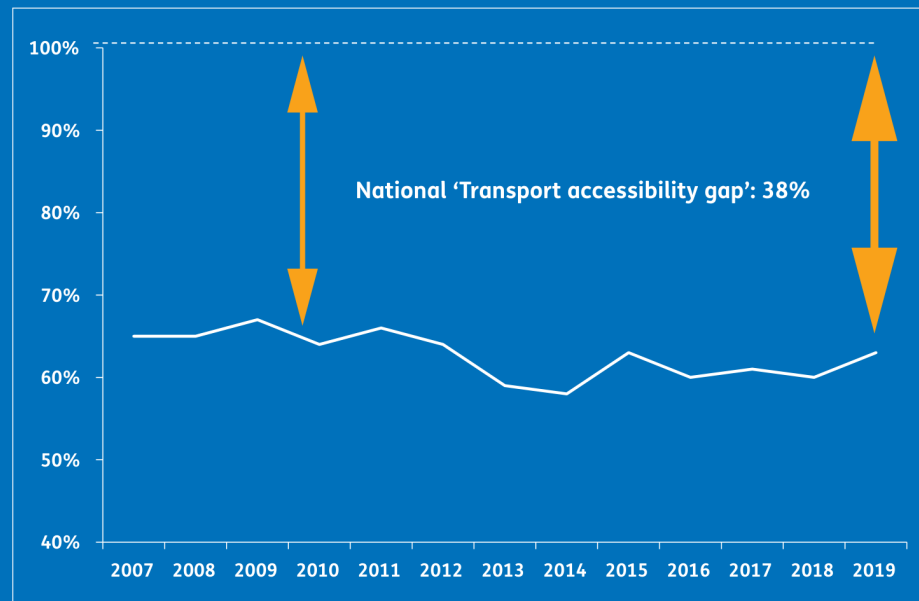
‘Recovery doesn’t begin in the clinic – it begins at a person’s own doorstep’. Transport is often the missing piece of the rehabilitation puzzle. While therapy, equipment and support services are planned meticulously, accessible transport is frequently treated as an afterthought – even though it can determine whether a person attends therapy, returns to work or reconnects with their community. In the UK, analysis from the Motability Foundation and the National Centre for Accessible Transport indicates disabled people make on average 38% fewer trips than non-disabled people – a gap that has barely shifted in over a decade.

Transport accessibility gap

In the UK the transport accessibility gap currently stands at **38%**, which means that disabled people (as defined under the Equality Act 2010) take **38%** fewer trips than those without disabilities.* This is a figure which has not changed for over a decade.

Figure 1

Proportion of trips by individuals with disabilities compared to those without.



Even though this is a well-recognised issue, and there has been significant policy steps taken in this area, there has been no improvement to this figure over the previous decade...

Source: The Motability Foundation (2022).

01. Quantifying the problem

Impact of Transport and Accessibility on UK Rehabilitation Outcomes



Limited transport access for older patients:

Age UK's Painful Journeys report found **26% of people aged 65+** reported that 'no form of public transport' would get them to hospital appointments on time, and another 26% said they could not attend at all if family/friends were unavailable to drive them. These figures suggest a major barrier for older adults in reaching rehabilitation appointments.



Appointments missed due to travel costs

In a 2022 Healthwatch poll, **11% of English adults** reported avoiding NHS appointments because of travel costs. Patient groups note that those with chronic conditions (e.g. arthritis, stroke) are especially affected, as fare increases and transport delays deter attendance.



Improving transport improves attendance:

A NatCen evidence review of transport, health and wellbeing, commissioned by the Department for Transport, highlights a key case study: when a specialist rehab centre in Wolverhampton introduced a dedicated bus route, **missed appointments fell by 60%**. This not only boosted rehab attendance but also generated system savings by reducing wasted slots.



Rehabilitation outcomes at risk:

Clinical guidance warns that without transport, patients miss critical therapy. NICE experts note patients without transport '*will be missing their rehabilitation appointments, which puts their recovery at risk*'. In practice, this means poor accessibility can undo prior rehab gains, slow functional recovery, and lead to worse long-term outcomes (e.g. loss of independence).



02. The Cost of Inaccessibility

For clients rebuilding their lives, purchasing a WAV can seem insurmountable – often £50,000 or more – and insurer approval for such costs is rarely straightforward. Public and private transport options do not fill the gap: only about 2.2% of private hire vehicles (PHVs) in England are wheelchair accessible (around 0.4% in London), whereas taxis are more accessible but still rarely tailored to daily independence. The result is dependency, missed therapy sessions and lost momentum just when consistency matters most.

Why Not Alternatives?

Buying a vehicle:

- High upfront cost, long delays, asset depreciation, and risky if needs change

Using taxis:

- Can be £2,000+ per month just to cover journeys to and from rehab
- Only 2% of PHVs wheelchair accessible
- 70% of disabled people report negative experiences
- Clients forced into unsuitable seating, with safety and dignity risks

ORA:

- Vehicle delivered from 48 hours notice
- Predictable, affordable fixed costs for budgeting
- Access to the UK's widest range of accessible vehicles - meaning there will always be a car to meet your client's needs

03. Rethinking Transport as a Rehabilitation Tool

Accessible transport should not be a last-mile fix; it should be recognised as a clinical enabler. Short-term, flexible WAV hire lets clients explore possibilities: testing return-to-work goals, rebuilding social connections, and practicing community participation that supports stamina, cognition and confidence. This reframes transport from a static budget line into an active therapeutic input.

“ Rehabilitation is about possibility. By making transport flexible, clients have the space to test, adapt and rebuild confidence, without the financial or logistical barriers that so often hold them back. ”

Kate Sheehan, Occupational Therapist and University of Worcester Fellow

04. Why Existing Systems Fall Short

Impact of Transport and Accessibility on UK Rehabilitation Outcomes



Limited accessible options: licensed vehicle data show that only a small fraction of PHVs are wheelchair accessible, leaving clinicians and case managers with few reliable choices for clients who cannot use conventional cars or taxis.



Taxi dependency: high per-trip costs and scheduling constraints consume rehab budgets without creating personal independence for errands, follow-ups or spontaneous activity.



Long-term hire rigidity: multi-year terms, outdated fleets and limited ability to re-spec vehicles conflict with changing clinical needs (e.g., posture, equipment, transfer methods).

04. ORA: A Smarter, Rehab-Ready Model



Flexible hire periods – from a day to a year – so transport scales with therapy intensity and goals.



Wide vehicle range and adaptations to suit neuro, spinal and MSK needs, including hoists and postural support.



Rapid deployment – delivery to a client’s door in as little as 48 hours – to prevent therapy delays.



All-inclusive service: insurance, servicing, breakdown cover and securing equipment wrapped in.



Accessibility-expert support: rehab-aware specialists who match the right car to the right need.



Modern, digital service that makes changing dates, vehicles and add-ons straight forward for busy teams.

“ When clients can access a WAV for just a few months to trial real-world goals – like returning to work or community life – it turns transport from a static cost into an active part of recovery. That’s what modern, person-centred rehabilitation looks like. ”

Allyson Ballard, Managing Director and Co-Founder, Remedy Healthcare UK

Case Study

Staying on the Road to Recovery – Customer C’s Story

Customer C came to Open Road Access during their rehabilitation following a spinal injury. At the start of their recovery, they were using a manual wheelchair and we supplied a small wheelchair accessible vehicle (WAV) on a three-month hire. This gave them the independence to attend physiotherapy sessions four times a week and stay consistent with their rehab plan.

After a few weeks, Customer C moved to a powered wheelchair to reduce shoulder strain and increase independence. However, the new chair was too large and heavy for the small WAV. As soon as their case manager contacted us, we carried out a new assessment and arranged delivery of a larger WAV within just 24 hours.

This quick turnaround meant Customer C didn’t miss any physiotherapy appointments or experience a break in their recovery – they could continue their rehabilitation smoothly, safely, and without regression.



“ Open Road Access made sure I didn’t miss a single appointment. They understood how important consistency was to my recovery and got me back on the road straight away. ”

Customer C

Conclusion: From Movement to Momentum

Rehabilitation works when people move – physically, socially and emotionally. Until transport is treated as a therapeutic enabler, clients will continue to face a hidden barrier at the very start of their journey. Integrating accessible, flexible transport into rehab planning improves session attendance, accelerates confidence and restores meaningful independence. The task now is to make mobility a standard component of every recovery plan – not an afterthought.

What Clinicians, Case Managers and Funders Can Do Now

Make transport a planned input in every rehabilitation pathway.

Choose solutions that adapt over time rather than locking into fixed specifications.

Track outcomes that reflect real-world participation, not only clinical milestones.

Partner with providers who can deploy quickly and reconfigure as needs change.

Next steps: Let's Keep the Conversation Moving

**Transport is more than logistics:
it's a lifeline for recovery and
independence.**

If this paper has resonated with you,
we'd love to continue the conversation.

At ORA, we're committed to making
accessible transport an active part
of every rehabilitation journey, helping
clients, clinicians and case managers to
move from exclusion to inclusion.

To explore how ORA can support
your clients or your organisation's
rehabilitation pathways, or to discuss
collaboration opportunities:



Contact ORA today at
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If you'd like to share insights
or reflections on this paper,
please reach out to Catherine
Marris, author of *Transport as
Therapy*, using this QR code.

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