

# Evaluation of the Community Transport Grant Programme

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# Glossary

We have listed several acronyms used throughout the report with a short explanation below.

- **CT – Community Transport:** Community-led solutions in response to unmet local transport needs, and the subject of funding for the CT Grant Programme.<sup>1</sup>
- **IMD – Index of Multiple Deprivation:** A relative measure of deprivation, ranking small areas from most deprived to least deprived.<sup>2</sup> This ranking includes measures of income, employment, education, health, crime, barriers to housing and services, and the living environment.
- **LA – Local Authority:** Local government structures and the areas within their remit.
- **LSOAs – Lower layer Super Output Areas:** Small areas within broader local authority areas (for example, there are 33,755 LSOAs in England within 317 broader local authority areas). It can be helpful to look at the LSOA level when seeking more granular data on specific areas.
- **M&E – Monitoring and Evaluation:** Data collection activities to (1) check progress against project plans (i.e. the data submitted by grant holders to the Motability Foundation as stipulated by the funding), and (2) assess the impact of the CT Grant Programme as a whole, as well as identifying learnings on processes and the wider context the Motability Foundation operates in (i.e. the data collected by NPC for this evaluation).

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<sup>1</sup> For more information, see the Community Transport Association's definition of community transport here: <https://ctauk.org/what-community-transport>

<sup>2</sup> For more information, see the 2019 figures for English indices of deprivation here: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

- **MiDAS – Minibus Driver Awareness Scheme:** A scheme overseen by the Community Transport Association that promotes a nationally recognised standard for the assessment and training of minibus drivers.
- **WAV – Wheelchair Accessible Vehicle:** A broad term encompassing various vehicle types adapted to accommodate individuals with mobility impairments. The precise design features of WAVs can vary from vehicle to vehicle.

# Executive summary

## Introduction

The [Motability Foundation](#) (the Foundation) seeks to support disabled people in making the journeys they choose. They oversee the delivery of the [Motability Scheme](#), which seeks to provide an affordable way for disabled people to access cars, scooters and powered wheelchairs. Their grant giving is broadly divided into two strands:

- **Grants to individuals** that help people access the Motability Scheme, as well as their Access to Mobility Grants providing financial help towards mobility support outside of the scheme.
- **Grants to organisations** enabling access to transport and conducting research supporting accessible transport for all. The Foundation has funded six programmes for organisations to date.

The [Community Transport Grant Programme](#) (CT Grant Programme), was launched by the Foundation in April 2022 to develop, expand and improve community transport (CT) options. The programme has provided over £14 million to 33 grant holder organisations across the UK, supporting the following routes to impact: ‘increased human capital’, ‘improved vehicle supply’, ‘new and improved policy’, ‘greater sector resilience’, and ‘shape best practice’.

[NPC](#) is a social sector consultancy that supports charities, foundations and individuals to maximise social impact in the lives of the people they serve. We were commissioned by the Foundation to evaluate the CT Grant Programme to help them learn, adapt and improve their offer going forward.

## Methodology

Our approach combines impact evaluation and process evaluation questions, as well as questions related to the wider context the Foundation's grant holders operate in. The overarching evaluation questions are listed below:

1. **Impact** – What difference did the Foundation make?
2. **Process** – What can the Foundation learn from the implementation of the CT Grant Programme?
3. **Wider context** – Does the Foundation's funding fit the local context?

To answer these questions, we applied a mixed methods methodology, combining various quantitative and qualitative methods including document review, surveys, interviews and analysis of data.



### Impact findings

- **Impact of the programme on service users:** The CT Grant Programme is achieving its broad aims of 'developing, expanding and improving community transport options'. The feedback received from service users on the impact of Motability Foundation-funded CT services is overwhelmingly positive, with strong agreement on service users benefitting in numerous ways. Of the Foundation's six outcome domains, we have seen strong evidence to support they are achieving well against 'access', 'wellbeing', 'connections', and 'choice and control'. On the other hand, we have comparatively limited evidence to support the 'education' and 'work' outcomes, as demonstrated by comparatively fewer trips for these purposes.
- **Impact of the programme on organisations and the wider sector:** Grant holder organisations have also benefitted in numerous ways from receiving funding, especially increased visibility within the local community and increased numbers of staff and volunteers. The Foundation is regarded as having had a positive impact on the wider CT sector, especially by bringing funding into a challenging funding landscape, with a desire from external stakeholders for the Foundation to play a larger strategic role in the sector going forward.

- **Meeting the needs of service users:** Service users strongly agree that their needs are met by Motability Foundation-funded provision. The feedback received on the staff and volunteers running Motability Foundation-funded CT services was overwhelmingly positive, with many examples highlighted of people going out of their way to support the access needs of service users.
- **Feedback on routes to impact:** The feedback collected on the Foundation's routes to impact was positive, with no obvious areas of work missed within the funding criteria. However, our research highlighted several potential impact choices for the Foundation to consider going forward:
  - The extent to which to **focus on direct delivery vs systems change**, with the vast majority of funding currently going towards the former
  - **Helping people with the most need vs helping the most people**, with CT services in rural areas typically supporting fewer people due to longer distances travelled
  - **Helping a small number of individuals with a large number of asks vs a large number of individuals with a small number of asks**, with grant holders differing over the kinds of requests they will respond to (e.g. medical trips only vs a wider range of asks).
- **Enablers and barriers of achieving outcomes:** Enablers of achieving outcomes reported by grant holders included upskilling staff and volunteers (e.g. by providing disability awareness training), the long-term nature of funding allowing grant holders to plan ahead and build relationships, as well as using regular feedback from service users to help improve services. The main barriers reported were persistent sector issues (e.g. volunteer recruitment and retention, delays in vehicle delivery, and a challenging funding landscape), as well as difficulties reaching the most isolated individuals and staff turnover harming partnership working.
- **Attributing reported changes:** The Foundation provides the vast majority of funding for the relevant initiatives we collected data on, leading us to believe it is appropriate to attribute change to the CT Grant Programme. However, determining the precise proportion of impact the Foundation can take credit for is difficult.





## Process findings

- **Meeting demand for the programme:** Within the Foundation's intentionally risk-averse funding criteria, there are plenty of eligible CT providers who did not receive funding, indicating high demand at the organisational level. Further, there are likely many newer, smaller CT providers who fell outside of the Foundation's funding criteria. At the individual level, grant holders have high demands on the services they provide, both in terms of the number of individuals to support, but also the number of requests from individual service users.
- **Acting as a responsible funder on the programme:** The feedback received from grant holders on working with the Foundation was overwhelmingly positive, with particular praise for their commitment to CT and open communication during delivery. Going forward, there was interest in the Foundation having a more strategic role in the sector beyond grant funding. Also, the Foundation has experienced challenges with KPI data collected from grantees, and would likely benefit from revisiting its monitoring and evaluation criteria in light of wider strategic considerations.
- **Factors within or beyond the Foundation's control that affected delivery:** As stated previously, the broader issues observed within the CT sector have proved challenging for grant holders on the programme, including volunteer recruitment and retention, lack of LA funding, and vehicle supply.
- **Extent the CT Programme has provided value for money:** Emerging aggregate social value figures for the CT Grant Programme could be useful for lobbying and raising the profile of CT. However, we encourage the Foundation to continue to refrain from using social value measures for comparing grant holders due to difficulties in determining the precise social value of different approaches. Calculating unit costs has proved challenging and would require (1) agreed assumptions about the Foundation's contribution to outcomes, and (2) collecting more granular data on different factors, such as geography and beneficiary groups worked with.




## Wider context findings

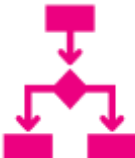

- Approaches to implementation across different settings / areas:** Grant holders tend to focus on direct delivery covering lots of different approaches which vary with geography and the types of trips provided. Determining the precise proportion of different delivery approaches is difficult, and the Foundation may benefit from further categorising different approaches. Also, grant holders working with specific service user groups may have more resource-intensive approaches compared to other grant holders.
- Differences in the characteristics of services:** Our analysis of local authority data shows that grant holders operate in areas that are more urban, more deprived and with higher rates of disability than LA areas that receive no funding from the Foundation. However, the differences in disability rates are very small, and the rural / urban result may reflect where CT operators have their offices rather than the area that they serve. The Foundation could consider developing a more accurate understanding of CT operators' catchment areas if it wants to use data to drive future funding decisions or to do research on service users' needs. However, given the geography and administrative complexity of the UK, this may require a mix of ward, LSOA, and Local Authority data. The Foundation should balance the need for insight to help make funding decisions with the cost of obtaining better geographical data.
- How local context affects sustainability and impact:** The impact of CT services is affected locally by geography (especially rurality), the demographics of local communities (e.g. the proportion of older people in the local area, with rural areas tending to have older populations), and existing wider CT provision. The key issue affecting sustainability is the availability of funding, with different LAs funding CT to different extents.
- The CT sector beyond Motability Foundation-funded services:** The CT sector beyond Motability Foundation-funded services is diverse in terms of delivery models, highly valued by service users, and difficult to navigate (e.g. trying to map CT coverage across different localities to identify gaps). The key local stakeholders identified in our research include passengers, charities, LAs, public and private

transport providers, healthcare providers, businesses, and social groups, while the key national stakeholders include philanthropic funders, national and devolved government, the NHS, commercial partners, and insurance providers. The challenges going ahead for the wider CT sector continue to be funding, volunteer and staff retention, and growing demand, as well as inflation pushing up vehicle maintenance and replacement costs.

## Conclusions and recommendations

Our recommendations are detailed below in three categories: strategy, grant management, and data.

Category	Detail
 <b>Strategic recommendations</b>	<p><b>Role in the sector:</b> The Foundation can consider what kind of strategic role they would like to have in the CT sector going forward, and which activities this includes. There are many potential avenues the Foundation can consider pursuing (e.g. convening national stakeholders, lobbying decision makers, raising awareness of CT in funding circles, commissioning research, or funding experimental approaches to CT), and this consideration will require factoring into the Foundation's wider organisational aims. Further, as part of considering their role in the CT sector, The Foundation can consider which persistent issues – if any – they are well placed to address going forward.</p>
	<p><b>Definition of impact:</b> The Foundation can consider and clarify its position on the potential choices identified related to different definitions of impact (i.e. focusing on direct delivery vs systems change, and depth vs breadth of impact in CT delivery). This process can involve categorising different approaches to CT delivery to identify which approaches best support the Foundation's aims (e.g. the kinds of trips provided, the intensity of delivery in terms of the number of trips per service user etc). The</p>

	Foundation can also continue with the broad understanding of impact currently adopted on the programme.
 <p><b>Grant management recommendations</b></p>	<p><b>Convening grant holders:</b> The Foundation can consider creating spaces for grant holders to share best practice on a number of relevant topics, such as approaches to partnership working and meeting service user needs.</p>
	<p><b>M&amp;E requirements:</b> The Foundation can revisit its agreed KPIs with grant holders so progress against targets can be more objectively assessed. This would be informed by any changes in strategic direction to ensure M&amp;E activities best fit the Foundation's impact aims.</p>
 <p><b>Data recommendations</b></p>	<p><b>Geographic data:</b> The Foundation can consider a mapping exercise to capture more accurately where grant holders deliver services (i.e. beyond where head offices are located) to support comparisons between areas. This comparison can be further supported by agreeing assumptions about the contribution of Motability Foundation funding to outcomes to support unit cost analysis.</p>
	<p><b>Social value calculations:</b> The Foundation should remain alert to the strengths and weaknesses of social value calculations. Total social value calculations, undertaken by the Foundation or its grantees, can be used to illustrate the value of the CT sector or the Foundation's grant portfolio, as long as they avoid double counting (which seems to be the case in the ECT method used). The Foundation does not use and should not use this method to distinguish between grantees.</p>

# 1. Introduction

The [Motability Foundation](#) (the Foundation) was set up over forty years ago to support disabled people in making the journeys they choose. They are most known for overseeing the delivery of the [Motability Scheme](#), which seeks to provide an affordable way for disabled people to access cars, scooters and powered wheelchairs. Their grant giving is broadly divided into two strands:

- **Grants to individuals** that help people access the Motability Scheme, as well as their Access to Mobility Grants providing financial help towards mobility support outside of the scheme.
- **Grants to organisations** enabling access to transport and conducting research supporting accessible transport for all. The Foundation has funded six programmes for organisations to date.

One of these six programmes, the [Community Transport Grant Programme](#) (CT Grant Programme), was launched by the Foundation in April 2022 to develop, expand and improve community transport (CT) options. After a period of research and engagement, the Foundation identified five routes to impact in the CT sector: ‘increased human capital’, ‘improved vehicle supply’, ‘new and improved policy’, ‘greater sector resilience’, and ‘shape best practice’.<sup>3</sup> The programme has seen over £14 million provided to 33 grant holder organisations across the UK, supporting the following types of work building upon the routes to impact:

- Continuation funding for schemes, programmes and initiatives that already exist, and that provide best practice solutions, but need further support to remain operational or scale up the service they provide to help more disabled people.

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<sup>3</sup> Further information on these routes to impact can be found in the appendix.

- Funding to increase the number of vehicles available to help organisations support disabled people access the wider community (though this cannot include a shuttle service taking clients to and from a specific service only).
- Local, regional, or national initiatives to increase awareness of community transport and influence its inclusion in transport strategy and policy.
- Staff or volunteer training and costs.

NPC is a social sector consultancy that supports charities, foundations and individuals to maximise social impact in the lives of the people they serve. We were commissioned by the Foundation to evaluate the CT Grant Programme to help them learn, adapt and improve their offer going forward.

## 2. Methodology

### 2a. Overall approach

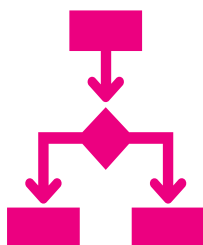
This evaluation has two broad aims:

- 1. Learning:** Measuring evidence of outcomes achieved for service users through grant holders' work, as well as providing an understanding of what works or needs to be improved with process and / or programme design.
- 2. Accountability:** Determining if the right organisations are funded to help meet the Foundation's strategy commitments to service users.

Our approach combines impact evaluation and process evaluation questions, as well as questions related to the wider context the Foundation's grant holders operate in. These three facets are outlined below.



**Impact:** The impact part of this evaluation covered the following topics: the extent to which the CT Grant Programme is achieving expected outcomes; the extent to which solutions provided are aligned to service user needs; and the extent to which the Foundation's routes to impact are still relevant and fit for purpose.



**Process:** We sought to assess the core activities involved in the Foundation's grant-making on this programme including planning, application processes (mostly from the Foundation's perspective, as grant holders have been surveyed on the application process), and grant holder management / support.



**Wider context:** The key topics covered include understanding how the Foundation's funding is positioned in areas where they have provided more vs less funding; understanding how localisation impacts operations and outcomes; and understanding the extent to which there are gaps in the Foundation's funding.

## 2b. Evaluation questions

The evaluation questions were set by the Foundation at the invitation to tender, with further detail refined during project planning. They are broken down into the following questions and sub-questions:

### **What difference did the Foundation make?**

- To what extent is the CT Grant Programme achieving the expected outcomes?
- Have CT grant holders provided solutions that are aligned to the needs of the target group of beneficiaries?
- What factors may have contributed towards achievement / non-achievement of outcomes (including an investigation of assumptions)?
- To what extent have any reported changes been caused by the CT Grant Programme?

### **What can the Foundation learn from the implementation of the CT Grant Programme?**

- To what extent is the Foundation able to meet current demand for this programme?
- Has the Foundation acted as a responsible funder for the CT Grant Programme?
- To what extent are key performance targets met in relation to process timeframes?
- Were there any factors within or beyond the Foundation's control that may have affected delivery?
- Has the CT Programme provided value for money?
- What works well, or less well, in the delivery process of CT for whom and when?

### **Does the Foundation's funding fit the local context?**

- What are the main approaches to implementation across the different settings / areas?
- How do the characteristics of the service differ across settings / areas?
- How does the local context affect impact?







- How does local context affect sustainability?
- What does the CT sector look like in the area beyond Motability Foundation-funded services?

This report will explore these questions in turn, highlighting key findings and recommendations in each section, before moving onto concluding thoughts and reiterating our main recommendations going forward.





## 2c. Sources of evidence




The evidence collection methods completed for this evaluation are outlined in Table 1.

*Table 1 – Evidence collection activities and approaches*

Activity		Approach
	Review of internal Motability Foundation documentation	We reviewed internal resources including application data, applicant survey analysis, grant holder report templates, and monitoring and evaluation guidance for grant holders against an analysis framework informed by evaluation questions.
	Short review of relevant external literature	This involved two approaches: (1) reviewing external literature identified and agreed upon by NPC and the Motability Foundation team, and (2) a rapid review of targeted literature to bring external evidence to issues or findings.
	Review of 26 annual monitoring reports	We reviewed all available annual reports at the time of writing (covering 26 out of 33 grant holders) against a framework designed in light of evaluation questions.
	Interviews with Motability Foundation staff and trustees (x4)	We conducted remote one-to-one interviews <sup>4</sup> with three Motability Foundation staff and one trustee to understand more about the strategy / rationale behind the

<sup>4</sup> All interviews were analysed using deductive thematic analysis against frameworks informed by evaluation questions.

	programme, reflections on application processes, the Foundation's experiences of delivery, and the Foundation's understanding of their role in the wider sector.
 <p>Interviews with external transport sector experts (x3)</p>	<p>We conducted remote one-to-one interviews with the <a href="#">Community Transport Association</a>, <a href="#">Community Transport Glasgow</a>, and <a href="#">Transport for All</a> to learn about the wider CT sector and the Foundation's role within it, as well as the Foundation's potential role in the sector going forward.</p>
 <p>Survey completed by 23 out of 33 grant holder organisations</p>	<p>All grant holders were invited to share reflections through quantitative and qualitative survey questions. The survey was disseminated electronically and completed by approximately 70% of eligible respondents, with one staff member participating per grant holder organisation.</p>
 <p>Survey completed by 276 service users</p>	<p>Grant holders were asked to disseminate a survey electronically and / or through paper copies amongst their service users. Respondents shared reflections on the impact of the programme, enablers and barriers of impact, and changes they would like to see in grant holder delivery via a multitude of quantitative and qualitative survey questions. Detailed demographic information on service user survey respondents is provided later in the report.</p>
 <p>Case study interviews with grant holders (x5)</p>	<p>We conducted remote one-to-one interviews with grant holders from five locations (<a href="#">County Tyrone</a> in Northern Ireland, <a href="#">Pembrokeshire</a> in Wales, <a href="#">Glasgow</a> in Scotland, and <a href="#">London</a> and <a href="#">Norfolk</a> in England) to take a more detailed look at different grant holder approaches to CT for the purpose of writing these up as case studies.</p>

 <p>Mapping funding data against indicators of need</p>	<p>We sought to map the Foundation’s funding data against external indicators of need, such as disability rates and social deprivation, to understand more about the local context of the areas the Foundation funds in compared to those it does not.</p>
 <p>Field visit including focus groups</p>	<p>We conducted a field visit to take an in-depth look at the work of the Pembrokeshire Association of Community Transport Organisations (<a href="#">PACTO</a>), which included two structured focus groups with service users and volunteers of one of their Motability Foundation-funded services.</p>
 <p>Analysing ECT social value data</p>	<p>We explored data collected by grant holders using the first version of the CT Social Value Toolkit developed by <a href="#">Ealing Community Transport</a> (ECT) to explore the value for money of Motability Foundation-funded CT services.<sup>5</sup></p>

### Statistical methodology

For this report we primarily used descriptive statistics, looking for statistically significant differences in results where this approach added to our analysis. For example, when making comparisons between areas in which the Foundation funds versus areas which are currently not funded, we looked both at the size and the statistical significance of the difference using a t-test. Ideally, we seek results that are both large and statistically significant – that is to say, that they are meaningful and something that we can rely on (rather than something that might change with a slightly different sample of grant holders).

<sup>5</sup> The Foundation has provided a grant to ECT through the CT Grant Programme to produce an updated second version of the CT Social Value toolkit.

## 2d. Mapping evidence to evaluation questions

We have indicated in Table 2 below which of the three overarching evaluation questions we sought to answer with our evidence collection activities.

*Table 2 – Evaluation questions against evidence collection activities*

	<b>1. What difference did the Foundation make?</b>	<b>2. What can the Foundation learn from the implementation of the CT grant programme?</b>	<b>3. Does the Foundation's funding fit the local context?</b>
<b>Internal document review</b>		X	
<b>Literature review</b>		X	X
<b>Annual monitoring reports review</b>	X	X	
<b>Interviews with Motability Foundation staff and trustees</b>	X	X	X
<b>Interviews with external experts</b>	X	X	X
<b>Grant holder staff survey</b>	X	X	X
<b>Service user survey</b>	X		X
<b>Case study interviews</b>	X	X	X
<b>Mapping funding data against indicators of need</b>	X		X
<b>Field visit</b>	X	X	X

ECT social value data analysis		X	
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## Weighted scores for agreement statements

We used several ‘agreement statements’ in our two surveys. Respondents were presented with statements (e.g. “*Our Motability Foundation-funded work has been a success so far*” in the grant holder staff survey) and then asked to indicate the extent to which they agreed by selecting one of the following options: “Strongly disagree”, “Disagree”, “Neither agree nor disagree”, “Agree”, or “Strongly agree”. We have presented the results of these questions in this report by calculating weighted average scores on a scale where every “Strongly disagree” answer = 1, every “Strongly agree” answer = 5, and so on. Calculating the mean of these scores provides a weighted score for each agreement statement from 1 – 5.

*Table 3 – Weighted scores and interpretation*

Table 3 (right) explains how to interpret these weighted scores for each statement. This method allows simple direct comparisons between agreement statements (e.g. ‘*Statement 1 has a weighted score of 4.5, while statement 2 has a weighted score of 3.5, indicating a higher level of agreement with statement 1*’). This method also factors every answer into our analysis compared to other approaches, such as calculating the proportion of “Agree” and “Strongly agree” answers only.

Score	Interpretation
$4 \leq X \leq 5$	Strong agreement
$3 \leq X < 4$	Moderate agreement
$2 \leq X < 3$	Moderate disagreement
$1 \leq X < 2$	Strong disagreement

## 2e. Methodological challenges and limitations

### Potential bias in survey responses

As stated previously, our survey was completed by 23 out of 33 grant holders (approximately 70%) and 276 service users.<sup>6</sup> While we were happy with the number of

<sup>6</sup> More details on the demographics of service user survey respondents can be found in the appendix.

responses based on our experience with other evaluations, more responses would likely have given us more robust datasets to analyse.

As neither survey was mandatory, it is important to consider the motivations of survey respondents to participate. For example, respondents who had either very positive or very negative experiences may have been moved to take part to either show gratitude or provide criticism. This would apply both to grant holder staff reflecting on their experiences with the Foundation, as well as service users reflecting on their CT service. Therefore, those who had a more middling experience may have been less inclined to participate. Further, some grant holder staff respondents may have been motivated in part to please the Foundation. Respondents indicated the grant holder organisation they worked for to support targeted survey dissemination, meaning the Foundation were aware of which grant holders responded, although the survey responses themselves – such as reflections on relationships with the Foundation – were kept anonymous.

It is also important to consider the accessibility of our service user survey. We were reliant on grant holder staff disseminating the survey, which likely resulted in an overrepresentation of survey respondents in areas where staff had the capacity to lead these efforts. Further, some grant holder staff reported high levels of digital exclusion amongst service users, either due to digital literacy or access to devices and / or an internet connection. We sought to counter this by providing paper copies of the survey, with grant holder staff later uploading these answers digitally. These efforts were restricted by time and resource constraints as this method was more intensive for grant holder staff than disseminating a digital survey link (e.g. printing paper copies, meeting respondents face-to-face, holding time to complete the survey, and then manually inputting the data afterwards). We are therefore conscious that many potential respondents – especially those who were more digitally isolated – were missed in the data collection process.

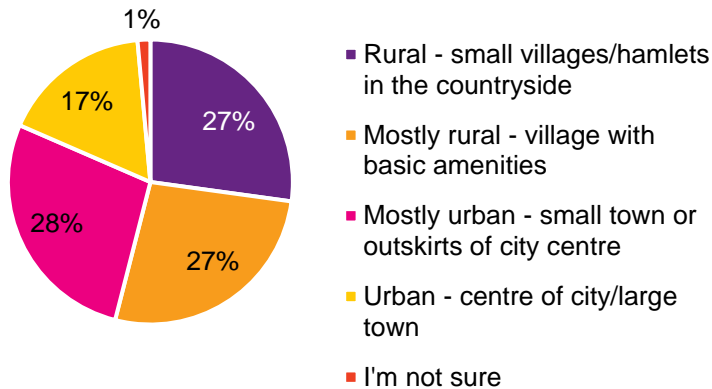
### **Determining rates of disability**

Through our review of external literature, we understood that access to transport is often affected by two key factors, namely geography (with generally fewer transport options in rural areas) and disability. To maintain the anonymity of service users, survey respondents

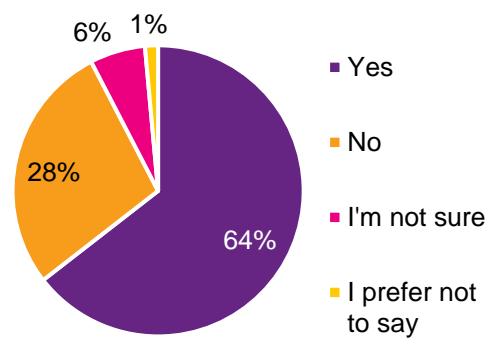
were asked to self-describe both the geography of their local area, as well as whether or not they identify as disabled.<sup>7</sup> The results of these questions are displayed below.

*Figure 1 – Service user survey respondents by geography and disability status*

**How would you describe the geography of the area you live in? (N=276)**



**Do you consider yourself to be disabled / have a disability? (N=276)**



We believe that the 64% figure is a low estimate of the proportion of respondents who had mobility issues and / or would qualify as disabled under the [Equality Act 2010](#) definition. For example, when exploring the demographic information of the 94 survey respondents who did not identify as disabled (i.e. those who selected “No” or “I’m not sure” when asked), 62% were aged 76+ and there were qualitative comments that referred to mobility issues (e.g. “sometimes unable to get out of taxi as no help offered” and “I cannot walk very far and not able to climb stairs”). Further, the permits required by CT operators are clear that services must be for specific populations in need (as opposed to the general public), such as disabled people or people who are seriously ill, meaning passengers must have specific reasons for using CT services.<sup>8</sup>

Different understandings of disability (e.g. perceptions that ‘disabled’ refers to a small number of circumstances, such as requiring a wheelchair) may have led to some respondents being less inclined to self-identify as disabled. We observed one potential

<sup>7</sup> The exact wording of the disability question was as follows: “Do you consider yourself to be disabled / have a disability? We are using the definition of disabled under the [Equality Act 2010](#) as having a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.” Participants could select one of the following four options: “Yes”, “No”, “I’m not sure”, and “I prefer not to say”.

<sup>8</sup> Further information on CT permits can be found on the CTA’s website here: <https://ctauk.org/permits-0>

example of this in our field visit focus group, where a service user with a visual impairment talked about disabled people as being separate from themselves when discussing who can use the CT service.

*“I think maybe people feel [the CT service] is for disabled people... I developed macular degeneration so I’m visually impaired.” – Field visit focus group*

Researchers often face challenges in precisely determining disability prevalence, with rates varying widely depending on the different approaches used.<sup>9</sup> There may be preferable methods for the Foundation to identify disability amongst service users than self-identification (e.g. grant holders asking about access needs more generally and extrapolating from those answers), which may help in avoiding different understandings of disability affecting results. These considerations would need to be traded off against other factors, such as anonymity and the length of the survey (both considerations for our research, which led to us using a self-identification measure).

Any potential under-reporting of disability prevalence may have been compounded by potential accessibility issues with the design and dissemination of the survey that could have resulted in a smaller proportion of disabled service users taking part. There is also the possibility that disability correlates with the accessibility issues related to survey participation mentioned previously, such as digital exclusion. Going forward, there may be other means of further supporting the participation of disabled people in similar activities to consider (e.g. by providing a greater number of different formats and question designs, or a longer survey completion window).

Finally, there is also the possibility that a small but significant minority of service users may be carers (often for disabled partners) who will join the person they are caring for on CT services. This was something we also observed in our field visit focus group, with several examples of couples using CT services, with one of the partners taking on care responsibilities for the other.

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<sup>9</sup> For a comparison of different approaches, please see this comparison of the Equality Act measure of disability used in Great Britain to the United Nations recommended measures of disability (Office of National Statistics, ‘[Measuring disability: comparing approaches](#)’, 2019).



*“We got a phone call of a lady saying she couldn’t come to our group, she got the [local CT service] and it changed their lives. Her and her husband hadn’t been out of the house for about 9 months.” – Field visit focus group*

We will use the self-identification results when referring to survey findings in this report, but we reiterate that (1) we believe the proportion of disabled service user survey respondents is likely higher than 64%, and (2) there may be preferable methods to determine disability than the self-identification measure used here going forward.

## 3. Impact findings – What difference did the Foundation make?

### 3a. Impact of the CT Grant Programme against expected outcomes

#### Key findings

- The CT Grant Programme is achieving its broad aims of *‘developing, expanding and improving community transport options’*.
- Of the Foundation’s six outcome domains, we have seen strong evidence to support they are achieving well against ‘access’, ‘wellbeing’, ‘connections’, and ‘choice and control’. We have comparatively limited evidence to support the ‘education’ and ‘work’ outcomes.
- Feedback from service users on the impact of Motability Foundation-funded services is overwhelmingly positive, with strong agreement on having overall positive experiences and having their needs met.
- Grant holder organisations have also benefitted in numerous ways from receiving funding, especially increased visibility within the local community and increased numbers of staff and volunteers.
- The Foundation is regarded as having had a positive impact on the wider CT sector.

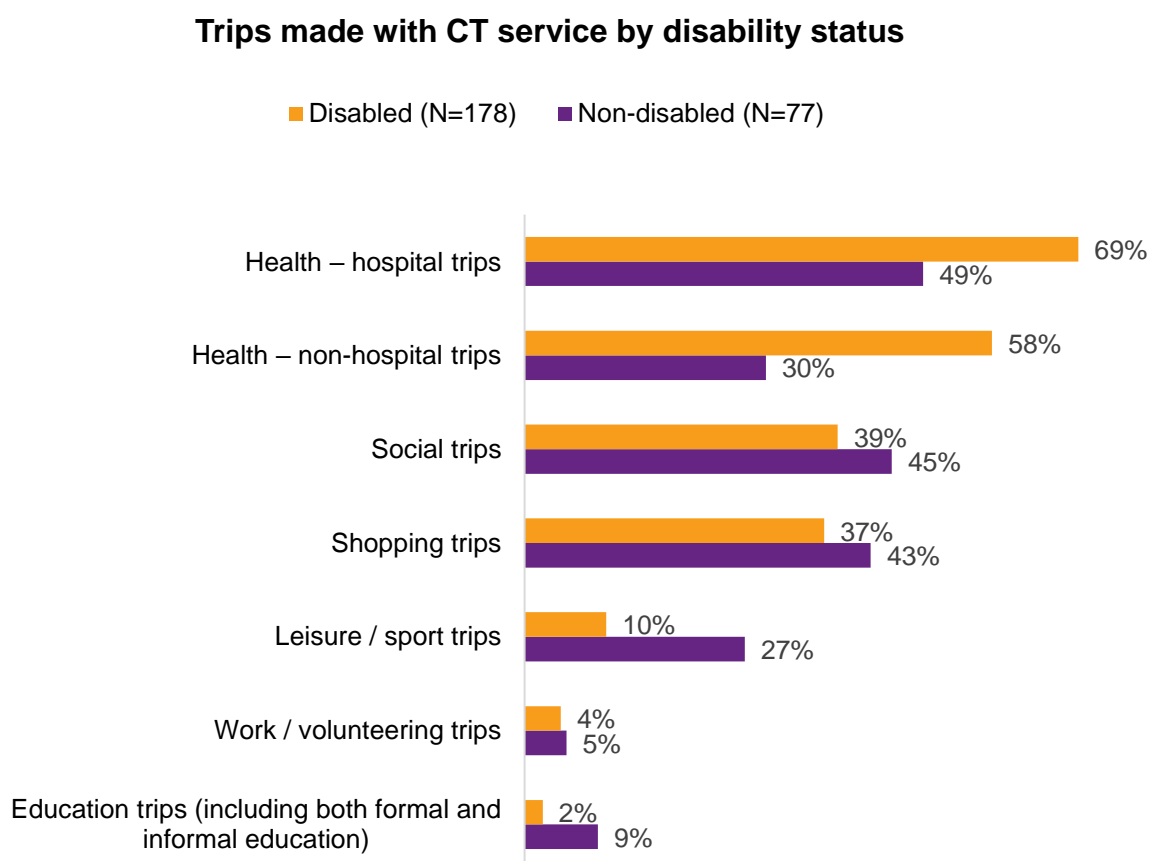
We believe there is strong evidence to suggest that the CT Grant Programme is achieving its overarching aim of *‘developing, expanding and improving community transport options’*. The impact of the service can be separated into three facets, namely impact on service

users (the primary focus of this section), impact on organisations, and impact on the CT sector at large.

## Impact on service users

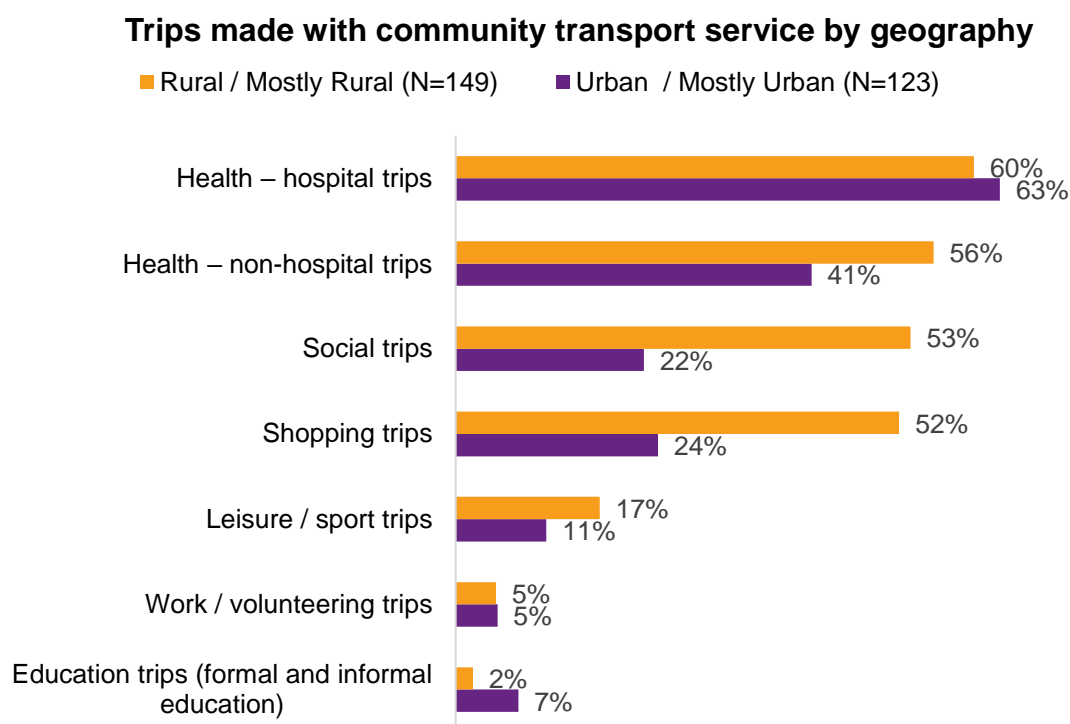
We sought to contextualise findings on service user impact by asking survey respondents about the kinds of trips they had used their CT service for. We further explored differences related to geography and disability (the two key relevant factors highlighted in our external literature review). Our analysis found that health, social, and shopping trips tended to be the most common choices, with work / volunteering and education trips less common. When exploring differences between survey respondents who identified as disabled and those who did not (in this case, those who selected ‘No’ when asked), we found that disabled service users tended to take health-related trips at higher rates, while non-disabled respondents had higher rates of leisure / sport trips.

*Figure 2 – Trips made by service user survey respondents by disability status (multiple choice)*



As with disability, the kinds of trips taken by service user survey respondents were broadly consistent across geography, with health, social, and shopping trips more common. Service users who lived in rural areas tended to use the service for social and shopping trips to a greater extent than those in urban areas.

*Figure 3 – Trips made by service user survey respondents by geography (multiple choice)*



Both primary and secondary sources of data suggest that these trips have had an overwhelmingly positive impact on service users. This impact can be understood via the Foundation' six outcome domains for beneficiaries<sup>10</sup> displayed below.

*Figure 4 – The Foundation's six outcome domains*

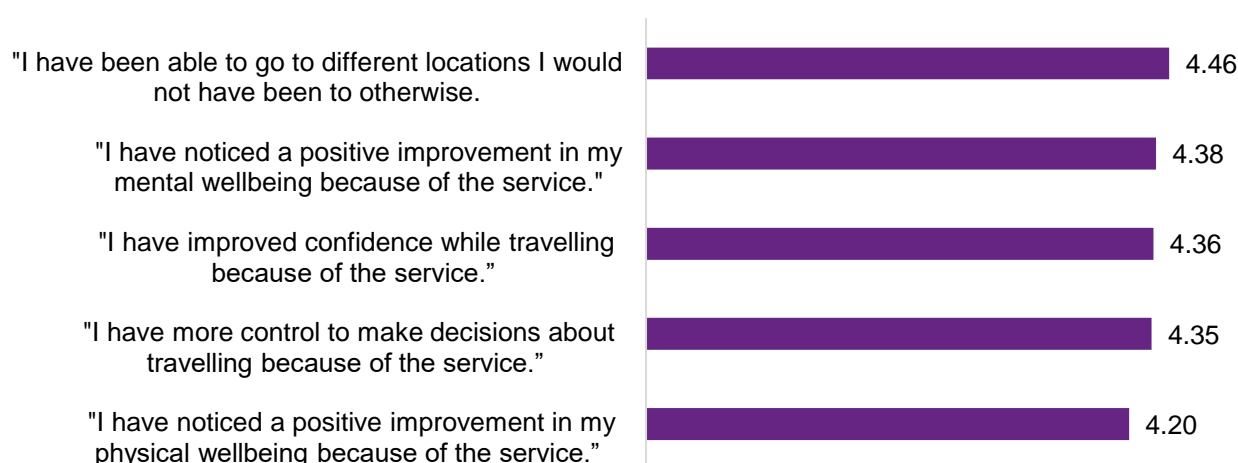


<sup>10</sup> The Motability Foundation, [Annual Report and Accounts 2023/24](#)

Service user feedback on the impact of Motability Foundation-funded initiatives strongly correlate with the ‘access’, ‘wellbeing’, ‘connections’, and ‘choice and control’ outcome domains. Figure 5 presents the results from agreement statements related to impact from the service user survey, with strong agreement that service users had accessed locations they otherwise would not have been to, positive improvements in mental and physical wellbeing, improved confidence, and more control over travel decisions.

*Figure 5 – Impact of CT services on service user survey respondents*

**To what extent do you agree with the following statements: “Since I started using the community transport service...” (N=276)**



These findings were supported by qualitative feedback, with service users reporting the following impacts on them personally of using the CT service:

- **Being able to attend medical appointments**, which had the double benefit of the positive wellbeing outcomes of accessing healthcare, as well as reduced stress and anxiety around missing appointments due to the cost and availability of transport.

*"The service has enabled me to go to appointments etc. without having to worry about the cost of transport, and also of being confident that I will not be late for the appointment."* –

*Service user survey*

- **Reduced social isolation**, with numerous comments about getting out of the house and meeting others. Importantly, many service users talked about the social aspects of the journeys themselves (i.e. chatting with fellow passengers and

drivers) as well as the social aspects of whichever activity or appointment they were planning to attend.<sup>11</sup>

*“I live in a small village, and have poor mobility with no family around... It has been life changing as I get out at least 2 times a week now, and it's so nice to meet people, as well as being able to be driven and have some nice chats with the drivers too. It has given me such a boost and I look forward to my journeys.” – Service user survey*

- **Independence and confidence** gained through having more options to leave the house and interact with others, with more control over when and how service users would like to take trips. An important aspect of this for many service users was not feeling like a burden on friends and / or family by having to request lifts frequently.

*“I can (sic) feel far more confident because of the service. I can pay my way and feel more independent without having to rely on family and feeling a burden.” – Service user survey*

- **Connection to local areas and / or communities**, which has involved both meeting people and building / maintaining social networks, as well as accessing and learning about new places that service users otherwise would not have been to. There were many comments about how CT has supported this sense of belonging, and how important it was to remain connected and avoid social isolation.

*“The service has helped me stay connected with my community and maintain an active lifestyle, which has been beneficial for my well-being.” – Service user survey*

We saw less of a reported impact related to work and education from our primary data collection, with few comments on those themes from service users. This was perhaps unsurprising, as only 5% of survey respondents were in employment, while ‘work / volunteering’ and ‘education’ made up 5% and 4% of total trips reported by survey respondents respectively.<sup>12</sup> These findings aligned with the trips reported by grant holders

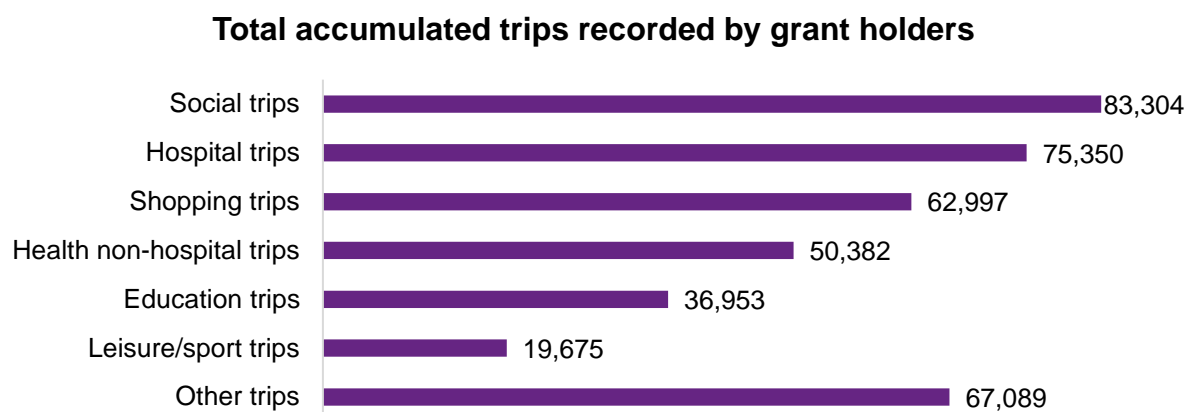
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<sup>11</sup> This is supported by findings in the wider literature about the social interactions during the journey (see The Community Transport Association’s 2021 report *‘More than A Minibus’*).

<sup>12</sup> These are the accumulated figures for trips reported by service user survey respondents, as opposed to the figures broken down by geography and disability presented earlier.

in their reporting to the Foundation, with education trips less common than social, health, and shopping trips as displayed in Figure 6 below (work trips were not explicitly recorded).

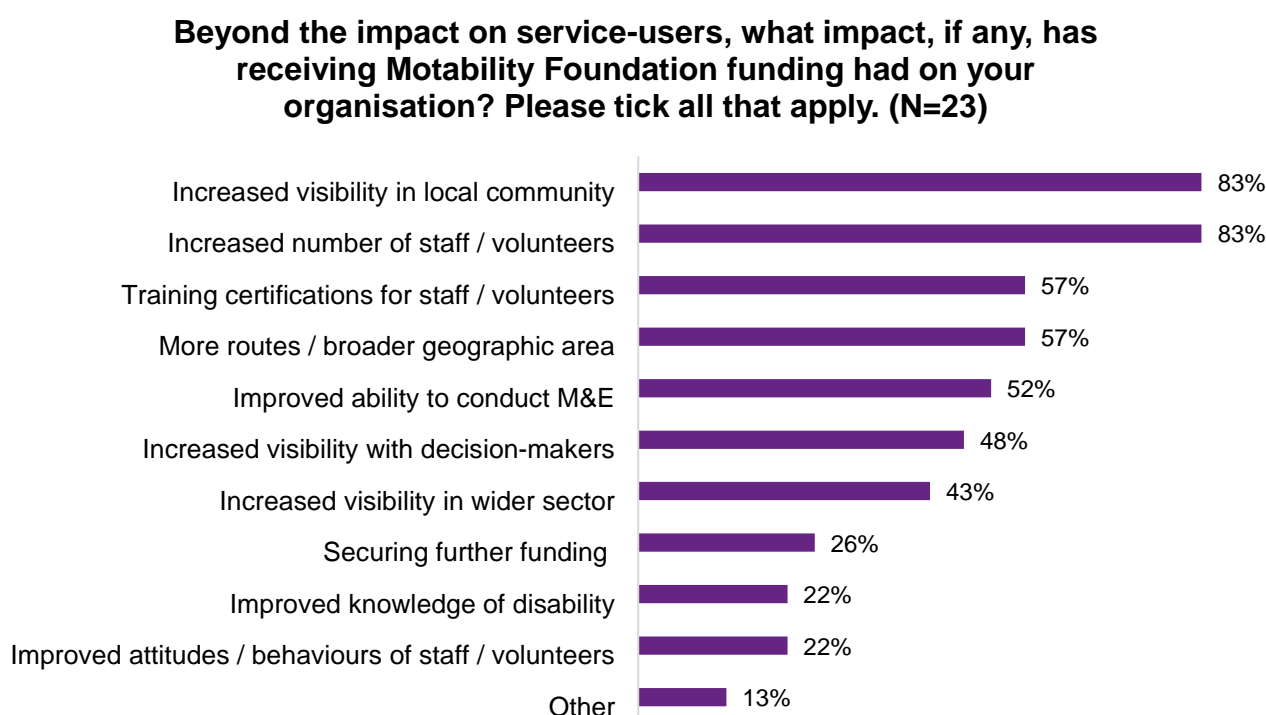
*Figure 6 – Total accumulative trips recorded by grant holders*



## Impact on organisations

Grant holder staff were overwhelmingly positive in our data about the impact of receiving funding on their organisations. When asked to indicate this impact in our survey, over half selected increased visibility, increased numbers of staff and volunteers (as well as more training certifications for them), ability to cover wider geographic areas, and improved ability to conduct monitoring and evaluation (Figure 7).

*Figure 7 – Impact of Motability Foundation funding on grant holder staff survey respondents*



These findings were supported in qualitative survey feedback and interviews. The Foundation was particularly praised for providing multi-year support in a challenging funding landscape (explored in further detail later in this report), as this allowed grant holders to plan a little more in the medium to long term. This freed up staff capacity from applying for funding with the knowledge that organisations were on a more secure financial footing, as well as being able to provide more security to service users knowing that delivery will continue for the time being.

*“Multi-year grants such as the one provided by Motability are essential to the sustainability of small charities such as ours. With a three-year grant I know we can employ at least one really good driver in a decent quality vehicle for the grant period to support those most in need... The grant offers a level of security to run at least one vehicle, which in turn means our services users can rely on us for the foreseeable future. I wish I had more grants like this!” – Grant holder staff survey*

### **Impact on the sector at large**

As with impact on service users and organisations, the Foundation's impact on the wider sector, while difficult to neatly separate from impact on individuals and organisations (i.e. determining when these aggregated impacts amount to sector change), was widely praised in our research. The Foundation is new to the CT sector, with the CT Grant Programme their first major initiative in this space. This sense of being newcomers was reflected in comments from staff and trustees, with a wariness of 'treading on the toes' of established sector stakeholders.

*“We're the new kids on the block! Because of that, there's a lot of gratitude and interest from community transport operators. But we also need to acknowledge that we're not the experts in this sector, and we don't want to disrespect the people who have worked in this sector for decades... We should probably think more about what our position is and how we can use it more strategically.” – Motability Foundation staff interview*

These sentiments – of the Foundation being newcomers, and CT operators being grateful for their presence – were also reflected in external interviews. The Foundation is seen as a welcome new addition to the space, especially providing CT services with much-needed, more secure funding. Going forward, there was a desire amongst external interviewees for the Foundation to have a more strategic role in the sector, with an appetite for the



Foundation to both target funding and collaborate with others (e.g. research projects, sharing best practice, raising awareness of CT etc). These findings suggest that the Foundation need not be overly concerned about upsetting long-term players in this space.

*“What they’ve done has been brilliant, but there’s always room for improvement... A closer way of working would be good, looking at a more strategic way of supporting the sector, so more people get a slice of the pie. It’s a real opportunity for the Motability Foundation, being a bit more strategic and doing that joint work would be really positive.” – External expert interview*

Questions of the Foundation’s role going forward – especially how best to use their funding, and the degree to which they should focus on systems change initiatives, are explored later in the report.<sup>13</sup>

### Recommendations

- The Foundation can consider what kind of strategic role they would like to have in the sector going forward, and which activities this can include.

## 3b. Meeting the needs of service users

### Key findings

- Service users strongly agree that their needs are met by Motability Foundation-funded provision.
- Feedback on the staff and volunteers running Motability Foundation-funded CT services was overwhelmingly positive, with many examples highlighted of people going out of their way to support the access needs of service users.

We sought to understand the extent to which Motability Foundation-funded activities are delivered in ways that align with the needs of service users. Through our literature review

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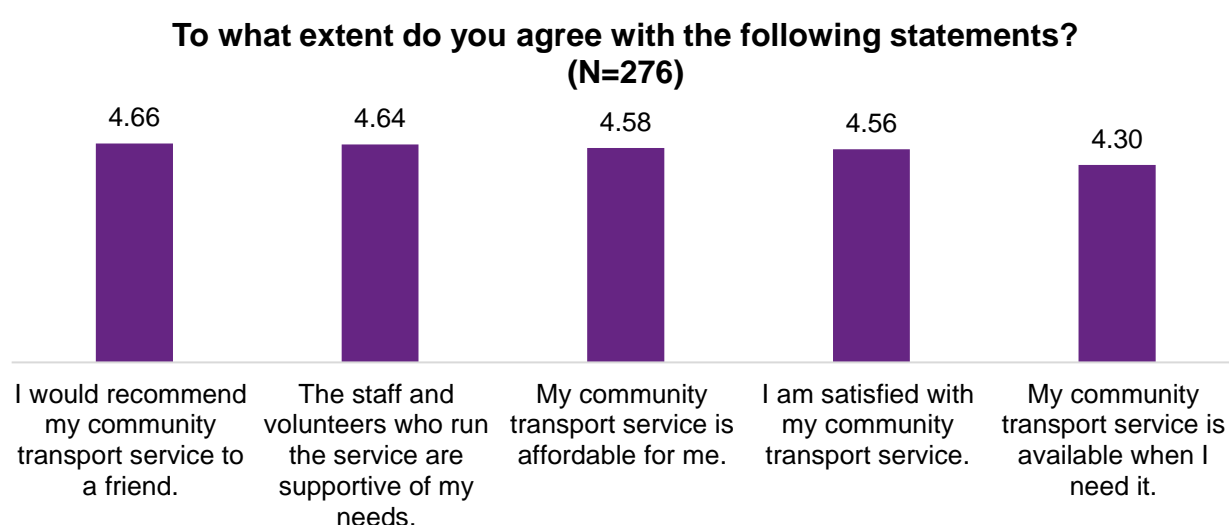
<sup>13</sup> At the time of writing, the Foundation is undergoing a strategy review at the organisational level incorporating all funding programmes, with the CT Grant Programme one element of this.

and interviews with external experts, we understood that negative interactions between service users and the staff / volunteers running CT services have at times posed a problem within the sector, although interactions are generally positive.

*“A lot of people are really happy with the kind of support they get from drivers, especially when they're kind of regulars. There are some occasions where it seems that people have very negative interactions with drivers where they [drivers] don't have the kind of appropriate training or don't seem to be kind of acting on it.” – External expert interview*

Interestingly, as detailed in Figure 7, just 22% of grant holder staff survey respondents reported improved knowledge of / attitudes towards disability amongst staff and volunteers as an impact of receiving funding. However, there were comments in the survey indicating that the reason for this low number was due to high levels of disability awareness in grant holder organisations prior to receiving funding.<sup>14</sup> These sentiments are supported with data collected from service users, with feedback on the accessibility of Motability Foundation-funded CT services being overwhelmingly positive. Figure 8 displays strong agreement that the staff / volunteers running services are supportive of service user needs, and that the service is affordable and generally available when needed. Further, there was also strong agreement from service users that they would recommend the CT service to others, that they are satisfied with their service, and that they prefer the service to other travel options, indicating overall positive experiences with Motability Foundation-funded services.

*Figure 8 – Service user survey respondents' reflections on their experience of CT services*



<sup>14</sup> This aligns with the Foundation's funding criteria for the CT Grant Programme, with organisations required to demonstrate a track record of supporting disabled people.

These findings – that the CT services are supportive of service user needs – were reflected in the qualitative data. We have highlighted specific facets of the accessibility of services below.

- **Support getting to / from home:** Many service users with mobility needs highlighted how drivers and other staff / volunteers went above and beyond to support them from their homes to vehicles and vice versa (as opposed to, for example, dropping people off outside of their houses). This included support climbing in and out of vehicles (including wheelchair lifts and additional steps where required) carrying shopping, holding doors open, and generally ensuring that people were comfortable in vehicles and back home after journeys. This holistic support was greatly praised in the data, with the care and consideration displayed by staff and volunteers being truly appreciated.

*“All volunteer drivers have arrived earlier or promptly to assist me safely out and back into my home and assist me into the building where I am going. I experience many uncontrollable falls. Their quiet, unassuming care and support goes over and beyond.” – Service user survey*

- **Patience and understanding:** Several service users in our research were conscious that their accessibility needs required a little more time and effort to meet (e.g. support being settled back in homes after journeys). Staff and volunteers were praised for being patient and understanding of accessibility needs, which aligns with earlier findings about service users not wanting to feel like a burden.

*“It is my Mum who uses the service. Unfortunately, Mum suffers from dementia. All the volunteers have been very kind and understanding.” – Service user survey*

- **Affordability:** An important component of accessibility raised by service users was the comparatively low cost of trips. This was especially the case in more rural settings with longer journeys by mileage. One example from our field visit was of a CT provider that charged a flat rate of £3 for journeys that would cost up to £60 by taxi, often the only feasible alternative for service users in this rural setting. This affordability was clearly valued by the service users who participated in our research, with numerous comments highlighting it as a key advantage compared to alternative transport options.

*“When my mobility scooter broke down, I was able to get a lift to my appointment at my local hospital at short notice at a reasonable cost. The driver was very helpful and friendly.” – Service user survey*

- **Relationship with drivers:** As mentioned previously, the journeys themselves provide important social opportunities for service users, providing a space to chat on the way to appointments and activities. As well as forming and maintaining relationships with fellow passengers, these journeys have led to valued relationships with drivers. We witnessed this first-hand in the field visit focus group, with a good level of banter between volunteers and service users, and a lot of gratitude for the care shown to meet service user needs.

*“We all chat away and got to know each other. The drivers are very important because they become friends too. They really look after us.” – Field visit focus group*

As well as the above positives highlighted in the qualitative data, service user feedback revealed important further considerations for CT staff looking to meet the needs of service users:

- **Importance of familiar faces:** A related point to our findings on relationships with drivers was that many service users tended to appreciate seeing the same faces amongst staff and volunteers. This is not always possible, mostly due to driver availability, and coordinating CT provision can be challenging due to last-minute changes in service user need (e.g. cancelled appointments or illness). However, pre-established relationships with drivers were highlighted as an important component of meeting service user needs, with regular drivers able to recall the specific requirements of individual service users. Familiar faces were especially important for service users who may struggle to form relationships with new people, such as those with dementia or autism.

*“My daughter loves travelling with the regular driver, who sounds very friendly and helpful. However, on the days when he is not available, things often get confused about pick-up and drop-off times and my daughter doesn’t like the change in routine.” – Service user survey*

- **Accessibility choices:** CT providers often have to weigh up different considerations with accessibility, especially with respect to modifications to

vehicles. For example, the below quote from a service user details how the lift attached to the back of the vehicle they used in their CT service makes it uncomfortable due to reduced legroom. This quote highlights the kinds of considerations for CT providers when looking to meet service user needs (e.g. purchasing more spacious vehicles that provide greater comfort vs the cost of maintaining such vehicles).

*“Because [the bus] has got a lift at the back, the seats are incredibly close together, the legroom is non-existent... I did see a bus in [the local town], still a 16-seater, but the access was so much easier, particularly if somebody was in a wheelchair.” – Field visit focus group*

### Case study – Partnership working to support disabled people

Easilink operates a fleet of 15 accessible minibuses serving rural populations across Omagh, Strabane and Foyle in Northern Ireland. They provide approximately 30,000 door-to-door trips each year for service users, mostly older people living in remote rural locations.

Their grant is a partnership grant, with four organisations working together on three strands of focus, namely replacing older high-maintenance vehicles, training drivers, and transporting people to health services located outside of partners’ operating areas. Their delivery has involved extensive partnership working with organisations that support disabled people, such as their Disability Action Transport Scheme delivered in partnership with Disability Action Northern Ireland.

*“We work very closely with the local community and voluntary sector with each of those areas, including the local rural support networks and the groups delivering services aimed primarily at people with different disabilities and/or older people. We have a large cohort of individuals who are young adults with different learning disabilities, and they will be coming to the various opportunity centres within the areas that do education and training and employment. We’ve worked very closely with the local community.”*

One of the key enablers highlighted for the success of the project is the relationship with the Foundation, who were praised for being approachable and understanding of the partnership’s work. For example, the procurement of vehicles took longer than expected,

which had knock-on effects on the subsequent driver training, with the Foundation offering support and moving the timeframe to take this development into account.

*“They’re very understanding. If there are any issues, or anything we have to realign, that’s been a seamless transition, which has really helped.”*

As well as strengthening their direct service delivery, the partnership has also been involved in more systems-focused work. This has included feeding into the review of the Social Value Toolkit, as well as providing feedback to MiDAS about the transformation of their programme, which has influenced how the new training will be rolled out across the UK. It was felt that partnership working was key to having a broader influence in terms of policy development.

*“There are advantages of working together as a unit. We hope that that is a big influence on the policy developed. We’re looking at how groups can come together and have a more efficient outcome.”*

Going forward, the Easilink partnership is focusing on growing their out-of-area service, having faced some difficulties in the first year due to the various elements of the project running to different timeframes. They will also embark on the second phase of their driver training programme, which involves training drivers from other organisations, including local disability groups, so they can hire Easilink’s vehicles. Easilink does not use their vehicles on evenings and weekends, so enabling other organisations to use them at these times helps ensure their vehicles are utilised to the maximum to support local disabled people.

## Recommendations

- The Foundation could consider convening grant holders to share best practice and discuss considerations for meeting service user needs.

### 3c. Enablers and barriers to achieving outcomes

#### Key findings

- Enablers of achieving outcomes reported by grant holders included upskilling staff and volunteers, the long-term nature of funding, and regular feedback from service users.
- The main barriers were persistent sector issues (e.g. volunteer recruitment and retention, delays in vehicle delivery, challenging funding landscape).
- Other barriers included challenges reaching the most isolated individuals and staff turnover harming partnership working.

Grant holders were asked about the positives and challenges of delivery in our survey and interviews, as well as annual reports submitted to the Foundation. This included detailing key enablers and barriers to their reported impact on service users. We have highlighted several below.

#### Persistent sector issues

Many of the barriers reported by grant holders aligned with persistent sector issues highlighted in our external literature review, such as a challenging funding environment, volunteer recruitment and retention, changes to driver licensing, and delays in vehicle delivery. As these specific barriers will be explored in further detail in the section on wider context, we have decided to focus on other barriers raised by grant holder staff here.

- **Driver and volunteer training** – Having dedicated resources to train people to become drivers (most notably gaining MiDAS accreditation) allowed many grant holders to significantly increase their capacity. This was just one facet of the training provided to staff and volunteers, with other topics covered including disability awareness (e.g. language, identifying access needs, and supporting service users



with dementia) health and safety, and administration (e.g. scheduling and coordinating trips).

*“Volunteer drivers and service support staff have the opportunity to develop a range of skills in relation to social interaction, administration, time management and meeting standards... This includes a condensed version of the induction programme provided to paid staff and includes the opportunity for volunteers to identify any training needs that they might have and / or find out about other roles they might volunteer to undertake.” –*

*Grant holder annual report*

- **Multi-year funding** – As stated previously, the three-year funding provided by the Foundation was longer term than the funding typically accessed by many grant holders (often up to one year in length), allowing them to plan ahead and free up capacity from fundraising. The timeframe also affords grant holders time to build relationships and gain credibility with stakeholders which was especially important for influencing decision makers and gaining referrals from service providers.
- **Regular feedback from service users** – Collecting insight from service users was highlighted as an enabler for understanding needs and adjusting CT services accordingly, as well as gaining further credibility with service users by helping them feel listened to.

*“People were impressed with the kindness and courtesy of the staff and drivers and asked us to carry on with the good work. Some people had suggestions about flexibility of pricing so that those who wanted to, could pay a little more. However, the survey results about value for money revealed that 96% of passengers felt the fares were affordable with only 4% saying they were too low.” – Grant holder annual report*

- **Reaching the most isolated individuals** – Many of the service users we spoke with found out about the CT service they were using either online or through word of mouth. This aligns with challenges faced by grant holders in reaching individuals who are the most socially or digitally isolated. There were several attempts to overcome this highlighted in the survey and annual reports, including distributing physical advertising materials (e.g. posters and leaflets), although this can be time and resource-intensive.



*“Most of our passengers (and potential new passengers) are older and tend not to use the internet. We have advertised extensively through traditional printed means – adverts/leaflets/posters etc. and engaged with councils. But it is amazing how many passengers say they knew nothing about this great service until a friend used it.” – Grant holder staff survey*

- **Staff turnover harming partnerships** – Several grant holders reported difficulties maintaining relationships with key local stakeholders (e.g. service providers relied on for referrals and decision makers for systems change work) due to staff turnover resulting in the need to rebuild connections.

*“It’s very easy to start building relationships with one person, and then they tell you they’re about to leave. We see that a lot in the health sector, and we’re seeing that in the business sector because of the evolution and change that’s happening in organisations, so you’re going around in circles.” – Case study interview*

### 3d. Reflections on the Foundation’s routes to impact

#### Key findings

- Feedback on the Foundation’s routes to impact was positive, with no obvious areas of work missed within the funding criteria.
- Our research highlighted several potential impact choices for the Foundation to consider going forward:
  - Focusing on direct delivery vs systems change
  - Helping people with the most need vs helping the most people
  - Helping a small number of individuals with a large number of asks vs a large number of individuals with a small number of asks.

As stated previously, the Foundation has identified five routes to impact for the CT Grant Programme, namely *‘Improved Vehicle Supply’*, *‘Increased Human Capital’*, *‘Shape Best Practice’*, *‘Greater Sector Resilience’*, and *‘New and Improved Policy’*. We sought to understand external perceptions of these routes to impact by asking grant holders and

external experts for their reflections – in particular, what changes (if any) they would make to the Foundation’s eligible list of activities.

The general sentiment from external stakeholders was that this list was sensible and comprehensive, with no obvious omissions. For example, in the grant holder staff survey, the majority of responses stated that there were no changes they would recommend, while several others used this as an opportunity to request continuation funding for their projects. There was some interest however in the Foundation funding more innovative approaches to CT and sharing findings, which could support the sector to be more impactful in supporting service users.<sup>15</sup>

*“While continuation funding is essential, there could be a need for clearer criteria to evaluate which initiatives have the most impact or are the most innovative. This could ensure that resources are directed toward programs that show measurable success in improving accessibility for disabled people.” – Grant holder staff survey*

Diving deeper into the Foundation’s routes to impact, however, surfaced an important potential choice for the Foundation displayed below – the balance between supporting direct delivery and systems change initiatives.



**Focusing explicitly on direct delivery:** Vehicle purchases, recruiting and training staff / volunteers etc.



**Focusing explicitly on systems change initiatives:** Lobbying decision makers, research, sharing best practice etc.

This is highlighted by the prevalence of the different routes to impact in Motability Foundation-funded initiatives. While 3 / 5 routes to impact can be broadly categorised as focusing on systems change (*‘Shape Best Practice’*, *‘Greater Sector Resilience’*, and *‘New and Improved Policy’*), only 20% of grant holders had an explicit systems change focus in

<sup>15</sup> This is expanded upon later with reference to the Foundation’s role in the wider CT sector.

their Motability Foundation-funded activity.<sup>16</sup> As states previously, this is not always an easy distinction to make, but we do believe it is important for the Foundation to clarify the extent to which they want to focus explicitly on systems change.

## Other impact choices

Our analysis uncovered further potential choices related to the impact the Foundation would like to have. As will be explored later, there is a lot of diversity across grant holder initiatives focusing on the direct delivery routes to impact (*‘Improved Vehicle Supply’* and *‘Increased Human Capital’* respectively). This diversity highlights the different kinds of impact grant holders are reporting, as well as the different understandings of impact that underpin their findings. Table 4 highlights the considerations underpinning these different definitions of impact, namely depth vs breadth of impact, who to support with CT services, and the kinds of support service users are provided with.

*Table 4 – Different understandings of the impact of CT services*

	Depth of impact	Breadth of impact
Who to support	Helping people with the most need (i.e. disabled people in rural areas)	Helping the most people (e.g. delivering in urban areas and less of a strict focus on disability)
Support provided	Helping a small number of individuals with a large number of asks (e.g. medical trips, shopping, social outings etc)	Helping a large number of individuals with a small number of asks (e.g. medical appointments only)

It is difficult to determine definitively which definitions of impact are ‘better’ (e.g. comparing the impact of medical trips which afford life-prolonging care vs social trips that combat isolation and support wellbeing). However, as with the ‘direct delivery vs systems change’ choice, it may be helpful for the Foundation to clarify which definitions of impact they would like to prioritise to help fund more strategically going forward.

<sup>16</sup> This is expanded upon later when exploring differences of approaches in different areas.

### Case study – Supporting systems change

Pembrokeshire Association of Community Transport Organisations (PACTO) was established in 2004 to unite and represent the CT sector in Pembrokeshire, south-west Wales. Pembrokeshire has the fastest ageing population in Wales, with many living in rural areas with little public transport coverage and hilly terrain that can be difficult to navigate for people with mobility impairments.

PACTO has used their grant to better understand the local CT sector and identify opportunities to further support people facing access barriers to transport. This has included running a large face-to-face consultation process across Wales, engaging the public to understand their awareness of CT services, barriers to using them, and possible solutions. This involved developing workshops with groups who were less likely to put themselves forward for public consultations, such as young people and homeless people, to ensure they captured these perspectives. PACTO now has large datasets of both quantitative and qualitative data, which can be shared with referral partners and other CT operators outside of Wales.

PACTO has also held convening events, bringing together operators to explore solutions to improve CT services. These efforts have been fruitful but also challenging. Many of the CT operators are reliant on volunteers with limited experience of data collection, with PACTO needing to allocate more time to provide support and get people on board with the data collection process.

*“It takes time to work with various different CT operators and people. That grant has been really valuable for that phase because it’s given us the time to settle into the project and have meetings and build relationships with partners before moving on to actually deliver the project and distribute funding. It’s really important that we had that time, because it enabled us to look early at the potential risks of the project and put things in place to address them.”*

Receiving funding from the Foundation has allowed PACTO to grow rapidly and raise their profile. PACTO is now taking more calls on behalf of people who urgently need transport for medical purposes, linking them up with CT operators who can meet those needs.

*“PACTO has grown up overnight, from two or three employees to ten. We have an office now, which we didn’t have before. We work with a lot more people now. Motability Foundation has really put us on the map. Other Welsh counties don’t have a PACTO – we are the support organisation that keeps these operators running.”*

One of the standout successes highlighted from PACTO’s delivery so far has been supporting a local charity to become a CT operator. The [VC Gallery](#) supports veterans and other people with mental health conditions by running two hubs to combat social isolation. PACTO supported them to procure a vehicle and obtain MiDAS training for drivers, as well as providing general guidance on running a CT service.

*“That was vitally important that we helped them because there’s no guidebook for CT services... It’s not a one-size-fits-all case for everyone in Pembrokeshire. Having a new CT operator in Pembrokeshire is brilliant, and it’s been great to help with the set-up of that.”*

Going forward, PACTO will focus on attracting more volunteers to the CT sector, especially younger volunteers with more digital skills. They also aim to help CT operators to reduce their carbon emissions, such as supporting a transition to electric vehicles.

*“We’ve had regular communication and updates, and Motability Foundation has been brilliant at being considerate and understanding. We’ve been sharing our successes and our knowledge, and that’s been good. The whole Motability Foundation team has been fantastic.”*

## Recommendations

- The Foundation can consider and clarify its position on the potential choices identified (i.e. direct delivery vs systems change and depth vs breadth) and adjust activities accordingly.

### 3e. Extent to which reported changes have been caused by the CT Grant Programme

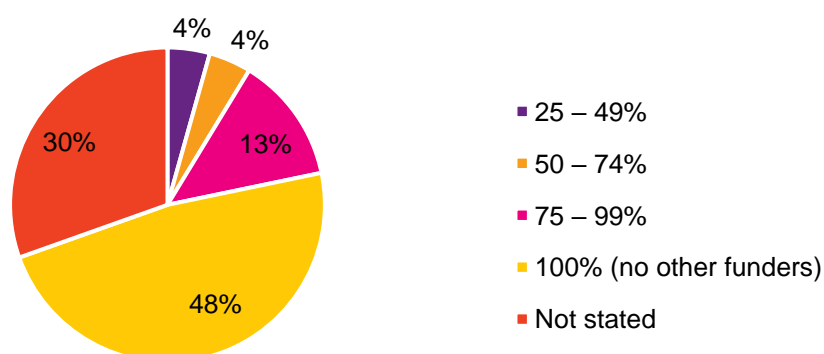
#### Key findings

- The Foundation provides the vast majority of funding for the relevant initiatives we collected data on, leading us to believe it is appropriate to attribute change to the CT Grant Programme. However, determining the precise proportion of impact the Foundation can take credit for is difficult.

Findings from grant holder staff feedback suggest that the Foundation can be confident attributing reported changes to the CT Grant Programme. As displayed in Figure 7, over half of grant holder staff survey respondents reported larger numbers of staff / volunteers and an improved ability to cover a larger geographic area as impacts of receiving funding. Further, the Foundation provides upwards of 75% of funding for approximately two thirds (61%) of the relevant CT projects delivered by grant holder staff survey respondents, as displayed in Figure 9.<sup>17</sup>

*Figure 9 – Proportion of Motability Foundation funding for relevant initiatives*

**What proportion of the total funding for your project does your Motability Foundation grant make up? (N=23)**



<sup>17</sup> It is important to reiterate that these findings relate to Motability Foundation-funded projects only, and not organisational income as a whole. The Foundation's funding criteria (i.e. operational for at least three years with three months or more of operating costs held in free reserve) were designed in-part to avoid creating financial dependence on the part of grant holders by identifying financially sustainable organisations.

Qualitative survey and interview data from grant holder staff reinforce these findings, with plenty of comments about the additional capabilities and capacities afforded by Motability Foundation funding in an otherwise challenging funding landscape.

*“The Motability grant has been a lifeline... The funding has given the disabled and elderly users a connection to the local community. Without the funding, individuals would be housebound and alone. In addition, charities would not be able to provide their services and this would reduce their impact to the wider community.” – Grant holder staff survey*

These findings strongly suggest that the positive impacts reported by grant holders can be attributed to Motability Foundation funding for the relevant CT initiatives. However, determining the *precise proportion* of this impact that can be attributed to CT funding is challenging and will be explored further in section 4d. discussing unit costs analysis.

## 4. Process findings – What can the Foundation learn from the implementation of the CT Grant Programme?

### 4a. Meeting current demand for the programme

#### Key findings

- Within the Foundation’s intentionally risk averse funding criteria, there are plenty of eligible CT providers who did not receive funding, indicating high demand at the organisational level. Further, there are likely many newer, smaller CT providers who fell outside of the Foundation’s funding criteria.
- At the individual level, grant holders have high demands on the services they provide, both in terms of the number of individuals to support, but also the number of requests from individual service users.

#### Demand from organisations

The Foundation’s funding criteria for the programme were as follows:

- *“UK-based registered charity or incorporated not-for-profit with a proven ability to impact disabled people and their transportation needs.”*
- *“Operational for at least three years.”*
- *“Annual income of at least £150,000 for the past three years.”*
- *“Free reserves equivalent to at least three months of operating costs.”*

There were also limitations on the kinds of organisations / initiatives that could apply for funding, with the following types of organisations / initiatives ineligible: *“statutory bodies,*



*hospitals, health authorities, political pressure groups, organisations primarily engaged in political activities, construction projects, social investment, venture philanthropy, retrospective funding, sponsorship, overseas travel, and medical care / research.”*

Motability Foundation staff and trustees are keenly aware that these criteria necessarily excluded a lot of CT providers, with many smaller, newer organisations ineligible to apply.<sup>18</sup> These criteria, such as the two-factor turnover requirement (an annual income of £150,000, with this maintained for the past 3 years) were explicitly designed to limit demand for funding through this programme. As this was a new programme, a more risk-averse approach to funding meant the Foundation could test their processes and increase likelihood of successful delivery. Further, the Foundation wanted to avoid funding organisations that were on a less secure financial footing, hence the requirement of at least three months of operating costs in free reserves.

*“I realise that [the eligibility criteria] are quite demanding and they therefore exclude quite a lot of certainly well-intentioned, probably perfectly well-executed opportunities... I think we do need to be able to demonstrate that we are also spending the Foundation's money prudently and appropriately.” – Motability Foundation trustee interview*

Reflections on these criteria from external interviewees broadly agreed with these sentiments, recognising that, while a lot of CT providers were excluded by these criteria, considerations related to spending money prudently were justified. There was however some interest in the Foundation potentially funding more experimental CT initiatives, and how these could provide valuable learning for the wider CT sector. These may require changes to the Foundation's funding criteria were there to be a focus on these sorts of programmes going forward.

*“I think there's potentially ways in which Motability could fund slightly experimental schemes as well to try and see whether a particular way of doing community transport is working... Maybe it has a role in doing pilot studies or trying to figure out where these things work and where they don't and maybe kind of bring some of that knowledge to the rest of the sector.” – External expert interview*

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<sup>18</sup> Determining the precise proportion of CT providers who were ineligible is challenging due to difficulties mapping the CT sector (discussed in more detail later).

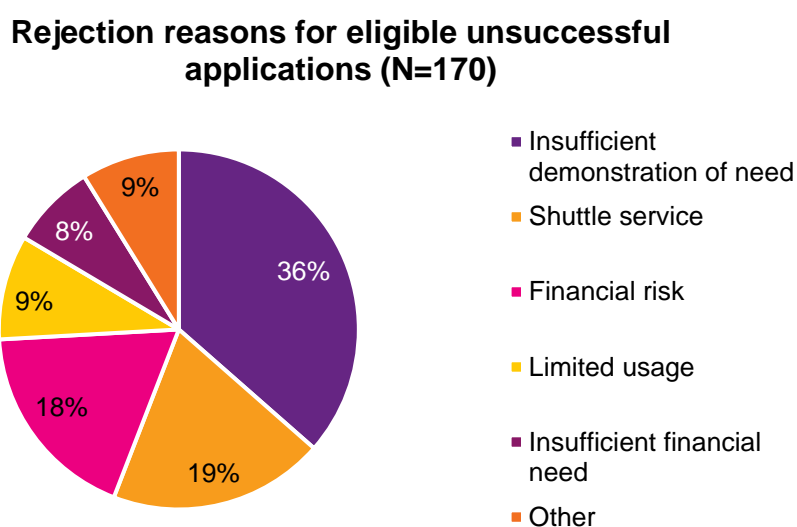
When looking at application data, the Foundation funded 33 and rejected 170 eligible applications, a success rate of 16%.<sup>19</sup> This varied slightly by nation, with higher award rates for applicants based outside of England.

*Table 5 – Award rate for eligible applicants by nation*

Nation of eligible applicants	Award rate
England	13% (20 out of 152 eligible applications)
Scotland	21% (6 out of 28 eligible applications)
Wales	31% (4 out of 13 eligible applications)
Northern Ireland	30% (3 out of 10 eligible applications)

When exploring rejection reasons for eligible unsuccessful applicants, less than one-fifth (19%) were requesting funding for a shuttle service, with the remaining organisations applying with the kinds of services that the Foundation was open to funding.

*Figure 10 – Rejection reasons for eligible unsuccessful applicants*



These findings suggest that, within the Foundation's intentionally risk-averse funding criteria, there are plenty of eligible CT providers who did not receive funding, indicating high demand for the programme at the organisational level. Should the Foundation expand

<sup>19</sup> We excluded 31 ineligible applicants for the purposes of this analysis.

its funding criteria going forward, demand for the programme is likely to increase significantly, in part due to a challenging CT funding landscape explored in more detail later.

### **Demand from individuals**

Our findings suggest that grant holders are unlikely to meet demand within areas already funded by the Foundation. Many grant holders reported having to decline a significant proportion of their requests, in part to avoid overburdening staff and volunteers delivering services. Further, several interviewees highlighted the ageing UK population, with older populations often concentrated in rural areas that may have fewer public transport links. Therefore, there are many individuals within areas already funded by the Foundation who plausibly would benefit if they were able to access CT services, and this number is likely to grow.

*“We've got an aging population... people are maybe living [with] their life-limiting medical conditions, and so we'll have restricted mobility about these as well.” – Case study interview*

Beyond reaching more individuals who would plausibly benefit, grant holder staff reported not meeting all the requests they receive from current service users, and the need to decline some and prioritise others. Their feedback reflected findings from our exploration of the wider sector that there was an appetite from CT service users for evening and weekend trips, a greater frequency of trips, and more of a focus on fun / social trips (including organised outings) instead of, for example, a narrow focus on health-related journeys. The following quote, from a CT service that restricts their offer to health-related trips only, demonstrates the choices grant holders have to make regarding meeting service user needs and overburdening staff and volunteers.<sup>20</sup>

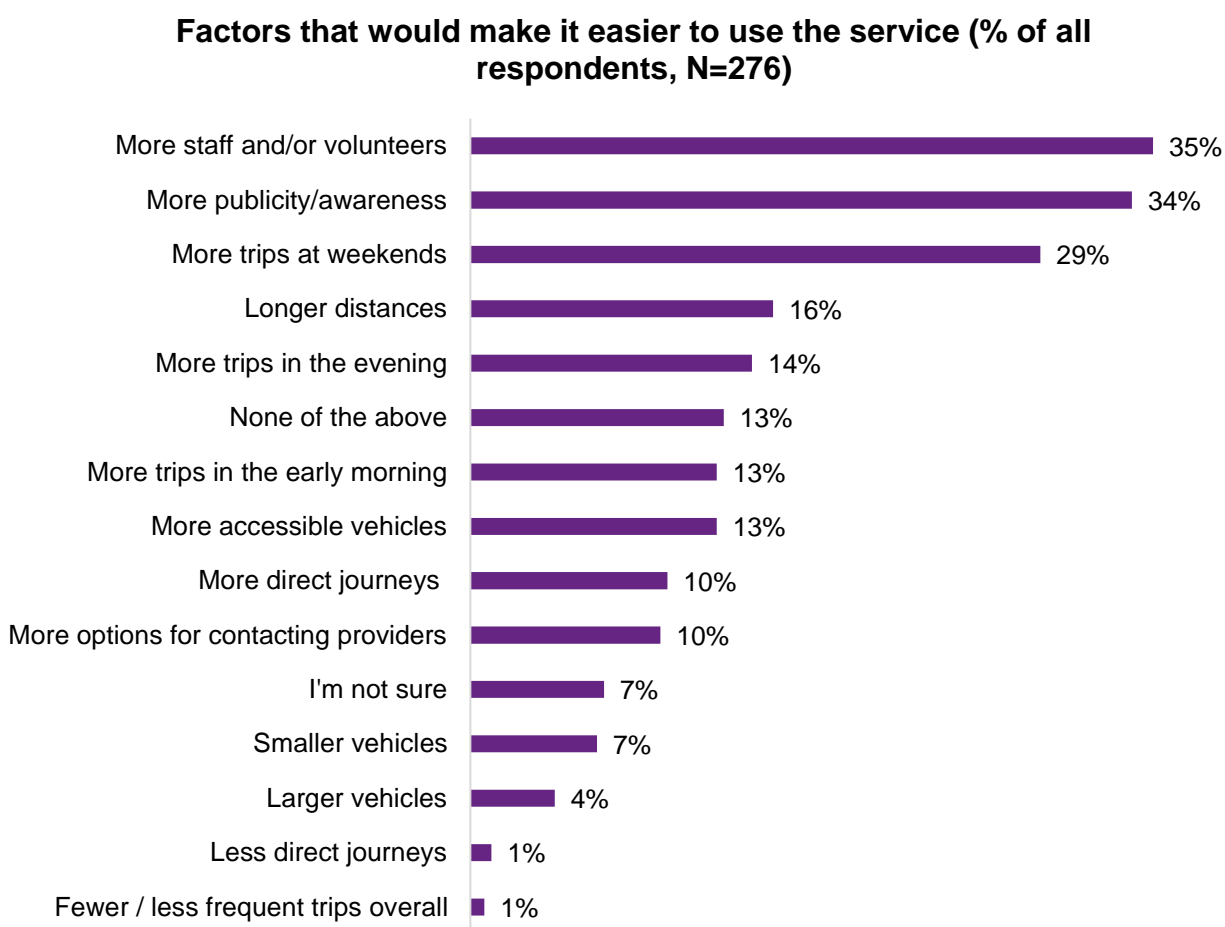
*“The current service model has been welcomed by the communities, but the ask is always for more or to broaden the scope. Awareness of putting too big of an ask on the drivers is always a concern, so we are mindful of staying within the realms of our funded activity.” – Grant holder staff survey*

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<sup>20</sup> These are similar to the potential impact choices for the Foundation that were explored previously, namely the specific kinds of impact they would like to have on service users.

These findings were supported by the results of the service user survey, with the change most requested by service users being more staff / volunteers to increase the number of trips on offer (selected by 35% of all survey respondents), with 'more trips at weekends' the third most-requested change at 29% of respondents (Figure 11). The second most requested change was increased publicity and awareness, which would plausibly help reach more individuals, but also increase the workload of CT staff already struggling to meet demand (as well as requiring time and resources to dedicate to awareness-raising efforts).

*Figure 11 – Factors that would make it easier for service user survey respondents to use CT*



These findings suggest that the Foundation is not currently meeting individual demand for the CT Grant Programme, nor is it likely to meet this demand going forward. Therefore, as discussed previously, the Foundation would likely benefit from clarifying its strategic direction and potentially narrowing the scope of demand it would like to meet (although it is highly unlikely to ever meet the entirety of demand). Relevant criteria when clarifying this strategic direction would likely include the following:

- **The schemes / organisations the Foundation would like to support** (e.g. schemes / organisations with a proven track record, experimental / more innovative schemes / organisations, or a mix of both with a determined amount of each)
- **The individuals the Foundation would like to support** (e.g. restricting provision to people with the most need instead of having broader criteria)
- **The kinds of requests Motability Foundation funding can be used to meet** (e.g. a wide range of asks vs medical appointments only).

### Recommendations

- The Foundation can consider clarifying its strategic position with the criteria identified (i.e. organisations / initiatives funded, individuals supported, and needs met) and adjusting activities accordingly.

## 4b. Acting as a responsible funder on the programme

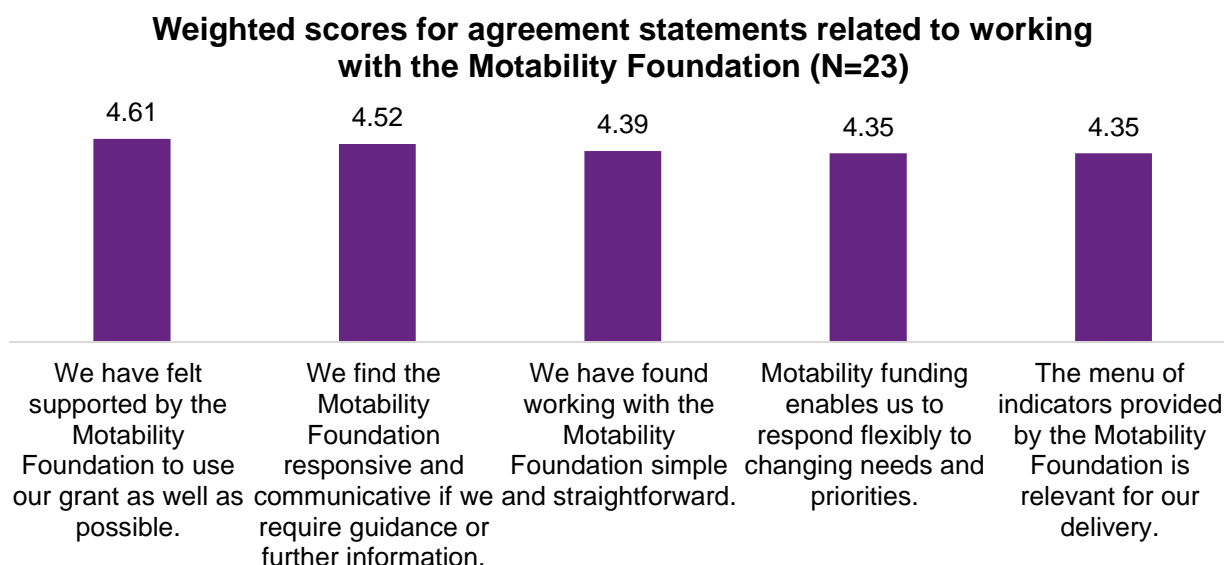
### Key findings

- Feedback from grant holder staff on working with the Foundation was overwhelmingly positive, with particular praise for their commitment to CT and open communication during delivery.
- Going forward, there was interest in the Foundation having a more strategic role in the sector beyond grant funding.
- The Foundation has experienced challenges with KPI data collected from grantees, and would likely benefit from revisiting its monitoring and evaluation criteria in light of wider strategic considerations.

Grant holder feedback on the Foundation has been overwhelmingly positive. Figure 12 displays strong agreement amongst survey respondents that they have felt supported to use grants well, have found the Foundation responsive and communicative, have found

working with the Foundation straightforward, they are able to respond flexibly to changing needs / priorities, and that the agreed indicators are relevant to their work.

*Figure 12 – Grant holder staff survey respondent feedback on working with the Foundation*



These findings were further supported by strong agreement that respondents had strong relationships with the Foundation (Figure 13). Grant holders (unsurprisingly) also strongly agreed that they would be open to receiving another grant from the Foundation and that they would recommend the Foundation to similar projects seeking funding, indicating positive overall experiences as grant holders.

*Figure 13 – Grant holder staff survey respondent feedback on relationships with The Foundation*



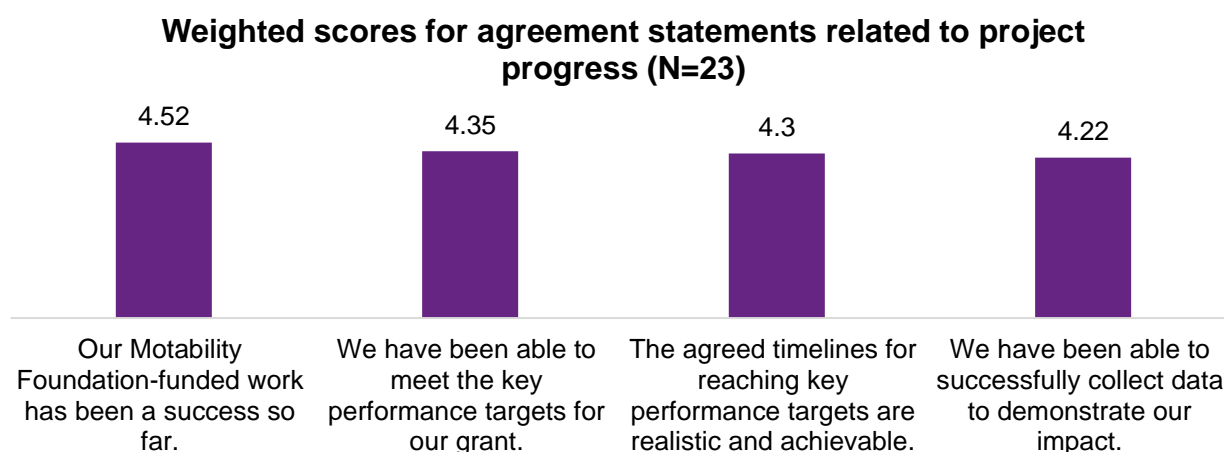
These findings were supported in the qualitative comments, with plenty of praise and gratitude for the CT Grant Programme. The Foundation were particularly praised for demonstrating a large amount of interest in CT, first by offering long-term funding to organisations in this space, and then ongoing support and communication once funding

had been awarded. There were many comments about grant holders feeling able to come to the Foundation and seek guidance for challenges they were facing with delivery.

*“It's not just the funding, it's the critical friend, it's the support, it's the fact that you can pick up the phone and say, “we've got a problem here, could you help?” and they'll go kind of backwards to be flexible to accommodate.” – Case study interview*

These findings were supported by the feedback on project progress, with grant holders positive about the progress of their project within agreed timeframes. Figure 14 displays strong agreement amongst grant holder survey respondents that Motability Foundation-funded work has been a success, and that grant holders have been able to meet key targets and collect impact data. Further, there was strong agreement that the timelines agreed with the Foundation are realistic and achievable. These findings suggest that grant holders are being supported to succeed in their projects by the Foundation.

Figure 14 – Grant holder staff survey respondent reflections on project progress



With regards to challenges grant holders had faced with the Foundation, there were few comments in interviews and surveys critical of the Foundation as a funder. Some highlighted infrequent and slow communication from the Foundation at the beginning, which may have been due to teething challenges associated with delivering a new programme.

*“We believe that the delay in providing information to us regarding the evaluation process required at the end of the first year impacted negatively on our organisations as we were given a tight timeline to complete and return [surveys].” – Grant holder staff survey*

In terms of further support the Foundation could provide, most comments included requests for continuation funding, with grant holders often highlighting the challenging

funding landscape they were operating in, and concerns about seeking alternative support to sustain the Foundation-funded initiatives.

*“Continuation funding prior to the end date of the grant would be beneficial. This would allow for the current services to be sustained and developed.” – Grant holder staff survey*

Other comments often related to the Foundation as a strategic player in the sector by, for example, convening grant holders to share best practice.

*“Connecting grantees, to share and learn from each other what good looks like. To share with us possibilities of accessing funds to expand projects, some really good ideas have come through the launch of this project.” – Grant holder annual report*

These comments aligned with earlier findings about external stakeholders being keen for the Foundation to have more of a presence in the sector (e.g. by collaborating with others, convening stakeholders, and using its influence and reputation to raise the profile of CT). This aligned with comments from internal interviewees, with Motability Foundation staff conscious that there could be a more strategic sector role for the Foundation as a new and important funder in this space.

*“What I understand anecdotally from conversations with colleagues and senior executives is that there’s an emerging need to connect the dots a little more. It’s great to give out grants, but is there more the sector could do to innovate and connect and join up the dots? The Motability Foundation would be well placed to do that sort of thing because we’re now a significant funder in that space.” – Motability Foundation staff interview*

## **Monitoring and evaluation challenges**

As stated previously, few grant holders had complaints about the Foundation’s role as a funder. There were however a few comments from grant holders about data collection challenges, especially regarding data for this evaluation (i.e. the two surveys). This is unsurprising due to our experience with other evaluations, especially challenges for smaller organisations with less data collection experience. We do not believe that the Foundation’s data collection activities are too burdensome for grant holders, either for this evaluation or its general monitoring requirements, and we believe that the Foundation is



aligning with its desire to be proportionate in its required reporting.<sup>21</sup> This said, for future evaluation activities, longer timelines (where possible) can help grant holders to fully engage with data collection activities going forward.

There were however issues with monitoring data separate from this evaluation, such as KPIs agreed with grant holders (e.g. targets for specific kinds of trips). The data from the 2023-24 delivery year (the final complete year before beginning this evaluation) was patchy, both in terms of targets agreed and data collected against these targets. This made it difficult for us to determine the extent to which many grant holders were meeting output targets, leading us to rely on grant holder reflections on project progress (Figure 14). The Foundation is working with grant holders to overcome these challenges and collect more robust KPI data in the coming years.

Going forward, it is important for the Foundation to consider which definitions of impact underpin interpretations of the data collected. For example, a service in an urban area may appear very cost-effective due to comparatively high numbers of individual passengers, while a service in a rural area supporting a small number of individuals with higher access needs is likely to be much more expensive per passenger. Given the different contexts the services are delivered in, this may not be an ‘apples to apples’ comparison, and success for the services may be better captured with other metrics to complement output data, depending on the understanding of impact underpinning delivery (e.g. the ‘breadth and depth’ considerations discussed previously).

We raise these considerations following on from earlier recommendations around the Foundation’s strategic direction. Having clarified which understandings of impact will be adopted going forward, the Foundation will likely need to adjust monitoring and evaluation activities accordingly (e.g. by measuring the wellbeing of service users to understand the depth of impact).

## Recommendations

- The Foundation can reconsider its monitoring and evaluation requirements of grant holders having determined its strategic direction going forward.

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<sup>21</sup> More information on proportionate reporting requirements can be accessed with IVAR’s ‘Better Reporting’ resources here: <https://www.ivar.org.uk/better-reporting/>

## 4c. Factors within or beyond the Foundation's control that affected delivery

### Key findings

- The broader issues observed within the CT sector have proved challenging for grant holders, including volunteer recruitment and retention, lack of LA funding, and vehicle supply.

As stated previously, grant holder feedback on the Foundation as a funder has been overwhelmingly positive. Teething problems with communication have been overcome, while the only ongoing issue raised by some related to M&E challenges explored previously. There were however many challenges raised by grant holders that are outside of the Foundation's control, and these tended to be persistent sector issues:

- **Volunteer recruitment and retention:** While this is proving challenging for many charities across a range of social issues, there are specific problems for the CT sector given the reliance on volunteer drivers. In particular, the number of people with D1 licenses is decreasing, and the cost of training new volunteers is too high for some charities to train as many as they would like.

*“Our major challenge... is due to the weight of fully accessible minibuses with lifts and the need to have a D1 category on your driving licence. This means anyone who has passed their driving test after 1997 no longer has a D1 applied to their licence and to do a test to get it added costs over £1,000.” – Grant holder staff survey*

- **Delays in vehicle supply:** Some grant holders have also struggled with long waiting times for vehicles. Supply chain issues have increased the time from ordering new vehicles to having them in place. Some areas of the UK do not have convenient local vehicle dealerships to turn to.

*“Supply chain issues. The lead time from placing the order to having the vehicles in place. We were advised that this was adversely impacted by Covid and Brexit.” – Grant holder staff survey*

- **Increasing demand:** As mentioned previously, an aging UK population will see a probable increase in demand on CT providers. LA funding pressures can also lead to demand increases due to public transport routes being cut, with bus companies pulling out of rural areas.

Going forward, the extent to which the Foundation can tackle these persistent sector issues depends on the strategic role of the Foundation and the impact choices identified earlier. The Foundation may benefit from identifying one or two key issues where they believe they can have an impact, and adjusting activities accordingly.

### Recommendations

- The Foundation can consider which persistent issues – if any – they are well placed to address as part of its wider role in the CT sector.

## 4d. Extent the CT Programme has provided value for money

### Key findings

- Emerging aggregate social value figures for the CT Grant Programme could be useful for lobbying and raising the profile of CT.
- We encourage the Foundation to continue to refrain from using social value measures for comparing grant holders due to difficulties in determining the precise social value of different approaches.
- Calculating unit costs has proved challenging and would require (1) agreed assumptions about the Foundation's contribution to outcomes, and (2) collecting more granular data on different factors, such as geography and beneficiary groups worked with.

### Social value measures

As stated previously, grant holders have used the ECT Social Value Toolkit to measure the impact of their work, and the Foundation funded ECT to produce an updated version of

the Social Value Toolkit in November 2024. Whilst NPC has reservations about some uses of Social Value analysis, we believe that nevertheless, there is an upside to using this sort of methodology, as it can encourage CT operators to start thinking about measuring and valuing the service they provide. It can also be used to drive and standardise data collection, it introduces helpful concepts such as attribution and deadweight, and contributes to a culture of evaluation and measurement.

However, there are some significant problems when this is used as a method for *choosing between* grant holders or funding streams, as it inevitably misses out some social impacts, and it may miss out social impacts for some approaches and service user profiles more than others. For example, by focusing on the social impact of a journey for an average person, it may miss out the full social value of helping a service user with a particular need or condition, such as autism.

Sometimes charities and funders can be tempted to make comparisons between approaches based on social value calculations. In our experience, this often arises because social value calculations seem to happen in a black box, with the process of obtaining the result not fully understood by the person making a decision. This means that people may use the results inappropriately. This said, the Foundation has never used its social value data for comparisons and does not intend to do so.

The aggregate social value figure from the Foundation's most recent reporting, incorporating all grant holders across all outcomes,<sup>22</sup> is £10,813,103.66. This figure is going to rise in the coming years as grant holders complete their 2024-25 and 2025-26 delivery. This figure could be useful for lobbying decision makers and raising the profile of CT with philanthropic funders.

One difficulty with social value analysis is inflation, whereby values may be added which might be overlapping or exaggerated in order to please the charity or funder that has commissioned the report or calculation. This does not appear to be the case here as the calculator focuses in general on only a few parts of the social value per journey taken (e.g. cost of a volunteer's time only and the spend on a shopping trip) but does not look at the

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<sup>22</sup> The full list of outcomes was the following: affordable group trips (only applicable for minibuss services), direct healthcare savings, independent living, indirect healthcare savings, primary social interaction, secondary social interaction, supporting volunteering, and training.

social value of overcoming or reducing isolation. We therefore believe that the total social value may be higher than the numbers currently reported.

However, NPC would like the Foundation to remain aware of the limits of this approach as it decides upon how to engage with social value going forward. Our main points of caution are as follows:

- **Comparison.** As not all social value is included in the valuation of each type of trip, we would expect, given the different markers of value, for some impacts to be underestimated more than others.<sup>23</sup> This is acceptable for providing a minimum social value estimate for an entire service, but not for comparing the different aspects of the service.
- **Service user groups may be different, but this is not reflected in the estimates of social value.** For example, a young autistic person and an older person with a mobility impairment may not put the same value on a social trip. This sort of difference is not reflected in the 2019 version of the tool (though perhaps will be in newer versions). Again, this means that comparisons between different sorts of services could be biased depending on different service user groups.
- **Volunteer social value is weighted the same as service user social value.** Implicitly, all stakeholder groups are given the same weight in the calculation of social value with the 2019 version of the tool. However, it is completely legitimate to care more about service users than volunteer drivers, for example. Therefore, in this sector, it seems unlikely that volunteer social value will misrepresent the social value we care about most, namely service users' wellbeing.

For these three reasons, NPC supports the Foundation's policy of refraining from any form of social value *comparison* between different grant holders because the above factors can introduce distortion and contribute to erroneous conclusions. This does not reflect upon the exercise of adding up social value across grant-holders, which NPC supports given that the methodology used remains as parsimonious as possible to avoid double counting.

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<sup>23</sup> Over-estimates may occur too. For example, whilst someone may be prepared to pay £13 for one trip, they may not be willing to pay as much for a 10<sup>th</sup> trip, and at that cost of £13 they would rather stay at home.

Measures of social value sometimes give the impression of being objective by putting the same weight on different groups of service users, but it is perfectly legitimate for the Foundation to prioritise specific groups of service users (e.g. users with different access, or people in rural areas) depending on the Foundation's aims as an organisation.

### **Unit cost analysis**

As well as social value, we sought to understand the cost of an output (e.g. cost per passenger journey, per regular user for a year). This analysis could help in, for example, making comparisons between rural and urban unit costs,<sup>24</sup> or unit costs when working with specific service user groups. However, as explained below, we believe the data currently collected by the Foundation is not quite ready to provide insights into these kinds of decisions.

The main issue that needs to be addressed to conduct cost per unit analysis is considering the attribution of outputs to Motability Foundation funding in order to understand the additional impact of the Foundation's funding on the number of journeys. For example:

- If the Foundation replaces part of a CT provider's fleet, should they take credit for all journeys undertaken by the CT provider, or just the number of extra (or prevented lost) journeys made as a result of the funding? This thinking goes above and beyond the attribution issue set out in the ECT social value framework. The Foundation may need to make assumptions in these calculations (e.g. the new vehicle prolongs the life of the fleet by 2 years, and the Foundation covers a proportion of the cost of journeys while the provider covers remaining costs like fuel).
- If the Foundation funds the purchase of an electric vehicle, should they consider their impact on the number of journeys – and if so how – or could they determine the number of green journeys made in the future compared to those undertaken with existing vehicles?

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<sup>24</sup> As will be explored in Section 3 on local context, we would expect that, if an equal amount of funding goes towards delivery in rural and urban areas, the unit cost of working in rural areas will be higher because fewer journeys have been delivered, or fewer frequent users supported.

Going forward we would encourage the Foundation to break down grant funding into parts, so continuation funding and vehicle replacement for the same provider can be treated separately and outputs assigned appropriately to funding streams.

In addition to issues of attribution and beneficiary numbers, the Foundation also needs good measures of the things they care about. For example, if the Foundation is interested in rural versus urban unit costs, they need clear and reliable measures of whether grant holders are working in urban or rural areas. This could come from more detailed mapping of where grant holders work, or it could come from self-reported measures of local geography. The same goes for organisations working with specific beneficiary groups, as the Foundation would need to ensure the definition of these organisations is clear and meets the Foundation's purposes.

Finally, it is important to note that unit costs only provide a guide to funding decisions. If working with young people with autism is twice as expensive as working with a group of older and disabled people, that does not inform the Foundation alone about the services they should fund – this depends ultimately on their preferences and values.

## Recommendations

- The Foundation should consider the strengths and weaknesses discussed here of social value calculations in their decision-making (e.g. by continuing to refrain from comparisons between grant holders) and in further developments of social value tools for the CT sector.
- The Foundation's data provides some insights, but these could be improved upon, since only the location of the grantees' offices is available and not their service coverage. If the Foundation wants to use geographical criteria to make decisions, it should consider how to more accurately capture grantees' coverage. The geography of the UK may make this challenging, so the Foundation will need to balance data quality and cost.

## 5. Wider context findings – Does the Foundation’s funding fit the local context?

### 5a. Approaches to implementation across different settings / areas

#### Key findings

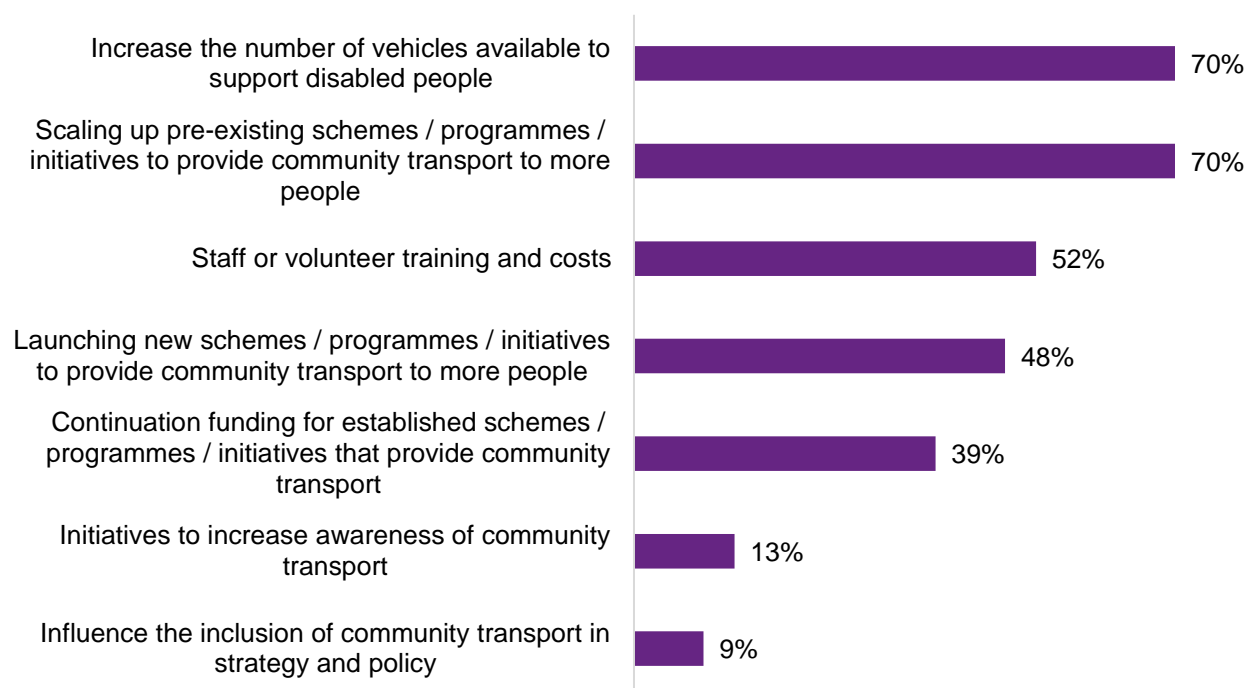
- Grant holders tend to focus on direct delivery covering lots of different approaches varying by geography and the types of trips provided.
- Determining the precise proportion of different delivery approaches is difficult, and the Foundation may benefit from further categorising different approaches.
- Grant holders working with specific service user groups may have more resource-intensive approaches compared to other grant holders.

As stated previously, our analysis of application data showed that the majority of the Foundation funding has gone on direct delivery, rather than explicit systems change initiatives. This was supported by findings from our grant holder staff survey, with ‘initiatives to increase awareness of community transport’ and ‘influence the inclusion of community transport in strategy and policy’ selected by just 13% and 9% of funded partners respectively (Figure 15 on the next page).



*Figure 15 – How grant holder staff survey respondents have used their grant*

**Which of the following options describe how you have used your grant? Please tick all that apply. (N=23)**



Within direct delivery, the Foundation funds lots of different types of service. Beyond geographic differences between areas (explored in detail later), there are differences in the kinds of trips grant holders provide, often having to balance meeting demand with avoiding overburdening staff:

- **Demand-responsive services**, such as medical appointments
- **Regular necessary services**, such as trips to work or school
- **Leisure services**, including transport to places of interest
- **Group transport vs individual trips**, which tend to be more common in rural areas.

Determining the precise proportion of each of the above types of delivery is difficult (although different categories of trips are recorded as per Figure 6). Beyond differences in rurality and service user groups explored earlier, there were also different definitions of ‘local area’, with grant holders at times referring to LAs, counties, cities, or boroughs within a city. As stated previously, we believe the Foundation could benefit from clarifying the

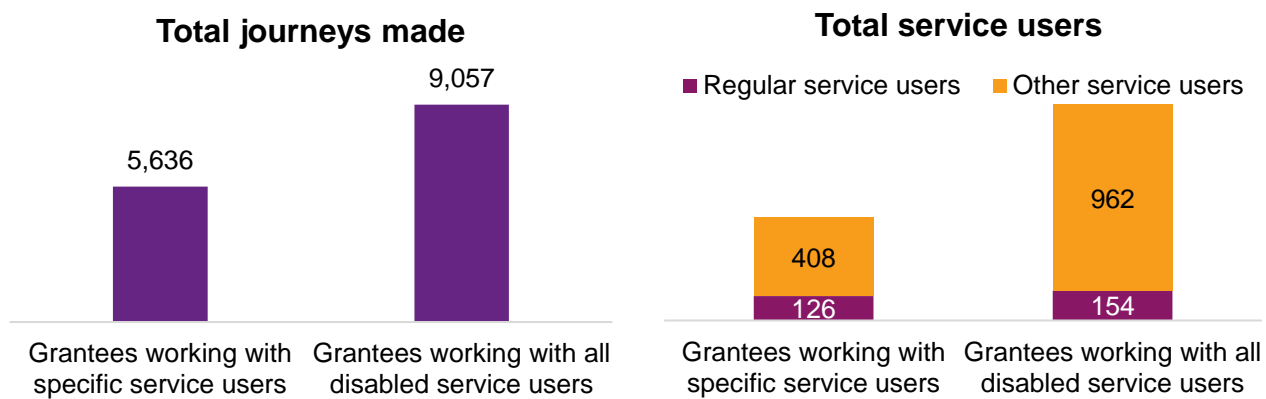
kinds of impact they would like to have, which could help in categorising different approaches to grant holder delivery.

**Specific service user groups**

Some grant holder organisations, such as Autism Initiatives UK, specialise in providing services for specific groups. We sought to understand if there were any noticeable differences between these grant holders, and those who had more general delivery. Our review of grant holder data suggests that these may be more resource-intensive compared to other approaches.

We have identified four grant holders that specialise in working with specific beneficiary groups: Autism Initiatives UK, Ayrshire Cancer Support, Cambridge Society for the Blind and Partially Sighted, and Croydon Vision.<sup>25</sup> Figure 16 shows that, by all metrics about total usage (total disabled users of the service divided into ‘regular users’ and ‘other users of the service’, and total journeys made) organisations that work with specific service user groups operate on a smaller scale. For example, these four organisations provide around 5,600 journeys compared to an average of over 9,000 for the full sample of Motability Foundation-funded projects. Further, these organisations serve 408 disabled people on average, the average for other grant holders is just short of 1,000. Interestingly, the gap between regular service users is much smaller, so much so that the difference between them would not be considered statistically significant. This suggests that these four organisations may be working intensively with regular service users but having fewer overall service users.

*Figure 16 – How grant holder staff survey respondents have used their grant*



<sup>25</sup> We chose to exclude organisations that specifically work with older and disabled people, as we suspect that their groups align closely with more generalist CT providers.

These findings again get to questions of how the Foundation wants to define impact for the CT services it supports (e.g. depth vs breadth) and which approaches – if any – it chooses to prioritise going forward.

### Case study – Supporting a specific community

Croydon Vision provides a variety of services for the blind and partially sighted community of Croydon, South London. Their offer includes both direct support and raising awareness of sight loss, all with the aim of enabling people to live independently.

Their grant has been primarily used to purchase vehicles and recruit drivers for excursions in and around Croydon. Thanks to this funding, Croydon Vision now offers excursions all year round, not just in the summer, and service users have been able to take more excursions and go further afield.

*“They make friendships by going on these trips and do intergenerational activities (e.g. having conversations on the bus about university). It’s making a real difference in their lives, and when you hear them talking about it, it makes it all worthwhile.”*

Croydon Vision is one of a few grant holders that was not set up as a community transport organisation, and there has been an element of ‘learning as we go’ in delivery. For example, the time required to coordinate volunteers for the excursions was more than initially expected, especially for a large number of service users going to unfamiliar locations. Regular check-ins with service users have been helpful in collecting and implementing feedback, such as encouraging family and friends to accompany them on excursions to free up volunteers.

*“The first year has been a real learning curve, but we’re now seeing the fruits of that. The service is embedded now, and we don’t have to advertise it as much because people are aware of it. And we’re getting more feedback from people on how to improve facilities more.”*

As well as day-to-day service delivery, Croydon Vision have also used their funding for outreach work, resulting in a membership increase of 26%. The grant has also enabled Croydon Vision to support other local initiatives by allowing their vehicles to be used by food banks and other community organisations.

Croydon Vision also used their grant to deliver accessibility training to Transport for London (TfL) so that rail and bus staff better understand visual impairment. This has included a forum to raise Croydon Vision members’ concerns with TfL, such as requests to make communications about bus diversions more accessible (with buses rerouting their journeys often due to knife crime). This has the double benefit of Croydon Vision members being more confident using public transport, and therefore not becoming overly reliant on Croydon Vision’s buses, as well as empowering members to speak up and use their voices to improve access to transport.

*“A lot of our members, before, would say, “Nothing changes, it’s all the same.” Now, we’re encouraging them to talk about the experiences they’ve had, and we’re having meetings with TfL and they’re seeing their comments fed back to TfL. They now feel listened to and heard.”*

Looking ahead, Croydon Vision is focusing on securing further funding to futureproof the work enabled by their Motability Foundation grant. It is a challenging fundraising environment, in part due to the bankruptcy of Croydon Council resulting in several charities losing local authority funding. Croydon Vision has begun having conversations with funders to understand where they align and opportunities to embed their community transport work going forward.

## Recommendations

- The Foundation can clarify the kind of impact they would like to have and consider how best to categorise different approaches to grant holder delivery to support these aims (e.g. types of services, intensity of delivery, trips provided etc).

## 5b. Differences in the characteristics of services

### Key findings

- Our analysis of local authority data shows that grant holders operate in areas that are more urban, more deprived and with higher rates of disability than LA areas that receive no funding from the Foundation. However, the differences in disability rates are very small, and the rural / urban result may reflect where CT operators have their offices rather than the area that they serve.
- The Foundation could consider developing a more accurate understanding of CT operators’ catchment areas if it wants to use data to drive future funding decisions or to do research on service users’ needs. However, given the geography and administrative complexity of the UK, this may require a mix of ward, LSOA, and Local Authority data. The Foundation should balance the need for insight to help make funding decisions with the cost of obtaining better geographical data.

Beyond the differences in approach covered previously, we sought to understand more about the areas the Foundation funds in, and how this can provide insight to draw comparisons of the characteristics of the services in these areas. This involved exploring whether these areas are representative of the UK as a whole, or whether these areas have specific needs or characteristics. We used the location of the grant holder as given in its address to look at the characteristics of the LA in which they work. This approach has some limitations as grant holders may cross LA boundaries or work in a small part of an LA. However, it is the best possible way to situate grant holders without deeper geographical surveying of the Foundation’s grant holders, which is beyond the scope of this work.<sup>26</sup>

We decided to focus on the following indicators that were most relevant to the Foundation’s decision to focus funding on an area and / or its impact, notably:

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<sup>26</sup> ECT uses self-reported rural / urban data, which is an option for the Foundation in the future. However, that approach does not allow comparison with external data on urban / rural breakdown, such as that reported by the ONS.

- How **rural or urban** local areas are, as measured by a six-point index developed by the Office for National Statistics.
- How **deprived** local areas are, as measured by income deprivation (concretely, below 60% of mean income) and the Indices of Multiple Deprivation (which combine indicators on health, income, employment, education, crime and the living environment).
- The prevalence of **disability** in the population, as measured by census data which asks participants to indicate whether they have a disability and to what extent this causes difficulty in their daily living.<sup>27</sup>

We looked at these variables for LAs in which grant holders are situated and, where possible, we compared these to the entire set of LAs in the nations concerned. Ideally, we would have the data for and make the comparisons with all four nations of the UK. Unfortunately, as there are three national statistics agencies for the four nations, and there are varied definitions, we were not able to do this. Table 6 lays out the data we were able to use and compare meaningfully.

*Table 6 – Indicators for comparing internal and external data*

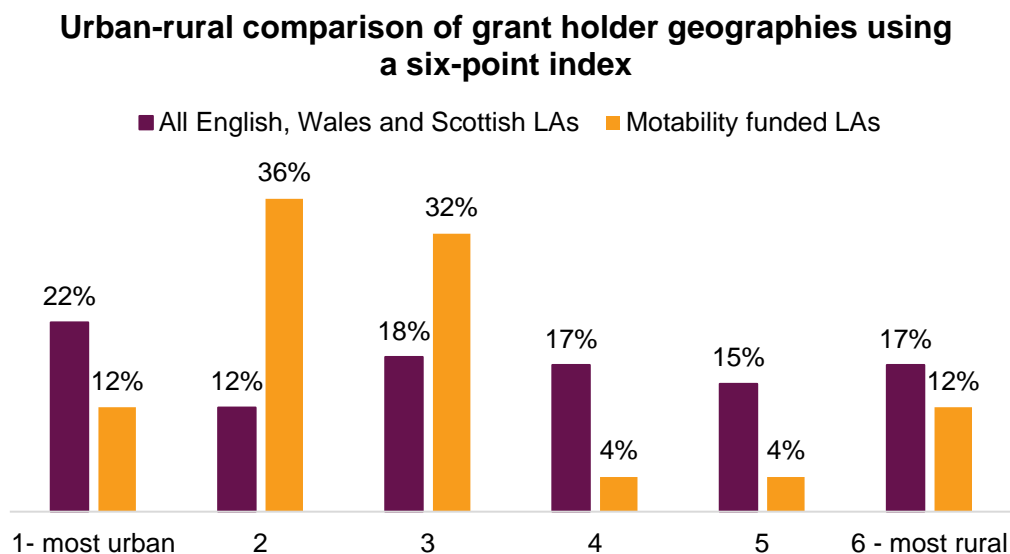
Indicator	Data reach for meaningful comparisons
Rural and Urban six-point classification	England and Wales
Income deprivation (% households with under 60% of mean income)	England, Wales and Scotland
Index of Multiple Deprivation	England and Wales only
Health part of Multiple Deprivation	England and Wales only
Rate of disability	England, Wales, Scotland and Northern Ireland

<sup>27</sup> The census asked: "Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?". If the person concerned answered yes, a further question "Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?" was presented.

When comparing the characteristics of Motability Foundation-funded areas to the UK or its nations as a whole, it is important to be cautious. There are more than 350 LAs, and if the Foundation were to add or subtract one, for example, because of a grant starting or ending, the average values for Motability Foundation-funded organisations compared to the national picture could change.<sup>28</sup> We ran tests to check for this, and results were broadly reassuring. However, it is worth noting that disability rates in Northern Ireland are particularly high, and if the Foundation stopped funding services there in the future, the disability rate of an average grant holder might fall quite a bit.

Figure 17<sup>29</sup> shows that the Foundation appears to operate in more urban areas (1,2,3) and less in the more rural areas (4,5,6) given the overall balance of urban and rural areas in England and Wales. For example, the first column indicates that 22% of all English and Welsh LAs are classed as being urban with a large conurbation (a technical term for sprawling and merging with other areas) whereas 36% of Motability-funded areas are classed as being urban with a large conurbation.

*Figure 17 – Comparing geographies of Motability Foundation-funded LAs with all England, Wales and Scotland LAs*



<sup>28</sup> The Foundation could measure sensitivity to sampling with a t-test. We encourage the Foundation to only focus on the distinctive characteristics of where they work when the t-test confirms that difference is distinctive.

<sup>29</sup> This data compares the 31 Motability Foundation-funded LAs to all LAs in England, Scotland and Wales. The data comes from the ONS for England and Wales and Scotland’s National Statistics. Both use a six-point scale to classify rural and urban areas.

These findings raise the question about whether measuring the data at the LA level is appropriate. It may be that the LAs in which they have their addresses are not representative of where services really operate (e.g. a service may have its office in a town centre but operate across a large rural area). It makes sense for them to have a base in more urban areas even if they work in rural areas.

We suggest that, if the Foundation wants to have a more accurate measure of where grant holders work, they take a bespoke approach. This is needed because the geography of the UK is complex. For example, LAs range in population from 1.15 million (Birmingham) to 2,300 (the Isles of Scilly) and from 3 km<sup>2</sup> to over 8,000km<sup>2</sup>. If the Foundation is interested in where a CT service is operating in Yorkshire, for example, we might need to measure their scope by wards. If a CT service is operating in London, we would probably need to look at a collection of London boroughs in order to capture the full scope of grant holder work.

## **Disability**

Using disability data in England, Scotland, Wales and Northern Ireland, we find that, in the LAs where the Foundation has a funded project, there are higher levels of disability than in the population as a whole. 18.22% of census respondents in the average LA declare themselves to be disabled, whereas in LAs where some Motability Foundation funding is received, the rate is 18.8%.<sup>30</sup> This is not a large difference, but when looking across the four nations, it is statistically significant – or reliable to minor changes to the profile of Motability Foundation grants if the Foundation were to add or stop funding a few grant holders. Interestingly, the pattern is not clear when we look just at Motability Foundation-funded projects in England, Scotland and Wales. It is Northern Ireland that is driving this pattern, where the overall rate of disability is much higher – with 24% of the population declaring that they have a limiting disability compared to less than 17% in England and

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<sup>30</sup> The data comes from the 2021 census, and measures the response to the questions:

- “Are your activities limited by long-term physical or mental health conditions or illnesses are considered disabled? (in line with the Equality Act 2010)?”

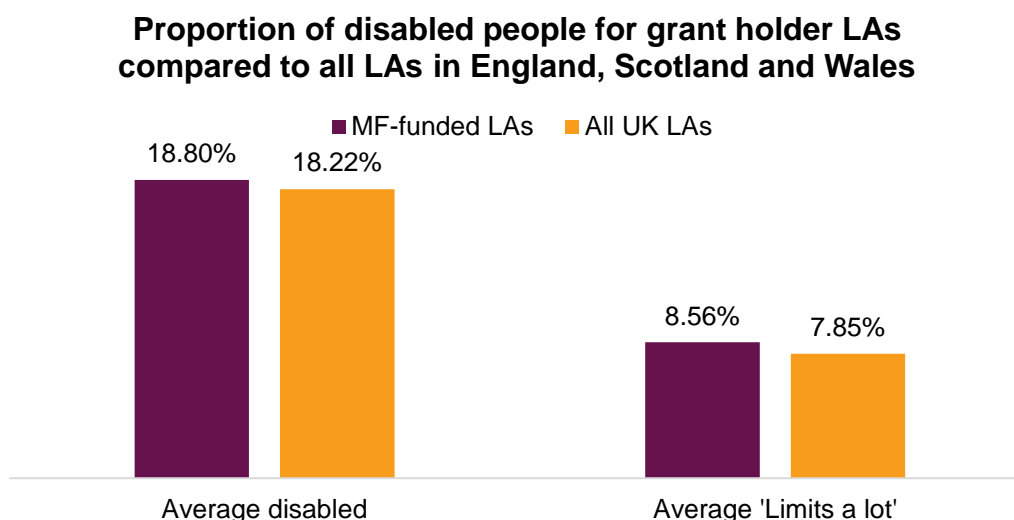
- “Are your activities limited a little, or by a lot?”

The statistics agencies that collate and analyse this data transform it into an age-adjusted percentage, so that they can compare like with like across LAs.



Wales. If the Foundation were to give fewer grants to Northern Ireland, the pattern we observed would likely disappear.

*Figure 18 – Comparing geographies of Motability Foundation-funded LAs with all England, Wales and Scotland LAs*



## Deprivation

Deprivation can be measured in many different ways. The indices of multiple deprivation (IMD) are often used, as they combine measures of income, health, education, employment, lived environment, crime and access to housing and services. The data is collected and combined on a small scale, called LSOAs. LSOAs tend to contain 1,000-3,000 people, providing a granular understanding of deprivation. As Scotland and Northern Ireland have slightly different ways of calculating the indices, we concentrate on England and Wales and Motability Foundation-funded project locations. When looking at deprivation at the LA level, there are two approaches that are fit for purpose here:

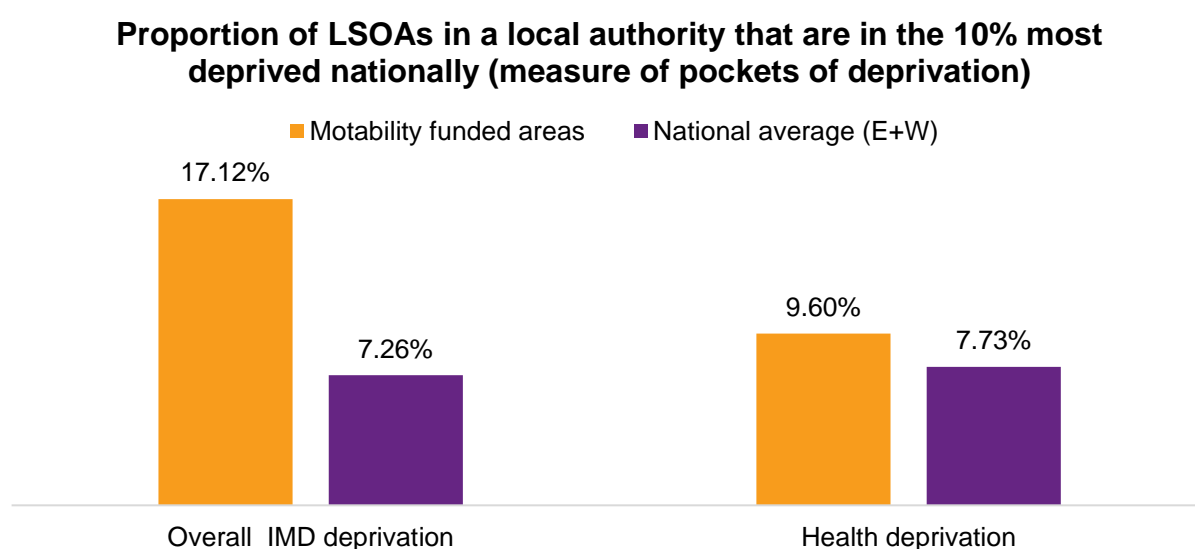
- **Average deprivation:** The average level of deprivation that comes from adding up the deprivation measures for all people in all LSOAs in the LA.
- **Pockets of deprivation:** Are there more or less LSOAs that are severely deprived in the LA than would be expected from the average pockets in Local Authorities in England and Wales? It is possible for LAs to have quite normal levels of average deprivation, but many pockets of deprivation – as is for the case of many cities.

When we compare Motability Foundation-funded LAs with all LAs in England and Wales (Figure 19), we find that they are no different when it comes to average deprivation. However, these LAs contain more pockets of deprivation as measured by the overall

index. We broke the index into parts to look at the relationship with health deprivation and income deprivation. We found that income deprivation was not driving the overall result on deprivation.

This is an interesting finding, but it is possible that it is driven more by where CT operators have their offices, in more urban areas. If more accurate mapping of the communities where CT operators serve, the results might not be sustained.

*Figure 19 – Comparing geographies of Motability Foundation-funded LAs in England in Wales: Pockets of deprivation*



To plan future grants and priorities, we recommend the Foundation undertake a mapping exercise that captures where CT operators deliver Motability Foundation-funded services more accurately. This is potentially difficult, as grant holders operate on very different scales, but it would help the Foundation be fair should they decide that there are certain criteria that grant holders should meet – e.g. a level of deprivation.<sup>31</sup>

## Recommendations

- The Foundation could consider a mapping exercise to capture more accurately where grant holders deliver services to support comparisons between areas.

<sup>31</sup> NPC has provided the Foundation with a tool to do this on a local authority basis, which could still help in making data-driven decisions.

5c. How local context affects impact

**Key findings**

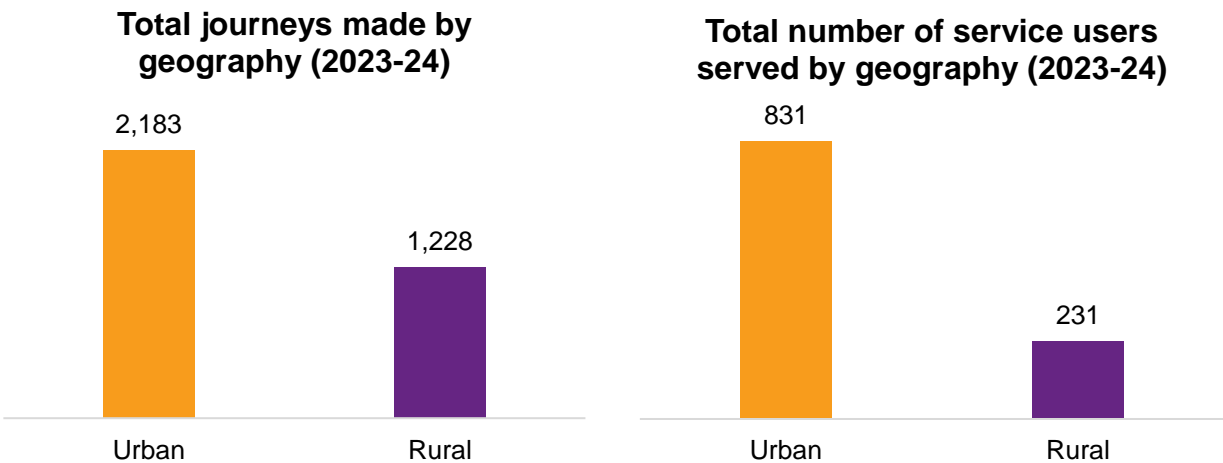
- The impact of CT services is affected locally by geography (especially rurality), the demographics of local communities, and existing wider provision.

To understand how local context affects impact, we examined the differences between rural and urban areas on the scale of operations of grant holders. We replaced the 6-point scale introduced previously with a binary classification: if an area scores 1 – 3, we classified it as urban, while if it scored 4 – 6, we classified it as rural.<sup>32</sup>

As displayed in Figure 20,<sup>33</sup> we found that on all measures of overall scale, organisations operating in rural areas were of a smaller scale.

- There were fewer total disabled users of the service (231 versus 1,055)
- Total journeys made (1,228 vs 2,183)

Figure 20 – Scale of operations of grant holders by geography



<sup>32</sup> We had to remove one outlier from our sample – DACT as this strongly biased the results. We note that DACT’s administrative base is in West Northamptonshire, which is very rural, but that it serves communities in Northamptonshire, including the town of Northampton which has a population of 249,000.

<sup>33</sup> We used 2023-24 delivery data for this analysis as it provides a more complete picture than 2024-25 data with delivery ongoing.

These findings – that geography affects the scale of delivery – were supported in the qualitative data, with many reporting that rural areas are typically more expensive to operate in due to longer journeys and fewer passengers per trip. For example, we found that long travel for medical trips is common in rural areas, with grant holders finding it difficult to fit people into schedules when they live in remote locations, resulting in long journeys with maybe one or two passengers per trip.

Vehicle maintenance is also affected by geography, although this presents different kinds of challenges. There are often poorer-quality roads in rural areas, which can damage the tyres and undercarriage. On the other hand, the higher number of stops in urban areas can result in more wear and tear on doors as they are more frequently opened and closed.

*“We make lots of shorter journeys – increases wear and tear on the vehicles and means that we schedule journeys very differently to schemes covering larger, more rural areas.” – Grant holder staff survey*

A lack of electric charging points in a local area is also a concern when planning CT services. The availability of comparatively fewer in rural areas makes this more of a challenge, especially when considering long journeys and the range of vehicles.

Beyond geography, the demographics result in differences in demand, with rural areas often having older populations with mobility needs.<sup>34</sup> However, as explored previously when looking at deprivation and disability, there can be pockets of need within localities.

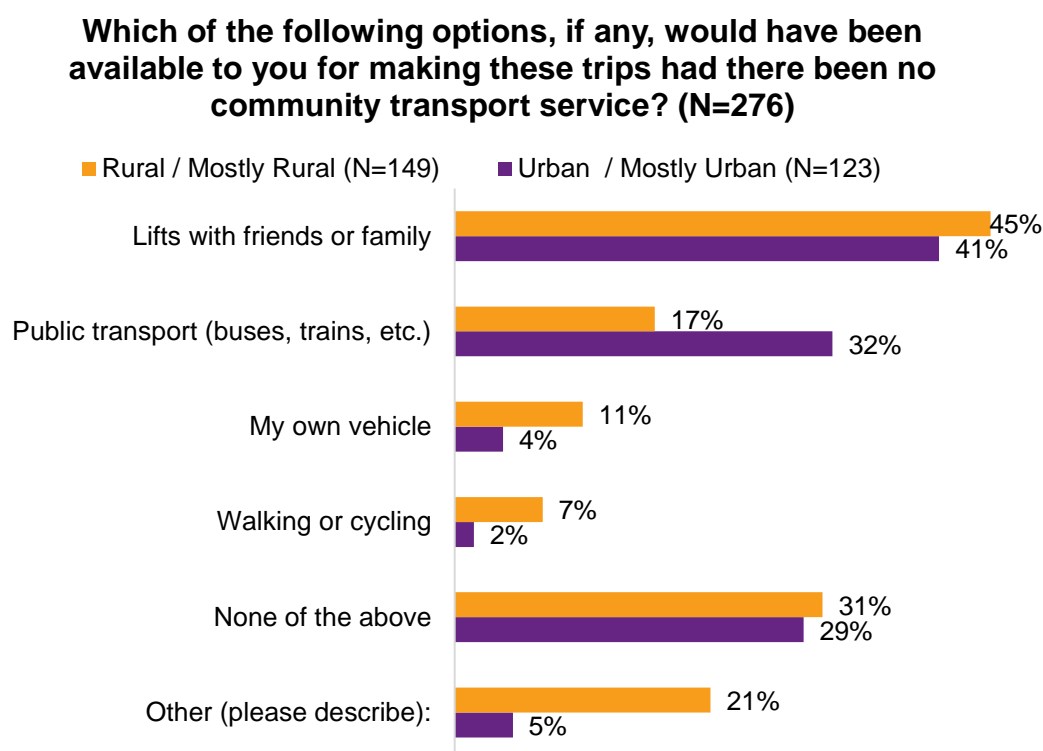
*“Myth that’s been around [is that] community transport is only needed in rural areas. They can be as isolated in the middle of Glasgow as they can be in the middle of nowhere... a lot of people are maybe asset rich, cash poor.” – External expert interview*

We sought to explore these differences with our service user survey, by asking about alternative transport options. As expected, those from more urban areas had more access to public transport (32% compared to 17% for those in rural areas). There were comparable rates for lifts with friends and family (45% for rural areas and 41% for urban areas), as well as ‘None of the above’ answers (31% for and 29% respectively).

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<sup>34</sup> See ‘[Living longer: trends in subnational ageing across the UK](#)’ using 2021 Census data.

Figure 21 – Alternative transport options for service user survey respondents by geography (multiple choice)



These findings were reflected in our qualitative data, with those in more rural areas struggling with a lack of public transport, with often expensive taxis the most available alternative.

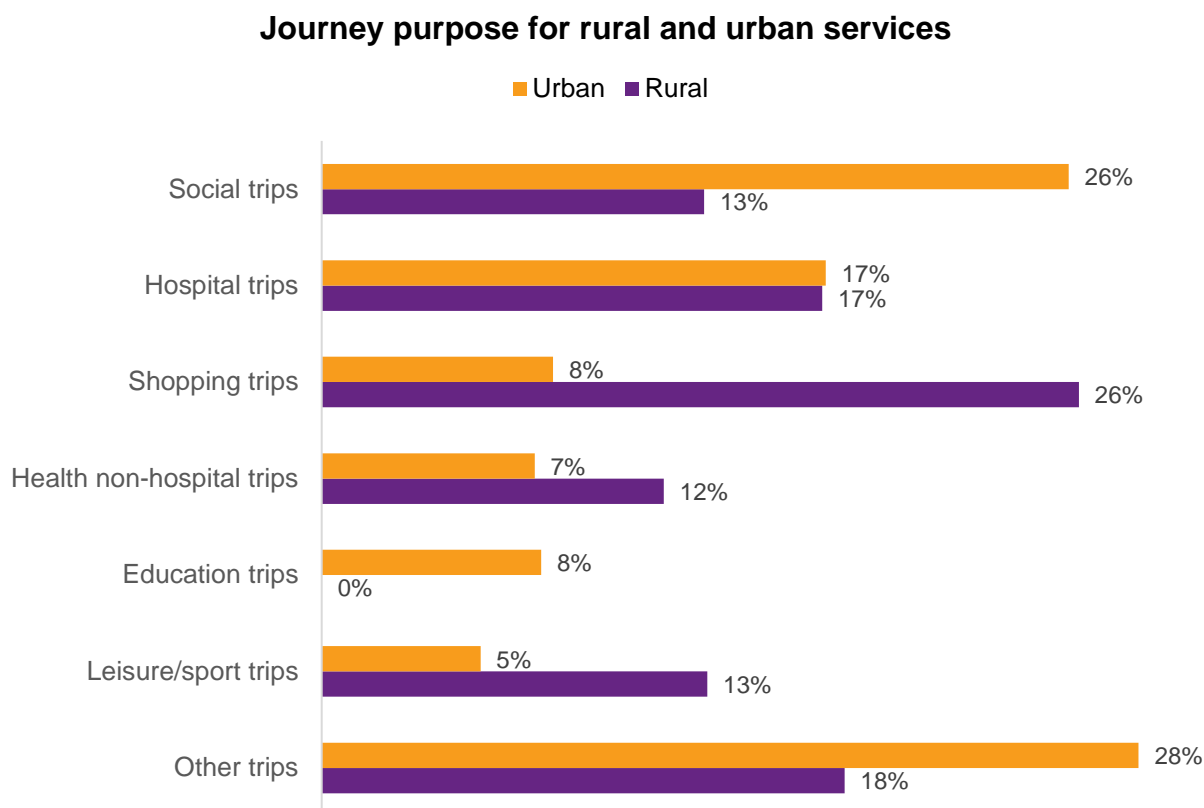
*“We were bringing someone from Pembroke to Tenby [via taxi], and it was £60, £30 each way... it’s basically unaffordable.” – Field visit focus group*

The relevance of local context for the impact of CT services is important for considering the kind of impact the Foundation would like to have, as discussed at length previously. For example, the Foundation focus on urban areas where they are likely to have higher numbers of trips and service users, or rural areas that are likely to have older populations and fewer public transport options?

Local geography also seems to affect the purposes of journeys undertaken. The Foundation asked grant holders to register the purpose of journeys they undertake, allowing for journeys to have more than one purpose. It seems that a higher proportion of journeys are undertaken with a social trip in mind in urban areas (26%) compared to rural areas (13%). Conversely, fewer trips with a shopping visit are made in urban areas (8%), compared to rural areas (26%). However, it should be noted that a large proportion of

journeys are marked as having an ‘other’ purpose and that this could be linked to misclassification by CT providers of journeys as ‘other’, or to really a really alternative purpose involved. If journeys have not been consistently classified, the pattern observed here might change as better information emerges.

*Figure 22 – Journey purpose by geography*



### Case study – Delivering a CT service in a rural area

North Norfolk Community Transport is based in North Walsham, a market town in rural Norfolk. Their offer includes four services for the local community:

- A dial a ride service for door-to-door local trips, mostly to shops and supermarkets, primarily supporting older service users with mobility impairments
- A minibus hire service for schools, charities, and other local initiatives, covering a range of requests such as supporting student wheelchair users to attend school trips
- A group trips service, taking service users to local places of interest requested by them, such as museums

- Their 'Access Car' service that provides transport to medical appointments with their three wheelchair accessible vehicles (two of which are electric).

North Norfolk Community Transport used their grant to purchase and maintain their third wheelchair accessible vehicle, as well as to pay a professional driver for 30 hours per week. The length of the grant they have received from The Foundation is much appreciated and has allowed them to plan ahead, knowing that the driver and vehicle are fully covered for the time being.

*"I can't stress it enough, the importance [that] this is a three-year project we have with Motability. So, I know that driver and that vehicle is paid for three years... it can mean making someone, a really good driver, redundant if you don't get some funding to continue, it can mean selling a vehicle."*

A key focus for the organisation has been supporting staff and volunteers, as recruitment of both has at times proved challenging. North Norfolk Community Transport ensure that their teams access relevant training for meeting the needs of service users, including equipping volunteers with appropriate language to discuss disability. They also ensure volunteers understand the demands of operating a CT service in a rural area, with often long journeys to hospitals and other destinations.

*"We try to make sure that [volunteers] understand what they're letting themselves in for, because, for instance, if they go to the Norfolk and Norwich Hospital, they might have to drive someone up, then go to the hospital, which is an absolute nightmare to park at, find somewhere to park. Then I've got to sit for two hours and wait for the people, sometimes longer... you have to be prepared to give up pretty much all your day."*

Beyond the delivery of their four CT services, North Norfolk Community Transport have also been involved in work with a more systems change focus. This has included attending the House of Parliament with the Community Transport Association, and being in contact with the local MP, who sits on the Government Transport Committee, to highlight how CT fits into supporting local communities.

North Norfolk Community Transport's future plans include providing dementia awareness training to staff and volunteers, as well as reducing their carbon emissions (supported by a grant from the Rural England Prosperity Fund towards purchasing a

new electric minibus). When asked what advice they would provide to fellow CT operators, the answer was to get out and speak to people, which can help in meeting service user needs, supporting systems change, and raising the profile of services for fundraising and volunteer recruitment.

*"You can be quite surprised by what passengers need. You can make some big assumptions about that. You can be quite surprised by how the doctor's surgeries work, the hospitals work, the local government, because you can then understand other people's priorities. And when you're writing, you're applying for money or offering your services, you have a full picture."*

## 5d. How local context affects sustainability

### Key findings

- The key issue affecting sustainability is the availability of funding, with different LAs funding CT to different extents.

When exploring the impact of local context on sustainability, most of the responses from grant holders referred to the availability of local funding. Many grant holders highlighted the importance of LA contracts and grants for their organisations, and the availability of these differs between areas. This aligned with our findings from sector experts that the funding provided by local authorities – that many CT operators rely upon – is facing cuts.

*"Because of the funding restrictions on local councils, funding for community transport schemes is something that's hitting the sector quite hard." – External expert interview.*

Uncertainty around the availability of LA funding adds to an already challenging funding landscape for the CT sector.<sup>35</sup> While many charities across social issues struggle with

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<sup>35</sup> This challenging sector may be complicated by smaller, volunteer-run organisations' lack of fundraising capacity (see ['Why funders need to champion small charities'](#) on our website). For example, the Foundation supports full-cost recovery, but not all grant holders request it. It may be helpful for the Foundation to explore why this is the case.



fundraising, CT providers grapple with a particularly challenging funding environment, with CT not high on the list of priorities of many philanthropic funders. When seeking to understand why this was the case, interviewees pointed to the CT sector having a low profile compared to other sectors / social issues and different understandings of who is responsible for funding transport.

*“[Funders] think it's transport. It's just getting someone a lift and what you have to do is ensure you're actually focusing on the individual when you're writing applications... They don't see it as [something] they should be funding [CT], that should be [the] statutory sector.” – Sector expert interview*

Given this challenging fundraising landscape, it is unsurprising that the main request from grant holder staff survey respondents was continuation funding beyond three years. Therefore, while the Foundation sought to avoid creating financial dependency in their grant holders, it appears likely within this funding landscape that at least some proportion of Motability Foundation-funded activity will scale back or stop without continuation funding.

Concerns about services ending are relevant for a related issue that affects sustainability, namely relationships with local communities. Several grant holders raised trust issues with local communities as a barrier for them to overcome, with concerns about the longevity of services and creating expectations about their continuation.

*“The initial challenge was to engage with the local community.... Their concern was the longevity of the service. Historically the charities said that they had organised services for the community and then when the funding stopped the service ended. This was a major concern as supplying services created expectation.” – Grant holder staff survey*

These findings were reflected in comments from service users about how vital their local CT service is, with many raising concerns about services ending or being scaled back.

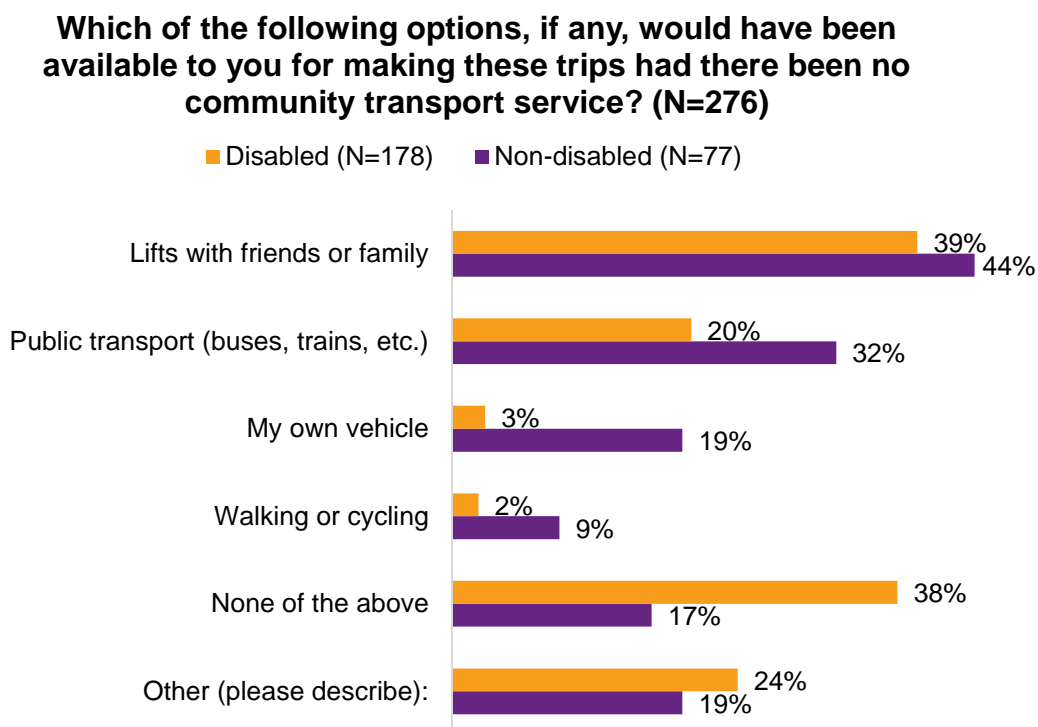
*“I would be lost without the service. I am very happy with it.” – Service user survey*

These comments from service users – about how valued and important CT services are – were in sharp contrast to reflections on alternative transport options. When asked about the positives of these options, the most common answers indicated there were no positives, and how they paled in comparison to CT services. These findings are

contextualised by the results displayed in Figure 23, with over one third of disabled service user respondents in rural areas reporting that they had no alternative options (38%), with just one fifth reporting access to public transport.<sup>36</sup>

*“Would have to pay for a taxi which is cost prohibitive as only have one family member near me that drives.” – Service user survey respondent*

*Figure 23 – Alternative transport options for service user survey respondents by disability status (multiple choice)*



Beyond funding, other findings concerned relationships with key local stakeholders, such as providers of local services (especially health) and other transport operators. Several case study interviewees emphasised the importance of grant holders highlighting the relevance of CT to the work of these stakeholders and working in partnership to achieve shared goals of communities being able to get out and living fulfilling lives.

*“I think [CT] can play a part of a wider network with commercial operators and local authorities who subsidise services that have social impact but aren't commercial.” – Case study interview*

<sup>36</sup> The most common ‘Other’ option mentioned was taxis, with many comments about them being highly expensive.

Going forward, approaches to partnership working could be a theme in the sharing best practice conversations grant holders mentioned would be of benefit.

Finally, the issue of D1 licensing was highlighted by grant holders as a challenge for the sustainability of services, with the number of automatic D1 license holders falling (i.e. those who passed a category B driving test prior to 1997). Local context further complicates this issue with different regulations in place for Northern Ireland.<sup>37</sup>

*“As noted above the interpretation of the licencing arrangements in Northern Ireland is different to the same laws in England, Scotland and Wales. If there would be any advice on challenging the interpretation of the laws in Northern Ireland, this would be gratefully received.” – Grant holder annual report*

## Recommendations

- The Foundation can consider creating spaces for grant holders to share approaches to partnership working as part of conversations around best practice.

## 5e. The CT sector beyond Motability Foundation-funded services

### Key findings

- The CT sector beyond Motability Foundation-funded services is diverse in terms of delivery models, highly valued by service users, and difficult to navigate.

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<sup>37</sup> Outside of Northern Ireland, a holder of a B license can drive a minibus in different ways, including acting as a volunteer for a non-commercial organisation driving for social purposes. There is also a dispensation that says the holder of a B license can drive for "hire or reward" provided it is under a Section 19 or 22 permit and they are acting as a volunteer for a "not for profit" organisation. In Northern Ireland, the regulations do not allow for the same dispensation around B licence holders, meaning a full D1 license is required where payment is made for carrying passengers.

More information on licensing in Northern Ireland can be accessed on the NI Direct website here:

<https://www.nidirect.gov.uk/information-and-services/motoring/driving-licences>

- Key local stakeholders include passengers, charities, LAs, public and private transport providers, healthcare providers, businesses, and social groups.
- Key national stakeholders include philanthropic funders, national and devolved government, the NHS, commercial partners, and insurance providers.
- Challenges ahead for CT providers continue to be funding, volunteer and staff retention, and growing demand, as well as inflation pushing up vehicle maintenance and replacement costs.

We quickly found when looking to understand the CT sector that it is **very diverse**, with a mixed picture of provision across the UK. This includes variation in the organisations providing CT – from small volunteer-led initiatives to large charities – the service user groups catered for, and the kinds of trips covered and how. This high degree of variation is unsurprising when considering how CT services typically come to be, namely growing out of emerging needs in local contexts (such as cuts to public transport routes).

*“CT grows out of need. It’s a social movement, where people see a need and decide to do something about it.” – External expert interview*

It also quickly became apparent to us that the CT sector is **highly valued** by service users. This is unsurprising, given the organic nature of how many CT services begin, with staff and volunteers running services aware of local needs. These findings were confirmed by the overwhelmingly positive comments in our qualitative data, indicating that CT providers are greatly appreciated by the individuals and communities that use them.

*“I think most CT organisations do what they do well. They break down barriers and serve people who have a transport barrier [including] having no access to a bus route, not being able to afford transport, being older and not being able to drive anymore and needing to go to health appointments, being a child with additional needs...” – External expert interview*

However, we have found that the CT sector can be **difficult to navigate**, both for CT operators engaging with complicated processes (such as acquiring driver permits), and for external stakeholders trying to answer questions about the sector as a whole. While there

are resources available that help in mapping the sector,<sup>38</sup> the diversity and ever-changing nature of provision (with many services pausing or stopping completely due to funding pressures) hinders attempts to explore questions such as “What proportion of Community Transport schemes are targeted towards disabled people?” and “How does the sector approach disability?” These findings align with the comments from Motability Foundation staff about a need to “connect the dots” explored previously.

*“I think one of the difficulties [our teams] have found is how difficult it is to keep on top of the sector, to know which operations are running too, because they span from projects that are funded by local authorities to very small-scale community solutions. And so it's difficult to keep on top of the sector, identify where needs aren't being met, see who the user base is and what needs to happen to adapt for that.” – External expert interview*

As part of our attempt to learn about the CT sector as a whole, we asked external research participants to identify key local and national stakeholders:

- **Key local stakeholders** include service users, other charities (especially those working on mobility needs) local governments, MPs, public transport, private transport firms (such as taxi firms) doctors, dentists, opticians, businesses, and community groups. Some of these stakeholders can collaborate to enhance CT services. For example, a CT provider may coordinate with a local nature reserve to enable recreational visits to support their wellbeing.
- **Key national stakeholders** include philanthropic funders, national government, devolved governments, government committees (i.e. the Transport Committee), the NHS, commercial partners, and insurance providers. These often play important background roles – such as funding services and setting the relevant policy agenda.

As mentioned previously, the key challenges for the sector going forward continue to be persistent sector issues that many grant holders are currently grappling with:

- **Funding cuts from local authorities** due in part to a lack of recognition of the value of CT.

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<sup>38</sup> See the CTA’s recent report, ‘[Mapping England – State of the Sector Report 2024](#)’.

*“The lack of profile of CT is also a concern [if] politicians are not engaged, and if local authorities do not recognise the benefit and additional social impact having sustainable CT.” – Grant holder staff survey*

- **Volunteer recruitment and retention**, especially qualified drivers.

*“Staffing changes and aging drivers – younger drivers may not carry a D1 license.” – Grant holder staff survey*

- **Vehicle maintenance costs** including fuel and driver wages, with many costs increasing in recent years due to inflation.

*“Vehicle running costs such as fuel, repairs and insurance. The high levels of inflation and driver wages. The need for us to also invest in replacing our aging fleet.” – Grant holder staff survey*

- **Increasing demand** due to demographic changes (i.e. an aging population) and fewer public transport routes.
- **Turnover of key staff members** (especially for smaller organisations) including individuals who have built relationships with key local stakeholders.

*“Retention of our amazing coordinator who is at the core of the project.” – Grant holder staff survey*

Going forward, these findings can again help shape the Foundation’s strategic direction and desired role in the sector, with relevant questions including the following:

- What role, if any, could the Foundation play in ‘connecting the dots’ and mapping the CT sector (e.g. commissioning research, convening key stakeholders)?
- How, if at all, would the Foundation like to interact with key local and national stakeholders (e.g. lobbying decision makers, convening stakeholders to raise the profile of CT etc.)?

### Case study – Connecting the dots across the wider CT sector

Community Transport Glasgow operates a wide range of CT services in the Greater Glasgow Area. They have 25 vehicles (17 of which are fully electric) that carry

approximately 75,000 service users per year, three-quarters of which are disabled and / or have restricted mobility, or are older people.

Community Transport Glasgow endeavours to take a holistic view of community transport, providing a diverse offer including registered bus services, school transport, a volunteer car scheme (where volunteers use their own cars to take people to health appointments), and door-to-door pickup transport on demand. Their partnerships with an array of local service providers are key to this offer, as demonstrated by their initiative supporting individuals with cancer to access medical trips, as well as more social outings to bolster their wellbeing.

*"[The scheme]'s called 'improving the cancer journey', which 600 people in Glasgow get referred each year and it's a that's a partnership between NHS, the Council, Macmillan. So we're linking up with them, we're linking up with education services at Glasgow City Council. So the partnership working is really important."*

Community Transport Glasgow have built up their extensive network of local stakeholders over a number of years. Building a network can be challenging as developing trust takes time, and often the funding available to CT operators is mostly for direct service delivery. Their advice for CT operators was to start with the stakeholders you already have trusting relationships with and slowly build from there.

*"We haven't got the resources to go and employ a community engagement officer, or something like that, because of the funding available, it's obviously for the operational side. So the difficulty is how much time it takes up, even in a bigger organisation like ourselves, [it] is quite difficult because you really have to build up trust and all the rest of that. But I think it's really trying to build up relationships with organisations you already know."*

One of Community Transport Glasgow's newer initiatives is their employment scheme, where they place people with experience of child poverty on a 12-week work experience placement. Of their first cohort of seven participants, five were already in employment at the time of interview, with the other two in ongoing conversations with a national bus operator. The employment scheme has been a long-held ambition of Community Transport Glasgow that they had previously not launched due to difficulties securing funding. Now, after the successful first cohort, there are plans underway to launch

similar initiatives in other local authorities with different transport operators in Dumfries and Galloway, East Ayrshire, and Renfrewshire. While the scheme at the moment is focused on training people as drivers, there are plans to broaden the offer to include mechanical training, logistics, and other skillsets relevant for careers in transport.

*"What I want to do is create, in a sense, a national employability programme for drivers and other types. So once we get the driver programme, we're going to look at things like scheduling, mechanical side apprenticeships."*

Community Transport Glasgow's focus going forward is to continue to grow their networks and services to create more joined-up support for communities in the Greater Glasgow Area and beyond.




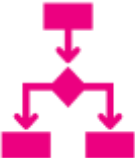

## 6. Conclusions and recommendations

Our evaluation has found that the Foundation has broadly achieved its aim with the CT Grant Programme of ‘developing, expanding and improving community transport options’. There is broad agreement with the routes to impact identified by the Foundation at the outset of the programme, and the feedback from both service users and grant holders is overwhelmingly positive, with high praise for the Foundation supporting CT services that meet service user needs. The feedback on the processes has also been positive, with grant holders feeling supported by The Foundation in their delivery. Further, the Foundation is well-regarded in the CT sector, with support for the Foundation to step forth and play a larger role.

Our recommendations are proposed to help The Foundation dig deeper into this very positive picture, such as by clarifying their desired role in the sector and impact, as well as collecting more granular data. We have categorised our recommendations into three related categories displayed in Table 7 below: strategy, grant management, and data.

*Table 7 – Strategic, grant management, and data recommendations*

Category	Detail
 <p><b>Strategic recommendations</b></p>	<p><b>Role in the sector:</b> The Foundation can consider what kind of strategic role they would like to have in the CT sector going forward, and which activities this includes. There are many potential avenues the Foundation can consider pursuing (e.g. convening national stakeholders, lobbying decision makers, raising awareness of CT in funding circles, commissioning research, or funding experimental approaches to CT), and this consideration will require factoring into the Foundation’s wider organisational aims. Further, as part of considering their role in the CT sector,</p>

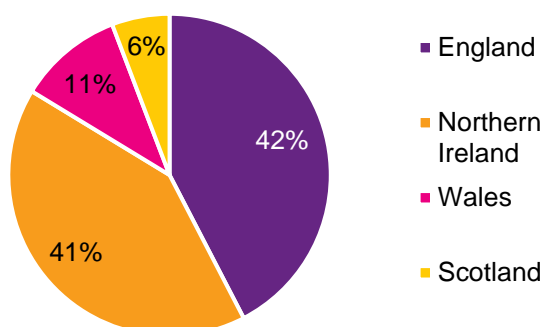
	<p>The Foundation can consider which persistent issues – if any – they are well placed to address going forward.</p> <p><b>Definition of impact:</b> The Foundation can consider and clarify its position on the potential choices identified related to different definitions of impact (i.e. focusing on direct delivery vs systems change, and depth vs breadth of impact in CT delivery). This process can involve categorising different approaches to CT delivery to identify which approaches best support the Foundation’s aims (e.g. the kinds of trips provided, the intensity of delivery in terms of the number of trips per service user etc). The Foundation can also continue with the broad understanding of impact currently adopted on the programme.</p>
 <p><b>Grant management recommendations</b></p>	<p><b>Convening grant holders:</b> The Foundation can consider creating spaces for grant holders to share best practice on a number of relevant topics, such as approaches to partnership working and meeting service user needs.</p> <p><b>M&amp;E requirements:</b> The Foundation can revisit its agreed KPIs with grant holders so progress against targets can be more objectively assessed. This would be informed by any changes in strategic direction to ensure M&amp;E activities best fit the Foundation’s impact aims.</p>
 <p><b>Data recommendations</b></p>	<p><b>Geographic data:</b> The Foundation can consider a mapping exercise to capture more accurately where grant holders deliver services (i.e. beyond where head offices are located) to support comparisons between areas. This comparison can be further supported by agreeing assumptions about the contribution of Motability Foundation funding to outcomes to support unit cost analysis.</p>

	<p><b>Social value calculations:</b> The Foundation should remain alert to the strengths and weaknesses of social value calculations. Total social value calculations, undertaken by the Foundation or its grantees, can be used to illustrate the value of the CT sector or the Foundation’s grant portfolio, as long as they avoid double counting (which seems to be the case in the ECT method used). The Foundation does not use and should not use this method to distinguish between grantees.</p>
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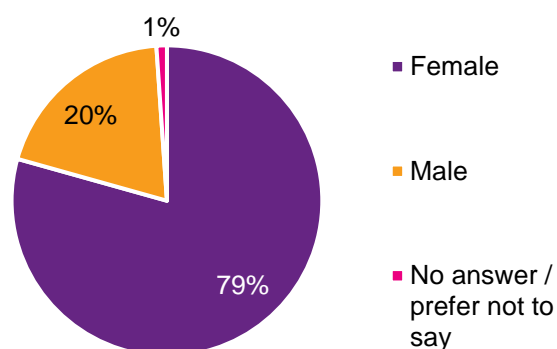
## Appendix

*Figure 24 – Further demographic information of service user survey respondents*

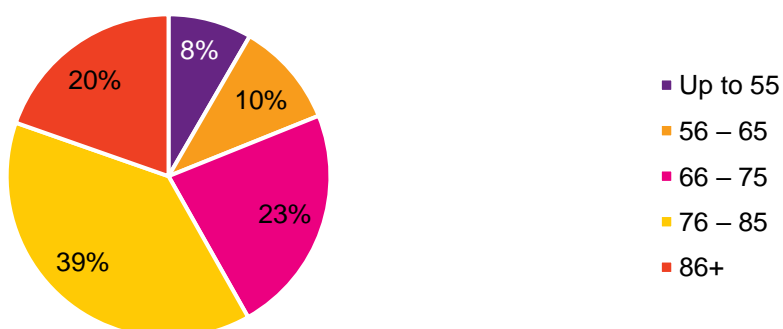
**Nation service user survey respondents live in (N=276)**



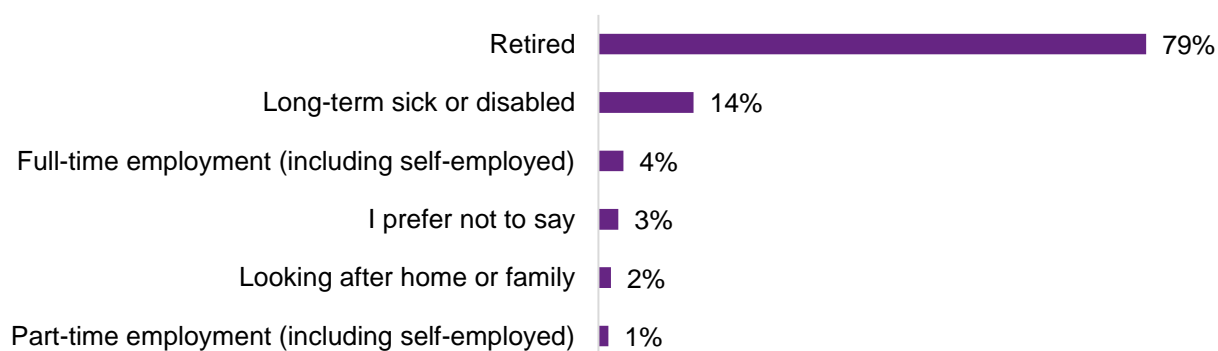
**Gender of service user survey respondents (N=276)**



**Age of service user survey respondents (N=275, removed one 'prefer not to say' answer)**



**Employment status of service user survey respondents (respondents could select multiple answers, N=276)**



*Figure 25 – Geography grant holder survey respondents work in*

**How would you describe the geography of the area you deliver services in? (N=23)**

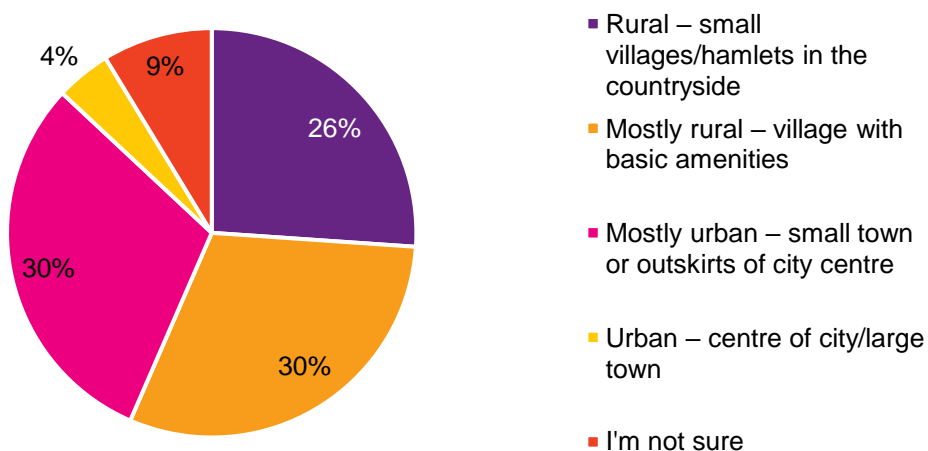


Figure 26 – CT Grant Programme routes to impact

Problem statement	Community Transport (CT) providers aim to address these gaps in the transport landscape and provide transport for some of the most vulnerable members of society, supply of such services is limited.				
Routes to Impact	Increased human capital	Improved vehicle supply	New and improved policy	Greater sector resilience	Shape best practice
Challenges	Supply of CT services is limited	Supply of CT services is limited High operational costs	Insufficient public funding and adverse funding structures and requirements	Lack of coordination at the systems level	Need for more transport services providing relational, personalised, integrated support
Inputs	Grant funding towards staffing and/or volunteer costs	Grant funding towards leasing or buying CT vehicles	Funding initiatives to influence transport strategy, policy and funding	Funding to support coordination and drive efficiency at the organisational and systems level	Funding to support best practice interventions to continue/scale up
Example outputs	Increased number of volunteers and drivers  Improved quality and uptake of training & capacity building	Increased number and types of vehicles suitable for CT use.  Strengthened fleet management and strategic capacity	Delivery of a comms/advocacy strategy that promotes intelligent CT funding  Recommendations for improved policy, standards, and strategy	Partnerships/ collaborations facilitated  Establishment of a coordination and resource network  Improved financial modelling & business planning approaches	Knowledge products / knowledge sharing platforms created  Improved standards and quality assurance systems
Intermediate outcomes	Improved understanding of the diverse needs of disabled people  Increased number & type of journeys	Increased revenue  Increased routes  Improved efficiencies	Improved funding flows into the sector that maximises outcomes and impact for target groups	Adoption of coordination models  Expansion and integration of CT into regional transport planning	Improvement of technology  Improved coordination of services between service providers
Outcomes	Improved skills, attitudes and behaviours of CT drivers when providing services to passengers with disabilities	CT viewed as an affordable, efficient, sustainable form of on-demand transport for disabled people	Increased local, regional and national recognition of CT's role CT built into transport policy and integration developments	Strengthened capacity & resilience within the sector with financially sustainable business models  Improved awareness & reputation of CT services	More providers of CT transport services providing relational, personalised, integrated support



#### ACCESS

Increased ability to access people and places



#### EDUCATION

Increased ability to access education and training



#### WORK

Increased ability to work and pursue a career



#### WELLBEING

Improved sense of health and wellbeing



#### CONNECTIONS

Increased social connections and relationships



#### CHOICE AND CONTROL

Increased independence and control to make decisions