

# **Total Mobility 2003**

**The findings of a survey of:**

**users**

**support agencies**

**regional councils**

**transport operators**

Transfund NZ

May 2003

## Foreword

This report provides the results of a survey of Total Mobility users, disability support agencies, regional council personnel and taxi operators. The report does not include detailed analysis of these results or conclusions resulting from an analysis of the data.

Such an analysis will be undertaken and the results used to assist Transfund in concluding its review of passenger transport social services. We may publish an analysis of the survey results as part of the final review report.

We would be happy to discuss the survey methodology or results in more detail with any readers who wish to pursue this study further.

The methodology used to conduct this survey was that considered most appropriate given the available resources, the purpose, and the subject group. The methodology required the assistance of disability support agencies to identify and approach potential respondents from the total population of Total Mobility users. As a result, the survey is not truly random and not necessarily representative of the user population as a whole. However, given that a random survey would have involved a significant degree of skewing (or self selecting) towards younger and more able users, the results may not have been substantially different had another methodology been selected.

The overall success of this project can be attributed in large measure to the enthusiastic support received from individuals within the regional councils and territorial authorities throughout the country, people within disability support agencies who work daily with disadvantaged people within the community, and the transport operators who considered the community value of Total Mobility sufficient to take the time to respond to the survey form.

Thanks must also go to the many Total Mobility users who answered the survey forms and made comments that give an excellent insight into the workings of a valuable community transport service.

IHC held a number of regional focus groups for people with intellectual disabilities and the Royal New Zealand Foundation for the Blind for undertook phone and email surveys to assist people with visual disabilities fill in the survey forms.

Corydon Consultants Ltd assisted with survey design and undertook collation and analysis of the results.

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July 2003

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# 1 Introduction

The 2003 Total Mobility survey is the first comprehensive survey of the major stakeholders of the Total Mobility (TM) scheme since it was established in 1981. Users, disability support agencies, regional council TM coordinators and transport operators were surveyed in March 2003 on a wide range of issues.

## What is the Total Mobility scheme?

The Total Mobility scheme provides a subsidised transport service by way of:

- taxi vouchers that provide a discount (50% in most regions) on the normal taxi fare; and
- funding assistance for the purchase and installation of wheelchair hoists in taxi vans.

The goal of the scheme is to increase the mobility of people with serious mobility constraints. The aims are to encourage participation in society and provide for personal independence, reduce pressure on caregivers, and allow people to continue living longer in their own homes if they prefer to do so.

Transfund reimburses regional councils for 40% of their contribution to taxi fares, costs for fitting taxi vans with wheelchair hoists and scheme administration. Regional councils fund the remaining 60%.

## A brief history of Total Mobility

The scheme had its origins in 1981, during the International Year of the Disabled, when the Disabled Persons Assembly (DPA) successfully lobbied for initial funding for a scheme from Telethon funds.

Prior to 1981 the only wheelchair accessible transport services available were provided on an ad hoc basis through disability or other voluntary sector agencies. Services were funded with assistance from service clubs and family or friends of the disabled person.

Trustees of the 1981 Telethon agreed to invest in one nationwide system for the provision of discounted taxi fares for people with serious disabilities. Funding included provision of wheelchair hoist equipped taxi vehicles. A successful trial was held in Wellington and subsequently the DPA contracted Toyota to provide vans suitable to be converted to carrying wheelchairs, which were then on-sold to taxi proprietors.

During the 1980s the DPA continued to manage and develop the scheme throughout the country. The DPA also effectively lobbied central and regional government to assist in funding the scheme and to view it as a component of each regional passenger transport service.

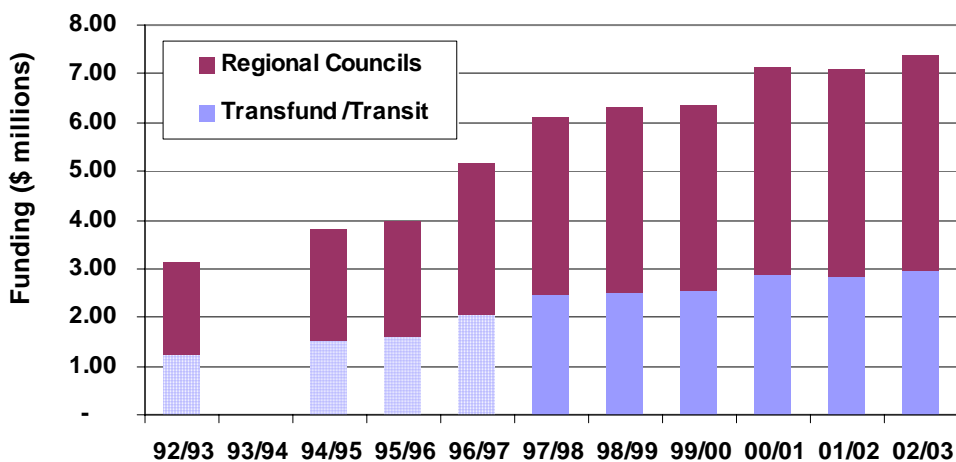
Between 1981 and 1989 the Urban Transport Council (UTC) was responsible for the distribution of government funds for urban transport. The UTC agreed to contribute 25% to the cost of Total Mobility trips, contingent upon an equal contribution from local sources. While some councils contributed to the scheme, others did not. In the event of the latter the DPA raised funds to cover the local share and the UTC paid the matching subsidy directly to the DPA. Funds raised by DPA for wheelchair hoists were matched by the UTC and the vehicle owner was contracted under a suspensory loan agreement with DPA to provide at least five years service.

In 1989 Transit New Zealand was established and assumed the former responsibilities of the National Roads Board and the UTC. Transit was required by the Act that established it to consider the needs of the transport disadvantaged. However, the Act also limited Transit to allocating funds to local or regional authorities, and therefore the DPA could no longer be subsidised for managing and part-funding the scheme.

In 1989 local government was also restructured and consolidated. Regional councils were created and these became responsible for passenger transport, including the Total Mobility scheme. Regional councils have 40% of their funding contribution to the Total Mobility scheme reimbursed by central government. Initially this was through Transit New Zealand, then through Transfund New Zealand - established in 1996 to manage national transportation funding.

In 1992/93, just over \$3 million was allocated to the scheme by central government and regional councils. By 2002/03 this had grown to nearly \$7.5 million (see Figure 1).

**Figure 1 Total Mobility funding trends (1992/93 - 2002/03)**



Currently there are approximately 39,000 TM users. Just over half live in the Auckland, Wellington or Canterbury regions (see Figure 2).

**Figure 2: Number of Total Mobility clients in each region**

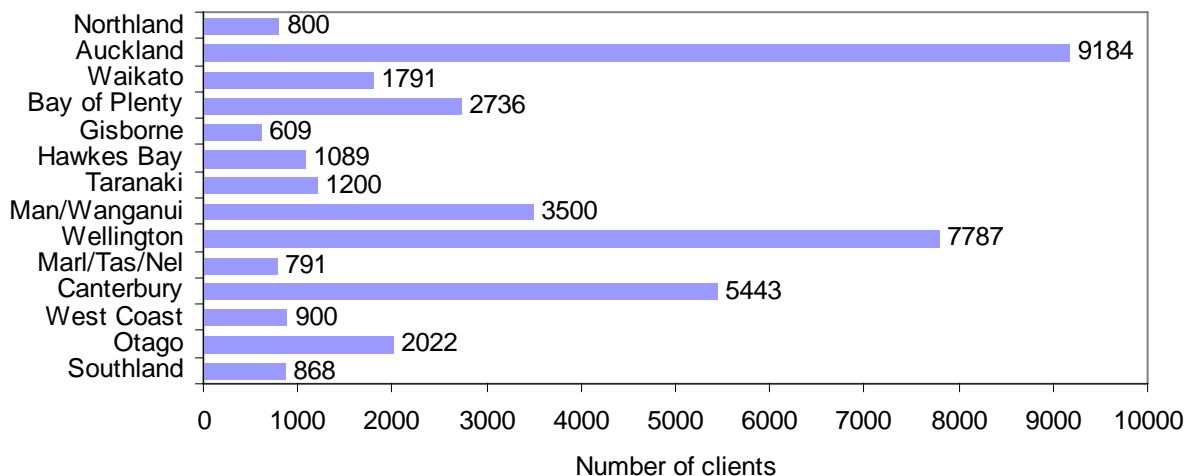
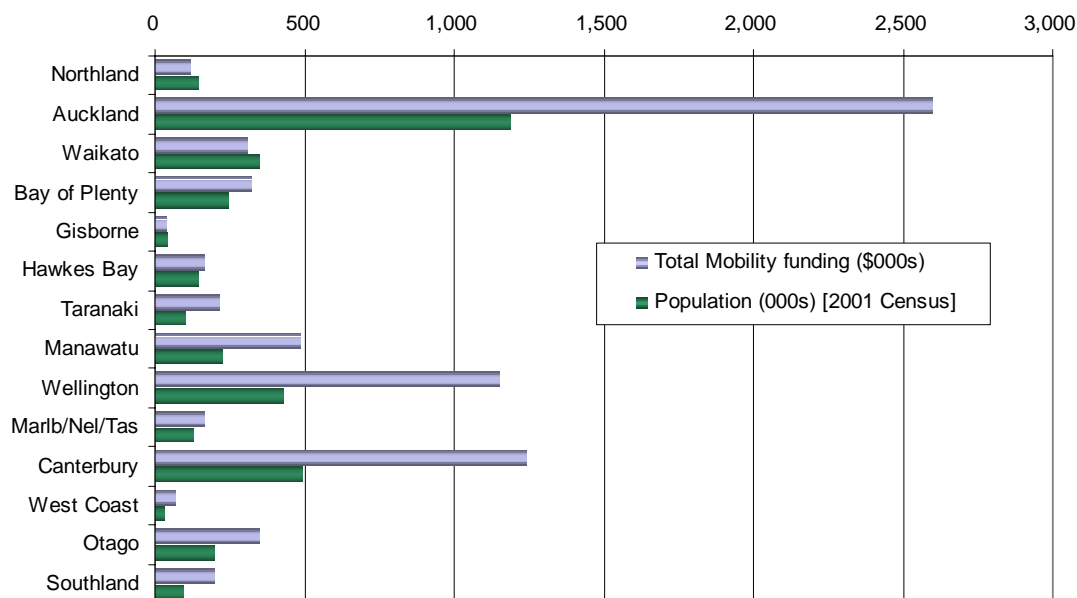


Figure 3 shows total TM funding levels for 2002/03 compared with regional populations and Figure 4 shows a breakdown of TM funding per capita in each region. Please note that the data are not directly comparable because in rural regions the population has less access to the scheme and in urban areas transport costs vary significantly between large cities like Auckland and smaller urban areas like Napier and Timaru.

**Figure 3 Total Mobility funding compared with regional populations**



**Figure 4 Total Mobility per capita funding for each region**

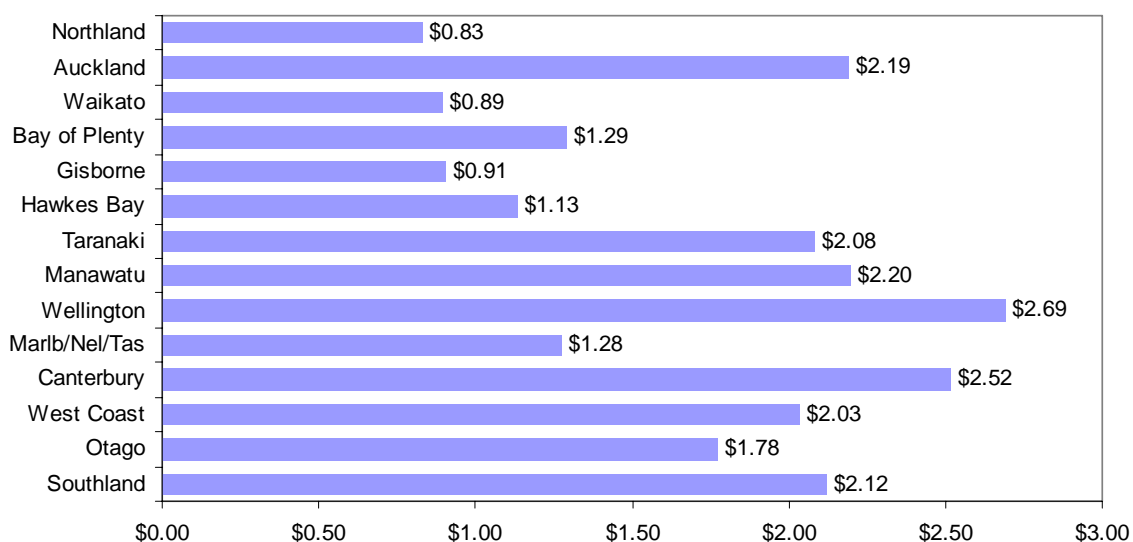
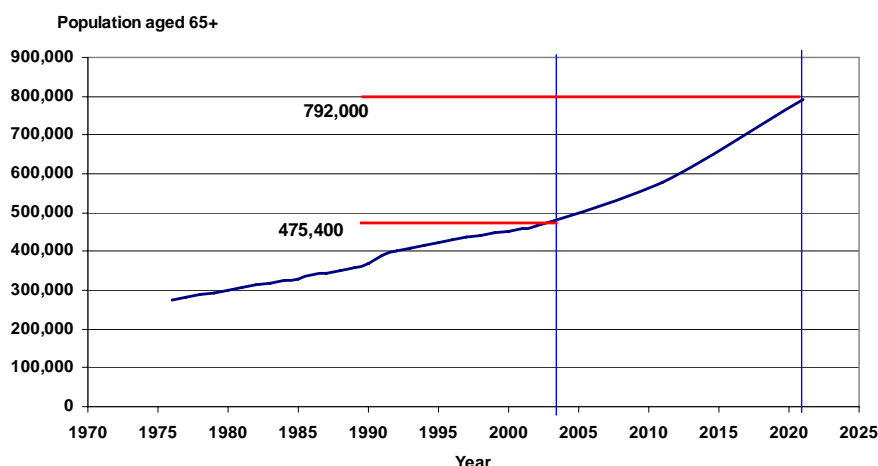


Figure 5 shows population trends for the 65+ age group. This data implies that Total Mobility funding will need to rise substantially over the next two decades if regional councils are to maintain their current commitment to the scheme.

**Figure 5 Population trends for the group aged 65 and over**



## Purpose of this report

During 2003 Transfund is carrying out a review of targeted passenger transport assistance schemes for people with disabilities, older people and students. The objective is to look at such schemes with a view to proposing a system that is nationally consistent, portable and secure. This survey will provide valuable information that will feed into the review process.

## Survey methodology

The survey was managed by asking regional disability support agencies identified as being involved in the TM scheme to identify a small number of their clients to fill out the user survey form. Survey forms for regional councils, disability support agencies and transport operators were mailed directly to all relevant organisations.

There are approximately 39,000 Total Mobility scheme users throughout New Zealand. Nearly 5,000 user questionnaires were sent out and 1,750 responses were received. Questionnaires were sent to 368 support agencies and 246 responded. Questionnaires were sent to 147 operators and 74 responses were received.

In addition to the mail-out, IHC held a number of regional focus group meetings to facilitate responses by their clients, and the Royal New Zealand Foundation for the Blind undertook both a phone survey and email survey to ensure their clients could respond in a way most convenient for them.

**Table 1: Survey response rate**

	Responses	Response rate
Total Mobility users	1750	35.4%
Support agencies	246	66.8%
Regional council TM coordinators	14	100.0%
Transport operators	74	50.3%

## 2 Eligibility criteria

Questionnaire respondents were asked whether TM eligibility criteria were reasonable and what changes should be made. The criteria states:

*The Total Mobility scheme is available to people who, because of physical, sensory, intellectual or psychological disability are unable to:*

- *proceed to the nearest bus stop/train station*
- *board, ride securely and alight and*
- *proceed from the destination stop to the trip end without assistance*

Notes: These criteria are used whether or not a local train or bus service is available.

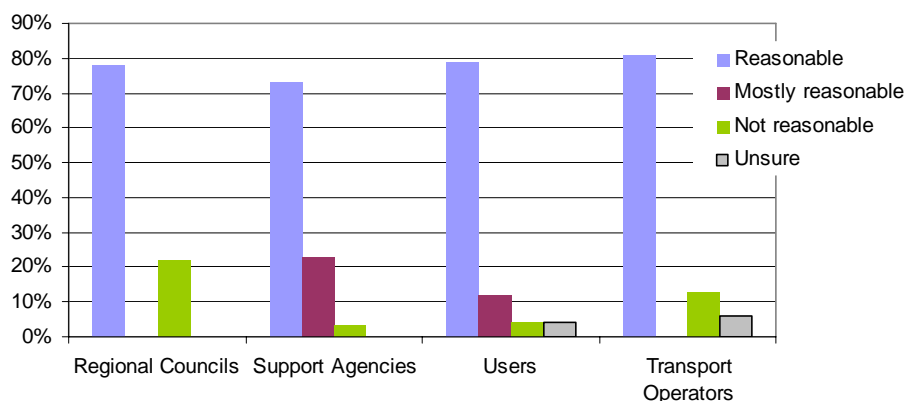
These criteria were agreed by all regional councils in the mid 1990s and are used in all regions – although actual interpretation of the criteria may lead to regional differences.

### Are the current criteria reasonable?

The criteria were generally well supported (see Figure 6):

- ❖ 11 of the 14 regional councils considered the criteria to be reasonable
- ❖ 73% of the support agencies considered the criteria reasonable, 23% considered them “mostly reasonable”, and 3% said they were not reasonable
- ❖ 79% of users said the criteria were reasonable, 12% said they were “mostly reasonable”, and 4% said they were not reasonable
- ❖ 81% of transport operators said the criteria were reasonable and 13% said they were not reasonable.<sup>1</sup>

**Figure 6 Are the criteria reasonable?**



<sup>1</sup> The question “mostly reasonable” was not offered as a category in this questionnaire and so the “not reasonable” figure may include some of those who would have otherwise said “mostly reasonable”.

## Suggested changes

Minor adjustments to the criteria were suggested. The main suggestions were:

- ❖ Tightening the criteria to exclude certain groups
- ❖ Giving greater priority to those with the greatest level of need
- ❖ Loosening the criteria, thereby widening the range of people eligible for the scheme
- ❖ Altering public transport services (to make them more accessible)
- ❖ Adjusting the criteria for certain areas
- ❖ Including consideration of safety issues in the criteria.

## Regional councils

Several regional councils made suggestions for change. These included:

- ❖ Tightening the criteria to exclude certain groups (e.g. persons with access to other forms of transport; rest home residents; people with epilepsy; older people who do not have a long-term disability)
- ❖ Giving greater priority to those with the greatest need. (One council suggested classifying differing degrees of dependency on Total Mobility and giving those with the greatest levels of need the greatest assistance; another suggested means testing)
- ❖ Altering public transport services. Two councils pointed out that public transport services create problems with interpretation, e.g. individuals who are able to use public transport at certain times but not others or routes and timetables not suitable for people with mobility constraints
- ❖ Adjusting the criteria for certain areas, e.g. rural areas.<sup>2</sup>

Other comments from regional councils included:

- ❖ Tighter control is needed over eligibility criteria / there is a need for a consistent approach to eligibility (should be determined by medical practitioners)
- ❖ Where possible, nationally standardise assessment forms/databases to ensure consistency of information sought. (The respondent notes that there would need to be provision to protect confidentiality of information stored at a regional level)
- ❖ Develop some means of ensuring those Total Mobility clients with the greatest need receive the most assistance.

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<sup>2</sup> Environment Waikato has adjusted the criteria for use in rural areas, in consultation with local support agencies, as follows:

The applicant must meet at least one of the following criteria:

- Be unable to walk and totally dependent on a wheelchair
- Be a person with total loss of vision, or severe impairment of vision which prevents them from walking 100m safely
- Have dependency on mobility devices (e.g. crutches, walking sticks, splints or walking frames)
- Be unable to walk 100m without deteriorating their condition.

## Users

Users have suggested a wide range of possible changes. These fell into two main groups: (1) those who would loosen the eligibility criteria and thereby increase eligibility, and (2) those who would tighten the criteria. Public transport services were highlighted as being an issue for people with disabilities.

### Suggested changes

#### Widening the criteria

- ♣ Criteria should include specific groups: people with spouses in rest homes; spouses of older people and/or disabled people; short term ACC clients and rest home residents; those who can get to the supermarket but cannot get back with groceries; all older people; asthmatics; those with memory problems/neurological difficulties; people with a temporary disability such as hip, knee replacements; epileptics; anyone with a disability; anybody ageing and unwell.

*"I live independently in a retirement village but others who live here are not eligible for Total Mobility because they have a main meal included in their fees. This is wrong, as they still need to get to banks, the doctor etc. The village supplies a bus to the shopping centre but this is not where the bank and the doctor are. I believe these people should have the use of Total Mobility even if it is on a limited basis"*

*"It would be helpful to be able to use the vouchers to pay for someone to collect and deliver groceries as I am unable to go to the Supermarket myself."*

- ♣ Extend criteria to allow dependant children to use vouchers.

*"Vouchers should be transferable to family."*

*"Possibly allow use for transport of children of users to/from school"*

- ♣ The criteria are too tight for rural people

- ♣ The eligibility criteria need to be altered for those who live in areas without public transport or where services are poor at night, or where public transport lacks accessibility improvements (low steps). A point made by IHC respondents was that some users feel uncomfortable using public transport at any time because of negative attitudes of other public transport users towards them.

*"I think that where someone can use public transport in some circumstances it should not preclude them from using Total Mobility. For example, I as a vision impaired person can use the local bus service as the route is familiar but I have difficulty in other areas as I can't see the bus destination signs, recognise where I need to alight, etc."*

*"As a vision impaired person I may be able to access public transport in daylight but not in the dark, or cope in familiar but not unfamiliar territory."*

*"In general I don't [use public transport] because there are times when a back condition I have won't allow me to climb on and off, but if I use the public transport system I am in danger of losing my entitlement to Total Mobility vouchers"*

- ♣ The criteria should take account of a person's inability to *drive* (as opposed to use public transport)

- ♣ The word "safely" needs to be in the criteria

#### Tightening the criteria

- ♣ Eligibility should be limited to those in the greatest need (e.g. restricted to those with permanent disabilities) / concern expressed that people with good mobility use the scheme (several people said that the older people, rest home residents, and/or people who can use public transport should not be eligible, and that the scheme should be restricted to those with "genuine" disabilities)



## ***Support agencies***

All of the changes suggested by support agencies were about widening the criteria so that fewer people were excluded.

### **Suggested changes**

- ♣ Specific mitigating circumstances should be taken into consideration - where regular public transport services are not available, where destinations are not near transport stops, trips outside of public transport operating hours.
- ♣ Safety issues should be considered
- ♣ Account should be taken of those with fluctuating conditions (e.g. epilepsy)
- ♣ The scheme should be available to people unable to understand routes, timetables, manage money/fare pricing, and control behaviour in public
- ♣ "Neurological disability" should be specified in the criteria
- ♣ "Psychiatric disability" should be added to the criteria

Note: The questionnaire only asked those who said the criteria were unreasonable to suggest changes, so the numbers suggesting changes are low.

Other comments included:

- ❖ bias towards physical/mobility disabilities rather than sensory disabilities.
- ❖ Greater numbers of vouchers should be available to users with greater needs.
- ❖ scheme too broadly available to users with minimal disability.

## ***Transport operators***

The respondents who said the criteria were not reasonable suggested the following:

- ❖ Broaden the criteria to include more people with mobility constraints
- ❖ Allow clients to use vouchers for social as well as more critical journeys
- ❖ Narrow the criteria to exclude all but wheelchair-bound clients
- ❖ Users should have to periodically declare that they do not have access to alternative (equivalent) transport services
- ❖ Clients should give an indication of the frequency and extent of their use when they join the scheme

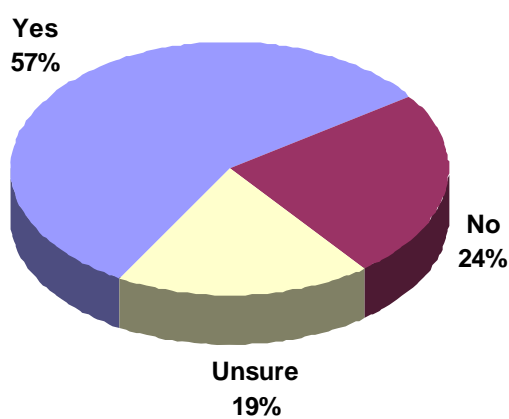
## Eligibility of rest home residents

Regional councils were asked whether they accepted rest home residents as Total Mobility clients. Thirteen regional councils accepted rest home residents.<sup>3 4</sup>

## Eligibility of support agency non-members

Users were asked whether they thought that Total Mobility vouchers should be available only to people who are members of a Total Mobility support agency. A slight majority (57%) answered that vouchers should be available only to agency members. 43% answered “no”, or were unsure (see Figure 6).

**Figure 7 "Should vouchers be limited to members of a TM support agency?"**



## Eligibility assessment by support agencies

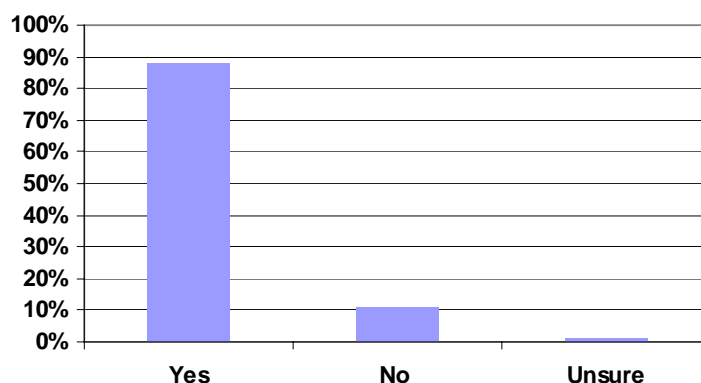
Support agencies were asked whether they undertook assessments for Total Mobility eligibility. 88% responded that they did, 11% responded that they did not, and one respondent was unsure (Figure 8).

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<sup>3</sup> Environment Waikato (the exception) argued that travel for people living in rest homes is already provided for in the contract that covers their care (They do, however, make an exception for people who live independently in a unit within the grounds of a rest home/retirement facility). The rationale is that priority should be given to those living independently in the community.

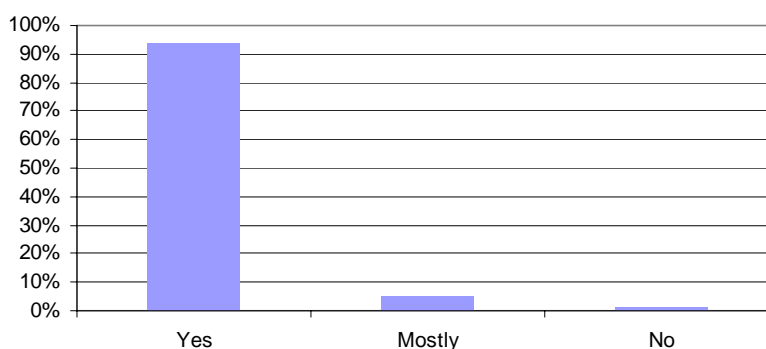
<sup>4</sup> The Manawatu-Wanganui regional council restricted the number of vouchers available to rest home residents, also on the basis that the residential support subsidy that rest home residents receive includes a transport component.

**Figure 8: "Does your support agency undertake eligibility assessments?"**



Those that did undertake assessments were then asked whether they adhered to the assessment criteria specified by their regional council. 94% responded positively. Of the others, 5% (11) said they “mostly” did, and one said they did not (see Figure 9).

**Figure 9: "Does your agency adhere to the regional assessment criteria?"**



Those who answered “mostly” or “no” were then asked why they deviated from the criteria specified by the regional council. Their responses follow:

Reason for agency deviating from regional criteria
♣ Discretion is used based on client’s needs (e.g. when dealing with older people, or people whose physical condition is gradually deteriorating)
♣ Non-availability of public transport taken into consideration (e.g. clients needing to attend critical appointments like health appointments)
♣ Some conditions are unpredictable or fluctuate in nature (e.g. epilepsy)
♣ Isolation / absence of family or friends taken into consideration
♣ Additional criteria applied in order to stay within budget, including means testing

### Comments from disability support agencies

- ❖ National guidelines are needed to standardise access to the scheme and the use of vouchers across the country
- ❖ The assessment process is time-consuming
- ❖ Assessment should be made only by general practitioners

### Comments from users

- ❖ Eligibility criteria inconsistently apply between regions and/or support agencies
- ❖ Locally specific criteria unfairly excluded some potential users
- ❖ Means testing should not be used to determine eligibility
- ❖ Assessment doesn't cover all the national criteria, so stronger assessment procedures needed.

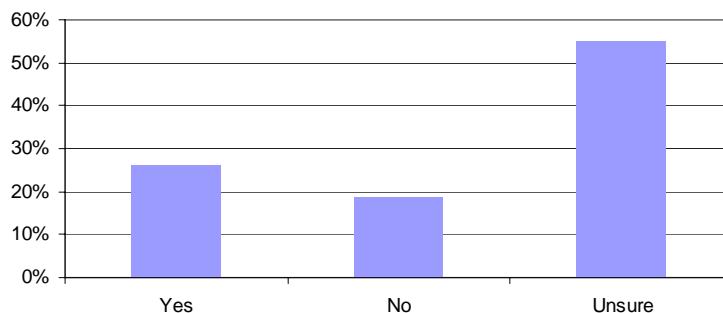
### Comments from operators

- ❖ Eligibility should be assessed by GPs only
- ❖ The criteria should be applied consistently in all regions

## Non-users that could benefit from the scheme

Support agencies were asked whether there were any groups of people in their regions who could potentially benefit from access to Total Mobility, but who were currently ineligible. 26% responded "yes", 19% said "no", and 55% were unsure (see Figure 10). Those who answered "yes" were asked to explain who these people are and why they could not currently use the scheme.<sup>5</sup>

**Figure 10: "Are there ineligible people who could benefit from the scheme?"**



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<sup>5</sup> Note that many of the groups identified were *unable or unaware of*, rather than *ineligible*, to use the scheme.

**Table 2: Groups identified by agencies as ineligible to use the TM scheme**

<b>Groups currently <i>ineligible</i> to use the scheme</b>
<ul style="list-style-type: none"><li>♣ People with fluctuating conditions or who are temporarily disabled (including short-term brain injuries)</li><li>♣ Those in residential care who want to participate in social activities</li><li>♣ Children of parents (and vice versa) with mobility difficulties and spouses/partners of older clients who are unable to visit their loved ones in hospital/rest homes</li><li>♣ People with a confirmed disability who can use buses or trains but cannot drive to access them</li><li>♣ Those with physical function disabilities which are not mobility problems</li><li>♣ People with heart problems, dementia or traumatic brain injuries</li><li>♣ People who can use public transport in the daytime to get to regular work or day centre destinations, but who cannot manage to get to irregular night-time or weekend destinations</li><li>♣ People of lesser disability who could use public transport if it were available</li></ul>
<b>Groups currently <i>unable to use</i> or <i>unaware of the scheme</i></b>
<ul style="list-style-type: none"><li>♣ Otherwise eligible residents living in areas without public transport (e.g. rural areas) or areas with limited/restricted taxi services available</li><li>♣ Those who are eligible but who live in a town where no scheme is operating (e.g. Northland towns other than Whangarei)</li><li>♣ Eligible people unaware of the Total Mobility scheme who do not belong to an assessment agency, or have not been referred by a doctor or the Department of Work &amp; Income</li></ul>

## 3 Scheme coverage

### Areas where Total Mobility does not operate

Regional councils were asked whether there were any areas within their regions where Total Mobility does not operate. Auckland is the only region where the scheme operates everywhere. In all other regions, the scheme is restricted to the main urban areas, with smaller centres and rural areas mostly missing out.<sup>6</sup>

The reasons for non-operation of the scheme are as follows:

- ❖ Absence of a taxi company operating in the area - (Bay of Plenty, Hawkes Bay, Taranaki, Manawatu-Wanganui, Wellington, Marlborough/Tasman/Nelson, West Coast, Otago)
- ❖ Insufficient funding available from relevant district councils / no public transport rating component in relevant area - (Northland, Waikato, Hawkes Bay, Southland)
- ❖ Demand has not yet been assessed in relevant areas (Manawatu-Wanganui)
- ❖ Local community elected to address their own needs by using existing transport operators - (Kaikoura)
- ❖ No or few requests have been received for inclusion in the scheme - (Methven and other parts of Canterbury)
- ❖ The area is served by a community minibus service with a hoist - (Geraldine)

### Comments from Users

Six users suggested the geographical area in which the scheme is available should be extended to include small towns beyond major centres.

Several users experienced problems travelling from one town to another to get to a hospital or specialist.<sup>7</sup>

### Comments from support agencies

Two support agencies reported that those who are eligible but live outside main towns are disadvantaged.

### Reimbursement of vouchers from other regions

Regional Councils were asked whether they reimbursed vouchers from outside their own regions. All indicated that users from out of town could present vouchers for travel within their regions. Ten councils indicated that they reimbursed vouchers from any other region, not just neighbouring regions, and one did not respond to this question.

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<sup>6</sup> For example, in Northland, the scheme only operates within the Whangarei District - not within the Far North or Kaipara districts. In the Wellington Region, Carterton, Featherston and Greytown all have very restricted service and rural Wairarapa has no coverage. On the West Coast the scheme only operates in the three settlements of Westport, Greymouth and Hokitika.

<sup>7</sup> Inter-town travel is not covered in the Manawatu-Wanganui region.

# 4 Reasons for using the scheme

## User responses

Users were asked why they needed to use the Total Mobility scheme (see Table 3 and Figure 11). The most frequent responses were because of physical disability (65%), visual impairment (30%), neurological disability (22%) and physical frailty (28%).<sup>8</sup>

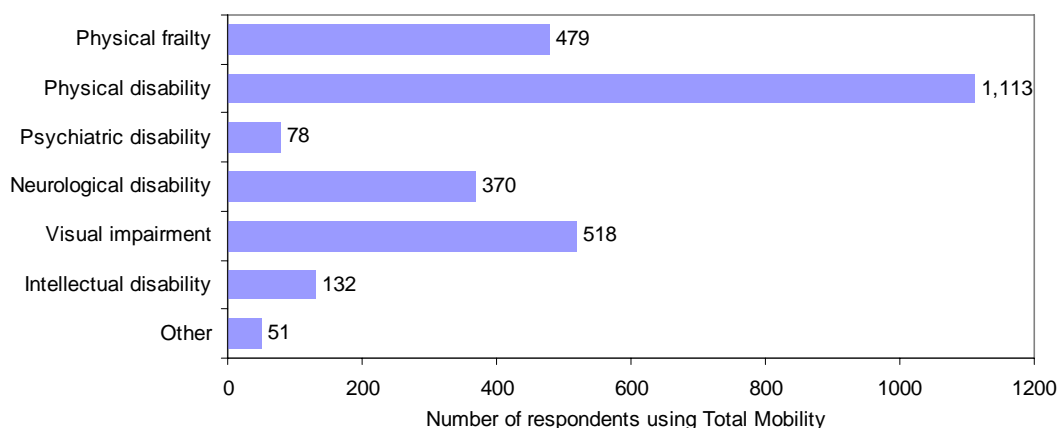
**Table 3: Reasons for using the Total Mobility scheme**

Reasons for use of TM	Valid Responses	Percentage
Physical frailty	479	28%
Physical disability	1,113	65%
Visual impairment	518	30%
Neurological disability	370	22%
Intellectual disability	132	8%
Psychiatric disability	78	5%
Other*	51	3%

Respondents could specify more than one category.

\*“Other” includes: deafness (11); heart problem (11); Parkinson’s Disease (7); dementia (7); diabetes (4); epilepsy (3); Alzheimer’s Disease (3); recuperating from surgery (3); Transient Ischaemic Attacks (1); asthma (1).

**Figure 11: Reasons for using the Total Mobility scheme**



(NB: respondents could specify more than one category)

<sup>8</sup> 297 respondents answered both “physical frailty” and “physical disability”. When these two categories are added together and the duplication eliminated, they total 1,295 or 75% of all responses.

## Regional council data

Councils were asked to specify, if possible, numbers of TM users in their regions who used the scheme for each reason (see Table 4 and Figure 12). Five councils were unable to provide this information and so have been excluded from the following table.

The survey form allowed councils to subdivide the “physical disability” category into (1) “Physical frailty” or (2) “Physical disability”. Councils actually classify users differently based on the understanding that some people are physically unable to use passenger transport services but do not class themselves as having a disability (see Figure 13).<sup>9</sup>

In addition to the categories specified in the form, two councils had clients recorded under additional headings. Southland recorded 76 clients as belonging for “sensory” reasons and 266 as belonging for a combination of reasons; Wellington recorded 719 clients as belonging for a combination of reasons. Of the other councils, many clients were recorded as belonging for a “combination” of reasons.

**Table 4: Number of clients by region and type of disability**

Council	Number of clients by type of disability						
	Physical disability	Psychological disability	Neurological disability	Visual impairment	Intellectual disability	(Physical frailty)	(Physical disability)
Auckland	5,179	255	1,748	2,303	855		5,179
Waikato	1,366	7	67	182	169	1,189	177
Bay of Plenty	2,208	30	57	332	109	612	1,596
Taranaki *	1,044	48	48	24	36		1,044
Man/Wang **	2,205	175	350	630	140	1,750	455
Wellington ***	5,249	151	419	766	476	5,249	
Canterbury	3,274	34	1,060	646	385		3,274
Otago	1,289	4	62	318	349	498	791
Southland #	328	13	48		138		328
<b>Total</b>	<b>16,635</b>	<b>449</b>	<b>2,063</b>	<b>2,898</b>	<b>1,664</b>	<b>9,298</b>	<b>7,337</b>
<b>Percentage</b>	<b>68%</b>	<b>2%</b>	<b>8%</b>	<b>12%</b>	<b>7%</b>	<b>38%</b>	<b>30%</b>

\* Physical disability includes people with arthritis, cancer, asthma, stroke, heart disease, etc. DPA Taranaki estimate that up to 10% of this category may be “physically frail” rather than having an explicit physical disability, but for practical purposes these people are “disabled by their surroundings”. In addition, one or more disabilities may contribute to or result in physical frailty. There is a fine line in this distinction which makes the classification difficult.

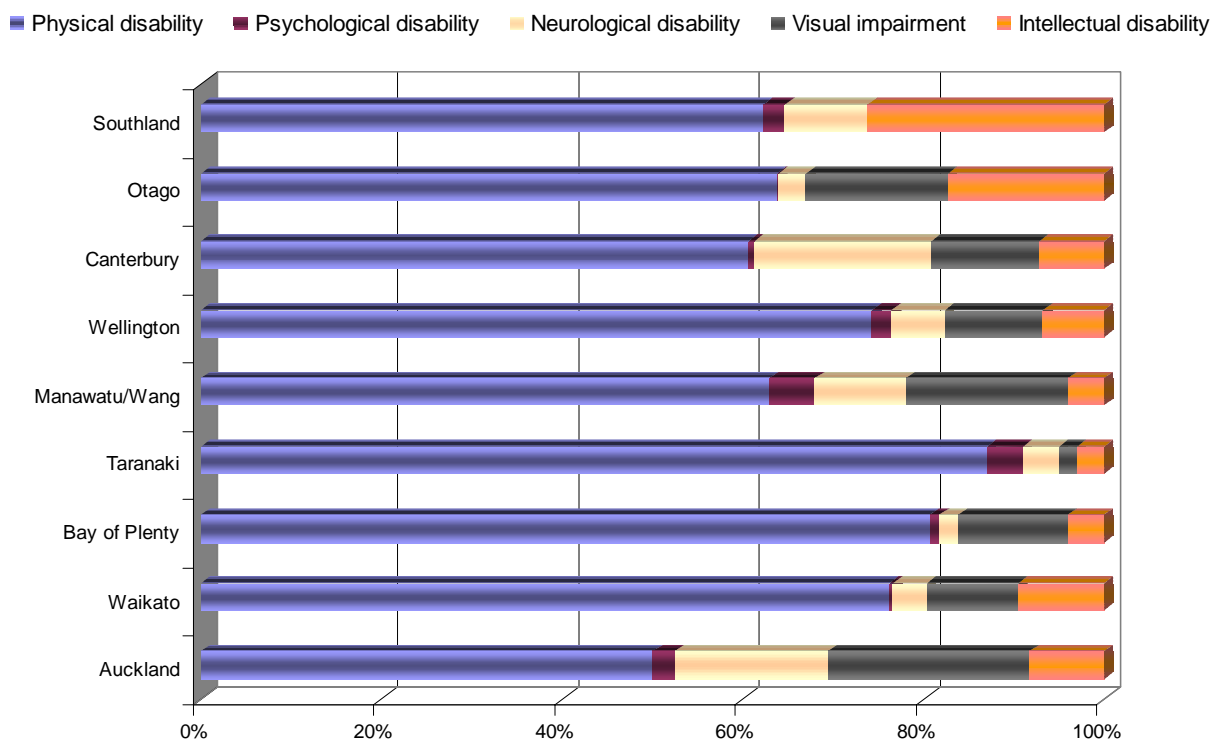
\*\* These are estimates

\*\*\* Notes that about 1/3 would have a physical disability

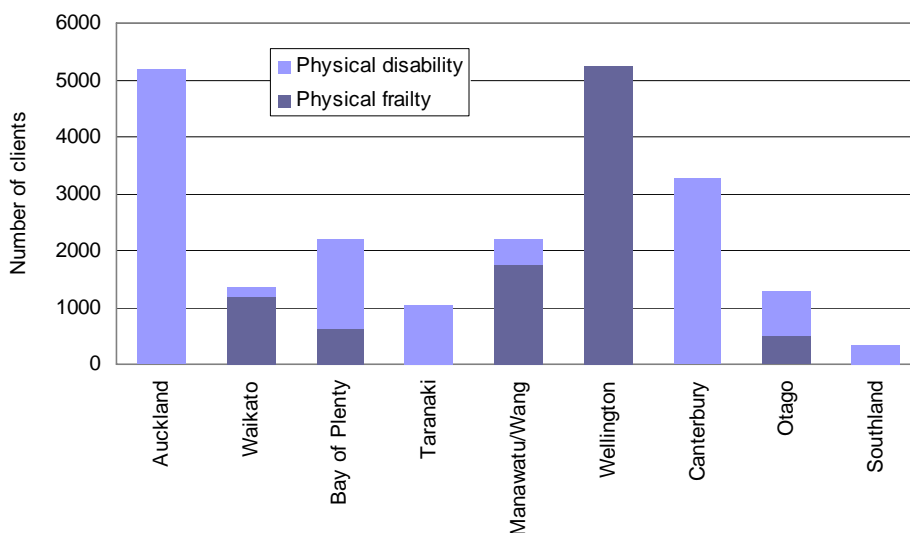
# Notes that approximately 95% could be considered “physically frail”

<sup>9</sup> Because it is not possible to distinguish between the two groups on the basis of the information supplied by some councils, the “physical disability column to the left on the table is a combined total of the two right-hand columns.

**Figure 12: Regional council data on reasons for using Total Mobility**



**Figure 13: Regional council data on physical frailty and physical disability**



The reason the “physical frailty” category was included is that some regional councils distinguish between users who are physically frail and others who have a physical disability. Although it can be argued that all people who use the scheme because they are frail are in actual fact suffering from a physical disability (which limits movement) and can be classified in this way, many older people are sensitive to the suggestion that they are “disabled”.

## 5 Subsidies, fares and travel costs

### Standard rates

The standard subsidy rate is 50% in all but one region (see below).

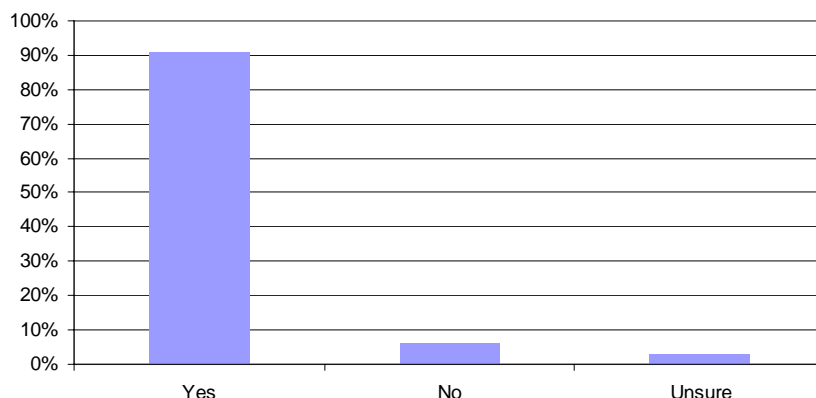
Three councils have reviewed their standard rates within the past four years:

- ❖ The Taranaki Regional Council reviewed options to contain Total Mobility expenditure (including reducing the subsidy rate). The Council elected instead to impose a maximum fare of \$20 per trip.
- ❖ Marlborough District Council asked Nelson City and Tasman District Councils to increase their contribution, to allow the MDC to raise the subsidy from 40% to 50% (for 2002-03). Only 90% of the additional funding sought was received. As a result, the Total Mobility Committee approved an increase in the subsidy to 45% from 1 October 2002.
- ❖ The Otago Regional Council introduced a special wheelchair subsidy in recognition of the higher taxi fares incurred by those needing wheelchair hoist taxis.
- ❖ The Northland Regional Council regularly lowers the subsidy rate to 25% in the latter part of each year as a budget control measure.

### User perspectives on subsidies

Users were asked whether they thought the subsidy level in their region was reasonable. Overall, 91% said “yes”, 6% said “no” and 3% were unsure (see Figure 14).

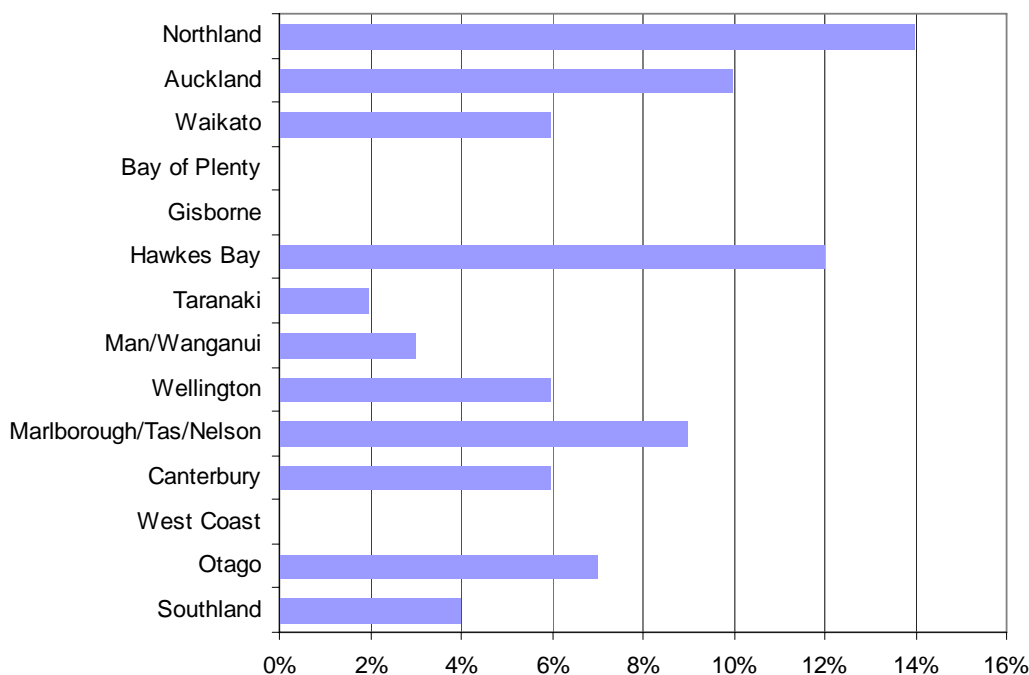
**Figure 14: "Is the subsidy level reasonable?"**



The dissatisfaction rate, for those that answered no, was calculated for each region by comparing the number of dissatisfied respondents with the total number of respondents in each region (see Figure 15).

The regions where dissatisfaction was highest were Northland, Auckland, Hawkes Bay and Marlborough/Tasman Nelson. In the cases of Northland and Marlborough, this probably reflects dissatisfaction with fluctuating subsidy levels. In Auckland, many users complained about the high cost of taxi travel and traffic congestion. Hawkes Bay dissatisfaction was due to residents of Napier having to travel to Hastings where the regional hospital is located.

**Figure 15: Regional dissatisfaction rates with subsidy levels**



Forty-one respondents commented that, even with subsidies, fares are expensive and/or a higher level of subsidy was desirable (75% subsidy was frequently suggested). This point was also made by IHC respondents in focus group sessions. Some qualified this by saying that the subsidy should be higher for those on low incomes, or that the subsidy level should vary depending on degree of disability and reliance on the scheme.

*“On a benefit, paying the 50% fare is still difficult. If the subsidy was increased more use would be made of the scheme.”*

*“Traffic in Auckland means that even short trips can cost a lot. Can’t use taxi to visit friends as this costs more than \$50. I don’t have much money and transport is a big expense.”*

*“Would use the scheme more if was more heavily subsidised.”*

*“People with intellectual disability often work part time and often enter the workforce through unpaid work experience. Often people with intellectual disabilities do not experience the same employment rights as other people and do not get paid the minimum wage. Paying for travel to and from work is difficult for them.”*

## Annual fluctuations in the subsidy

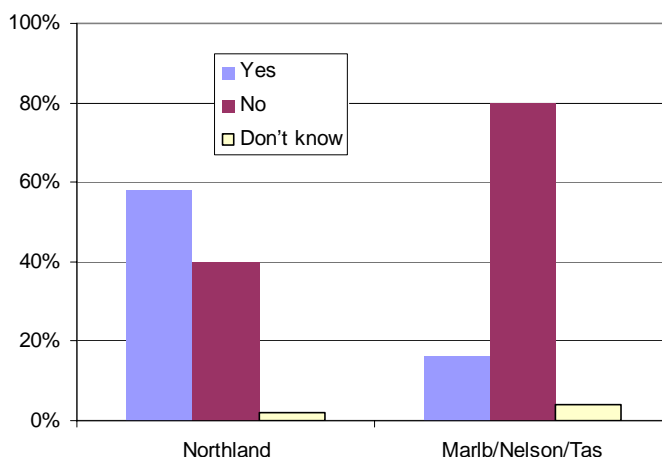
### User perspectives

Users were asked whether the level of subsidy fluctuated during the year in their regions. 10% of all users surveyed (169 individuals) answered that it did.<sup>10</sup>

Users who said the subsidy level in their region fluctuated were then asked whether this created any difficulties. Their responses are summarised in (Figure 16). As only Northland and Marlborough/Nelson/Tasman are known to have altered their subsidy rates recently, the graph only shows responses from these regions.

A much higher proportion of respondents from Northland experienced difficulties. This will be because the Northland Regional Council regularly alters the rate from 50% to 25%. In Marlborough/Tasman/Nelson the rate was reduced from 45% to 40% for a four year period (this year the rate has been raised again to 45%).

**Figure 16: "Do fluctuations in subsidy rate cause users difficulty?"**



The unanimous complaint was that fluctuations created budgeting difficulties and/or restricted the number of outings people could undertake. As one Northland respondent noted:

*"I have very little money so halving the subsidy has a dramatic impact on my travel."*

## Maximum fares

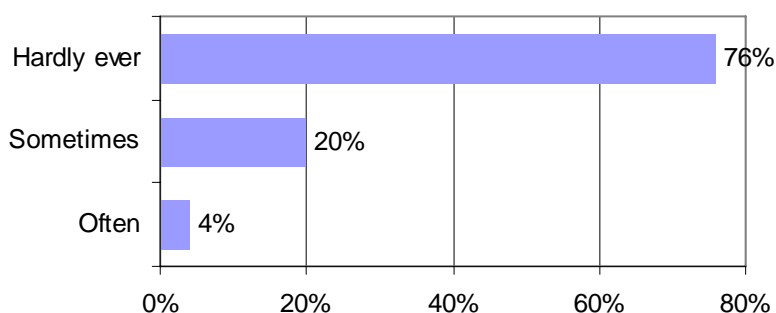
### User perspectives

Users were asked how often they needed to travel further than the maximum allowed by their TM vouchers. Their responses are summarised in (Figure 17).

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<sup>10</sup> In total, 86 people mistakenly answered "yes" to this question (at least one respondent from every region but West Coast answered "yes"). In addition, 25% of respondents answered "don't know". Taken together, these figures suggest a significant lack of awareness by users of how the scheme operates or a difficulty in understanding the question.

**Figure 17: Travel beyond maximum fare entitlement**



Users made a range of comments about maximum fares. Aside from generally positive comments, most were about specific circumstances in which the maximum fare was considered inadequate.

### ***Comments from Regional Councils***

In Christchurch, the maximum fare was increased from \$20 to \$30 in February 2003 (and from \$30 to \$40 for TM clients reliant on powered wheelchairs). This change was designed to make trips more affordable for the most dependent clients, and for those clients living near the boundary of the serviced area. Elsewhere in Canterbury, Timaru clients have been encouraged to avoid using vouchers for trips costing less than \$4 in an effort to reduce expenditure (no maximum fare applies in Ashburton, Timaru or Waimate).

### **Cost of travel – implications for users**

Users were asked to what extent the cost of travel limited the number of trips they could make. Their responses are summarised in the following graph. The figures indicate the cost of travel constrains the activity of the majority of users (nearly 70% of respondents). This is not surprising given the high proportion of users on low incomes (see Section 14).

**Figure 18: Extent to which cost constrains travel**



Three support agency respondents noted that the cost of fares is of concern to users.

## Comments on maximum fares

- ♣ The current maximum is adequate / reasonable / generous  
*"I feel the maximum in Wellington is ample."*
- ♣ The maximum fare is limiting / maximum fares should be increased / higher maximum should be allowed for those needing to make longer journeys (including inter-city)  
*"Because of the capped subsidy I cannot afford to get to some of the places I need to travel by cab."*  
*"It limits our freedom to participate in activities that take place further from home".*
- ♣ The maximum should be increased for certain types of travel, especially travel to hospital appointments – travel to Auckland hospital presents particular difficulties. Other problems mentioned were travel across other large cities; travelling from outlying areas to hospitals in regional centres; travelling to airports.  
*"A fare to hospital by taxi from my home is \$35 one way"*  
*"The spinal unit in Christchurch is outside the limit. Medical trips should have no limit."*
- ♣ The maximum should depend on the size of the city.  
*"In Auckland, fares were often above the maximum so I moved to Nelson. For example, had to pay \$80 from airport to Drury"*  
*"Should take into consideration time spent stuck in heavy traffic with the meter still running"*
- ♣ An occasional increase in the maximum would keep pace with cost of living/ growth of the city. Because of urban growth (particularly Auckland) fares rise but the maximum does not keep pace.
- ♣ Rural areas need larger maximums (e.g. because of the absence of buses and trains, or of accessible public transport)  
*"I think the \$50 maximum is inequitable, I live in a rural area and therefore my fares are typically higher than the maximum so this discourages me from travelling."*  
*"Perhaps in the more sparsely populated areas there could be a special case for people enabling them to have the choice of using the taxi service to access shops, chemist, library, even once a week."*
- ♣ The maximum should be standardised throughout the country

IHC made the following points:

- ❖ Most people with disabilities live on limited incomes and often have higher medical costs than the average person.
- ❖ Some support agencies try to minimise costs by organising complex transport arrangements for IHC users who use both residential and vocational transport services. This involves significant time and effort.
- ❖ The current Government policy "Pathways to Inclusion" has a focus on people with intellectual disability accessing regular work opportunities and participating in the community. The cost of transport to implement the policy is creating daily difficulties for support services and people with intellectual disabilities.
- ❖ Participation in the community is a key objective of the New Zealand Disability Strategy. In order to achieve this, service providers must be able to provide quality transport.

## 6 Managing demand

### Restrictions on the purpose of trips

#### *Regional council policies*

A number of regional councils impose restrictions on the purpose for which TM vouchers can be used. Instances in which vouchers may not be used include:

- ❖ Travel during paid work time for work-related activities
- ❖ Travel to or from school<sup>11</sup>
- ❖ Travel outside an urban area
- ❖ Travel between towns

#### *User perspectives*

Users were asked whether they thought the use of Total Mobility vouchers should be limited to specific purposes. The great majority (73%) answered “no”, 19% answered “yes” and 9% were unsure.

Users made a range of comments about the purposes for which vouchers may be used. These are summarised below. They fall into two main categories: suggested restrictions and comments that TM users should be free to choose.

#### **Comments about purposes for which vouchers may be used**

- ♣ Total Mobility users should be encouraged to use alternatives where possible to reduce wasteful use of vouchers.
- ♣ Only used for essential purposes (e.g. health visits, work, food shopping,)
- ♣ Only used for larger fares/ longer trips
- ♣ Vouchers should be restricted to essential purposes such as health appointments and should not be used for recreational purposes.
- ♣ Vouchers should not be available for rides to the pub
- ♣ Approved Total Mobility users should be able to use vouchers for any purpose they choose (this point was also made by IHC and support agency respondents). IHC respondents expressed the opinion that the scheme is heavily restricted and monitored (as did several respondents to the user questionnaire).  
*“Although some limits/guidelines need to be in place I also think that use of the Total Mobility scheme for recreation and visiting friends is important.”*  
*“Once the maximum subsidy and the limit on voucher availability was introduced, there seemed no need for restrictions. Approved users of the Total Mobility scheme should have freedom of choice on how they use vouchers.”*
- ♣ Return trip vouchers should be introduced

<sup>11</sup> Children with disabilities who need travel assistance to reach school are catered for by the Ministry of Education special needs programme.

## Restrictions on the number of vouchers allocated

### Regional Council policies

Regional councils were asked whether they restricted the number of vouchers allocated to each user. Nine regional councils imposed restrictions. There was significant variation in terms of allocations. The range of regimes included:

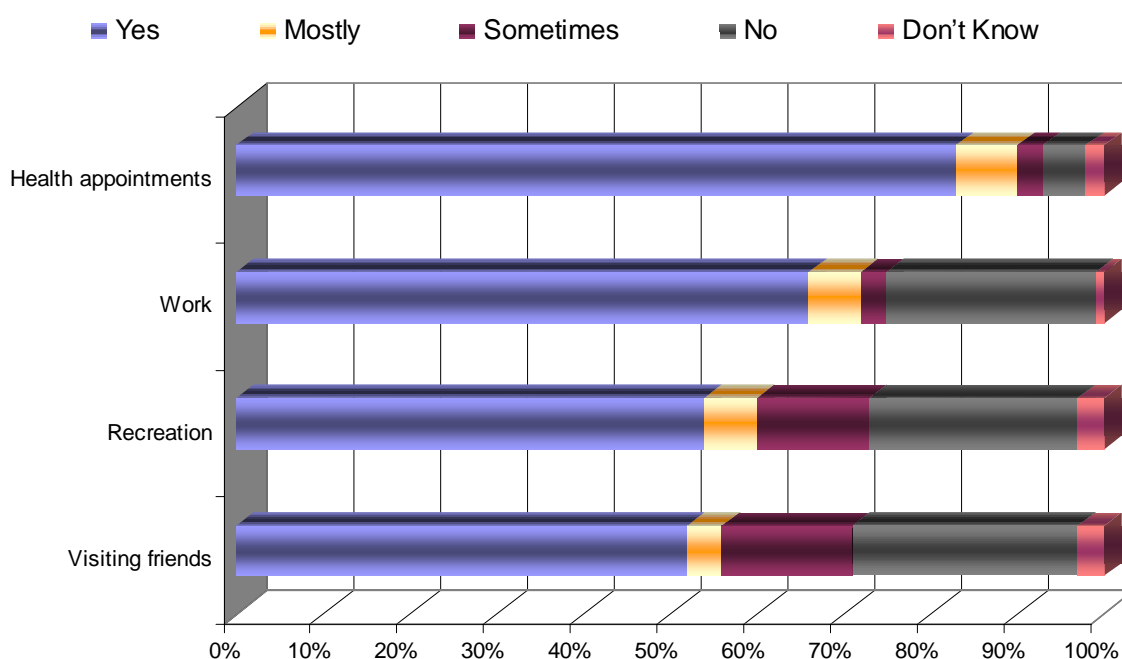
- ❖ 25 per *older* client every 3 weeks (Wellington)
- ❖ 25 per client per month (Northland; Gisborne; Palmerston North, Fielding, Taumaranui, Marton, Dannevirke; West Coast)
- ❖ 25 per client every 6 weeks (Hawkes Bay; Taranaki; Wanganui, Levin)
- ❖ 25 per client every two months (Tokoroa, South Waikato District Council)
- ❖ 10 per client every 6 weeks (clients in Ashburton, Timaru, Waimate who use vouchers one day a week or less)
- ❖ 10 vouchers per client per month (Christchurch – all support agencies have discretion to issue more to individual clients depending on need)

Note that some regions (such as Manawatu-Wanganui and Canterbury) have different regimes in different parts of the region. This was considered unfair by one Manawatu-Wanganui user.

### User perspectives

Users were asked whether they received sufficient vouchers for travel relating to various purposes, including health appointments, work, recreation/entertainment, and visiting friends. Their responses are summarised in Figure 19.

**Figure 19: "Do you receive sufficient vouchers for the following purposes?"**



## Comments about the availability of vouchers

- ♣ Vouchers are easily available through the support agency, staff are always very helpful and vouchers are always sent promptly
- ♣ Limiting the availability of vouchers will lead to more isolated lives for disabled people
- ♣ Could not manage with fewer than current allocation
- ♣ Use limited because of awareness of regional under-funding of Total Mobility
- ♣ Has been advised by his/her support agency to limit use to reduce pressure on the budget
- ♣ Current voucher allocations limit opportunities to engage in desired activities (social activities, shopping, and recreation were frequently mentioned).
- ♣ There are specific groups who should get more vouchers, including severely disabled people, people for whom Total Mobility is the only viable means of travel, and tertiary students. (This point was also made by IHC respondents.)
  - "I don't see why people should have to limit the range of things they do in their lives because they don't have enough vouchers to cover these."*
  - "We are currently limited to one return trip/week. This is totally inadequate for people with disabilities living alone."*
  - "25 vouchers for three months does restrict you when confined to a wheelchair"*
  - "I find there are not enough vouchers in a book to last 6 weeks"*
  - "I often would like to see my wife [who is in hospital] more often. Both aged 86, married 63 years, lonely"*
  - "A person using two vouchers per day for work would run out of vouchers for other purposes."*
- ♣ Problems with processing of vouchers / time lag in the supply of new books (e.g. running out of vouchers and having to pay full fare until new vouchers arrive; having to attend several unexpected appointments when the voucher book is nearly empty). This point was made by IHC respondents.
  - "The service should replace the voucher book before the present book runs too low."*
- ♣ Vouchers should be available through a wider set of support agencies, e.g. Disability Support Link, GPs. Some people had difficulty getting vouchers as their support agency branch was not always open when they needed vouchers.
- ♣ Distribution agencies should be standardised so there is consistency throughout country
- ♣ Vouchers that need to be filled in are difficult for the visually impaired. Vision-impaired people find addressing envelopes and finding post boxes a problem. This can cause delays in obtaining new vouchers
- ♣ The introduction of the 10-voucher and 25/30-voucher book is very positive [one in Canterbury, one in Otago]
  - "This is much more satisfactory as it does not tie up unused vouchers for long periods in the books of people who do not use the scheme much"*
- ♣ 3-monthly books work well (Southland)
- ♣ Experienced problems with the availability of vouchers since the introduction of the cap (Southland)
- ♣ It would be good to be able to order vouchers on the internet

Some problems were experienced with this question and in hindsight it may have been poorly understood. Many respondents appeared to answer the question as if it said: "Do you use Total Mobility vouchers for the following purposes?"

Secondly, in the case of the "work" category, many respondents appeared to overlook the "don't go to work" tick-box option. Many of those who do not work may have failed to specify this. In an attempt to partially address this problem, it is assumed that all respondents over the age of 70 do not undertake paid work. Together with those who ticked "don't go to work", this gives a total of 1,262 respondents who do not go to work. Nonetheless, the proportion of respondents who answered "no" when asked whether they received enough vouchers for work probably includes some who do not, in fact, go to work.

Users made a wide range of comments about the availability of vouchers, including comments about the numbers of vouchers available, the ease of obtaining vouchers, and various administrative issues. These comments are summarised in the following table.

### **Comments from transport operators**

Comments made by transport operators included:

- ❖ The availability of vouchers should take account of the extent to which users depend on the scheme – those users who are totally dependent should receive higher priority (some clients, e.g. highly dependent IHC clients, are disadvantaged by the current restriction to one book every six weeks in the Manawatu-Wanganui region)
- ❖ More vouchers should be issued per client [Canterbury]

### **New restrictions considered by regional councils**

Regional councils were asked whether, during the past 12 months, they had to consider placing new restrictions on the use of the scheme. Eight councils answered positively<sup>12</sup>. In all cases, restrictions had been considered in response to funding shortages and/or increasing demand for the service. Restrictions considered included:

- ❖ Imposing maximum and minimum fares
- ❖ Reducing maximum fares already in place
- ❖ Reducing the subsidy level (or eliminating it altogether)
- ❖ Further restricting the number of vouchers allocated
- ❖ Tightening the eligibility criteria
- ❖ Increasing application and renewal fees
- ❖ Closing the scheme to new members
- ❖ Requiring reassessment of all users
- ❖ Capping the budget
- ❖ Suspending the scheme once the budget is spent.

One regional council suggested that a standardised national approach to controlling expenditure was needed – the first step should be to reduce the number of vouchers distributed, followed by a cap on fare levels, and then a reduction in the subsidy rate.

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<sup>12</sup> Otago, one of those which had not, said that financial control of the scheme was delegated to support agencies

Specific restrictions considered by each Council are summarised in the following table.

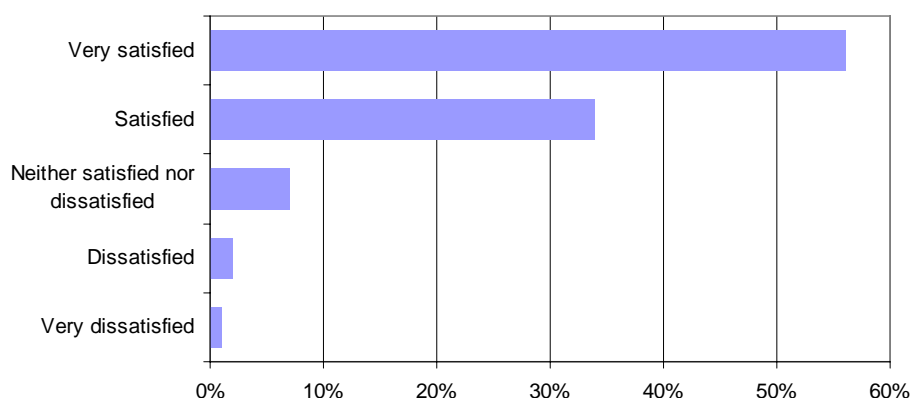
Council	Restrictions contemplated
Northland	Imposing a maximum fare of \$15; removal of all subsidies (Northland has recently imposed a minimum fare of \$4)
Waikato	Reducing the subsidy level; introducing minimum and maximum fares; reducing the number of vouchers allocated. The latter option was selected
Gisborne	Restricting and tightening criteria for new membership; increasing application and renewal fees
Hawkes Bay	Imposing minimum fare (\$5) and maximum fare (\$20.00)
Taranaki	Reducing subsidy rate; reducing maximum fare; introducing minimum fare; further restricting use of books; closing the scheme to new members; introducing photo ID cards; requiring reassessment of all users; allocating a budget and then suspending the scheme once the budget is spent each year
Marl/Tas/Nelson	Imposing a maximum fare
Canterbury	Canterbury temporarily reduced the allocation of vouchers for all clients in Timaru unless they could demonstrate a need for more
Southland	Southland has capped the Total Mobility budget (adjusting for CPI only) for next 3 years, regardless of increase in membership

## 7 Standards of service

### User satisfaction with taxi services

Users were asked how satisfied they were with the service provided by taxi drivers. Their responses are summarised in Figure 20. Overall, the satisfaction level was very high (only 2% ticked “dissatisfied” and 1% ticked “very dissatisfied”). Note that two respondents specified “very satisfied” in relation to one taxi company and “dissatisfied” or “very dissatisfied” in relation to another.

**Figure 20: Level of satisfaction by users with taxi services**



Users made a wide range of comments about the service provided by taxi drivers. These are summarised below. Most respondents who commented were positive about the standard of service provided.

However, there were a range of negative comments made and concerns expressed and these have been included to highlight some of the issues people have.

#### Comments on the standard of service provided by taxi drivers

##### Positive comments

- ♣ Drivers are courteous, friendly, helpful, respectful, patient, obliging, polite, well trained in the needs of TM users. (One agency and some IHC respondents also made such comments.)
  - “Drivers are sometimes the best social contact I might have in any given day”*
  - “Good drivers know how to transfer you and the problems you may encounter”*
  - “The wheelchair van drivers are top notch... I feel very safe and happy with them, which I think are two very important criteria when travelling”*
  - “They go above and beyond the call of duty”*
  - “Drivers are excellent in my area as Total Mobility is widely used”*
- ♣ Respondent usually/always requests a specific driver or company.
  - “Always use the same company. They are wonderful and treat me well and try their best to accommodate what I need”*
  - “We are very fortunate with our regular driver, he is caring and attentive to my daughter’s needs.”*

## Comments on the standard of service provided by taxi drivers

### Negative comments

- ♣ Some drivers need to clean their cars; reluctance to accept wheelchairs; reluctance to help; reluctance to accept low fares because of the paperwork involved; smoking in the cab; impatience with TM passengers). This point was also made by IHC respondents.  
*"I was verbally abused by a driver when asking for help in fastening seatbelt (arthritis hands)"*  
*"A taxi driver took my watch because I was \$1 short of the fare. I have not used a taxi since."*
- ♣ The availability of wheelchair taxis is poor, especially on weekends, at school travel times, and at night. Advance booking does not improve the situation in some cases.  
*"Because there are only a few wheelchair vans, waiting times are often much longer than for ordinary taxis or buses. Especially during school beginning and end and after 5pm at night."*  
*"More hoist vans are needed – dedicated to casual use."*
- ♣ Delays between ordering a taxi and pickup (e.g. during peak times, in small towns)  
*"On several occasions there has been no response after a taxi was ordered, that is, no cab turned up"*  
*"There is only one taxi in Alexandra; this makes it difficult for them to arrive when expected"*
- ♣ Language difficulties with non-English speaking drivers.  
*"They don't usually know where they are going around Auckland. Their English is often so bad it makes me uneasy, since I can't communicate clearly with them"*  
*"Non-English speaking drivers are a particular problem for vision impaired clients who cannot direct them where to go."*
- ♣ Problems with drivers' reluctance to accept vouchers or drivers lacking sufficient knowledge of TM  
*"Some drivers are very judgmental as to whether you should use vouchers for certain kinds of trips"*  
*"Some smaller companies don't like taking vouchers"*  
*"Some taxi drivers don't like signing the vouchers and instead charge full fare"*
- ♣ Taxi drivers have questioned the entitlement to use vouchers.
- ♣ Taxi drivers need training in TM, including how to help disabled people, how to deal with guide dogs. Two support agencies and IHC respondents also expressed concern about the lack of disability awareness/training among non-van drivers.  
*"Those who have received training stand out. The high turnover in the industry results in variation in standards."*  
*"Some drivers do not treat disabled passengers with respect."*
- ♣ Would like drivers to provide more assistance (e.g. opening and shutting doors, getting in and out, handling luggage, filling in forms, etc.)
- ♣ Have experienced problems associated with having a guide dog  
*"Taxis should be more prepared for having a guide-dog, by having a sheet in the boot, for example, so they don't have problems with fur in their cars. Some have refused me service for this reason."*
- ♣ The standard of service varies between different drivers and/or different companies / at different times of the day

### Negative comments (cont)

- ♣ Concerns over fares, e.g. drivers not running the meter but charging the 'usual' fare; driver asking for "extra" fare (a flat "handling" fee on top of the fare); varying fares for the same journey; drivers leaving the meter running while filling out the form; drivers starting the meter to cover dead running time. IHC respondents said some drivers charged for handing wheelchairs. (See also next section regarding charging for additional passengers.)

*"Some start the meter when they see me – before they load my wheelchair"*

*"Sometimes drivers give me the wrong change because I am blind"*

- ♣ Concerns about safety, e.g. insufficient wheelchair ties on vehicles; drivers failing to ensure that passengers are securely belted in; driving too fast; careless handling (dropping clients). This point was also made by IHC respondents.

*"Taxi cars excellent. When I needed taxi vans they were not so good – some drivers did not strap my wheelchair in"*

- ♣ Some phone operators can be unhelpful or rude

- ♣ Some hoist equipment needs to be upgraded

- ♣ Restrictions on the number of companies who accept Total Mobility vouchers should be lifted / include more companies in the scheme. (Note that one Operator commented that greater opportunity should be provided for operators to get TM contracts.)

*"Sometimes I have had to take a cab from a rank in Auckland city and there have been no cabs from companies that use the Total Mobility scheme"*

*"Companies allowed to operate Total Mobility have been restricted to two. Would like to be able to use vouchers for any company"*

The main concerns included:

- ❖ Poor availability of wheelchair taxis
- ❖ Long waits for Total Mobility taxis
- ❖ Poor driver knowledge of English, routes, the TM scheme, and the needs of TM users
- ❖ Reluctance of some drivers to accept vouchers
- ❖ Unreasonable charging practices
- ❖ Safety issues

### Charging for additional passengers

Comments received from users and support agencies suggested that some operators charge an extra fare for passengers travelling with TM users:

- ❖ One agency commented that clarification is needed over accompanying persons, e.g. care-givers, and asked, "should they have to pay? How much?"
- ❖ Five users suggested extending the criteria to include a caregiver/passenger in the voucher (this issue was also raised by IHC respondents).

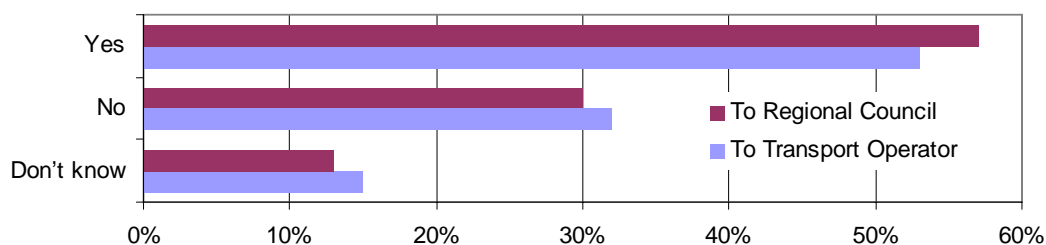
*"Sometimes a third passenger is needed i.e. when a person accompanies the Total Mobility holders as a translator when going to hospital or doctor."*

*"It can be a little embarrassing if I have a relative in the taxi (e.g. to help me at the arrival end) but he/she is not included in the voucher."*

## Support agency procedures for handling complaints

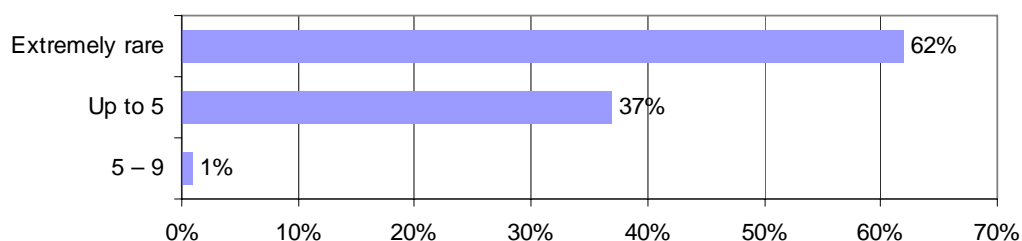
Support agencies were asked whether they had a procedure for referring complaints from TM users to the transport operators concerned, and whether they had a procedure for referring complaints from Total Mobility users to the regional council. Their responses are summarised in Figure 21.

**Figure 21: “Does the agency have a procedure for referring TM complaints?”**



Support agencies were asked how many complaints they received *per month*, on average. Their responses are summarised in Figure 22.

**Figure 22: Number of complaints received by support agencies per month**



Note: The category “Extremely rare” was not a category offered on the form – respondents specified this of their own accord.

### Most common complaints

- ♣ Taxi drivers who are unhelpful and/or who lack training in disability awareness
- ♣ Taxis failing to arrive on time
- ♣ Non-availability of sufficient wheelchair-accessible vehicles – these are often pre-booked or else do not operate outside business hours
- ♣ Variation in fares to the same destination
- ♣ Inability of client to afford the service
- ♣ Restrictions on the number of vouchers issued per client
- ♣ Issues relating to eligibility criteria
- ♣ Unavailability of the scheme in rural areas
- ♣ Swipe cards that do not work – clients have to pay \$7 for replacements
- ♣ Operator declining expired voucher

## 8 Costs of participating in the scheme

### Costs, reimbursements and disincentives to operators

#### Administration

Transport operators were asked whether the reimbursement they received from their regional council to cover the costs of administration of the scheme (including handling vouchers and reporting to the regional council) was adequate. (Responses from some operators indicated that reimbursement equated to 5% of the value of the fare or voucher). Respondents were fairly evenly split on this issue, with 53% considering the reimbursement adequate, and 47% considering it not. Those who answered “no” were asked to specify why this was so. Their answers are summarised below.

#### Reasons for inadequacy of Regional Council reimbursement

- ♣ Administration costs more than the booking fee provided by the council. (a particular problem for companies that did a lot of small jobs, e.g. up to \$4 per trip.)
- ♣ The handling fee barely covers the cost of administration.
- ♣ No reimbursement is received. (This included operators from Gisborne, Hawkes Bay, Manawatu-Wanganui, Wellington, Marlborough/Nelson/Tasman, and Otago.)
- ♣ Reimbursement of vouchers is adequate; however when we change over to swipe cards the council is going to reduce the reimbursement and it will no longer be adequate

Four transport operators commented that the administration system should be streamlined (e.g. by permitting return trips on a single voucher; or introducing a “charge card” with an annual allowance credited to it).

#### Dead running time

Transport operators were asked whether they received compensation from their regional council for dead running time (time spent helping Total Mobility clients at each end of the journey, when the meter is not running). Almost all (96%) said that they were not compensated for this time. This correlates with the concerns expressed by some users about the charging practices of some taxi drivers, no doubt designed to recoup some of the costs of dead running time.

Environment Canterbury pays 15% of the full fare to the driver of wheelchair accessible vehicles when hoists are used, as a small incentive to continue providing this service.

Other comments from operators included:

- ❖ Total Mobility transport operators should be compensated for dead running time (e.g. operators should be able to charge for “load-up time” as partial cost recovery).  
*“It is an excellent scheme but doesn’t cover all costs e.g. extra time spent getting people in and out of vehicle, helping to fill in form etc”*
- ❖ Drivers of wheelchair accessible vehicles should receive an increased level of subsidy so that drivers are adequately compensated without disadvantaging clients.

## **Cost of vehicle provision**

Transport operators were asked whether the cost of purchasing wheelchair accessible vehicles was a disincentive to their participation in the scheme. The vast majority (74%) said it was, with 26% responding that it was not. Those who had answered “yes” were then asked whether they thought the cost of purchasing and fitting a wheelchair hoist to a suitable van should be subsidised by regional and/or central government. Almost all (94%) said “yes”.

Ten transport operators said that more funding should be provided for vehicle hoists (or for vehicles with hoists), both in terms of set up and running/maintenance/replacement costs.

One said that financial assistance should be provided to operators installing electronic steps.

One operator (from the Waikato region) advised that the local population was insufficient to warrant the replacement of their Total Mobility vehicle.

## **Assistance provided by regional councils**

Regional councils were asked whether they provided financial support for the purchase of wheelchair vehicles. Eight replied that they did, and six that they did not.<sup>13</sup> The reasons given for not doing so were mainly financial – the council had insufficient funding available for this kind of assistance, or no such provision had been made in the annual planning process. One council (West Coast) responded that no local taxi fleets had wheelchair vehicles, and that such vehicles were adequately provided by the local community.

Those regional councils that did provide assistance were asked to specify the level of that assistance, as well as the criteria that operators must meet to become eligible. Their responses are summarised below. In most cases the assistance is limited to subsidising the purchase, installation and/or maintenance of vehicle *hoists* – not the vehicles themselves. The various councils employed a wide range of eligibility criteria, including:

- ❖ Commitment on the part of the operator to the Total Mobility scheme
- ❖ Provision by the operator of a range of quotes for the modification work
- ❖ An undertaking by the operator to favour Total Mobility users over regular taxi clients
- ❖ A commitment to undertake relevant driver training
- ❖ Certification/maintenance of hoist equipment.

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<sup>13</sup> These responses are a statement, in some cases, of regional council *policy*. This does not necessarily reflect current *practice*, as discovered by further investigation into the issue of funding support for wheelchair hoists. The table is annotated in the appropriate places accordingly.

Council	Level of assistance provided	Criteria operators must meet
Waikato	Funding for purchase and installation of hoists, not vehicles. Have used interest-free suspensory loans in the past. <i>[No funding support since 1998 but will assist with replacements in 2003/04].</i>	Not specified
Bay of Plenty	Funding for purchase and installation of hoists – a grant of 2/3 of lowest acceptable quoted price, up to a maximum of \$6,000 excluding GST (currently being reviewed with a view to increasing maximum amount).	Must be part of Total Mobility scheme Must provide three quotes and full details of vehicle proposed for modification Must undertake to provide TM service for a minimum of 6 months & provide a 24/7 service. Fare tariffs must not exceed standard taxi tariffs Priority must be given to people with disabilities over regular taxi users.
Taranaki	Has provided assistance with installation and maintenance of hoists in the past <i>No assistance being provided currently].</i>	
Man/ Wanganui	No set levels – operators are asked to provide quotes. Provided quote is considered reasonable and funding is available	Must adhere to terms of loan agreement.
Wellington	Provide full adaptation costs up to \$18,500 for hoist installation and van adaptation, and some maintenance costs.	Agreements must be through an approved taxi organisation and owner/operator must be committed to Total Mobility as a priority. Driver training must be in place, either through company or polytechnic course.
Canterbury	Christchurch: new vehicles \$15,000 (ex GST) grant; 2nd hand vehicles \$7,500 (ex GST) grant Ashburton, Timaru, Waimate: varies between areas and depends on funding available. Timaru Total Mobility Committee has raised \$8,000 on its own for hoist installation. Typically \$6,000 per installation from budgeted rates and Transfund subsidy is used.	Hoists must be certified by an approved certifier/engineer. 2nd hand vehicles cannot be older than 5 years at time of application. Applicants must belong to an approved TM operator. Management of taxi co. must endorse each application. Applicants must enter a contract to provide TM services for a set period. In Christchurch this is 8 years (new vehicles) or 5 years (2nd hand vehicles). Other areas: contract depends on age of vehicle at time of application.
Otago	Where it is agreed that an additional hoist is required, the Council will fund 1/3 immediately with a further 1/3 after 12 months if still in service and the balance after 24 months. <i>[Recent assistance has not involved much capital outlay but indications are that financial support levels will increase in the 2003/04 year]</i>	Assessment of need and service
Southland	\$15,000 (ex GST) per wheelchair hoist application. <i>[Southland regional council does not currently assist purchase and installation of wheelchair hoists and actually passed responsibility for this to the Invercargill City Council in March 2001].</i>	Operator must provide a minimum of 2 quotes for hoist provision. All drivers must have undertaken wheelchair hoist training through an approved training organisation. Hoists must comply with LTSA and NZQA requirements

Other comments made by regional councils included:

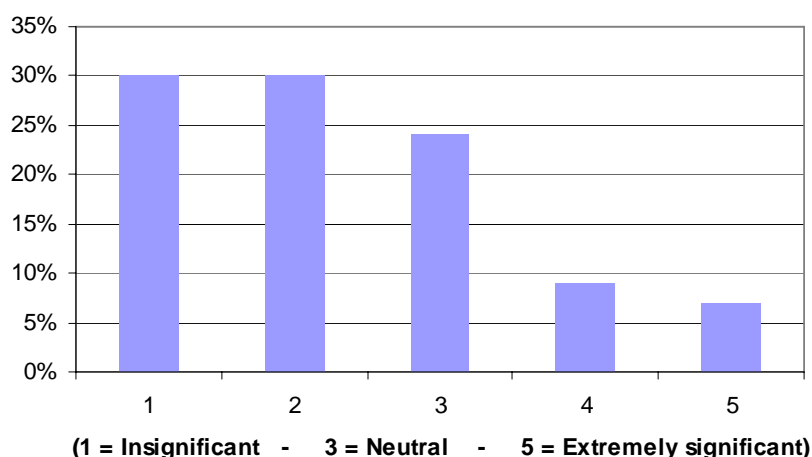
- ❖ The Transfund share of funding for wheelchair accessible vehicles should be increased.<sup>14</sup>
- ❖ The law regarding hoists on vehicles should be changed to permit part-ownership by councils. The current arrangement causes major problems when taxi owners leave service.

## Costs to support agencies

### *Reporting to regional councils*

Support agencies were asked to specify how significant the administrative workload associated with having to provide regular reports to the regional council was for them. Their responses are shown in Figure 23. In general, most support agencies did not consider this job highly significant. Only 16% rated it a 4 or a 5.

**Figure 23: Significance of reporting workload for support agencies**



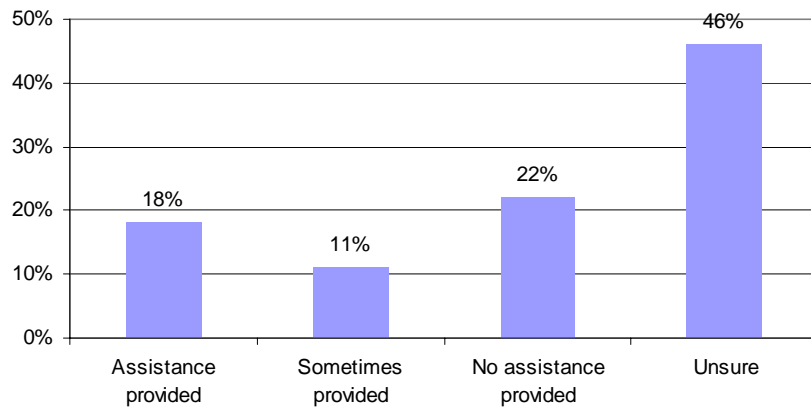
### *Coping with unexpected demand*

Support agencies were asked whether their regional council covered the additional cost if the demand for vouchers in a particular year was higher than they planned for. The level of uncertainty about this issue was high: 46% of respondents were unsure. Of the remainder, 18% said that the regional council did provide such assistance, and 11% said the regional council sometimes did so. 22% of respondents said that their regional council did not provide such assistance. The results are shown in Figure 24.

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<sup>14</sup> On 9 April 2003, Transfund New Zealand released General Circular 03/02 announcing an increase in financial assistance for replacement wheelchair hoists from 40% to 60% of the costs met by each regional council. This new policy will remain in effect until overtaken by the outcome of the current Transfund review of targeted passenger transport schemes in June 2004.

**Figure 24: Does the regional council assist with unexpected TM demand?**



### ***Other comments***

Other comments made by support agencies included:

- ❖ The scheme is difficult to administer (budget preparation is difficult because it is hard to predict voucher demand in terms of numbers or timing).
- ❖ It is difficult to meet the administrative costs of the scheme.
- ❖ Problems with payment of the application fee by users – another method of payment is needed (all applicants to date have not held a cheque book. They cannot get to the Post Office to do a money order. It is not viable for the agency to issue a business cheque for one applicant. Applicants cannot post cash. Perhaps allow applicants to pay their fee as part of/following their first trip?).
- ❖ The regional council has reduced the administrative workload on the agency by preparing its own reports after meeting with the agency.

## 9 Photo ID and electronic cards

### Regional council policies regarding cards

Regional councils were asked whether they issued identification cards to Total Mobility users. Ten do and four do not. Of those four, two said they had no plans to introduce such cards in future, and the other two were unsure whether they would or not.

Those that issue ID cards were asked whether these cards were currently capable, or would in future be capable, of storing electronic information. Only one (Auckland) said this was the case and has recently introduced a smart card system. Of the remaining nine councils, five said they did not plan to use cards capable of storing electronic information and four were unsure. Environment Canterbury said it was reserving judgement and waiting to see the outcome of the Auckland trial.

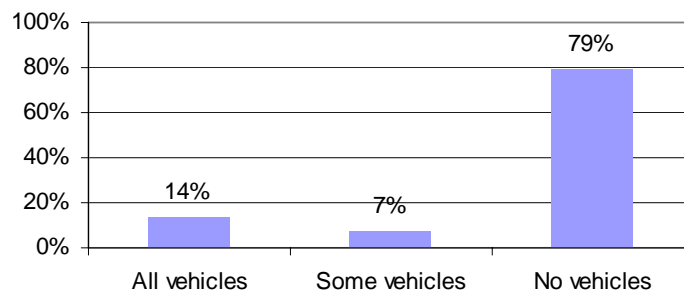
### Transport operator perspectives

#### *Use of electronic card-reading machines*

Transport operators were asked whether they currently had EFT-POS or other electronic card-reading machines in their passenger vehicles. The vast majority (79%) did not. Of the remainder, 14% replied “yes”, and 7% said they had them in some of their vehicles (see Figure 25).

Those companies without electronic card-reading machines in their vehicles were asked whether they intended to introduce them in the near future. Again most (74%) had no such intention. The remaining 26% responded that they did.

**Figure 25: Use of electronic card-reading machines**

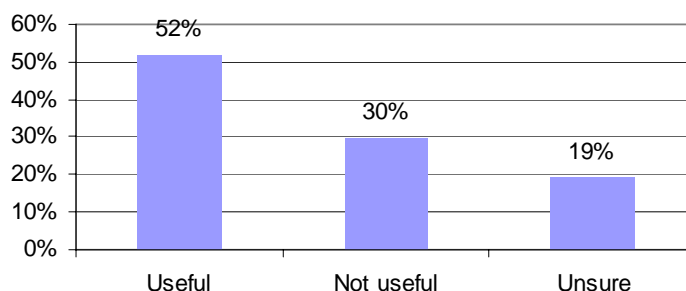


#### *Views on photo ID cards*

Transport operators were asked whether the use of photo identification cards by Total Mobility clients would be of benefit to their businesses. A slight majority (52%) responded that this would be useful. Of the remainder, 30% said it would not be useful and 19% were unsure (see Figure 27). (Four respondents already used photo ID cards for Total Mobility clients. One of these commented favourably that the cards eliminated the possibility of fraud.)

Those who said that photo ID cards would be useful were asked to specify why they thought this was so. 88% said that photo ID cards would eliminate the possibility of fraud. The remainder did not respond to this question.

**Figure 26: Operator views on photo ID cards**

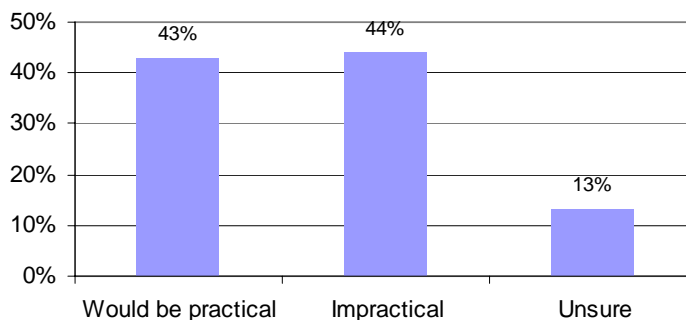


### **Views on Smart Cards**

As an alternative to using photo ID cards, it was suggested to transport operators that Total Mobility clients could be required to carry smart cards which would be swiped through a machine in the passenger vehicle to log the fare and destination of each trip. This could both assist with administration and reduce misuse.

Transport operators were asked whether the use of smart cards would be practical for their businesses. Responses were fairly evenly divided: 43% said using smart cards would be practical, 44% said it would be impractical, and 13% were unsure (see Figure 27). Those who said they would be impractical were asked to specify why. Most concerns were over the need to fit the necessary equipment (including doubling-up of smart-card and EFT-POS equipment for some companies). Such a move was seen as particularly disadvantageous to small companies, especially those in small communities where operators served few Total Mobility customers and were familiar with their clients anyway.

**Figure 27: Transport operator views on Smart Cards**



#### **Reasons why smart cards would be impractical for operators**

- ♣ Vehicles lack the necessary electronic equipment / fitting equipment too costly
- ♣ Don't want both a smart card and a conventional fare-reading system in each vehicle.
- ♣ The current system is adequate as most clients are known to the taxi operators concerned.
- ♣ The company charges fixed fares

## User comments

### Swipe cards

Comments made by users included:

- ❖ Seventeen users were in favour of swipe-cards – the Total Mobility scheme would be easier for the visually impaired if it was available as a swipe card

*“With more companies switching to an electronic system for credit cards this would be an ideal way to track spending habits.”*
- ❖ The use of swipe cards in Auckland has been successful
- ❖ Auckland users have experienced problems travelling in other regions
- ❖ Not in favour of swipe cards - would have to change from very good taxi company to a different one (which may not be as good)
- ❖ Swipe cards would be of benefit to people who cannot read or write (including IHC respondents and those with visual impairment).

### Photo ID cards

Comments included the following:

- ❖ One user from a region where photo ID cards were not required had experienced problems when visiting a different region where these cards were required.
- ❖ Concern about abuse of the system (complaints included other non-TM clients borrowing TM voucher books; people taking multiple passengers with them; people using taxis as an “alcohol delivery service”; people registering with more than one agency)

### Comments from support agencies

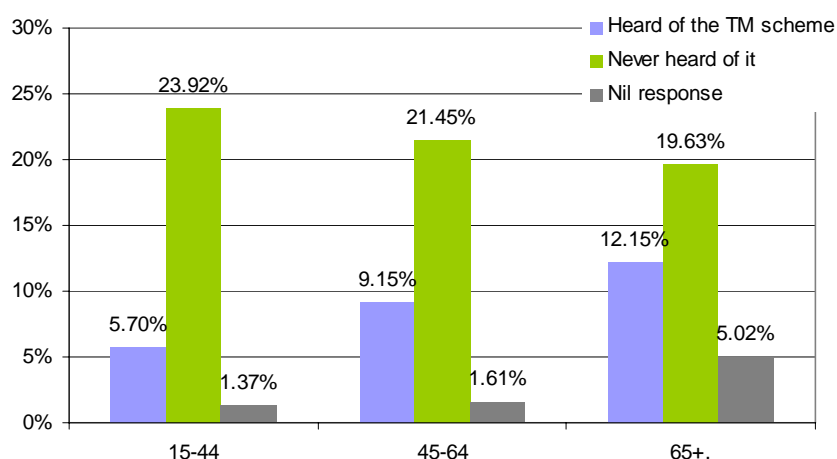
- ❖ Three support agencies commented that some abuse of the scheme was occurring where, despite the use of ID cards, operators turn a blind eye
- ❖ Vision impaired clients are in favour of the introduction of swipe cards.

# 10 Promotion and information

## TM awareness amongst all people with disabilities

The Department of Statistics's Household Disability Survey 2001<sup>15</sup> found 626,500 adults with a disability. All adults with a disability were asked Question 55 of the Transport section, "Have you heard of the Total Mobility Scheme?" Overall, 27% said they had heard of it, 65% said they had not, and 8% made no definite response. The results with a breakdown of age groups are shown in Figure 28.

**Figure 28: People with disability by age group and awareness of the TM scheme**



Source: Household Disability Survey 2001, Statistics New Zealand.

People that answered 'yes' to question 55 were then asked if they had used TM scheme vouchers in the past 12 months (question 56). The possible total population was about 169,700 adults (27% of all disabled people). Overall, 4.7% said they had used the scheme and 25.9% said they had not. 69.4% did not respond to this question.

This information implies that only 8,000 people (4.7% of 169,700) use the Total Mobility scheme. Regional council data, however, indicates around 39,000 active users in 2002. This data suggests there is relatively little "brand awareness" of the Total Mobility scheme amongst people with disabilities - even by users of the scheme.

## Promotion by regional councils

Regional councils were asked whether they promote the scheme in any way. Only three replied that they did. The Taranaki and Canterbury regional councils said they regularly promote the scheme, and the West Coast regional council said it sometimes did. The ways in which promotion occurs are summarised in the following table.

<sup>15</sup> In 2001 the Department of Statistics undertook a representative survey of disabled people, published as "Disability Counts 2001". Information from this survey is used in some parts of this report. The on-line version is available at: [www.stats.govt.nz/domino/external/pasfull/pasfull.nsf/0/4c2567ef00247c6acc256bd5000817d8/\\$FILE/DCCounts01.pdf](http://www.stats.govt.nz/domino/external/pasfull/pasfull.nsf/0/4c2567ef00247c6acc256bd5000817d8/$FILE/DCCounts01.pdf).

Council	Promotion undertaken
Taranaki	Annual forum for Total Mobility participants; letters to all medical practitioners
Canterbury	Ashburton, Timaru, Waimate: displays at A&P shows; home shows; posters/pamphlets in doctors' waiting rooms; newspaper advertisements Christchurch: annual newsletters distributed to all Total Mobility clients, support agencies, service providers and local doctors' waiting rooms.
West Coast	Often get the Disability Information Services in Greymouth to talk to the support agencies about the scheme

## Information received by users

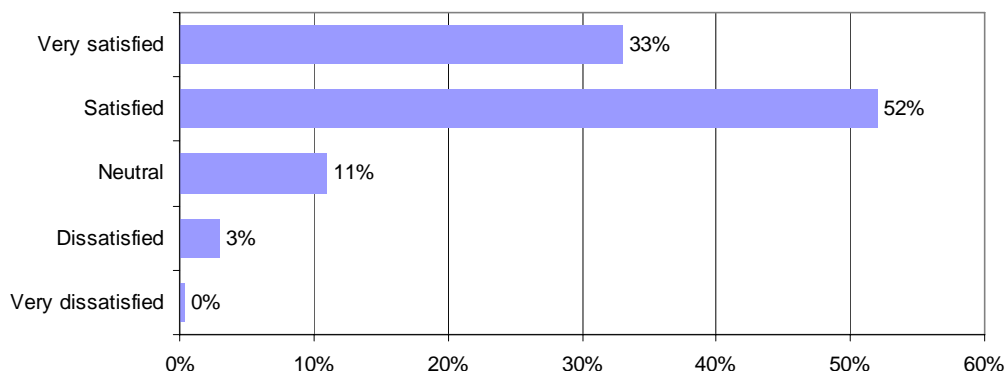
Users were asked whether they had received any information from their regional council about the Total Mobility scheme. Considering that only three regional councils said they provided such information, the proportion of users who answered “yes” (34% overall) seems high. (57% said they had not received any information, and 9% were unsure). What seems likely is that some of the users who said “yes” had in fact received information from other sources such as the disability support group they belong to.

Although this was not asked in the questionnaire, 53 respondents noted they had received information via other disabled people or via a support agency (e.g. DPA; Association of Blind Citizens of NZ; RNZFB; Contact Incorporated; Age Concern; MS Society; Arthritis NZ; CCS; Stroke Foundation; Epilepsy Society). A further three respondents noted they had received information from a local taxi firm (including two people in Northland who had learned from their taxi company about the subsidy being reduced from 50% to 25%).

The lack of information provided to users of the scheme tallies with an apparently low level of understanding among some users about such issues as subsidy levels and fluctuations, local restrictions on use of the scheme, proper charging practices for taxi companies, and other matters.

Those who said they had received information from their regional council were then asked how satisfied they had been with the information provided. Their responses are summarised in Figure 29. Overall, the level of satisfaction was very high. Only 3% said they were “dissatisfied” and only two said “very dissatisfied”. (NB: some of these responses will relate to information received via sources other than regional councils.)

**Figure 29: User satisfaction with information received**



Users were asked to comment on information provided about the scheme. Their comments are summarised in the following table. As well as some generally positive comments, a

range of concerns were expressed, namely about inadequacies of information available and/or information provision; and the formatting of available information being inappropriate for some users (particularly those with visual impairment).

### **Users' comments about information provided on Total Mobility**

#### **Positive comments**

- ♣ Good quality information received (e.g. information about changes and rules; about how the system works and the list of approved taxi services; information is easy to understand; information received has improved respondent's use of the scheme; appreciate receiving information by email; good process for feedback of information from meetings with Council)

#### **Negative comments**

- ♣ Received no information from Regional Council but would like to (this point also made by IHC respondents)
- ♣ Received no information about swipe cards (mostly Auckland but also recorded in Waikato, Bay of Plenty and Wellington)
- ♣ The scheme is not well publicised (e.g. should be publicised by health professionals, home help agencies, Support Net, WINZ, ACC, etc.). Because the scheme is not promoted, there are people in the community who are unaware of the scheme (this point was also made by IHC respondents).
- ♣ More information required on: updating ID cards; where to access vouchers; regulations related to the scheme; use of vouchers in other regions; complaints procedures; updating of vouchers; a national list of approved TM taxi companies; criteria; possible changes to the scheme.
- ♣ Regional councils could include Total Mobility information in their general householder updates or community directories
- ♣ A programme is needed to introduce new users to scheme
- ♣ Information needs to be in a format suitable for the visually impaired (including audio format)
- ♣ Information is needed for non-English speaking users
- ♣ The language used is too complicated (this point was also made by IHC respondents).

### **Comments from transport operators**

Transport operators made a number of comments about information provision:

- ❖ More information should be provided about the scheme in order to increase awareness among potential users
- ❖ Users need to be better informed about how to fill in vouchers
- ❖ More information is needed for taxi companies on how to access funding for purchasing or upgrading Total Mobility vehicles and hoists.

# 11 Advisory group role in policy making

## Regional councils

Regional councils were asked whether the Total Mobility advisory group in their region played an active role in policy making. All but three answered positively. The exceptions were:

- ❖ Hawkes Bay, which is endeavouring to establish an advisory group that will play an active role
- ❖ West Coast
- ❖ Otago, which undertakes consultation on “significant issues only”.

## Support agencies

Support agencies were also asked whether they thought the advisory group in their region played an active role in policy decision-making. 88% responded that this was the case, and 12% said it was not. Those who answered “no” were from the following regions:

- ❖ Auckland (3 responses)
- ❖ Bay of Plenty (4)
- ❖ Hawkes Bay (2)
- ❖ Wellington (5)
- ❖ Marlborough/Nelson/Tasman (1)
- ❖ Canterbury (1)
- ❖ Otago (2)
- ❖ Southland (2)

15% of agency respondents commented that they were unaware of the role of the advisory group. These responses may reflect a lack of awareness of the existence and role of advisory committees amongst some agencies.

## Comments from users

One user commented that the advisory Board was very strong in Auckland, and that the advisory process was good, leading to good administration by the regional council there.

# 12 Monitoring and data management

## Monitoring voucher use

Regional councils were asked how they monitor Total Mobility voucher use. The methods used were:

- ❖ Manual auditing of vouchers as they are received (11 councils)
- ❖ Auditing of the council database (Auckland, Gisborne, Marlborough/Tasman/Nelson and Canterbury)
- ❖ Auditing of support agency client databases (Marlborough/Tasman/Nelson and Canterbury – Canterbury noted that the Council keeps records of vouchers issued to support agencies, and the support agencies keep records of vouchers issued to clients).

All North Island regional councils undertake manual audits. This must involve significant staff time and could presumably be streamlined with the introduction of swipe cards. Of the South Island councils that undertake monitoring, most rely largely on feedback from participating taxi companies and support agencies, with the exception of the West Coast regional council (which relies on manual auditing).

Two councils (Otago and Southland) do not undertake any monitoring of TM use. Both said that this is up to support agencies and the councils monitor use by support agencies instead.

## Client databases

Regional councils were asked whether they kept a client database. All but one (Northland) did so.<sup>16</sup>

## Preventing misuse of vouchers

Regional councils were asked whether they had a system to ensure vouchers were not misused. All but one did. The exception, Southland, said that “voucher usage is based on trust”.

In most cases, the system used consisted of manual auditing of vouchers returned to the council, and/or the requirement that users carry ID cards. The process used by Environment Waikato was described as:

*“Each voucher must have a correct photo ID number and give full trip details, or they are returned to the taxi company unpaid. We compare fares to ensure the fare is correct and any unusual fares are returned to the taxi company for further explanation.”*

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<sup>16</sup> The Southland regional council has passed responsibility for management of Total Mobility to the Invercargill City Council and it is the city council that maintains the database of users.

Other approaches used in conjunction with manual auditing and ID cards included:

- ❖ Regular visits to support agencies and taxi companies (Bay of Plenty)
- ❖ Reminders to doctors and clients of criteria and conditions of the scheme (Taranaki)
- ❖ In Marlborough/Tasman/Nelson the scheme is small and the co-ordinator has personal contact with all the support agencies and taxi operators in the Nelson/Richmond area. In Motueka, there is only one operator that knows all clients and quickly reports any misuse.
- ❖ In Otago, vouchers are returned to support agencies who then review usage, and identify any problems.
- ❖ Manawatu-Wanganui is currently installing an electronic database which records when vouchers are sent to clients and when clients are eligible for their next book. Voucher numbers are also recorded. This database will be provided to each support agency and will replace current client tracking systems. The respondent suggested that other regions should adopt this database as the advantages include:
  - Reduced workload for disability support agencies
  - Ensures clients do not exceed their voucher entitlement
  - Provides accurate reports for the Total Mobility co-ordinator
  - Replaces often unsatisfactory client tracking systems

# 13 The future

## Planning by regional councils

Regional councils were asked whether they had any plans to accommodate anticipated increases in demand for Total Mobility over the next 10-20 years. Only four councils said they were doing any such planning. Of these, only two seemed to be taking a long-term strategic approach.

The Bay of Plenty regional council has sought estimates from support agencies and taxi companies of expected levels of future demand; Environment Canterbury has included a 5% per annum increase in its Long Term Financial Strategy. (Greater Wellington and Marlborough/Tasman/Nelson district councils, said their annual budgets would be reviewed depending on demand).

## Adequacy of the Transfund contribution

Council respondents were unanimously in agreement that the level of financial support currently provided by Transfund would be insufficient in the future, given the likely rise in demand. Many councils are currently struggling to stay within budget as it is. Many argued that the current 60% local government / 40% central government funding split placed unfair strain on councils and should be reversed.

Key issues included:

- ❖ An increasing population also means increasing demands on councils for provision of essential services, which must be prioritised ahead of Total Mobility
- ❖ Difficulties will be greatest for councils in areas experiencing large growth in the older people demographic, and small rural districts
- ❖ In the case of councils with increasing populations of older people, the proportion of the population earning a salary or wage, and hence spending power, will decline
- ❖ The increase in demand for Total Mobility is likely to come largely from older people, who have a relatively high need to travel to health appointments etc.
- ❖ Increasing expenditure on Total Mobility by councils could be challenged or rejected by ratepayers.
- ❖ Funding for the scheme should be provided from the ministries of Social Development and Health.
- ❖ Disabled individuals who receive benefits from the Department of Work and Income should be provided with adequate disposable income so they can afford to cover their own transport costs.

## Comments from support agencies

Fourteen respondents argued that increased funding is needed to offset increases in demand.

*"We have had to restrict the distances travelled owing to lack of funding i.e. disadvantaging some users."*

One respondent questioned whether funding should be sought from the Ministry of Health.

The specific points raised by each council are summarised in the following table.

Council	Reasons why current Transfund allocation will be insufficient in future
Northland	Whangarei District Council is already struggling to fund Total Mobility at the present level.
Auckland	An increasing aged population will mean increasing demand per user for travel for health reasons. Direct rating means councils are more accountable to ratepayers for expenditure. If Total Mobility is not supported by ratepayers, council spending on the scheme could potentially be threatened.
Waikato	Some communities, particularly small rural ones, will be unable to pay for the increased demand by increasing the rate take. Smaller rural districts are not in a position to pay for the expansion of current services. Arguably, as this is a social issue it requires a greater central government contribution.
Bay of Plenty	“Explosive” growth is forecast for Tauranga – this will include a large proportion of older people.
Taranaki	As expenditure on Total Mobility rises, questions will arise as to whether the expenditure by local government (as a proportion of its total rates revenue/total expenditure on statutory duties) is appropriate. As demand increases, the level of financial support from central government will also have to rise.
Wellington	Increasing demand by older people frail users is expected.
Marl/Tas/Nelson	Nelson/Tasman regions are experiencing above-average growth, including of those above 65 years of age. Hence councils need to spend money on upgrading essential services (water supply, sewerage, storm-water) ahead of Total Mobility. Significant money is taken from the region in the form of road user charges and petrol tax. The Total Mobility budget is currently experiencing a shortfall due to the current 60/40 split – this split should be reversed.
Canterbury	With the increasing age of the population, there will be a relatively small increase (or even a decrease) in the number of ratepayers, but over time a greater proportion of these will not be earning a salary or wage. Central government should be meeting a higher proportion of the cost.
West Coast	Due to the pressure on council budgets, the subsidy rate from Transfund must be increased to about 50-60% in future.
Otago	The expected increase in demand for Total Mobility cannot be met through increases in rating.
Southland	The council cannot afford to fully fund the growth in membership currently being experienced. Per capita, Southland is already paying over \$2 per head for Total Mobility provision. This figure will increase when the caps on the budget are lifted. An increase in the central government subsidy is badly needed.

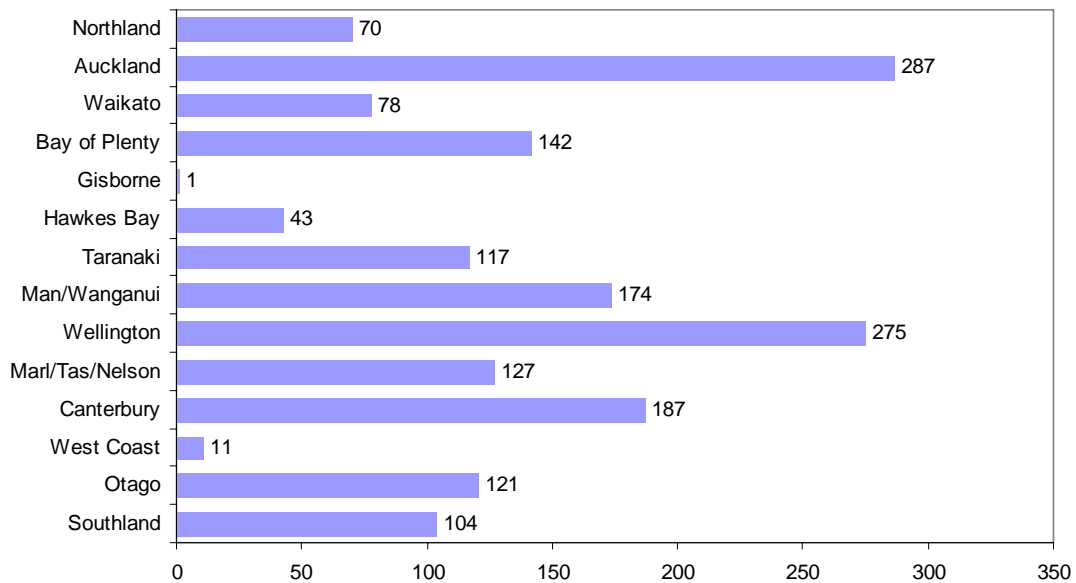
# 14 Profile of users surveyed

A total of 1,750 user surveys were returned.

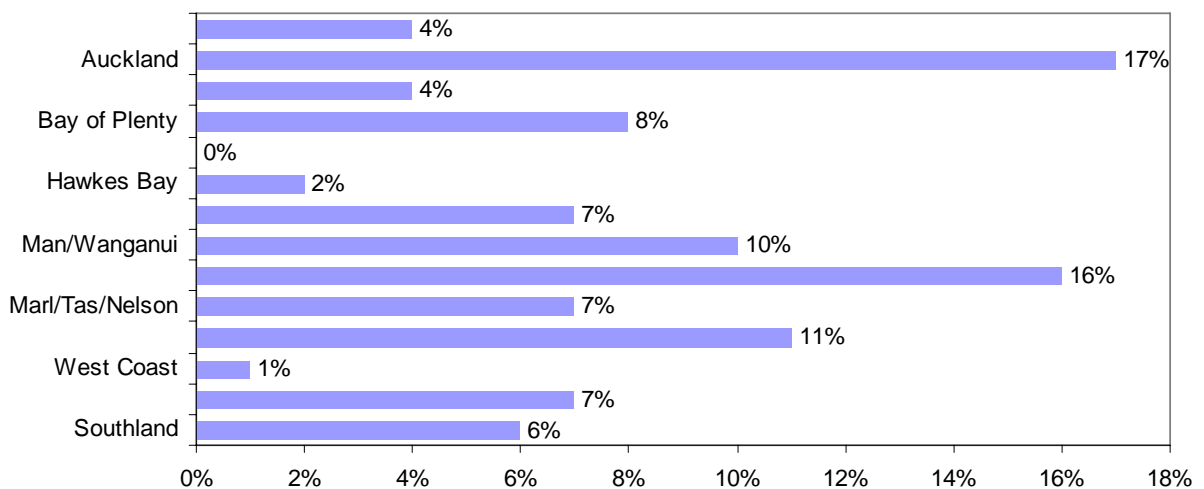
## Region

Users from all regions were represented in the survey. Large metropolitan centres dominated numerically, but a high proportion of all users from Northland, Taranaki, Nelson/Marlborough/Tasman, and Southland responded to the questionnaire. Returns from some areas (Gisborne, Hawkes Bay and the West Coast in particular) were low.

**Figure 30: Regional distribution of user responses**



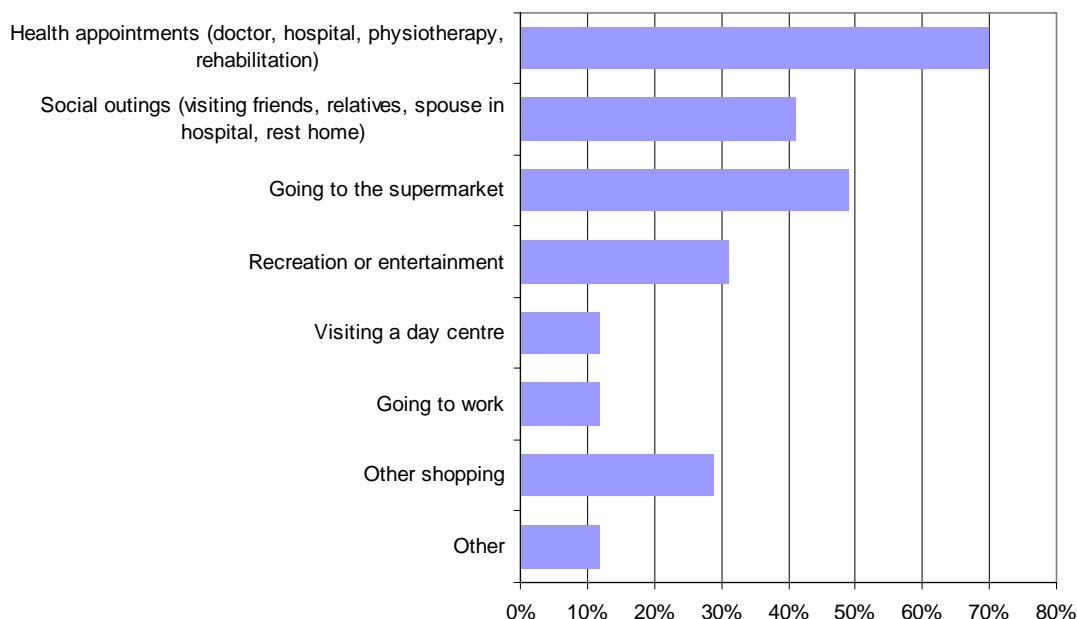
**Figure 31: Responses as a percentage of all users in each region**



## Use of the Total Mobility scheme

Users were asked to list the purposes for which they had used the Total Mobility scheme in the past month. By far the greatest level of use was for health appointments, followed by supermarket shopping, social outings, and recreation/entertainment. 25 people responded that they had not used the service during the past month.

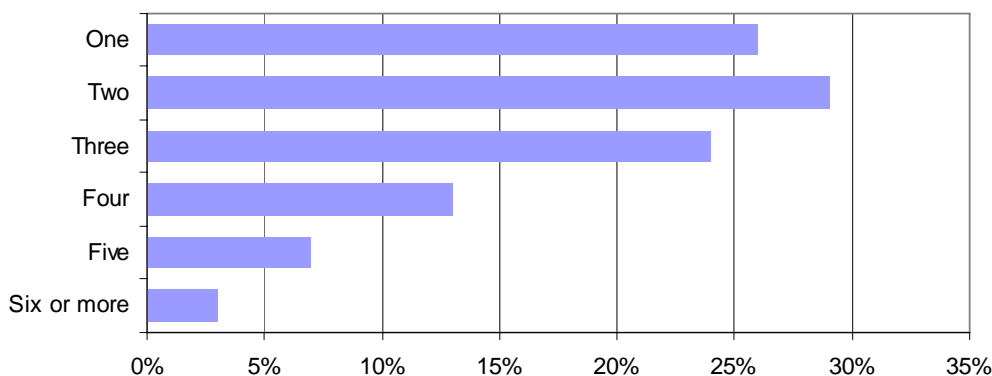
**Figure 32: All purposes for TM use over the past month**



“Other” includes: attending church (43); attending meetings including voluntary organisations, support agencies, etc. (37); education (night school, polytech, university, vocational training, taking children to school, kindergarten) (35); visiting the hairdresser (29); visiting the bank (12); going to the airport (11); travelling to/from voluntary work (9); visiting the library (8); taking animals to vet or guide dog centre (4).

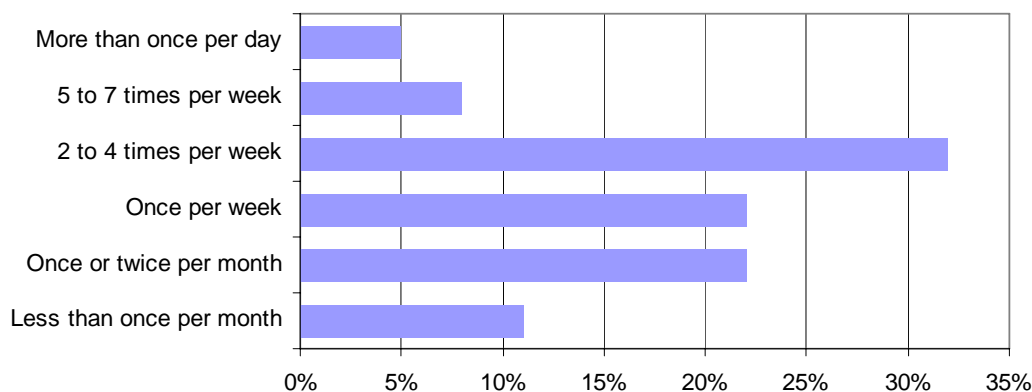
Most respondents (74%) said they had used vouchers for more than one purpose during the past month. The numbers of purposes for which users had used vouchers during that time are summarised in the following graph.

**Figure 33: Number of purposes for which vouchers used in past month**



Users were asked how often they used Total Mobility vouchers. Most (54%) use them between one and four times per week. Only 13% use them daily or more frequently, and 22% use them once or twice per month.

**Figure 34: Frequency of use of vouchers**



## Other transport options available

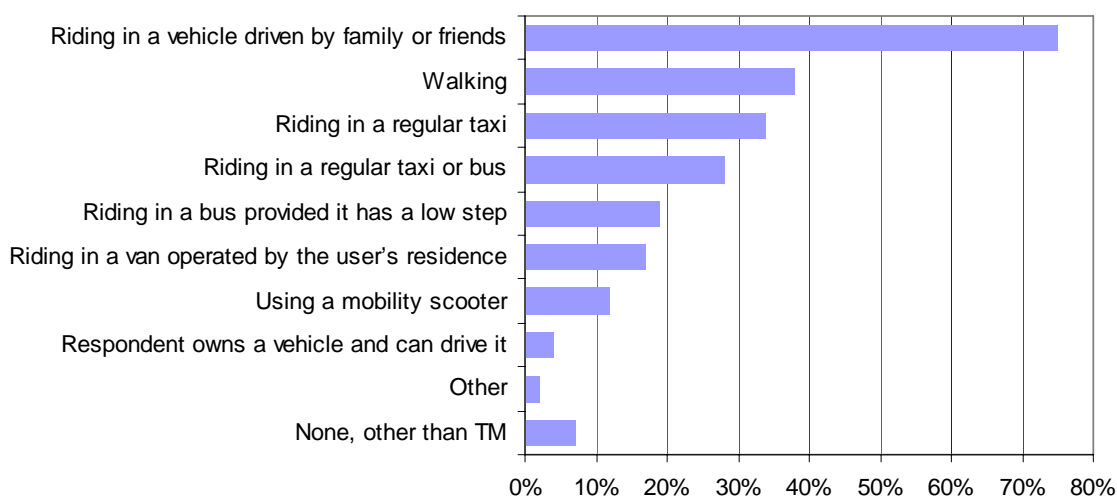
### *Dependence on a wheelchair*

22% of users reported dependency on a wheelchair for mobility. This includes respondents who were periodically dependent on a wheelchair, or who were temporarily reliant on one at the time of the survey (e.g. while recovering from surgery). It also includes those who use an electric wheelchair.

### *Alternatives to Total Mobility*

Other than Total Mobility, most users (93%) are also able to use some alternative means of transport. The most common alternatives are a vehicle driven by family or friends, and walking (though many are only able to walk short distances and/or with some form of support). Users' responses are summarised in the following table.

**Figure 35: Alternative transport options to Total Mobility vouchers**



**Table 5: Alternative transport options to Total Mobility**

Alternative transport options available	Valid Responses	%
♣ Riding in a vehicle driven by family or friends (10 respondents said they could ride in vehicle provided it is modified/large enough for wheelchair, walking frame etc.)	1,288	75%
♣ Walking (212 of these respondents said they had specific physical limitations, e.g. can walk short distances only; require constant support, walking frame; are visually impaired so can only walk familiar routes or need a guide dog; need supervision – IHC respondents)	646	38%
♣ Riding in a regular taxi (most Total Mobility vehicles are actually regular taxi cabs without modification).	586	34%
♣ Riding in a regular taxi or bus* (6 people advised they could use a regular bus but did so with difficulty or needed assistance; visually impaired people and IHC clients noted they could use buses but only on familiar routes)	479	28%
♣ Riding in a bus provided it has a low step (3 people also said they needed space for a wheelchair in the bus)	323	19%
♣ Riding in a van operated by the user's residence (14 of these people said these vans were of limited use/availability, e.g. one trip per week; for health appointments only; unavailable during weekends)	293	17%
♣ Using a mobility scooter (5 people said their use was restricted by heavy traffic, distance, uneven pavements, bad weather, etc.)	203	12%
♣ Respondent owns a vehicle and can drive it (some of these specified qualifying conditions, including: only drive when not on medication; short, local trips only; no town or night-time driving). Very few people with intellectual disability are able to drive.	69	4%
♣ Other**	33	2%
♣ None, other than Total Mobility	128	7%

\* This option was problematic in that it contained two answers that should have been separated on the form. Many people crossed out "or bus" and so we recorded these instead under "taxi only". We suspect that some of those who did not cross out "or bus" cannot actually use a regular bus, and so this figure is probably still too high.

\*\* "Other" includes: wheelchair / electric wheelchair (9); car/van of disability agency staff or volunteers (9); wheelchair accessible bus (4); bicycle (some said they biked only under certain circumstances, e.g. when well enough) – (4); train (some said they used trains only under certain circumstances, such as in fine weather and with the co-operation of guards – 3); disability training services bus (1); owns a vehicle and has volunteer driver (1); occasional hired mobility van (1); work transport (1).

Users made a range of comments regarding alternative transport options. In general, these were about constraints on their use of alternatives to Total Mobility. These are summarised in the following table.

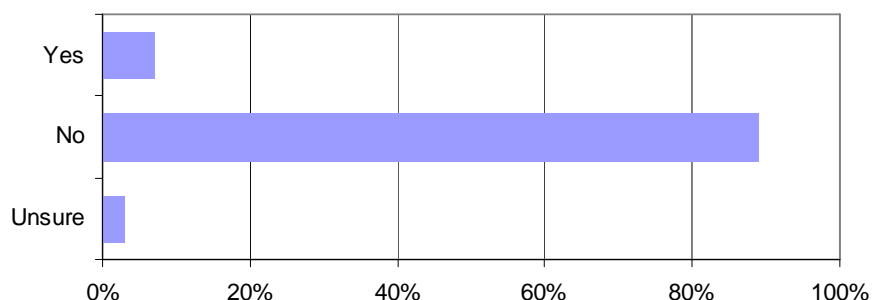
## Comments on alternatives to Total Mobility

- ♣ Have access to alternatives but values the independence gained through Total Mobility (this point was also made by IHC respondents)
- ♣ Must have a caregiver or be given other assistance while travelling / must have a familiar driver (some noted this was particularly so in wet weather and/or in the winter, or for IHC respondents who require supervision)  
*“With visual impairment and no night vision, most activities require aid or a knowledge of route of travel to get to destination.”*
- ♣ Would like to use other forms of transport but needs financial assistance, e.g. to take driving lessons, purchase a mobility scooter
- ♣ Specific vehicle needs e.g. van with a hoist  
*“Because I always transfer from chair-vehicle-chair, back seats & doors are not wide enough so front seats are used. It is so good using a taxi van & hoist.”*
- ♣ No bus service in the area or no bus stop near the home. This was raised as a problem by IHC respondents – those who live in areas without accessible public transport services are disadvantaged.
- ♣ Difficulties with a regular bus but no low-step buses in the area (e.g. Greymouth)
- ♣ IHC respondents commented that provision of visual and verbal announcements of bus route and stops would enable some people with intellectual disability to use public transport. Verbal announcements would also make it possible for some visually-impaired people to use public transport. Technological developments (such as the real-time timetable initiative in Christchurch) may enable more people with intellectual disability to use public transport.
- ♣ Needs assistance in and out of vehicle/wheelchair (for own vehicle as well as others)
- ♣ Requires help using bus – help is frequently not available so has to use taxis
- ♣ Need for a guide dog makes travel on public transport difficult
- ♣ Have a guide dog, but can only use it in familiar territory
- ♣ Type of transport used depends on time of day, e.g. safety concerns at night (taxis are safer than public transport); constraints of wet weather
- ♣ Use of alternatives is dependant on state of health (including use of artificial limb; epilepsy)
- ♣ Reliance on a wheelchair limits use of alternatives / because wheelchair is difficult to manage, alternative transport used as last resort
- ♣ Problems with mode integration (e.g. rail service doesn't accommodate scooter; can't take walker on board bus)
- ♣ It would be appreciated if wheelchair hoists could be made larger so as to accommodate mobility scooters

## Other government transport assistance

Users were asked whether they received any other form of transport assistance from the government. Only 7% replied that they did, while 89% said they did not and 3% were unsure.

**Figure 36: "Do you receive any other form of transport assistance?"**



Those who said they did receive other Government assistance were asked to specify what that assistance was. A number of the responses do not relate to transport assistance provided by the government, but they are included below for completeness. Their answers are summarised in the following table.

**Table 6: Other government assistance received**

Assistance	Number
♣ Disability allowance	41
♣ CCS sticker	4
♣ Assistance for transport to supermarket	2
♣ Costs of visiting specialist in city / hospital or doctor in regional centre	6
♣ Equipment (e.g. electric wheelchair)	4
♣ Government funded organisation, e.g. Stroke Foundation, Blind Foundation	1
♣ Workbridge	5
♣ Free bus pass/ discount bus pass	13
♣ ACC	9
♣ Reimbursement for fares to Regional Health Board meetings	1
♣ Subsidy on over 60s van	1
♣ Government school bus	1
♣ Taxi to school, Special Education Services for transport to school	4
♣ War veteran's pension, War Disability travel allowance	6
♣ Home help including shopping	1
♣ Travel Incentive Allowance	2
♣ Reimbursement for fares to hydrotherapy, physiotherapy etc	1
♣ Area HB transport	1
♣ Red Cross vehicle	1
♣ Card for discount on long distance travel	1

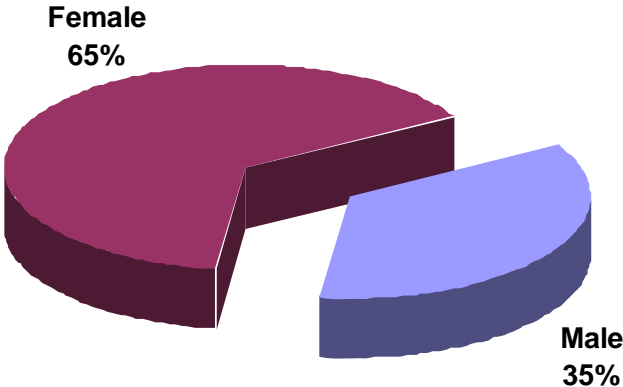
# Demographic information

Users were asked to specify a range of demographic details. Some chose not to supply some or all of the following information. The following graphs summarise the information provided by those who did.

## Gender

Of those who answered this question, 65% were female and 35% male. This compares closely to the gender ratio from the information supplied by regional councils (Section 15) of 69% female and 31% male.

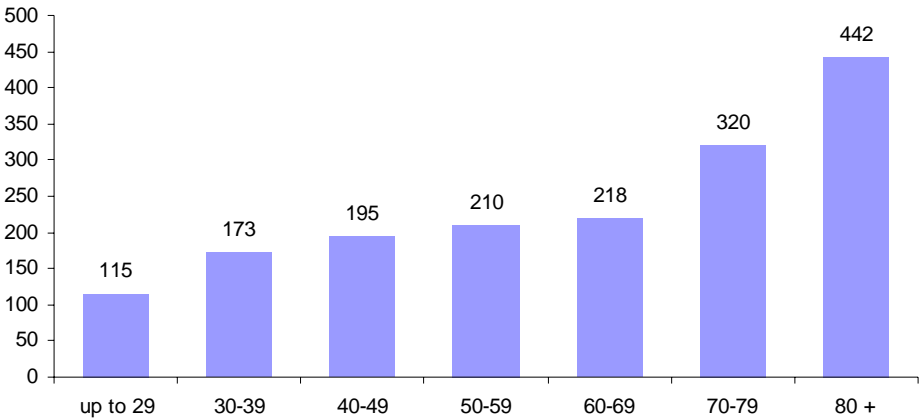
Figure 37: Gender of respondents



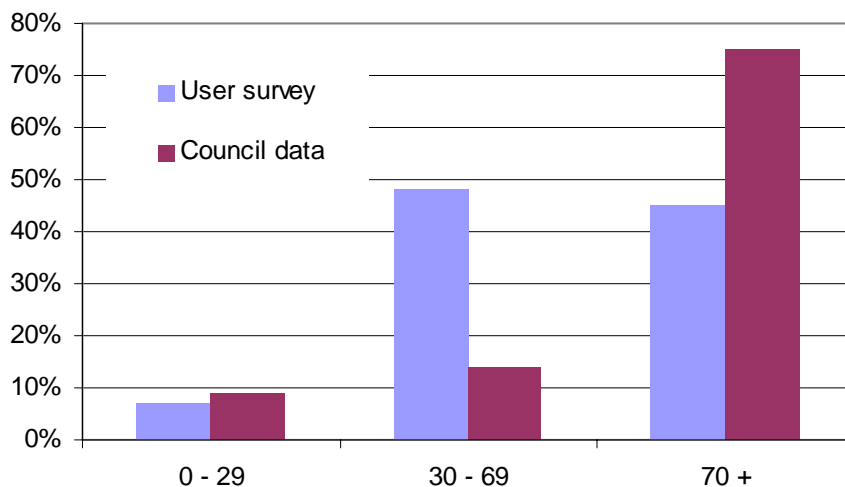
## Age

The age of respondents was weighted heavily towards older age groups, with 45% of respondents aged 70 or over. This is significantly lower than the figures provided by nine of the fourteen regional councils, which indicated approximately 75% of users were aged 70 or over.

Figure 38: Age of respondents from user questionnaires



**Figure 39: Age of TM users from survey compared with regional council data**



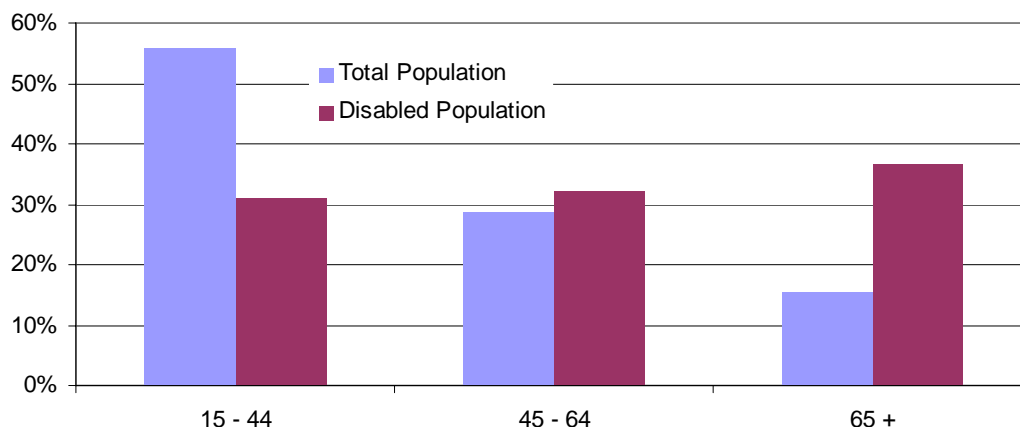
## Demographics of the disabled population

The “Disability Counts 2001” survey undertaken by Statistics NZ found that nearly 10% of all adults are mildly limited by disabilities. A further 10.2% are moderately affected, and 3.5% are severely limited.

The level of assistance required defines the severity of the disability. People with moderate disabilities require special equipment or assistance with some tasks. People with severe disabilities require daily assistance with tasks such as bathing and preparing meals.

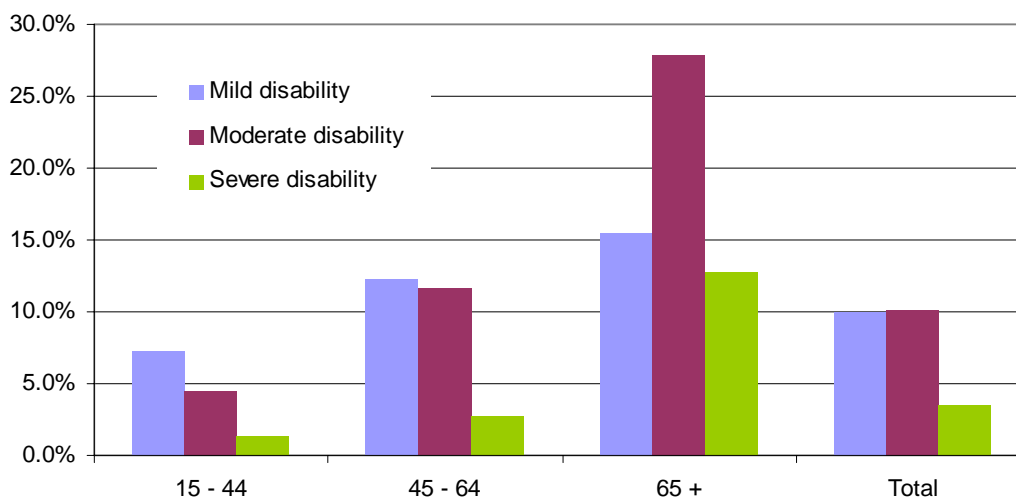
The proportion of disabilities increases dramatically by age band. Although people 65 and over only make up 16% of the total population they contribute to 37% of the population with disabilities (Figure 40). For people aged between 15 and 44, 13.1% have some form of disability. In the 45 to 64 age band 26.7% have disabilities. For those 65 and over 56% have a disability of some sort (see Figure 41).

**Figure 40: Age bands for total population & total disabled population**



Source: Disability Counts 2001, and Census 2001. Statistics New Zealand.

**Figure 41: Percentage of each age group of total population by degree of disability**

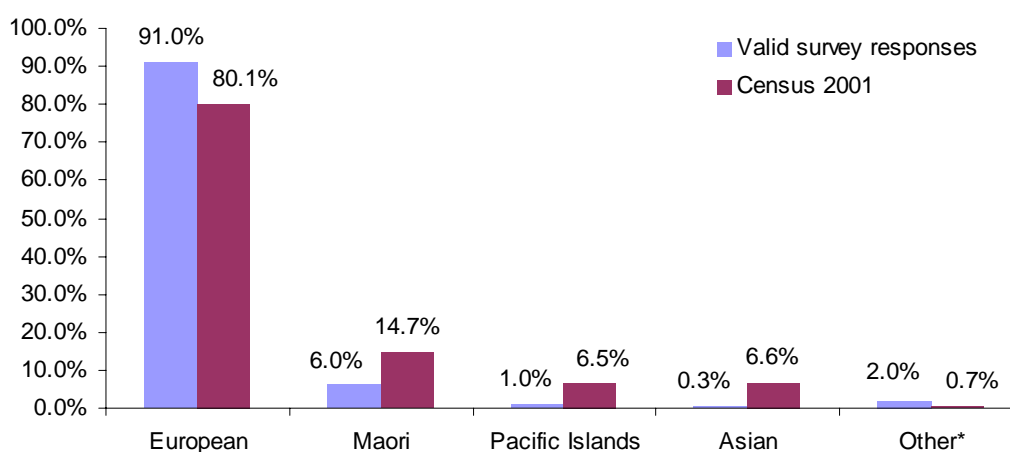


Source: Disability Counts 2001. Statistics New Zealand.

### **Ethnicity**

Respondents of European descent were highly represented at 91%. (According to the 2001 Census, 80.1% of the population is of European descent.) Maori were next with 6% (14.7% in the census). Very few respondents were of Pacific Island and Asian descent - only 16 Pacific Islanders and five Asian respondents were recorded. (6.5% and 6.6% respectively in the Census.)

**Figure 42: Ethnicity of respondents compared to 2001 Census**

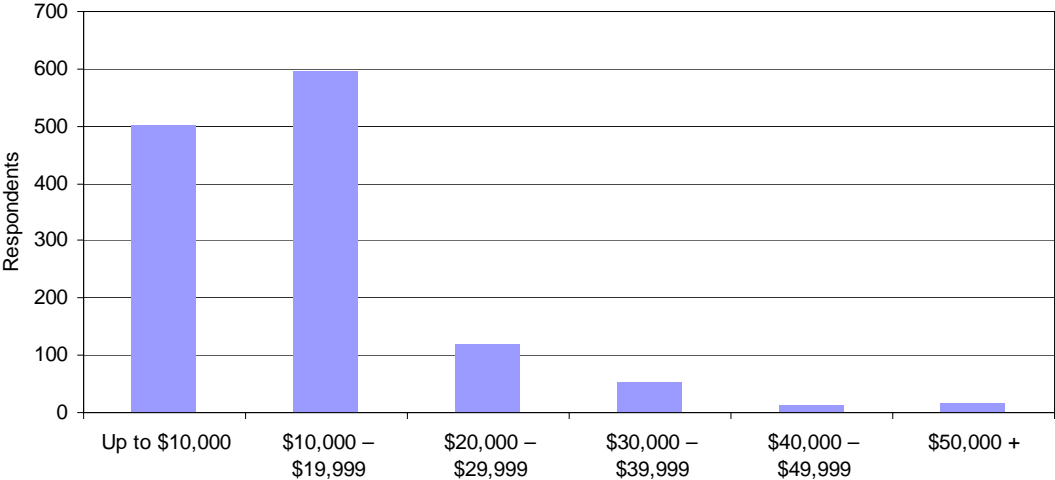


\* Although respondents who answered "Other" were not asked to specify their ethnicity, some nevertheless did. Their answers included: British, Australian, German, American, Iraqi and Indian.

### **Annual income**

Most respondents were on very low incomes. 84% earned less than \$20,000 per annum, and 38% earned \$10,000 or less.

**Figure 43: Annual income of respondents**



# 15 User profiles supplied by regional councils

## Fares

Regional councils were asked to provide, if possible, details of the expenditure per client in their region (average, highest and lowest), and the fares charged per voucher (average, highest and lowest).

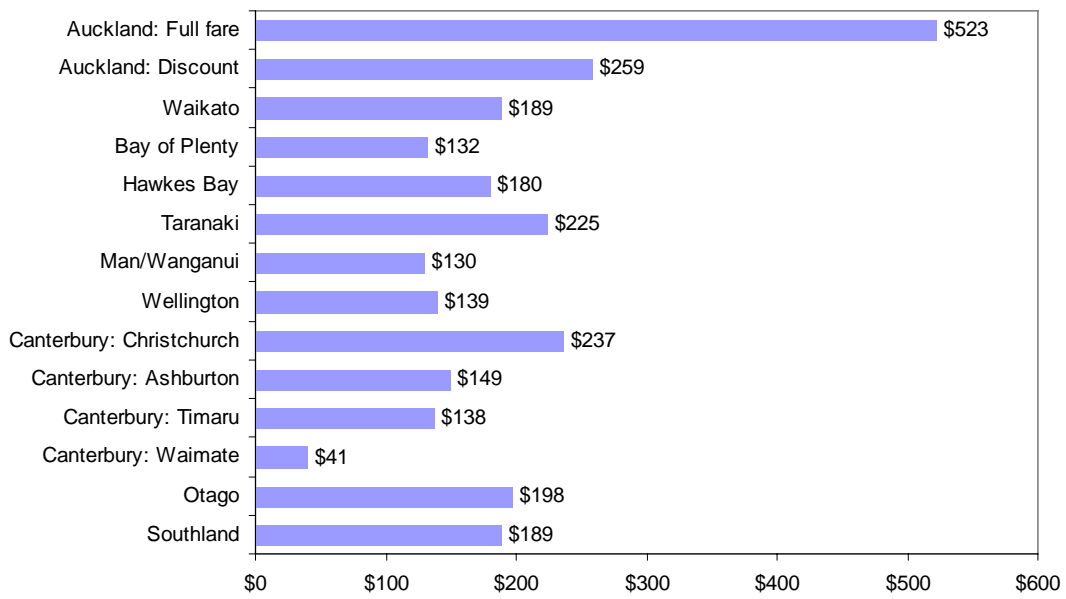
The level of detail of the information supplied varied considerably. Two regions (Northland and Marlborough/Nelson/Tasman) had no information available and so are not included in the following table. Most councils were able to provide averages only, while a few could provide the full range of information sought. Auckland and Canterbury provided differentiated data for different users (full fare vs. discount users in the former case; differentiation for users living in different towns in the latter).

In general, expenditure per client tended to be higher in the four main centres, as did fares per voucher.

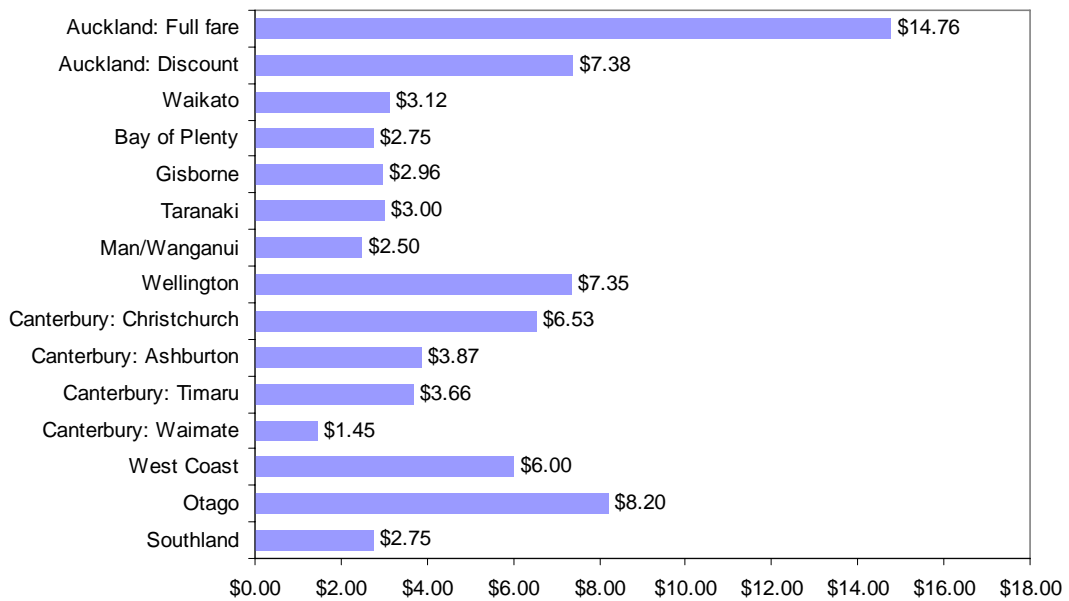
**Table 7: Expenditure by regional councils on clients**

Council		Expenditure per client			Fares per voucher		
		Average	Lowest	Highest	Average	Lowest	Highest
Auckland	Full fare	\$523.26			\$14.76	\$1.00	\$240.00
	Discount	\$258.86			\$7.38		
Waikato		\$189.09			\$3.12		
Bay of Plenty		\$132.44			\$2.75		\$20.00
Gisborne					\$2.96		
Hawkes Bay		\$180.00					
Taranaki		\$225.00	\$75.00	\$675.00	\$3.00	\$2.00	\$20.00
Man/Wanganui		\$129.50			\$2.50		
Wellington		\$139.36			\$7.35	\$1.50	\$40.00
Canterbury	Christchurch	\$236.65		\$15.00	\$6.53		
	Ashburton	\$149.20			\$3.87		
	Timaru	\$137.60			\$3.66		
	Waimate	\$40.50			\$1.45		
West Coast				\$6.00	\$3.50	\$30.00	
Otago		\$198.00			\$8.20		
Southland		\$189.00	\$100.00	\$800.00	\$2.75	\$2.50	\$20.00

**Figure 44: Average expenditure by regional councils per client**



**Figure 45: Average fare per voucher**

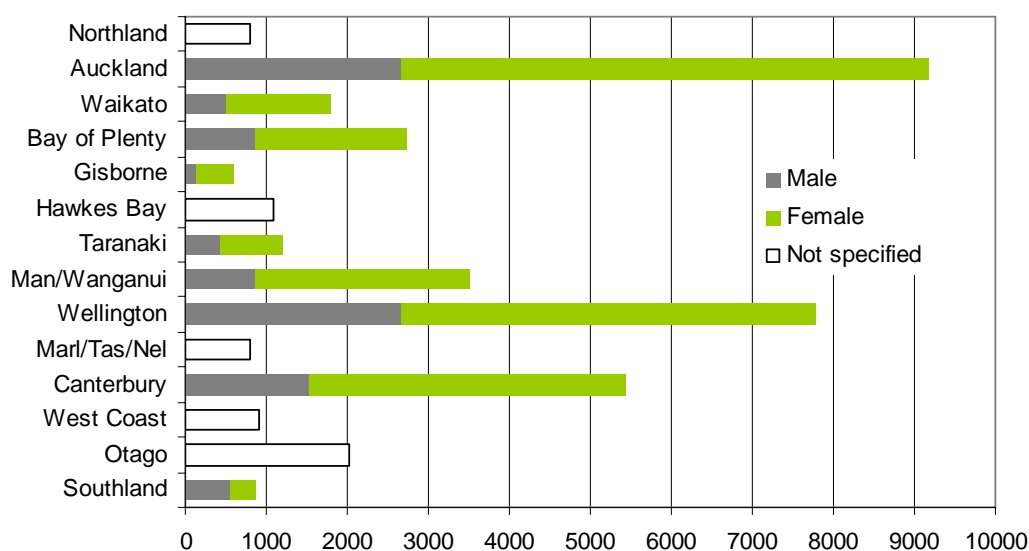


## Client demographics

### Total number of clients by gender

Regional councils were asked how many clients in total used the scheme in their region, broken down by gender. One council (Northland) was unable to provide any information. Based on the amount of funding received, however, it can be assumed that Northland has between 600 and 800 active clients. Four other councils were unable to provide details of the gender of clients. Figures for the remaining nine councils have been added together and percentages calculated (see Figure 46). Across these nine regions, 69% of clients are female – slightly higher than the 65% of respondents to the user survey.

**Figure 46: Number of clients by gender by region**



### Age of clients

Councils were asked to provide, if possible, details of the age of clients in their region. Five councils were unable to provide such information. Of those that could provide information, in many cases the data held by councils did not match the age categories specified in the survey form.

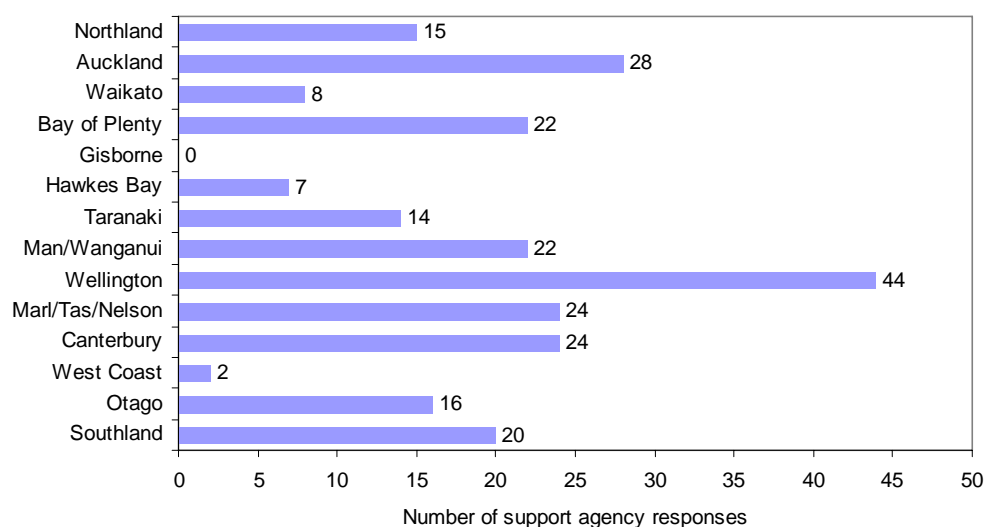
Because of the variation in the age brackets used by different regional councils it is not possible to calculate totals for each of the age brackets used in the survey. Approximate totals have been calculated for the “up to 29”, “30-69” and “70+” age brackets (note that these figures should be treated with caution given that the component data sets do not entirely match). In general terms the figures suggest that a far higher proportion of users are aged 70 or over than were represented in the user survey (74% compared with 45%). (See 54, Figure 39).

# 16 Profile of support agencies surveyed

## Region

A total of 246 responses were received from support agencies. Agencies responded from all regions except Gisborne. Some regions, including Waikato, Hawkes Bay, and West Coast, had very low numbers of responses. Wellington had 44 support agencies respond and Auckland 28.

**Figure 47: Support agency survey responses**



## User types

Support agencies were asked to specify the group(s) they represented. 162 respondents (66%) specified more than one group, 44 specified two groups; 34 specified three groups; 32 four groups; 26 five groups; 21 six groups; and 5 seven groups.

**Table 8: Types of users represented**

Type of user	Number	Percentage of respondents
Physical frailty	122	50%
Physical disability	171	70%
Psychiatric disability	52	21%
Neurological disability	122	50%
Visual impairment	116	47%
Intellectual disability	80	33%
Aged / senior citizens	9	4%
Other*	20	8%

\* "Other" includes: Stroke / Transient Ischaemic Attacks (4); dementia (4); visually impaired in conjunction with other disabilities (2); sensory impairments including hearing loss (2); all disabilities (2); pre- and post-operation clients (1); dual diagnosis clients (1); HIV infection (1); those that do not wish to belong to any particular organisation (1); gross obesity (1); children with special needs (1).

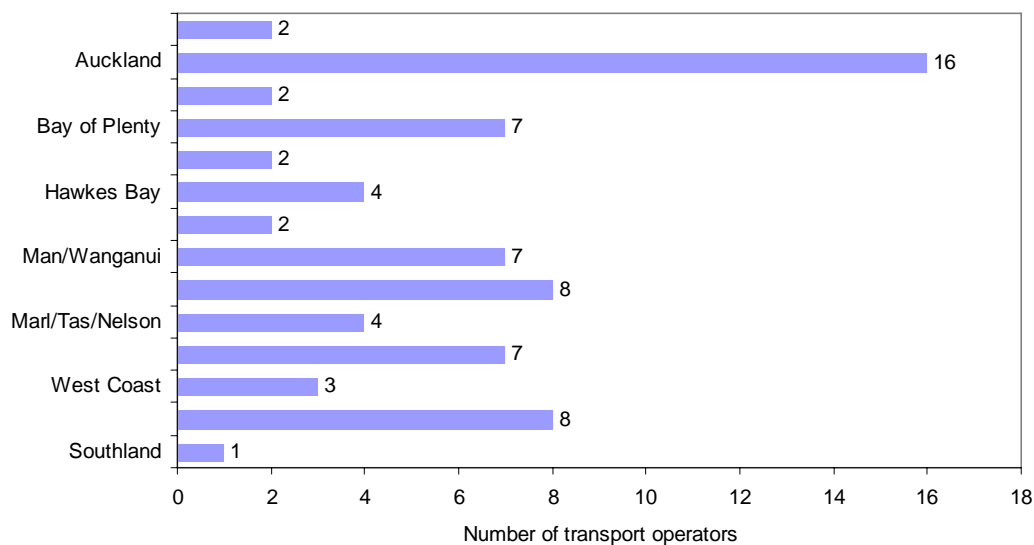
# 17 Profile of transport operators surveyed

A total of 74 transport operators responded to the survey.

## Region

All regions were represented. Numbers were low in the case of all regions owing to the low return rate overall (Auckland had the highest return).

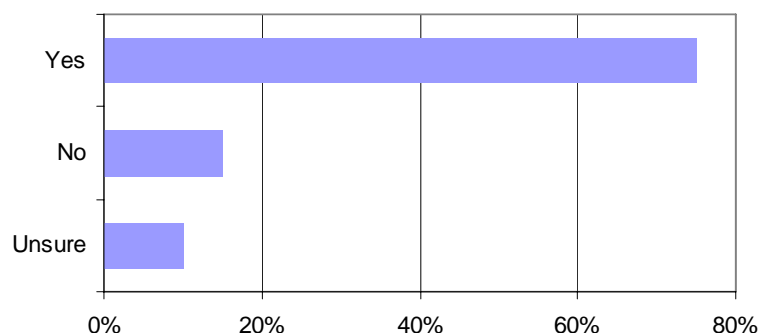
**Figure 48: Transport operators by region**



## Contracts with regional councils

Transport operators were asked whether they had a contract or agreement with their regional council to operate as an approved Total Mobility operator. 75% said that they did, 15% that they did not, and 10% were unsure.

**Figure 49: "Are you an Approved Total Mobility Operator?"**



Those that answered “no” were from:

Auckland (1)

Wellington (2)

Waikato (1)

Marlborough/Tasman/Nelson (3)

Bay of Plenty (1)

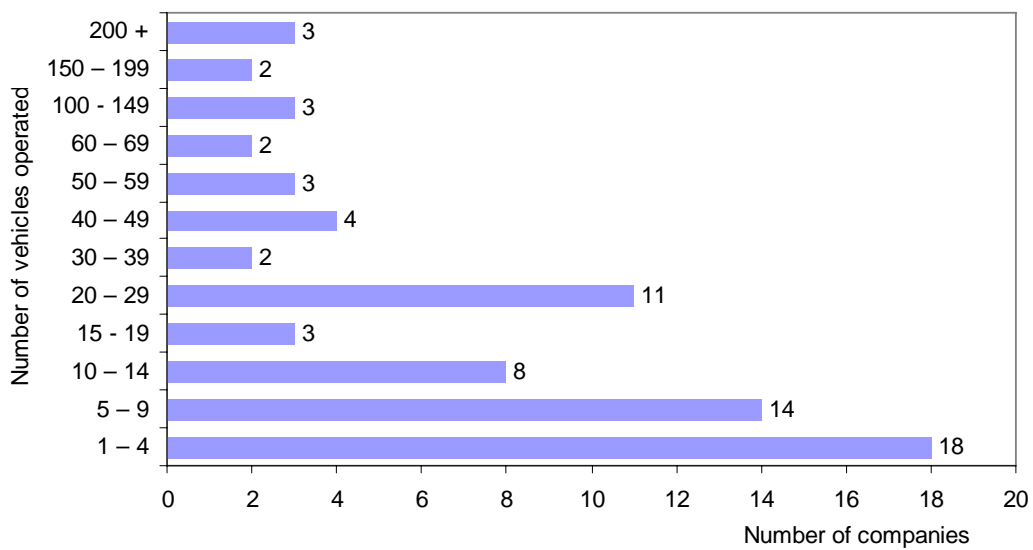
Otago (1)

Hawkes Bay (2)

## Numbers of vehicles

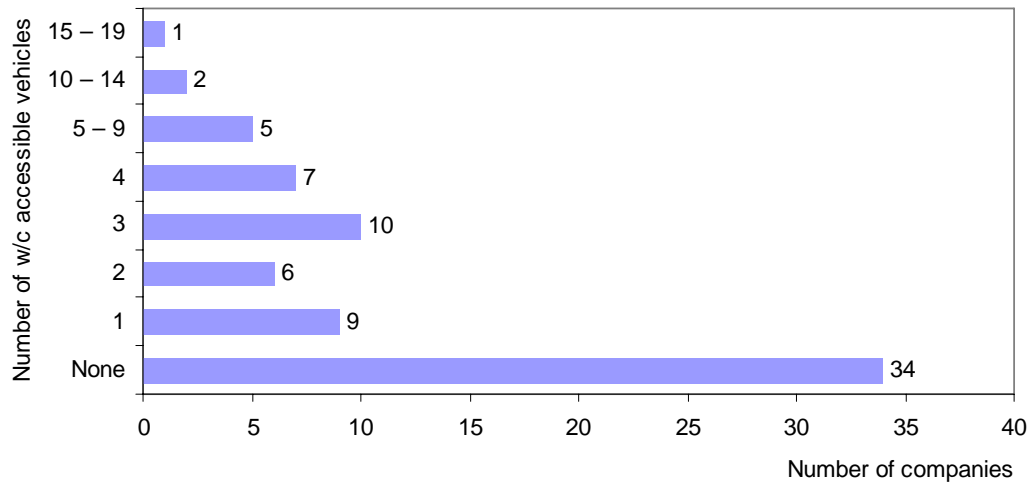
Transport operators were asked to specify how many passenger transport vehicles the company operated. Their answers are summarised in the following graph.

**Figure 50: Number of vehicles operated**



Transport operators were then asked to specify how many of their vehicles were wheelchair accessible. In general terms, those firms with the largest numbers of vehicles tended to also have the largest numbers of wheelchair accessible vehicles. One notable exception was an Auckland firm operating ten vehicles, all of which were wheelchair accessible.

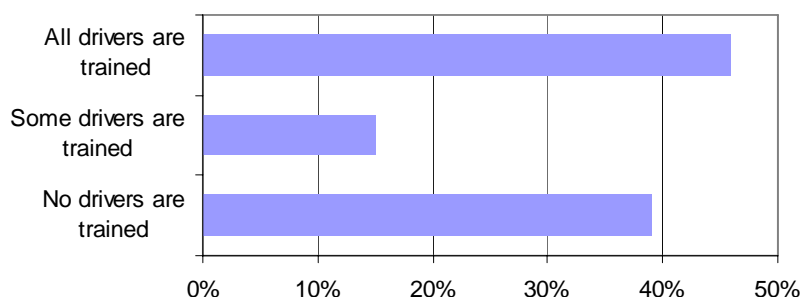
**Figure 51 Number of wheel chair accessible vehicles operated**



## Driver training

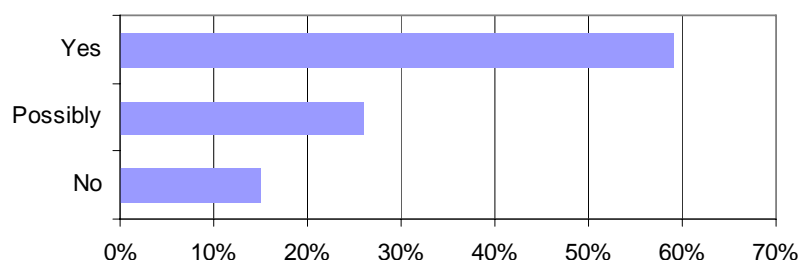
Transport operators were asked whether their Total Mobility drivers underwent special training in working with clients with disabilities. Their responses are summarised in the following graph.

**Figure 52: "Do your TM drivers undergo special training?"**



Those who said that none of their drivers undertook training were asked whether they would consider driver training if it was offered. Their responses are summarised in the following graph.

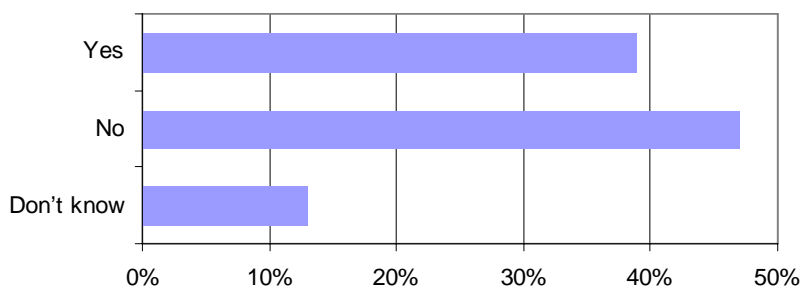
**Figure 53: "Would your company consider driver training if it were offered?"**



## Wheelchair hoists on vans – safety matters

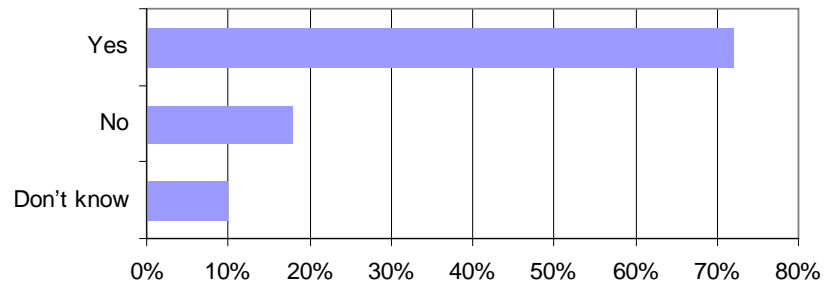
The companies with hoist-equipped vehicles were asked whether the hoists on their vehicles were checked each time the vehicles had a Certificate of Fitness (CoF) test. Their responses are summarised in the following graph.

**Figure 54: "Are your hoists checked every Certificate of Fitness test?"**



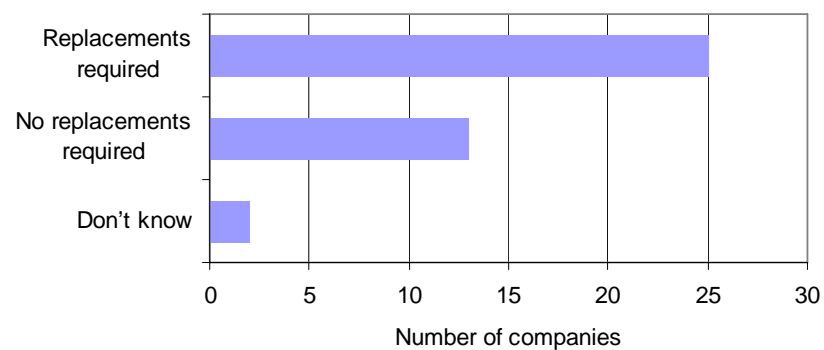
These same companies were asked whether their hoists were tested at any time during their lifetime to ensure they still complied with the safety standard. Their responses are summarised in the following graph.

**Figure 55: "Periodic testing for compliance with the hoist safety standard?"**



Finally, these companies were asked whether they had any wheelchair hoists that would need to be replaced within the next two years. Their responses are summarised in the following graph.

**Figure 56: "Do you have hoists needing replacement within the next two years?"**



Other comments from transport operators included:

- ❖ Vehicles and hoists should be subject to an age limit (e.g. 5 years) and undergo a CoF every 2 years
- ❖ The vehicle age limit criteria should be eliminated and a two-yearly CoF relied on instead
- ❖ Compliance costs are leading to the provision of fewer wheelchair vehicles – the criteria should be reviewed

# 18 General comments and suggestions

## Regional Councils

- ♣ Undertake a “first principles” review of the scheme to determine how and where such a service is best delivered.
- ♣ Undertake research into how people with disabilities are funded for transport in other countries, and collate ideas for how NZ might do it better
- ♣ Refer back to work done by Sandy Rosenbloom and further investigate her recommendations for a specific Dial a Ride service
- ♣ Allow for the provision of an on-demand, subsidised, dial-a-ride, wheelchair hoist or super-low floor 20 seater bus service that would operate on no set route (Southland). This could be subsidised via the general Transfund Passenger Transport concessions fund and could be tendered for by taxi and bus companies alike. The service would operate during daytime hours only and would be mandatory for non-wheelchair hoist patrons. Wheelchair-bound patrons could still use the wheelchair hoist-equipped mini-vans operated by taxi companies. A portion of the Total Mobility budget could be allocated to this service. This would alleviate a portion of the need for w/c taxi vans during the day.

## Users

- ♣ Appreciate the independence afforded by the scheme / scheme is crucial for access to essential services, e.g. health services, work, shopping; and to community, family / access to taxi travel gives flexibility in terms of timing of travel. This point was also made by IHC respondents, who said the scheme is vital to enabling people with intellectual disabilities to be as independent as possible, and also that it reduces the load on families who have children with intellectual disability living with them.
  - “I am very happy to be able to live in my own home thanks to the Total Mobility scheme”*
  - “As an invalid beneficiary I am most grateful for the service provided at a reduced cost..”*
  - “As my health improves the scheme will let me be a productive member of society and re-enter the workforce. It is the difference from feeling like a prisoner in your own home due to health and budget caused by your disability”*
  - “We badly need the Total Mobility scheme maintained because without it, my daughter wouldn’t be going to the workshop because we couldn’t afford it. She would be staying at home and therefore I would have to stay at home also.”*
  - “If I am travelling on my own without assistance I feel totally insecure”*
  - “It makes you feel in control of your life”*
  - “It’s great for my morale”*
  - “It enables me to be more independent and gives my wife who is my caregiver a break from transporting me all the time to various activities”*
  - “Total Mobility is my independence and freedom”*
- ♣ Would prefer it if the scheme was more ‘central’/ standardised throughout the country / administered on a national basis to improve transferability between regions
  - As I have frequent medical trips to Wellington it would be helpful to be able to use the vouchers for trips to the hospital, etc*
- ♣ The scheme is under-funded / regional Councils should increase funding of the scheme / demand for the scheme is greater than supply (this point was also made by IHC respondents)
- ♣ The scheme does not work well in Northland compared with other regions
- ♣ The scheme should be administered by user-run trusts.

### Support agencies

- ♣ The scheme is highly valued by users and support agencies
- ♣ The scheme is well / fairly administered in the Auckland area
- ♣ The re-introduction of agency supported vouchers would be beneficial to people using vocational day bases as it would assist them both in terms of independence and being involved with community activities.
- ♣ Invercargill City Council is in the process of reviewing the Total Mobility scheme and hopefully the recommendations of holding the funds; paying the taxi companies; not allocating budget to Total Mobility support agencies and maintaining a database of clients and issuing vouchers, will be agreed to.
- ♣ Concerned about current review being undertaken by Invercargill City Council regarding the determination of budget allocation
- ♣ Waimate Community Vehicle Trust asks that Transfund consider making a financial contribution to assist in the running costs of the Waimate CV Trust as there is no other public transport available in the area.

### Transport operators

- ♣ The current system is generally working well
- ♣ More funding should be provided to Northland
- ♣ Greater funding for all operators is needed

## APPENDICES

# 1 SURVEY OF TOTAL MOBILITY USERS

## Background

We (Transfund New Zealand) are undertaking a review of the Total Mobility scheme. As part of the review, we are consulting with Total Mobility scheme users, the van and taxi drivers that provide transport under the scheme, and the support agencies and regional councils that administer the scheme. We want to find out how well the scheme is working from the point of view of all of these groups – whether there are any problems with the scheme, and whether the scheme should be changed in any way.

It is very important that we hear from as many people as possible before we make any changes to the scheme. Please take the time to fill out this questionnaire and send it back to us. **The deadline for responses is 31 March 2003.** Please post your completed questionnaire to:

David Cope, Senior Analyst  
Transfund NZ  
PO Box 2331  
Wellington.

If a Total Mobility support agency person is assisting you to fill out this form, please return it to them and they will post it back to Transfund on your behalf.

### *What is Transfund NZ?*

Transfund is the government agency responsible for allocating transport funding in New Zealand. This includes funding for roading and other development, as well as for public transport and subsidised transport services.

### *What is Total Mobility?*

The Total Mobility scheme was designed to increase mobility for people with serious mobility constraints. The aims of the scheme are to encourage participation in society and personal independence, reduce pressure on caregivers, and encourage people to live at home for longer than would otherwise be possible.

## Confidentiality

The survey results will be confidential. The survey will be used as the basis for a report on the operation of the Total Mobility scheme, and any data presented in that report will be aggregated so that individuals cannot be identified.

### Region [to be filled out by Transfund before forms are sent out]

<input type="checkbox"/>	Northland	<input type="checkbox"/>	Hawkes Bay	<input type="checkbox"/>	Canterbury
<input type="checkbox"/>	Auckland	<input type="checkbox"/>	Taranaki	<input type="checkbox"/>	West Coast
<input type="checkbox"/>	Waikato	<input type="checkbox"/>	Manawatu-Wanganui	<input type="checkbox"/>	Otago
<input type="checkbox"/>	Bay of Plenty	<input type="checkbox"/>	Wellington	<input type="checkbox"/>	Southland
<input type="checkbox"/>	Gisborne	<input type="checkbox"/>	Marlborough/Nelson/Tasman	<input type="checkbox"/>	

## Questions

### Your use of the Total Mobility scheme

In the last month, what have you used the Total Mobility scheme for? (tick all that apply)

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Health appointments (including doctor)</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Social outings (such as visiting friends)</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Going to the supermarket</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Recreation or entertainment</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Other (specify): _____</td></tr> </table>		Health appointments (including doctor)		Social outings (such as visiting friends)		Going to the supermarket		Recreation or entertainment		Other (specify): _____	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Visiting a day centre</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Going to work</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Other shopping</td></tr> </table>		Visiting a day centre		Going to work		Other shopping
	Health appointments (including doctor)																
	Social outings (such as visiting friends)																
	Going to the supermarket																
	Recreation or entertainment																
	Other (specify): _____																
	Visiting a day centre																
	Going to work																
	Other shopping																

How often do you use Total Mobility vouchers?

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>More than once a day</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>5 to 7 times a week</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>2 to 4 times a week</td></tr> </table>		More than once a day		5 to 7 times a week		2 to 4 times a week	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Once a week</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Once or twice a month</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Less than once a month</td></tr> </table>		Once a week		Once or twice a month		Less than once a month
	More than once a day												
	5 to 7 times a week												
	2 to 4 times a week												
	Once a week												
	Once or twice a month												
	Less than once a month												

Do you get enough vouchers for:

Health appointments (e.g. doctor)

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Yes</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Mostly</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Sometimes</td></tr> </table>		Yes		Mostly		Sometimes	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>No</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Don't know</td></tr> </table>		No		Don't know
	Yes										
	Mostly										
	Sometimes										
	No										
	Don't know										

Going to work

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Yes</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Mostly</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Sometimes</td></tr> </table>		Yes		Mostly		Sometimes	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>No</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Don't know</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Don't go to work</td></tr> </table>		No		Don't know		Don't go to work
	Yes												
	Mostly												
	Sometimes												
	No												
	Don't know												
	Don't go to work												

Recreational trips (including sports, entertainment and non-essential shopping)

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Yes</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Mostly</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Sometimes</td></tr> </table>		Yes		Mostly		Sometimes	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>No</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Don't know</td></tr> </table>		No		Don't know
	Yes										
	Mostly										
	Sometimes										
	No										
	Don't know										

Visiting friends

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Yes</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Mostly</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Sometimes</td></tr> </table>		Yes		Mostly		Sometimes	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>No</td></tr> <tr><td style="width: 20px; height: 20px; border: 1px solid black;"></td><td>Don't know</td></tr> </table>		No		Don't know
	Yes										
	Mostly										
	Sometimes										
	No										
	Don't know										

Do you think that the use of Total Mobility vouchers should be limited to specific purposes?

Yes

No

Don't know

*Is there anything you would like to say about the availability of TMS vouchers?*

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### Criteria for eligibility

The Total Mobility scheme is available to people who, because of physical, sensory, intellectual or psychological disability are unable to:

- proceed to the nearest bus stop/train station
- board, ride securely and alight and
- proceed from the destination stop to the trip end without assistance. (These criteria are used whether or not a local train or bus service is available).

Do you think the existing criteria are reasonable?

Yes

Mostly

No

Don't know

Are there any changes you think should be made to the criteria?

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Why do you need to use the Total Mobility scheme? (tick all boxes that apply)

Physical frailty

Physical disability

Psychiatric disability

Other (specify): \_\_\_\_\_

Neurological disability (including head injury)

Visual impairment

Intellectual disability

Are you dependent on a wheelchair for mobility?

Yes

No

Other than the Total Mobility scheme, what other types of travel can you use? (tick all that apply)

I can ride in a van operated by the residence where I live

I own a vehicle and can drive it

I can ride in a vehicle driven by family or friends

I can ride in a regular taxi or bus

I can walk

I can ride in a bus *provided it has a low step*

I can use a mobility scooter

None, other than Total Mobility

Other (specify): \_\_\_\_\_

Please add any comments you would like to make:

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### Subsidy levels

Do you think the Total Mobility subsidy level in your region is reasonable? (The subsidy is 50% of the cab fare in most regions)

Yes

No

Don't know

Does the level of subsidy available fluctuate during the year in your region?

Yes

No

Don't know

If "yes", does this fluctuation create any difficulties for you?

Yes

No

Don't know

If you do have difficulties, please explain what they are:

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How much does the cost of travel limit the number of trips you can make?

A lot  
A little

Not at all  
Don't know

How often would you need to travel further than the maximum allowed by your Total Mobility voucher?

Often  
Sometimes  
Hardly ever

Have you any comments you would like to make about the maximum fare allowed by the vouchers?

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Do you think that Total Mobility vouchers should be available *only* to people who are members of a Total Mobility support agency?

Yes

No

Don't know

Do you receive any other form of transport assistance from the government?

Yes

No

Don't know

If "yes", what type(s) of assistance do you receive?

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**Demographic information**

[You don't have to fill in this section of the survey, but it would be very useful to help to Transfund if you do answer the following questions. None of this information identifies you as a person, but tells us what category of user you are]

Gender:

Male       Female

Age:

<input type="checkbox"/>	Up to 29	<input type="checkbox"/>	60-69
<input type="checkbox"/>	30-39	<input type="checkbox"/>	70-79
<input type="checkbox"/>	40-49	<input type="checkbox"/>	80 +
<input type="checkbox"/>	50-59	<input type="checkbox"/>	

Ethnicity (please tick only one box)

<input type="checkbox"/>	European	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Maori	<input type="checkbox"/>	Other
<input type="checkbox"/>	Pacific Peoples	<input type="checkbox"/>	

Income - what is your level of income

<input type="checkbox"/>	Up to \$10,000
<input type="checkbox"/>	\$10,000 - \$19,999
<input type="checkbox"/>	\$20,000 - \$29,999
<input type="checkbox"/>	\$30,000 - \$39,999
<input type="checkbox"/>	\$40,000 - \$49,999
<input type="checkbox"/>	More than \$50,000

## 2 SURVEY OF REGIONAL TM TRANSPORT OPERATORS

### Background

We (Transfund New Zealand) are undertaking a review of the Total Mobility scheme. As part of the review, we are consulting with Total Mobility scheme users, the van and taxi drivers that provide transport under the scheme, and the support agencies and regional councils that administer the scheme. We want to find out how well the scheme is working from the point of view of all of these groups – whether there are any problems with the scheme, and whether the scheme should be changed in any way.

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### Confidentiality

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### Region [to be filled out by Transfund before forms are sent out]

<input type="checkbox"/>	Northland	<input type="checkbox"/>	Hawkes Bay	<input type="checkbox"/>	Canterbury
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<input type="checkbox"/>	Bay of Plenty	<input type="checkbox"/>	Wellington	<input type="checkbox"/>	Southland
<input type="checkbox"/>	Gisborne	<input type="checkbox"/>	Marlborough/Nelson/Tasman	<input type="checkbox"/>	

## Questions

### Particulars of company

1. Do you have a contract or agreement with your regional council to operate as an approved Total Mobility operator?

Yes

No

Don't know

2. How many passenger transport vehicles does your company operate? (specify total number of vehicles):\_\_\_\_\_

3. Of these, how many vehicles are wheelchair accessible? (specify number):\_\_\_\_\_

4. Do your Total Mobility drivers undergo special training in working with clients with disabilities?

Yes, all of them do

No

Yes, some of them do

5. If you answered "No" would you consider driver training if it was offered?

Yes

No

Possibly

### Wheelchair hoists on vans

*Wheelchair hoists have to meet a safety standard when they are installed.*

6. Are the hoists on your vehicles checked each time the vehicle has a CoF test?

Yes

No

Don't know

7. Are your hoists tested at any time during their lifetime to ensure they still comply with the safety standard?

Yes

No

Don't know

8. Do you have wheelchair hoists that will need to be replaced within the next two years?

Yes

No

Don't know

## Costs of participating in the Total Mobility scheme

9. Is the reimbursement you receive from the regional council to cover the costs of administering the Total Mobility scheme (including handling vouchers and reporting to the regional council) adequate?

Yes       No

10. If "No", why is this?

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11. Does the regional council compensate you for dead running time\*?

Yes       No

*\* Dead running time is time spent helping Total Mobility clients at each end of the journey, when the meter is not running.*

12. Is the cost of purchasing wheelchair accessible vehicles a disincentive to you participating in the Total Mobility scheme?

Yes       No

13. If "yes", do you think the cost of purchasing and fitting a wheelchair hoist to a suitable van should be subsidised by regional and/or central government?

Yes       No

## Use of electronic cards

14. Do you currently have EFT-POS or other electronic card-reading machines in your passenger vehicles?

Yes       Some       No

15. If "no", do you intend to introduce electronic card-reading machines in the near future?

Yes       No

*It is proposed that Total Mobility clients be required to carry photo identification cards showing they are members of the scheme.*

16. Would the use of photo identification cards by Total Mobility clients be of benefit to your business?

Yes

No

Don't know

17. If "yes", how would the use of identification cards be helpful to you:

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*Alternatively, Total Mobility clients could be required to carry smart cards which would be swiped through a machine in the passenger vehicle to log the fare and destination of each trip. This could assist with administering the scheme and reduce misuse.*

18. Would the use of smart cards in this way be practical for your business?

Yes

No

Don't know

19. If "no", why is this?:

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## Criteria for eligibility

*The Total Mobility scheme is available to people who, because of physical, sensory, intellectual or psychological disability are unable to:*

- proceed to the nearest bus stop/train station*
- board, ride securely and alight and*
- proceed from the destination stop to the trip end*

*without assistance. (These criteria are used whether or not a local train or bus service is available).*

20. Do you think the existing criteria are reasonable?

Yes

No

Don't know

21. If "no", what change(s) do you think should be made to the criteria?

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## General comments

22. Do you have any suggestions for improving the Total Mobility scheme?

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23. Is there anything else you would like to add about the Total Mobility scheme?

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**Thank you for your participation**

### 3 SURVEY OF REGIONAL SUPPORT AGENCIES

#### Background

We (Transfund New Zealand) are undertaking a review of the Total Mobility scheme. As part of the review, we are consulting with Total Mobility scheme users, the van and taxi drivers that provide transport under the scheme, and the support agencies and regional councils that administer the scheme. We want to find out how well the scheme is working from the point of view of all of these groups – whether there are any problems with the scheme, and whether the scheme should be changed in any way.

It is very important that we hear from as many people as possible before we make any changes to the scheme. Please take the time to fill out this questionnaire and send it back to us. **The deadline for responses is 31 March 2003.** Please post your completed questionnaire to:

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#### Confidentiality

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#### Region [to be filled out by Transfund before forms are sent out]

<input type="checkbox"/>	Northland	<input type="checkbox"/>	Hawkes Bay	<input type="checkbox"/>	Canterbury
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<input type="checkbox"/>	Gisborne	<input type="checkbox"/>	Marlborough/Nelson/Tasman	<input type="checkbox"/>	

## Questions

As an organisation, what group(s) do you represent? (tick all that apply)

<input type="checkbox"/>	Physical frailty	<input type="checkbox"/>	Neurological disability (including head injury)
<input type="checkbox"/>	Physical disability	<input type="checkbox"/>	Visual impairment
<input type="checkbox"/>	Psychiatric disability	<input type="checkbox"/>	Intellectual disability
<input type="checkbox"/>	Other (specify): _____		

## Criteria for eligibility

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- board, ride securely and alight and*
- proceed from the destination stop to the trip end*

*without assistance. (These criteria are used whether or not a local train or bus service is available).*

Do you think the existing criteria are reasonable?

Yes     Mostly     No     Don't know

If you answered "no" to the last question, what change(s) do you think should be made to the criteria?

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Does your organisation undertake assessments for Total Mobility eligibility?

Yes     No     Don't know

If "yes", do you adhere to the assessment criteria specified by your regional council?

Yes     Mostly     No     Don't know



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On average, how many complaints a month would you get?

Up to 5

5 - 9

More than 103

**Advisory group**

Does the Total Mobility Advisory Group in your region have an active role in policy decision making?

Yes

No

Is there anything else you would like to say about the Total Mobility Scheme?

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**Thank you for your participation**

# 4 SURVEY OF REGIONAL COUNCIL TM CO-ORDINATORS

## Background

We (Transfund New Zealand) are undertaking a review of the Total Mobility scheme. As part of the review, we are consulting with Total Mobility scheme users, the van and taxi drivers that provide transport under the scheme, and the support agencies and regional councils that administer the scheme. We want to find out how well the scheme is working from the point of view of all of these groups – whether there are any problems with the scheme, and whether the scheme should be changed in any way.

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*What is Total Mobility?*

The Total Mobility scheme was designed to increase mobility for people with serious mobility constraints. The aims of the scheme are to encourage participation in society and personal independence, reduce pressure on caregivers, and encourage people to live at home for longer than would otherwise be possible.

## Confidentiality

The survey results will be confidential. The survey will be used as the basis for a report on the operation of the Total Mobility scheme, and any data presented in that report will be aggregated so that individuals cannot be identified.

## Region [to be filled out by Transfund before forms are sent out]

<input type="checkbox"/>	Northland	<input type="checkbox"/>	Hawkes Bay	<input type="checkbox"/>	Canterbury
<input type="checkbox"/>	Auckland	<input type="checkbox"/>	Taranaki	<input type="checkbox"/>	West Coast
<input type="checkbox"/>	Waikato	<input type="checkbox"/>	Manawatu-Wanganui	<input type="checkbox"/>	Otago
<input type="checkbox"/>	Bay of Plenty	<input type="checkbox"/>	Wellington	<input type="checkbox"/>	Southland
<input type="checkbox"/>	Gisborne	<input type="checkbox"/>	Marlborough/Nelson/Tasman	<input type="checkbox"/>	

## Questions

### Criteria for eligibility

*The Total Mobility scheme is available to people who, because of physical, sensory, intellectual or psychological disability are unable to:*

- *proceed to the nearest bus stop/train station*
- *board, ride securely and alight and*
- *proceed from the destination stop to the trip end without assistance. (These criteria are used whether or not a local train or bus service is available).*

Do you think the existing criteria are reasonable?

Yes     Mostly     No     Don't know

Are there any change(s) you think should be made to the criteria?

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Is it your policy to accept rest home residents as Total Mobility clients?

Yes     No

If you answered "no" to the last question, please explain why this is the case:

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### Subsidy rate

What is the level of Total Mobility subsidy per voucher in your region?

\_\_\_\_\_ %

Does the level of subsidy change during the year?

Yes     No     Sometimes

If you answered "yes" or "sometimes" to the last question, please explain why the subsidy level changes:

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Have you reviewed your standard rate within the last two years?

Yes       No       Don't know

If "yes", please explain why you reviewed it and what changes you have since made or intend to make:

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**Restrictions on use of vouchers**

Do you place restrictions on the purposes for which vouchers may be used?

Yes       No       Sometimes

If you answered "yes" or "sometimes" to the last question, what are those restrictions?

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Do you place restrictions on the number of vouchers issued to each Total Mobility user?

Yes       No       Sometimes

If you answered "yes" or "sometimes" to the last question, what are those restrictions?

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## Financial support for transport operators

Do you provide financial support to transport operators to assist with the purchase of wheelchair accessible vehicles?

Yes

No

If "yes", please specify the level of assistance provided:

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If "no", please explain why you have decided against providing financial assistance for the purchase of wheelchair accessible vehicles:

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Where financial assistance is available, what criteria are transport operators required to meet to be eligible?

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## Coverage of the scheme

Are there areas within your region where the Total Mobility scheme does not operate?

Yes

No

If "yes", please list the areas where the scheme does not operate:

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Why does the scheme not operate in those areas:

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Do you reimburse vouchers to taxi companies from outside your region?

Yes       No

If "yes", do you reimburse vouchers from:

Neighbouring regions only?       Any other region?

### Monitoring

How do you monitor voucher use by clients?

<input type="checkbox"/>	By manually auditing paper vouchers
<input type="checkbox"/>	From electronic information provided by disability agencies
<input type="checkbox"/>	From your own electronic database
<input type="checkbox"/>	Other (specify): _____
<input type="checkbox"/>	Don't monitor voucher use at all

Do you keep a database of Total Mobility users in your region?

Yes       No

Do you issue identification cards to individual Total Mobility users?

Yes       No

If "no", do you plan to issue identification cards to individual Total Mobility users in the future?

Yes       No       Don't know

If you use, or intend to use, individual identification cards, are you planning to introduce cards that can electronically store information about users?

Yes

No

Don't know

If you are planning to use cards that store electronic information, what kind of system you are planning to install?

Passive magnetic swipe cards that just contain information about the user (like a bank card)

Smart cards that can interact with a terminal in the taxi to send information to the regional council about the trip being undertaken

Other (specify): \_\_\_\_\_

Do you have a system to ensure that vouchers are not misused?

Yes

No

If "yes", please briefly explain this system:

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## Managing demand

During the last 12 months, have you had to consider placing new restrictions on the use of the scheme?

Yes

No

If "yes", please explain the restrictions you have contemplated, and the reasons for this:

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## Promotion

Do you promote the Total Mobility scheme in any way?

Yes

No

Sometimes

If "yes", please explain how you promote the scheme:

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## Advisory group

Does the Total Mobility Advisory Group in your region have an active role in policy decision-making?

Yes

No

## Looking ahead

The New Zealand population is ageing, which means that there may be more people who are eligible for a travel subsidy under the Total Mobility scheme in the future. Do you have any plans to accommodate increased demand for the Total Mobility scheme over the next 10 to 20 years?

Yes

No

Don't know

If "yes", please explain what these plans involve:

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Given the likely rise in demand for the Total Mobility service, do you think the level of financial support currently provided by Transfund will be sufficient in the future?

Yes

No

Don't know

If "no" to the last question, please give reason(s) for your answer:

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## General

Do you have any suggestions for improving the Total Mobility scheme?

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## Client information

*If possible, please provide the following data for your region.*

### Expenditure per client for 2001/2002

Average (per client): \$ \_\_\_\_\_  
Lowest individual client expenditure: \$ \_\_\_\_\_  
Highest individual client expenditure: \$ \_\_\_\_\_

### Fares per voucher for 2001/2002

Average fare: \$ \_\_\_\_\_  
Lowest fare: \$ \_\_\_\_\_  
Highest fare: \$ \_\_\_\_\_

### Number of (active) Total Mobility clients

Male clients (specify number): \_\_\_\_\_  
Female clients (specify number): \_\_\_\_\_  
Total clients (specify number): \_\_\_\_\_

### Age of clients:

Up to 29 (specify number): \_\_\_\_\_  
30-39 (specify number): \_\_\_\_\_  
40-49 (specify number): \_\_\_\_\_  
60-69 (specify number): \_\_\_\_\_  
70-79 (specify number): \_\_\_\_\_  
80 + (specify number): \_\_\_\_\_

Reasons for clients' use of the scheme. Please specify the number of clients who use the scheme for each of the following reasons:

Physical frailty\* (specify number): \_\_\_\_\_

Physical disability (specify number): \_\_\_\_\_

Psychiatric disability (specify number): \_\_\_\_\_

Neurological disability (specify number): \_\_\_\_\_

Visual impairment (specify number): \_\_\_\_\_

Intellectual disability (specify number): \_\_\_\_\_

\* Note: If you do not use the "physical frailty" category in your assessment criteria, please estimate how many people that are classified as having a physical disability could actually be termed "physically frail" rather than identified with having an explicit physical disability.