

TOTAL MOBILITY SCHEME: INFLUENCES ON COSTS AND USAGE

ERNST & YOUNG,
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CONTENTS

EXECUTIVE SUMMARY	7
ABSTRACT	9
1. INTRODUCTION	9
1.1 Background	9
1.2 Project Objectives	10
1.3 Research Methodology	11
2. OVERVIEW OF THE TOTAL MOBILITY SCHEME	16
2.1 Intent of Total Mobility Scheme	16
2.2 History of the Scheme	16
2.3 Operation of the Voucher System	17
2.4 Initial Role of the Disabled Persons Assembly in Managing the Scheme	19
2.5 Regional Council Involvement	19
2.6 Contracting Agencies	21
3. TRANSPORT NEEDS AND TOTAL MOBILITY	22
3.1 Factors Influencing Transport Needs for People with Disabilities	22
3.2 Growth of Participation in the Total Mobility Scheme	23
4. CHANGES TO POLICY AND SERVICE PROVISION IN GOVERNMENT AGENCIES	24
4.1 Overall Reduction in Government Social Services Budgets	24
4.2 Area Health Boards	24
4.3 Department of Social Welfare	24
4.4 The Health/Welfare Interface	25
4.5 Ministry of Education	25
4.6 Accident Compensation Corporation (ACC)	26
4.7 Transport Services	26
4.8 Implications for Total Mobility Scheme	27
5. TRANSPORT SERVICES IN VOLUNTARY AGENCIES	28
5.1 Organisational Changes	28
5.2 Information Systems	28
5.3 National and Local Influences	28

6.	TOTAL MOBILITY SCHEME IN AUCKLAND	30
6.1	Introduction	30
6.2	Growth Potential	30
6.3	Management of Total Mobility in Auckland	31
6.4	Use of Total Mobility Scheme by Voluntary Agencies	35
6.5	Cost Analysis of Total Mobility Vouchers	38
6.6	Annual Ridership in Auckland	39
6.7	Recent Studies Carried Out in Auckland	40
7.	COST FORECASTS FOR TOTAL MOBILITY SCHEME, AUCKLAND	42
7.1	Auckland Paratransit Projections	42
7.2	Auckland Total Mobility Scheme Projections	42
7.3	Haemodialysis Case Study	42
7.4	Implications for Future Total Mobility Expenditure	44
8.	SUMMARY	45
8.1	National Paratransit Forecasts	45
8.2	Identifiable Factors with Cost Implications	45
8.3	Key Findings	48
9.	REFERENCES	50
	APPENDICES	51

EXECUTIVE SUMMARY

The Total Mobility Scheme is a nationwide project aimed to assist in meeting the transportation needs of people with disabilities that preclude them from using public transport. The scheme uses existing taxi services with the costs to the user discounted by way of subsidy paid by Regional Councils.

The implications of previous, planned and possible future policy changes on the "ridership" costs of the Total Mobility Scheme for Auckland and, where possible, nationally are discussed. Ridership is a term coined by Transit New Zealand and refers to individual utilisation of subsidised transport services under the Total Mobility Scheme.

Currently, a variety of service needs for people with disabilities are being met by a number of social service agencies. These include services provided by area health boards, voluntary agencies, private organisations, Social Welfare, ACC, and Special Education Services. This provides incentives for one agency to transfer costs, or "cost shift", onto another agency where boundaries of service provision are unclear.

Summary of Key Findings

- Recent and planned changes in Government legislation are expected to increase demand for Total Mobility Scheme services although many of the policy issues are still to be worked through.
- Changes in practice, and not just changes in formal policy are contributing to the increased demand on Total Mobility Scheme.
- Trend analyses indicate that expenditure on Total Mobility services is likely to continue to increase.
- Information systems currently used for managing the Total Mobility Scheme in Auckland preclude separation of ridership (actual number of rides) and costs in any meaningful way.
- Available information on the Auckland use of Total Mobility Scheme and alternative transport services is of poor quality and limits accurate forecasting of requirements.
- People with disabilities tend to use transport services over short distances, and the cost of short journeys is not projected to increase over inflationary expectations.

- New or increased ridership/costs resulting from identifiable transfer of costs onto Total Mobility include:
 - An Auckland Area Health Board programme accounting for 5% of regional Total Mobility expenditure and utilising approximately 8,500 rides annually.
 - A significant increase in the number of agencies and individuals registering for Total Mobility Scheme services to assist individuals to access health or vocational services.
 - Likely increase in demand upon Total Mobility because of reduced ACC funding for persons with disabilities.
 - Increases in the costs and ridership of Total Mobility Scheme as more voluntary agencies try to meet the rehabilitation needs of their client group.
 - Establishment of rehabilitation programmes with attendance dependant upon individuals' use of Total Mobility Scheme.
 - Unclear health/welfare interface with geographical and related boundary issues.
 - Voluntary and Government agencies currently (1992) providing services for people with disabilities being no longer of the opinion that transport is their responsibility.

ABSTRACT

The New Zealand Total Mobility Scheme is a nationwide project to assist with provision of transportation for people with disabilities that preclude their use of public transport. Findings related to the costs of, and external influences on, the New Zealand Total Mobility Scheme are discussed. Field work was carried out predominantly in Auckland, although information from other regions was also obtained.

A total of 62 people from local voluntary agencies (and in some cases, from their national executive), transport organisations, local authorities and Government organisations were interviewed. This approach was supplemented by relevant reports, legislation, formal policies and practice guidelines where available. Information was analysed to assess the cost and ridership impact on the Total Mobility Scheme.

The study found that increased cost for the Total Mobility Scheme is related to:

- changes in Government legislation;
- cost reduction initiatives in some Government and voluntary organisations;
- growth in numbers of people with disabilities living in the community;
- growth in awareness of the Total Mobility Scheme by agencies providing services for people with disabilities.

Future cost forecasting indicates that Total Mobility Scheme costs will continue to increase.

1. INTRODUCTION

1.1 Background

Information on the agencies involved in providing services for people with disabilities and the policies and practices that have impacted on the use of Total Mobility Scheme transport services is presented in this report.

Total Mobility is a nationwide scheme that increases the mobility of people with disabilities through providing a subsidy on the use of taxi services. The Scheme presently covers people with physical, sensory and intellectual disabilities as well as some people with psychiatric illness, and is available to individuals through membership of any of the participating agencies. The Scheme operates through the use of individual and agency vouchers which are returned by the taxi companies to their Regional Council for reimbursement.

Total Mobility is currently funded by the Regional Councils (60%) and Transit New Zealand (40%). Section 32 of the Transit New Zealand Act 1989 requires public authorities to consider the needs of "transport disadvantaged". Although this term has not been defined, Mein (1991) states "it is apparent that people with physical, sensory, intellectual or mental disabilities would be included in most definitions". The legislation does not stipulate how, or to what extent, public authorities should consider the needs for persons who are transport disadvantaged.

In recent years, there has been continuing growth in the demand for the Total Mobility service. Some of this increased demand has resulted from New Zealand's ageing population. However, demographic changes are not the only cause of increased demand. Some social agencies have been forced to decrease transport services to their clients because of decreasing funds and support. Policy changes by central Government are also believed to be responsible for transferring transportation costs for people with disabilities onto the Total Mobility Scheme.

1.2 Project Objectives

Research by Ernst & Young for Transit New Zealand has been undertaken:

- To identify policy changes by human service, health, welfare, and educational organisations at both national and Auckland regional levels that have affected or may affect the demand for Total Mobility services and the cost of individual Total Mobility trips.
- To identify the proportion of new or increased Total Mobility ridership in the Auckland region which has come from people formerly provided with transportation by other Government or volunteer agencies.
- To identify the proportion of increased Total Mobility costs in the Auckland region created by riders shifted by other Government or volunteer agencies on to Total Mobility Services.
- To consider the implications of the composition of new Total Mobility riders, both in the Auckland region and nationally, on future usage and cost of the service.

1.3 Research Methodology

Interviews with key people formed the major component of the study along with the collection of data on utilisation and costs of the Total Mobility Scheme. Sixty-two interviews were carried out. Interviews included people from Government and voluntary agencies that provide services for people with disabilities, local councils, taxi drivers and voucher processing agencies. These participants are described in Table 1. Any relevant documentation relating to the use of Total Mobility and other subsidised transport programmes was also obtained.

Statistical tools used to cost information were growth and time series trend analyses. Statistical analyses carried out by the Auckland Regional Council are also reported on.

Table 1. Organisations and individuals participating in the study.

Organisation	Auckland Area Interviews	Other Area Interviews
<i>Human Service Agencies</i>		
Age Concern	<ul style="list-style-type: none"> • Janfrie Bryce-Chapman, Executive Officer 	
Arthritis Foundation	<ul style="list-style-type: none"> • Barbara Mildon, Manager, Auckland 	<ul style="list-style-type: none"> • Pamela Goodman, Wellington
Auckland Kidney Society	<ul style="list-style-type: none"> • Nora Van Der Schireck 	
CCS (formerly the Crippled Children Society Inc)	<ul style="list-style-type: none"> • Dai Bindoff, Communications Manager • Susan Shoebridge, Finance Manager, CCS Auckland 	<ul style="list-style-type: none"> • Ross Brereton, CEO, National Office, Wellington
Cancer Society		<ul style="list-style-type: none"> • Fiona Pearson, Manager, Support Services, Wellington
Counterstroke	<ul style="list-style-type: none"> • Derek Sutcliff, Manager, Counterstroke, Auckland 	
Disabled Persons Assembly (DPA)		<ul style="list-style-type: none"> • David Henderson, CEO, National Office, Wellington
Disabilities Resource Centre		<ul style="list-style-type: none"> • Paul Curry, Manager, Palmerston North
IHC (The NZ Society for the Intellectually Handicapped Inc)	<ul style="list-style-type: none"> • Howard Buxton, North Shore Area Manager • Carole McDonnell, Manager, Manukau and Howick/Pakuranga Branches 	<ul style="list-style-type: none"> • JB Munro, National Director, National Office, Wellington • Doug Bullen, National Office, Wellington
Paraplegic and Physically Disabled Organisation	<ul style="list-style-type: none"> • Pam Tilling 	<ul style="list-style-type: none"> • Jim Knight, Wellington
Richmond Fellowship		<ul style="list-style-type: none"> • Tony Grainger, Wellington
Royal NZ Foundation for the Blind (RNZFB)	<ul style="list-style-type: none"> • Tania Thomas, Manager, Field Services, National Office, Auckland 	<ul style="list-style-type: none"> • Peter Kennedy-Good, Regional Manager, Wellington

Organisation	Auckland Area Interviews	Other Area Interviews
<i>Regional and Territorial Councils</i>		
Auckland Regional Council	<ul style="list-style-type: none"> • Alison Rust, Transport Planner • Vernon Wells, Transportation Planning 	
Canterbury Regional Council		<ul style="list-style-type: none"> • Graeme Anderson, Transportation Planning
North Shore City Council	<ul style="list-style-type: none"> • Barry Mein, Senior Strategic Transportation Planner 	
Otago Regional Council		<ul style="list-style-type: none"> • Megan Stevenson, Transport Planning Assistance
Palmerston North City Council		<ul style="list-style-type: none"> • Lex Bartlett, Director Community Services
Wellington Regional Council		<ul style="list-style-type: none"> • Stephen Cable, Senior Operations Officer, Ridewell
<i>Transport Services</i>		
Dial-a-Ride, Auckland	<ul style="list-style-type: none"> • Steve McMahon, Manager, Auckland 	
North Harbour Taxis, Auckland	<ul style="list-style-type: none"> • Richard Tappera and staff 	
St John's Ambulance	<ul style="list-style-type: none"> • Peter Bradley, CEO, Auckland 	<ul style="list-style-type: none"> • Brett Derecourt, Executive Officer, National Office, Wellington
South Auckland Taxis	<ul style="list-style-type: none"> • Ernie Hurley, Manager 	
Taxi Federation		<ul style="list-style-type: none"> • George Tyler, Secretary, Wellington
Wellington Free Ambulance		<ul style="list-style-type: none"> • Robert Upton, CEO
<i>Government Agencies</i>		
Accident Compensation Corporation (ACC)	<ul style="list-style-type: none"> • Michael Dunn, District Rehabilitation Adviser • Lynley Lewis, District Compensation Adviser 	<ul style="list-style-type: none"> • Alan Howe, Operations Manager, National Office, Wellington • Sue Kwan, District Compensation Adviser, Wellington

Organisation

Auckland Area Health Board

Auckland Area Interviews

- Jill Calveley, Service Co-ordinator
- Chris Chadwick, Purchaser Section, Policy
- Maureen Crawford, Researcher and TM User
- Keith Ferry, Provider Section Policy
- Mike Hablous, Business Manager, Auckland Hospital
- Ross McCallum, Manager, Otara Spinal Unit
- Mike Rackley, Manager, Medical Society, Auckland Hospital
- David Richmond, Manager, Elderly Care, North Shore Hospital
- Myra Scott, Manager, Sutherland Unit
- John Stacey, Manager, IH Services

Other Area Interviews

Department of Health

- Sandra Davies, Senior Policy Analyst

Department of Social Welfare

- Maureen Read, Income Support Services
- Lester Mundell, Manager, Social Policy Agency, National Office
- Carol Searle, Manager Policy Income Support Services, National Office

Ministry of Education

- Rewi Brown, Transport Manager, Multiserve (on contract to MOE)
- Peter Iverson, Principal, Wairou Valley School
- Ken White, Institution Services Officer
- Leo Brett Kelly, Policy Transport Division, National Office
- Liz Chinnery, Project Manager, Special Education Services, National Office
- Margaret Parkinson, Policy Special Education Services, National Office

Organisation

Wellington Area Health Board

Voucher Processors

Comtech

NZ Collections

Auckland Area Interviews

- Thelma Rigley

Other Area Interviews

- Kristina Barker,
Wellhealth Regional
Service Manager
- John Crawshaw,
General Manager,
Carewell

- Margaret Sanford,
Wellington

2. OVERVIEW OF THE TOTAL MOBILITY SCHEME

2.1 Intent of Total Mobility Scheme

The original intent of the Total Mobility Scheme was to enable people with disabilities to actively participate in the community. For this reason, recreational activities, shopping, and general socialisation were considered to be the main activities covered by the Scheme. Costs of travel to and from work were thought by some participating organisations as not being the responsibility of the Scheme. Likewise, the transport costs incurred to attend medical appointments were believed to be the responsibility of Vote : Health or Social Welfare. The Scheme has always been designed to provide a twenty-four hour, 7-day week service.

Users of the Total Mobility Scheme were originally referred to as "people with disabilities" (as used in the 1982 Total Mobility Report). Users are now referred to as "people who are transport disadvantaged" and this is consistent with Transit New Zealand legislation dated 1989. The terminology change for describing users of the Total Mobility Scheme is believed by some interviewees to be a factor leading to the subsequent expansion of the Scheme's client base. There is no current definition for the term "transport disadvantaged".

2.2 History of the Scheme

The New Zealand Total Mobility Scheme became operational in 1984. The Scheme was designed to provide subsidised transport for disabled people who could not use ordinary public transport because of their disability. Access to transport is considered the key to independence.

Initial funding for the scheme was generated by the 1981 International Year of Disabled Persons (IYDP) Telethon Trust. The Disabled Persons Assembly (DPA) was charged with overseeing the expenditure of monies for Total Mobility (along with other projects arising from the IYDP such as Teletext).

To act as an initial encourager for taxi companies, subsidies for hoist purchase and vehicle conversion were made available from the national executive of the Disabled Persons Assembly. The amount of subsidy varied depending on the availability of funds. DPA continues to provide a \$2,000 subsidy to approved taxis purchasing a hoist, and some Regional Councils meet part of the vehicle conversion costs out of their Paratransit budget. Some voluntary organisations also made large financial contributions to DPA toward maintaining the scheme and these were used to assist taxi companies acquire hoist vehicles.

After considering the needs of transport disadvantaged people, the Urban Transport Council (UTC) subsidised approved local passenger transport programmes. Transit New Zealand replaced UTC in 1989 and has continued this practice.

Passenger service programmes aimed specifically for people with disabilities, and approved by Transit New Zealand to receive subsidies, are known as Paratransit programmes. Those

programmes approved by Transit New Zealand at the beginning of each financial year receive 40% subsidy from Transit New Zealand. The remaining 60% of costs are met by Regional Councils. This includes programmes such as contracting Dial-a-Ride in Auckland and the Total Mobility Scheme. (Total Mobility is reported to make up 95% of the overall Paratransit subsidy.) Any budget over-expenditure on Paratransit programmes is met by the Regional Councils. The number of agencies registered with DPA for access to the Total Mobility Scheme is shown in Table 2.

Table 2: Number of DPA-registered Total Mobility Scheme agencies by geographical area.

Geographical Area	November 1991	September 1992
Ashburton	14	15
Auckland	71	79
Blenheim	5	5
Christchurch	49	49
Dunedin	21	23
Gisborne	6	6
Gore	2	3
Hamilton	21	23
Hastings	8	8
Invercargill	15	17
Levin	8	8
Napier	9	9
Nelson	16	18
New Plymouth	14	14
Palmerston North	12	14
Rotorua	4	4
Taupo	4	7
Tauranga	7	7
Timaru	16	17
Tokoroa	2	2
Waimate	0	2
Wanganui	11	13
Wellington	51	65
West Coast	10	10
Whangarei	11	12
Total	390	430

2.3 Operation of the Voucher System

2.3.1 Vouchers for Transport Entitlement

The Total Mobility Scheme is managed by the use of Yellow and Blue Vouchers which provide the holder with entitlement to a transport subsidy for taxi journeys. The subsidy is paid by Transit New Zealand and Regional Councils under the Paratransit passenger programmes as described above.

Yellow Vouchers are issued by DPA-approved agencies to their clients who meet the criteria of being unable to use public transport solely because of their disability. (This is elaborated upon in section 2.4 "Initial Role of the Disabled Persons Assembly".) The holder of Yellow Vouchers is then able to ride in taxis and is required to pay 50 or 75 % of the metered fare (depending on geographical area) at journey's end.

Blue Vouchers are also issued to DPA-approved agencies but the agency is entitled to the 50 or 25 % subsidy of the taxi's metered fare, not the individual. The most common use of Blue Vouchers is for transporting people to and from programmes run by a particular agency. The individual is not required to make any payment to the taxi driver when using a Blue Voucher.

Blue Voucher payment is by an invoice system usually issued at the end of the month. Invoices to the agency can be generated from the Disabled Persons Assembly (DPA) or the Regional Council. This depends on whether the Regional Council processes its own vouchers or has them processed by the DPA (who then invoice the agency for 50% and the Regional Council for 50% of the metered fare).

No restrictions are placed on the purpose of the journey. However, long distance travel across regional council boundaries is considered inappropriate use of the scheme.

2.3.2 Variability

The Total Mobility Scheme is provided in most geographical areas but variations in use and subsidy level are evident.

The subsidy allowed to either the Yellow or Blue Voucher holder in most instances is 50% of the metered taxi fare. Of the 25 geographical areas that use Total Mobility (Table 2), Hastings is reported to provide 25 % subsidy toward Total Mobility passenger rides. Rotorua differs from other areas in that it does not subsidise taxi journeys of voucher holders from other areas. All other areas, including Hastings, accept cross-boundary vouchers.

Before 1988 an uneven rate of subsidy was provided by local councils participating in the Total Mobility Scheme. Most began with a 25% discount but increased this to 50% in response to DPA submissions. The rationale for increasing the subsidy rate was to bring the nett fare to the user closer to the cost of using public transport provided by local councils. In some instances DPA used funds contributed by agencies and service clubs to cover the local share of the 25% discount.

2.3.3 Information on Vouchers

Each voucher printed by DPA is numbered and stamped with an identifiable area and agency code. Information required to be filled in at time of journey includes: Taxi cab number, company and driver; date and length of journey; total fare, subsidy allowed and amount paid; signature of passenger and number of passengers. (Appendix 1 is an example of a processed Yellow Voucher.)

The vouchers used do not identify individuals making the journey by name or code. Blue and Yellow Voucher layouts are similar, the only difference being that Blue Vouchers do not show the fare paid by the user. Even though each voucher is numbered there is no enforced requirement for the issuing agency to record this against the person being issued the Yellow Voucher. Also signatures are often illegible and, in some instances, are filled in by someone else because of the client's inability to sign.

Not all vouchers received for processing have the number of passengers listed (in which case they are assigned a value of one by the processing agency). In cases of group travel (i.e. more than one person), there is no way of identifying the number of physically able people travelling in the group. The practice of "multiple-tripping" on one voucher distorts statistical analyses.

2.4 Initial Role of the Disabled Persons Assembly in Managing the Scheme

The national executive of the Disabled Persons Assembly (DPA) has had significant management involvement in keeping the Scheme operational. Initially, DPA contracted all agencies that wished to access the subsidy (Appendix 2 is a copy of a DPA Application and Undertaking form), and produced and processed all Total Mobility vouchers used throughout the country. This has now decreased significantly with DPA currently processing the vouchers for only four regional councils. Auckland Regional Council (one of those four councils) is in the process of taking over the management of the Scheme in the region.

DPA continues to actively seek financial assistance from regional councils for the Scheme. For example, the overall increase in subsidy from 25% to 50% in 1988 was the direct result of DPA lobbying. DPA also continues contracting with agencies that have "client bases" eligible for the Total Mobility Scheme.

2.5 Regional Council Involvement

Local Government Authorities (i.e. city councils, regional councils and united councils) have always been responsible (via legislation) for setting the level of subsidy reimbursement for transport and deciding whether or not to participate in the Total Mobility Scheme. Table 3 shows the total annual Paratransit programme expenditure per region since 1984 (when Total Mobility first began). As can be seen by this table only five out of the fourteen regions provided Paratransit programmes in 1984 and it was not until 1991 that all regions provided some form of a Paratransit programme.

Table 3. Paratransit expenditure and support (\$000s) by Urban Transport Councils (UTC) and Transit New Zealand (TNZ).

Region	Year to										
	3/84	3/85	3/86	3/87	3/88	3/89	3/90	TQ	7/90-6/91	7/91-6/92	7/92-6/93*
Northland	0.0	0.0	11.0	13.8	16.9	39.6	40.9	10.2	55.5	49.5	59.5
Auckland	52.0	140.0	143.6	265.6	536.6	591.2	739.6	184.9	870.0	892.5	1041.8
Waikato	12.5	85.9	27.8	104.7	19.6	45.0	75.0	18.8	77.8	123.8	160.5
Bay of Plenty	0.0	9.3	14.6	26.9	12.9	18.0	23.5	5.9	18.8	26.3	99.5
Gisborne	0.0	0.0	10.6	12.9	4.8	6.0	6.1	1.5	6.5	18.0	10.0
Hawke's Bay	0.0	0.0	9.8	0.0	15.3	18.0	43.4	10.9	25.8	25.5	25.5
Taranaki	0.0	27.8	8.0	8.0	13.8	8.0	10.1	2.5	14.3	30.0	30.0
Manawatu	8.4	65.8	14.4	22.4	14.7	25.0	53.5	13.4	126.3	135.0	187.0
Wellington	22.0	45.0	77.0	99.1	237.6	450.7	514.6	128.7	494.5	470.0	500.0
Nelson-Marlborough	0.0	0.0	0.0	0.0	0.0	22.0	25.5	6.4	44.5	44.3	44.3
Canterbury	19.4	25.0	56.4	221.1	332.4	455.6	569.4	142.4	597.3	597.3	743.0
West Coast	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.0	16.3	24.5
Otago	0.0	9.3	10.2	23.8	59.7	113.9	119.9	30.0	133.5	134.8	215.8
Southland	0.0	25.7	7.2	33.3	24.5	30.0	25.0	6.3	34.5	87.5	78.0
H/O unallocated	0.0	0.0	0.0	0.0	0.0	0.0	99.5	24.9	29.8		
Total	114.3	433.8	390.6	831.6	1288.7	1823.0	2346.2	586.6	2544.8	2650.5	3219.3

Notes:

- . This table shows funding for all Paratransit services including Total Mobility Scheme.
- . TQ = Transitional Quarter when financial year end changed from March to June.
- . All sums exclusive of GST.
- . Based on UTC annual reports to 3/89, UTC/TNZ programmes thereafter.
- . * Budgeted.

In 1985, Canterbury Regional Council opted to run the scheme in its area and DPA is now actively encouraging all other Regional Councils to follow suit (Appendix 3 is one example of how one regional council (Otago) organises the scheme). This involves contracting agencies into the scheme and issuing them with vouchers as well as processing the voucher claims. Canterbury is the only region that prints its own vouchers. It issues them in books of ten which the Canterbury Regional Council believes makes monitoring easier than the books of 25 printed by DPA.

2.6 Contracting Agencies

The requirement for agencies to have a contractual relationship with DPA to participate in the Total Mobility Scheme was originally designed as a safety net for the DPA. The contract also acts as a safety net for Regional Councils. The contracted agency formally agrees to meet any shortfall in funding of the Scheme. Clause 4 of the DPA Application and Undertaking form states "In the event of such funds being insufficient to meet the amount necessary to finance the discount on taxi fares received by those to whom I/we distribute vouchers, I/we undertake to meet any shortfall arising."

This means that if Regional Council Total Mobility funding runs out after ten months into the financial year then the agency is required under the contract to meet the subsidy of its clients for the next two months. Clause 4 of the contract has been actioned once in the past eight years.

3. TRANSPORT NEEDS AND TOTAL MOBILITY

3.1 Factors Influencing Transport Needs for People with Disabilities

Social, philosophical, economic, medical and demographic factors are increasing the demand for public transport by people with disabilities. These include:

- A greater awareness in the community of the needs of people with disabilities (as evidenced by EEO (Equal Employment Opportunities) policies, new building regulations and the mainstreaming philosophy in education).
- A greater number of people with disabilities are completing educational programmes, are in non-subsidised employment and are participating in social and public life.
- Overall reduction in Government social service budgets. Many Government agencies, as part of overall cost containment measures, have reviewed their provision of subsidised transport.
- Active encouragement for families with disabled family members to care for that member at home.
- The trend for providing care in smaller community based residential homes for people with disabilities of all types.
- A greater number of "middle-aged" females are staying in, or entering, the workforce thus reducing the number of traditional family care-givers and shrinking the volunteer pool.
- Economic pressures on volunteers, particularly the perceived relative increase in vehicle running costs, have reduced the number of volunteers.
- Biotechnological advances in the areas of life support, life expectancy and mobility aids have led to a proportional increase in the number of people with disabilities living an active life in the community.
- The current estimated 6% annual growth of our ageing population (aged 60 and above). Contrary to popular belief some 97% of those aged 60 and above continue to live in private dwellings.

3.2 Growth of Participation in the Total Mobility Scheme

A wide range of agencies provide a variety of services for people with disabilities. ProjectENABLE (a programme that provides information on services for people with disabilities) currently has 2,700 service provision agencies on their books but estimate the number of agencies to be over 3,000.

In a report by Jack *et al.* (1981), approximately 3% of the Wellington population were found to have physical disabilities that prevented them from readily using public transport, with over 1% unable to use public transport at all. When people with intellectual disabilities are included, this latter figure increases to 1.5% of the general population, which is consistent with the 1980 figure that the Scheme was based on.

Rosenbloom (1992) states that North American analysts agree "that 5% of the population have a handicap or impairment both serious enough to, and likely to, interfere with transit use and about half that number (2.5% of the total population) live in areas where transit services are actually provided." It has also been estimated that in New Zealand "more than 5% of the general population are disabled to the extent that they are unable to or discouraged from using public transport" (Paul Curry, cited in the 1982 Total Mobility report by Synergy Applied Research).

Estimates of the number of people who require transport assistance range from a minimum of 49,000 (1.5% of the population) up to 165,000 (5% of the population, assuming a New Zealand population of 3.3 million).

Consistent with the advocacy role played by the DPA, there is an ever increasing awareness of the Total Mobility Scheme by relevant agencies and potential service users. Although less than 50 agencies across the country were reported to have participated in Total Mobility within the first twelve months of its operation, 430 agencies are now registered with DPA for Total Mobility services, 40 of whom registered within the last 10 months (December 1991 to September 1992, inclusive). This represents a 10% increase in registered agencies in less than 12 months. The number of agencies dealing specifically with the elderly who are joining the Total Mobility Scheme is also increasing. While the "nett effect" of each new agency joining the Scheme tends to marginally impact on the overall Scheme due to their relatively smaller membership numbers, the combined effect obviously has impact on the management requirements of the Scheme.

In spite of this increased awareness, based on the ProjectENABLE figures, over 2,000 agencies may still be eligible to join the Total Mobility Scheme. As previously mentioned, even though DPA continues to lobby for the Scheme, Total Mobility is not yet available across the whole of New Zealand.

4. CHANGES TO POLICY AND SERVICE PROVISION IN GOVERNMENT AGENCIES

4.1 Overall Reduction in Government Social Services Budgets

Changes in policy and service provision by Government agencies that have had an impact, or may have an impact, on transport needs for people with disabilities are discussed.

Many Government social service agencies have tightened up on transport use or enforced existing policies to help contain costs. This reflects changes in practice rather than formal policy changes.

4.2 Area Health Boards

Area Health Boards no longer routinely use ambulance services for transporting patients to outpatient clinics (since about 1988). This has significantly reduced the number of non-emergency journeys carried out by ambulances.

The health reforms will increase requirements for financial accountability in Crown Health Enterprises and other providers receiving funds from Regional Health Authorities. Funding for specific volumes of output will mean that service providers will have greater incentives to look for best value transport services if these are included in the services being purchased. For example, transportation for clients requiring inter-hospital non-emergency transfers are now being provided by taxi companies in some cases, rather than by ambulance services.

4.3 Department of Social Welfare

The Department of Social Welfare (DSW) provides clients with income support and is a funding agent for services for which it has responsibilities under legislation. DSW has never been in the position of providing transportation, treatment, assessment, recreational or vocational services for people with disabilities.

DSW has provided financial incentives for people with disabilities to remain at home, and for service provider agencies to care for people with disabilities in small community homes. This in turn has increased the need for transportation. Under the Disabled Persons Community Welfare (DPCW) Act 1975, Social Welfare provide transport funding to eligible people with disabilities "to be interviewed by an officer of the Department or to attend medical examination or other educational or vocational or psychological assessment" (Appendix 4, Disabled Persons Community Welfare Manual: Chapter 3, Section 13).

4.4 The Health/Welfare Interface

The Health/Welfare Interface is complex and has been ill-defined for over three years awaiting Government decisions. The interface involves mostly income support, the provision of aids (e.g. mobility devices), and continuing care services for four major groups of people: the elderly; people with physical disability (including sensory disability); people with intellectual disability; people with psychiatric illness.

As a result of the interface issues, Government has required an enormous amount of information from service providers. This work and the proposed changes have resulted in little policy development occurring in the past few years.

Introduction of the Health and Disability Services Bill (i.e. the legislation to make the Disability Support Services become the responsibility of the Regional Health Authorities) implies that funding for some people with disabilities will change from individual entitlement payments to capped budgets held by service providers. Even though this funding will be "tagged", the Core Health Services that must be provided have yet to be defined. (There are no guarantees that all services covered by Section 13 of the Disabled Persons Community Welfare Act 1975 will be considered Core Services.) The Health and Disability Services Bill combines sections from the Disabled Persons Community Welfare (DPCW) Act 1975, Accident Rehabilitation Compensation Insurance Act 1992 and various Health Acts. The impact of these amalgamations on Government Health and Social Welfare agencies and the individuals they are responsible for, has yet to be determined in the longer term.

The planned 1993/94 Health/Welfare transitional year is expected to cause transport cost shifting between these two Government agencies because of geographical boundaries and areas of responsibility. For example, current legislation requires area health boards to meet transport costs of patients transported across their geographical boundaries. The setting up of Regional Health Authorities means that these boundaries will be changed. If cost shifting starts occurring, Social Welfare may attempt to reduce the transport costs that it is committed to meet under the DPCW Act 1975. Significant transport cost shifting was observed when the 27 hospital boards transformed into area health boards several years ago. The geographical areas of responsibility within New Zealand's health system will be reduced further when the 14 area health boards are restructured into four Regional Health Authorities in July 1993.

4.5 Ministry of Education

The school transport policy is currently under review. This is being discussed at Ministerial level and no other information is available at this time. The provision of subsidised transportation by the Ministry of Education does not extend to secondary or tertiary education.

Under current Special Education Services policy (Ministry of Education 1992), transport is allocated to a student with:

- *a severe disability, which prevents them from walking to school (going to school independently);*
- *any disability which prevents them from travelling to school safely;*
- *any disability who (sic) prevents them attending their nearest centre or school;*
- *any disability which necessitates their travelling to a particular specialist service or clinic for therapy or teaching.*

The Ministry of Education does not use the Total Mobility Scheme. However, most of the children currently being provided with subsidised transport to and from school would be eligible under a Total Mobility criterion. It is estimated that approximately 5,000 children with special needs are transported to and from school. In some areas, taxis fitted with wheelchair hoists originally subsidised by DPA and Regional Council funding have been contracted by Educational Authorities to meet their transport needs. This has reduced availability of hoist vehicles at peak times for other agencies.

4.6 Accident Compensation Corporation (ACC)

ACC regulation changes eliminate ACC liability for cost coverage of transport for journeys less than 20 km, or less than \$40 per calendar month, and will probably increase demand on Total Mobility. The restriction in place before the change was for journeys of less than 8 km with no minimum monthly cost for transport reimbursement.

Taxi drivers were in the past able to bill ACC directly for the transport costs of clients eligible under ACC. This is no longer possible as reimbursement of transport costs will only be made to an individual covered by ACC. Providing the person is unable to use public transport because of their disability, the mileage rate paid by ACC will be 50c per kilometre. This is regardless of the form of transport used, e.g. taxi, shuttle bus or private car. The taxi rate per kilometre (without the flagfall) averages at around \$1.25. This alone will encourage greater use of the Total Mobility Scheme.

4.7 Transport Services

The following points highlight changes in transport services that have impacted on Total Mobility ridership:

- Deregulation in the transport industry has increased competition between taxi companies. Taxi companies have actively advertised the availability of vehicles suitable for transport of people with wheelchairs. The availability of Total Mobility services has also been advertised in NZ Disabled Journal before the summer holiday season to advise people with disabilities of the availability of suitable taxi services (Appendix 5 is an example of such an advertisement). Reports of word of mouth

advertising from taxi drivers, especially to elderly passengers, about Total Mobility were common.

- Contracting of taxis with hoists by schools for children with special needs at peak periods has created a lack for access for other Total Mobility clients (the Ministry of Education currently does not access the Total Mobility Scheme).
- Reduction in services or route changes in local public bus services has affected blind people who were confident with using past services but may now require Total Mobility transport.
- St Johns Ambulance Services in some areas now charge patients, on average, \$60 per trip (one-way) for medical emergency transportation.

4.8 Implications for Total Mobility Scheme

The cost impact of these changes is not readily ascertained because specific transportation costs are not identifiable under current financial systems (for an example, see Appendix 6 for letter from Social Welfare.)

However, there is scope for cost shifting within the transport budgets of the other social service agencies. Last year, ACC processed over 34,000 transport claims with a total expenditure of approximately \$7,650,000. Social Welfare's transport budget was \$1,900,000 for people to attend treatment (but this also included accommodation costs). The Ministry of Education's transport budget for Special Education Services (as reported in the Dominion Sunday Times of 26 July 1992) was \$7,500,000. The proportion of Vote : Health transport costs used by people with disabilities is therefore impossible to estimate.

At the present time no "one" agency accepts responsibility for ensuring that the needs of people with disabilities are met. This will change if the Health and Disability Services Bill under consideration in 1992 becomes an Act of Parliament. Although meeting the costs of transport is an issue under Section 13 of the DPCW Act, the extent of coverage in the new health system will be dependent on the outcome of the current Health Services Core Debate. The Core Debate is aimed at defining essential health services that must be provided in a publicly funded health system.

Transport cost information related to past and current policy changes occurring in Health, Social Welfare and ACC has proven near impossible to obtain. Thus it is difficult to ascertain the extent to which cost shifting has occurred between the various Government budgets. That cost shifting has occurred, and will continue to occur, under new legislation and policies is inevitable. Organisations will seek to reduce the cost of the services they provide and review their involvement in activities not directly related to their core business. As one person stated when discussing the cost shifting issue, "it is like a growing tree, you don't notice the growth change until you go away for a number of years and then come back and take a look".

5. TRANSPORT SERVICES IN VOLUNTARY AGENCIES

5.1 Organisational Changes

Assessing the impact of policy changes in voluntary agencies providing services for people with disabilities requires an understanding of prior business practices.

Many of the large voluntary agencies have undergone, or are currently undergoing, major organisational changes. The overall reduction in Government funding of voluntary agencies since 1988 has been a major factor in the need for organisational change. Decreasing community and commercial donations have further reduced funding revenue.

Many agencies have been required to review their service provision. Some agencies have decided that meeting the cost of transport for their clients is no longer to be their responsibility. For example, RNZFB no longer undertake assessments in the client's home, and the client has to attend the local RNZFB centre for this service. CCS Auckland discontinued use of the Total Mobility Blue Vouchers in December 1991.

5.2 Information Systems

Many of the voluntary organisations interviewed have yet to adopt formal business operating policies and procedures. Historically, there has been no requirement for complex reporting and simple financial reporting has been used in these organisations. Hence information on the changing costs of client transport over time is difficult or impossible to access.

Databases on client's use of subsidised transport were non-existent in many voluntary organisations. Even the co-ordination of volunteer drivers was in some instances not recorded by the agency. One interviewee when asked about the number of clients using Total Mobility stated: "I was afraid you were going to ask me that, I have absolutely no idea, we don't keep statistics. We respond to clients as and when needed". Other interviewees believed they could get some of the information sought, but not without difficulty and they could not guarantee the accuracy of the data.

5.3 National and Local Influences

Executives in national offices were interviewed where possible and some local branch managers were interviewed in Auckland and Wellington.

The meeting of client need was often based on the function of the agency. For example, RNZFB stated that, because of increasing service demands, their organisation had recently refocused on those services that dealt specifically with "blindness". For the RNZFB this means providing specialised rehabilitation and education services which no other organisation provides.

In the past some of the voluntary human service agencies had in place their own client transport services. Funding for these services came from various sources including donations or lottery grants to buy vehicles (some vehicles were donated), Total Mobility Blue Vouchers, DSW reimbursements, and the users themselves. The amount that was charged to clients was often a token one.

Organisational autonomy can also influence service provision. The level of local branch organisational autonomy varied across those agencies that had a national body. While all agencies looked to the national body for their organisation's philosophy and service provision guidelines, some had greater freedom in meeting their service provision than others. Some local branches maintained they had full financial autonomy (and sank or swam because of their own management capabilities), whereas others required national office approval for certain expenditures.

6. TOTAL MOBILITY SCHEME IN AUCKLAND

6.1 Introduction

The current situation of the Total Mobility Scheme in Auckland is reviewed, and cost forecasts and possible influences are identified in section 7.

The Auckland Regional Council serves a population of approximately 925,000 people and covers a large geographical area spreading from Wellsford in the north to the Bombay Hills in the south. There are 79 Auckland agencies registered with the National DPA for participation in the Total Mobility Scheme. Consequently, Auckland has the greatest expenditure for Paratransit programmes in the country (see Table 3, section 2, for Paratransit expenditure and support).

6.2 Growth Potential

Based on projected requirements for subsidised transport for people with disabilities, Auckland is expected to have between 14,000 and 46,000 people currently eligible for inclusion in the Total Mobility Scheme (i.e. 1.5% to 5% of the general population). Currently, 3,000 people (some of whom are able to drive) are registered with the Auckland Area Health Board's wheelchair services.

Table 4 shows the growth rates of Auckland, Wellington, Christchurch, and Dunedin since the beginning of the Total Mobility Scheme. All growth rates are high and future growth rates for each area will vary according to factors including:

- population profile,
- number of disability support services agencies,
- the promotion of subsidised transport services by disability support services agencies.

In spite of the larger population and Paratransit expenditure, Auckland has had the smallest average growth rate of the four largest regions in the country participating in Total Mobility. The variability of subsidy rates in each region over time makes analysis of the reasons for this growth rate difficult.

Table 4. Growth trends in Paratransit funding for four Regional Councils.

Year	Auckland		Wellington		Canterbury		Otago	
	\$000	% increase	\$000	% increase	\$000	% increase	\$000	% increase
1984	52.00		22.00		19.40			
1985	140.00	169.23	45.00	104.55	25.00	28.87	9.30	
1986	143.60	2.57	77.00	71.11	56.40	125.60	10.20	9.68
1987	265.60	84.96	99.10	28.70	221.10	292.02	23.80	9.68
1988	536.60	102.03	237.60	139.76	332.40	50.34	59.70	133.33
1989	591.20	10.18	450.70	89.69	455.60	37.06	113.90	150.84
1990	739.60	25.10	514.60	14.18	569.40	24.98	119.90	90.79
TQ	184.90		128.70		142.40		30.00	
1991	870.00	17.63	494.50	-3.91	597.30	4.90	133.50	17.21
1992	892.50	2.59	470.00	-4.95	597.30	0.00	134.80	0.97
Average Growth		51.79		64.89		70.47		58.93

Notes:

- . \$000 Actual annual Paratransit expenditure.
- . % increase Percent increase of expenditure from the previous year.
- . Average growth represents the average percentage increase over all years.
- . The differing annual percentage growth across and within regions results from both the uneven number of agencies entering the scheme and the different subsidies paid by each region.
- . Canterbury's disproportionately high growth rate could be attributed to the fact that Ashburton (which now makes up approximately 20% of the budget) was included in the scheme several years ago.
- . TQ = Transitional quarter when financial year end changed from March to June.

6.3 Management of Total Mobility in Auckland

6.3.1 Background

Because of DPA's involvement with Total Mobility (i.e. contracting of agencies and the issuing of the vouchers) there has been no formal Auckland Regional Council (ARC) policy for the distribution of the vouchers. This is being actively addressed (Appendix 7 is the ARC report, "Total Mobility - Auckland").

The ARC relied on the systems put in place by the DPA to manage the scheme. However, it became apparent that the increasing size of the scheme in Auckland meant that these systems were no longer adequate. The expenditure growth of Total Mobility Scheme in Auckland is shown in Table 5, with Appendix 8 showing the graphed trend analysis as an

almost linear growth rate. This growth rate, combined with DPA's expressed desire to withdraw from managing the scheme, indicated to the ARC that a review was necessary.

Table 5. Expenditure against budget for Auckland Regional Council Total Mobility Scheme.

FY Ending	Budget/ Estimate \$	Expenditure for TM \$	Difference \$	Difference %
1992	747,200	788,673	-41,473	-5.55
1991	701,000	724,420	-23,420	-3.34
TQ	189,000	145,466	43,534	23.03
1990	675,000	680,149	-5,149	-0.76
1989	485,800	496,299	-10,499	-2.16
1988	355,000	441,605	-86,605	-24.40
1987	295,230	255,164	40,066	13.57
1986	75,000	75,180	-180	-0.24
1985	60,000	40,514	19,486	32.48
1984	52,500	22,500	30,000	57.14
Totals	3,635,730	3,669,970	-34,240	-0.94
Averages	363,573	366,997	-3,424	8.98

Notes:

- . FY = Financial Year.
- . TM = Total Mobility Scheme.
- . TQ = Transitional quarter when financial year changed from March to June.

6.3.2 Yellow Voucher Use

The flow-chart diagram in Figure 1 describes the distribution and processing of Yellow Vouchers in Auckland. The Blue Voucher system operates similarly but becomes more complex at the DPA processing level for federation taxi drivers and at the Auckland Regional Council level for non-federation taxi drivers.

Yellow voucher distribution differs across individual agencies as follows:

- Instructions on voucher use vary. For example, some agencies encourage high taxi user clients to "multi-trip" on one voucher, whereas other agencies reinforce the one voucher, one trip rule.
- Application forms for individual eligibility for transport assistance are available from some agencies but not from others (see Appendix 9 for an example of an Application Form as used by CCS).

- Assessing an individual for Total Mobility eligibility using the DPA contract definition varies. For example, some agencies require a doctor's certificate whereas other agencies have no explicit criteria.
- Different values exist across service agencies. In some agencies the "Medical model thinking" is evident because to them use of the Total Mobility Scheme to go to the pub for example was considered "abuse" of the scheme. Other agencies, however, actively encouraged such recreational activities.

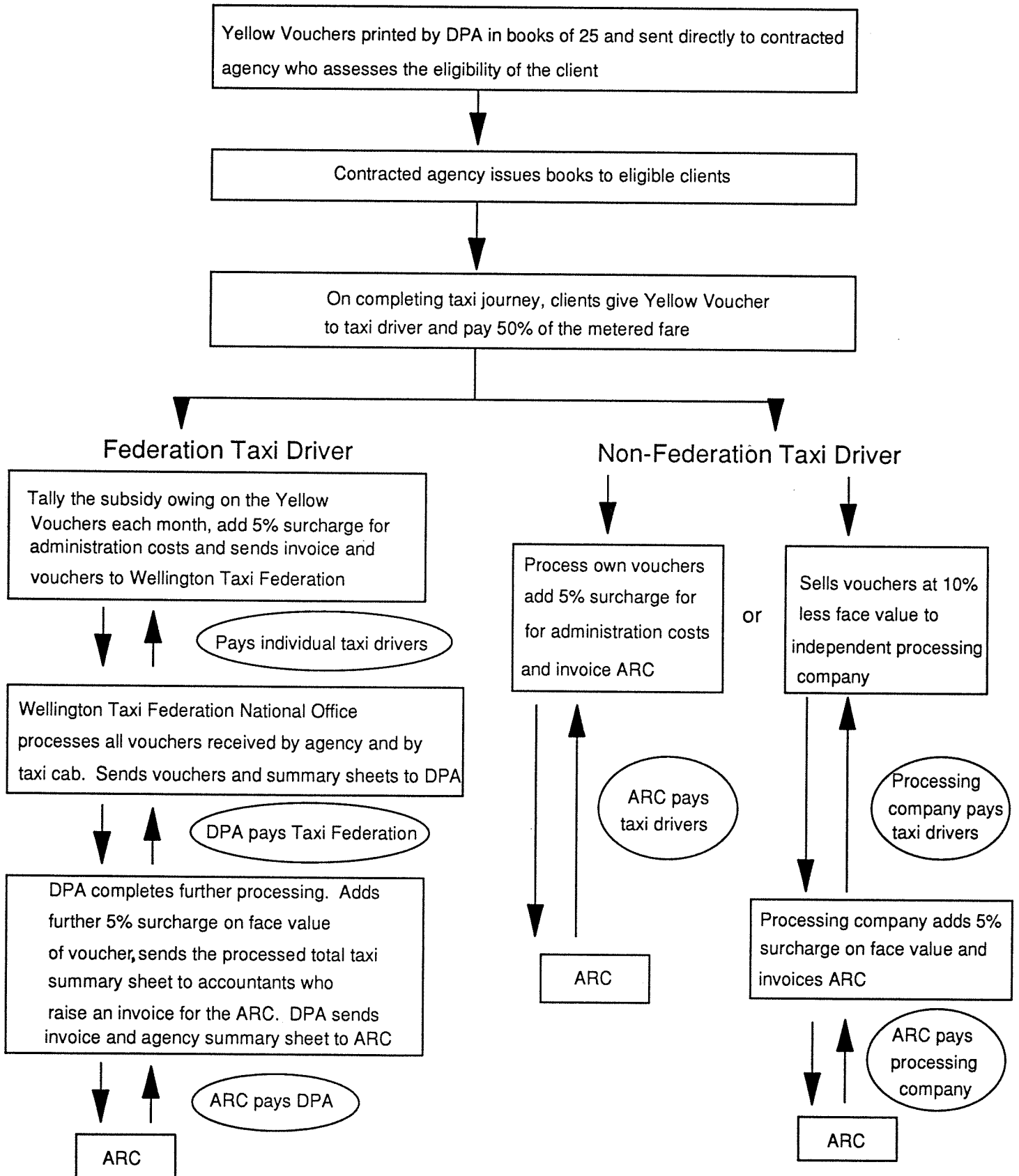
6.3.3 Blue Vouchers

Agencies can apply for Blue Vouchers from DPA. These vouchers appear to be monitored more carefully than the Yellow Vouchers, presumably because the agency pays half of the fare when a Blue Voucher is used. Payment on Blue Vouchers is made by a monthly invoicing system and in some instances taxi companies have reported not being paid for several months. This is of concern to taxi companies because some large sums of monies (e.g. \$15,000) can be involved in a one-month period for Blue Voucher use by an agency.

In Auckland most Blue Vouchers are processed through Federation taxi drivers, although the ARC does process some. DPA processing of Blue Vouchers consists of halving the full fare, and invoicing the ARC and the agency their respective amounts. Blue Vouchers used in Auckland by an agency from another regional council are sent directly to DPA for processing.

A surcharge of 5% to cover administration costs is added on all vouchers processed (either Blue or Yellow). This means that two lots of surcharges can occur in the processing system and this increases the original fare by 10%. For example, at the end of the month an individual Federation company taxi driver may have \$100 worth of Blue Vouchers, he or she adds 5% for administration and sends the vouchers and an invoice for \$105 to Wellington for processing. These are then sent to the DPA who multiplies the face value fare by 0.55 (i.e. $100 \times 0.55 = 55$) and sends an invoice for the sum of \$55 to both the ARC and the agency who used the Blue Voucher. The DPA pays the Federation taxi company \$105, but receives \$110 in total for an original fare amount totalling \$100.

Figure 1. Total Mobility Scheme processing of Yellow Vouchers in Auckland.



6.4 Use of Total Mobility Scheme by Voluntary Agencies

Approximately 57 Auckland voluntary human service agencies have used Total Mobility Scheme in the past twelve months (see Appendix 10 for agency expenditure by Blue & Yellow Vouchers). IHC, CCS, RNZFB and Counterstroke are the four largest users of Total Mobility in Auckland (Table 6). Collectively they account for approximately 75% of the total subsidy expenditure. The Arthritis Foundation accounts for a further 5% of total subsidy expenditure. This means that over 50 voluntary human service agencies in Auckland when combined make up only about 20% of the total subsidy expenditure for the scheme. (Out-of-region agencies account for approximately 1% of the total subsidy expenditure - see Appendix 11.)

Table 6. Total Mobility Scheme subsidised expenditure by agency for a twelve month period (includes Blue and Yellow Voucher subsidies).

Organisation	Actual Expenditure \$	% of Total
IHC (all local branches combined)	181,894.16	28.79
CCS	126,849.95	20.08
RNZFB	114,372.58	18.10
Counterstroke	41,859.80	6.63
Arthritis	35,787.25	5.66
All other agencies	131,067.40	20.74
Total	631,831.14	100

This table shows the last twelve months actual expenditure (September 1991 - August 1992) by individual organisation as a percentage of the ARC Total Mobility expenditure.

Source: Taxi Federation Summary Sheet

6.4.1 IHC Auckland

The information for IHC was obtained from National Office (Wellington) and selected branch managers in Auckland.

IHC accounts for approximately 30% of the total Total Mobility Scheme subsidy with the majority of cost attributed to the Blue Voucher system. The IHC client base within the ARC boundary is estimated at over 2,000 (IHC and ARC boundaries differ) with approximately 200 clients using the Blue Voucher system and a further 100 clients using the Yellow Vouchers.

Over the last few years IHC has been selling its large hostel accommodation and buying family-type homes to enable people with intellectual disabilities to live in smaller groups. Living in community-based homes has meant an increase in transportation needs for this disabled group. In spite of this trend, IHC managers do not anticipate a significant increase in their Total Mobility Scheme usage over the next year. This is because:

- Current IHC clients needing residential care in Auckland are now in smaller homes.
- IHC is planning to increase utilisation of its own vehicles. IHC reported that management of its own transport requirements increases convenience and is cheaper.
- IHC has made changes in its registration eligibility. People with "high ability" (in relative terms) will no longer be able to register with IHC. In the past these people could register and this entitled them to Total Mobility eligibility.
- There is greater encouragement for families to look after the family member with a disability at home.

The use of Total Mobility Scheme by IHC agencies long-term is expected to remain relatively static. However, an increase in the number of intellectually disabled people cared for in the family home could mean a greater use of Yellow Vouchers for this group.

6.4.2 CCS Auckland

CCS Auckland is the second largest Total Mobility user group in Auckland, accounting for approximately 20% of the total subsidy expenditure. In December 1991, CCS Auckland stopped using the Blue Voucher system. That is, they no longer subsidise transport for their members or registrants attending hospital appointments or CCS programmes. This resulted in an initial sharp decrease in overall subsidy generated by CCS Total Mobility users. However an increase in Yellow Voucher use has become evident and the number of people to whom CCS Auckland currently issues Yellow Vouchers is 360, although a further 240 of their client base may be eligible to apply. Increase in use of Yellow Voucher subsidy is shown in Appendix 10.

In the past, CCS Auckland distributed Yellow Vouchers to any person with a disability. It is thought that at one stage 3,000 people were listed as having been issued with Yellow Vouchers from CCS Auckland, but in 1990 CCS Auckland wrote to other agencies stating they would no longer continue this practice. This policy change resulted in other agencies reporting increased membership, although overall Total Mobility Scheme ridership was not believed to have been affected. Current CCS client base is estimated at 1000.

6.4.3 Royal New Zealand Foundation for the Blind (RNZFB)

The RNZFB is the third largest Total Mobility user group in Auckland and accounts for approximately 20% of the total subsidy expenditure. Their Auckland client base totals 2,700 and it has been estimated that approximately 500 clients use the Yellow Voucher system. The RNZFB also use the Blue Voucher system (Appendix 10).

Two years ago the RNZFB carried out a review of their organisation and decided they could not be "all things to all people". The review also highlighted an increase of 85.4% in their client numbers over the past ten years. By the year 2001 they estimate a country-wide client base of approximately 14,500.

RNZFB has changed the policy relating to fieldwork activities and no longer routinely send field workers to people's homes. Clients are now encouraged to come to the centre which offers a range of activities. This increases individual client transport cost and reduces staff transport costs.

Policy changes implemented by other agencies have had a significant impact on the RNZFB's client-base. These relate to transport subsidy decreases for client attendance at training programmes by Social Welfare and the reduction and route changes of public bus services since deregulation. Previous public transport subsidies for clients are no longer being made available in some regions or on some services, e.g. Palmerston North Bus Service and Cooklines Inter-Island Ferry Service respectively.

6.4.4 Auckland Counterstroke

Counterstroke consists of 22 Stroke Clubs situated throughout Auckland. Two client bases, referred to as the *Stroke Club Network* (which has 800 members all of whom are eligible for Total Mobility), and *Stroke Club Members* (which has a further 400 members of whom 75% would be eligible for Total Mobility), are contained within the agency. Auckland Counterstroke uses both the Blue and Yellow Voucher systems.

Auckland Counterstroke currently account for approximately 7% of the total subsidy expenditure. They maintain that there will be a continuing increase in their membership and workload. Reasons given for this trend are:

- People suffering from strokes are being discharged earlier from hospitals than previously.
- A greater number of people are surviving both initial and second strokes.
- The Auckland Area Health Board has reduced district nursing, hospital-based therapy and respite care services, as part of their cost containment measures.
- There is an increased awareness about the service provided by Counterstroke.
- There is an increased awareness about the Total Mobility Scheme.

The introduction of ambulance charging for non-medical emergency transportation is believed to be another factor in the increase in the use of Total Mobility by Counterstroke clients. In the past twelve months Counterstroke's average growth rate for Blue Voucher expenditure has been approximately 30% (Appendix 10).

6.5 Cost Analysis of Total Mobility Vouchers

Total Mobility costings carried out by the ARC on 7,742 vouchers worth \$117,283.45 showed that the most frequent taxi fare processed ranged between \$6.00 and \$6.50 (Table 7). The indications are that most of the trips are relatively short and that \$3.00 - \$3.25 is the most frequent amount processed for subsidy reimbursement. The real cost of processing these vouchers would be greater than the value of the subsidy.

Table 7. Random sample of vouchers processed by the Auckland Regional Council.

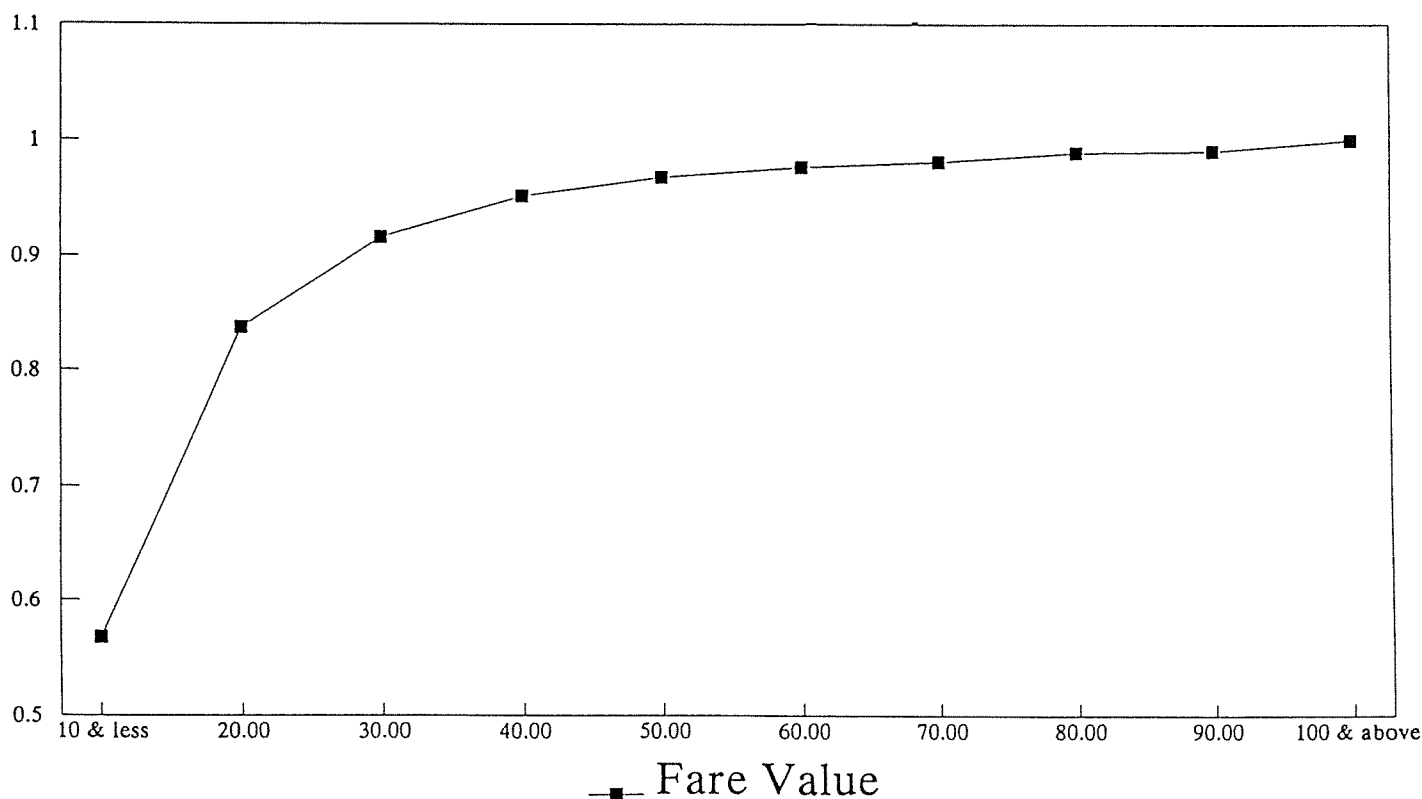
	Value of Vouchers \$	Cost Attributed to Agencies** \$	Value < \$100.00	Number of Vouchers
Total*	117,283.45	117,283.45	102,737.20	7742
Max	850.70	30,051.43	99.40	1951 per agency
Min	1.00	3.40	1.00	1 per agency
Mean	15.15	916.28	13.38	103 per agency
Std Deviation	27.03	3,947.42	12.43	319 per agency
Median Range	9.00 - 9.50	50 - 100	9.00 - 9.50	
Modal Range	6.00 - 6.50	1 - 50	6.00 - 6.50	

* This amount shows the full fare of the taxi ride. Therefore, the amount of subsidy paid on 7,742 vouchers is \$58,641.72.

** Cost attributed to agencies reflects the total expenditure on taxi fares by clients registered with them for the Total Mobility Scheme.

The above table also shows the average cost of the vouchers processed. However, this figure has been skewed because some very large amounts (e.g. \$850.70) have been paid out on single vouchers used for "multi-tripping." Even the median range appears to have been skewed by the outliers. Figure 2 shows the cumulative frequency of the vouchers processed in Table 7. This reveals that nearly 85% of all vouchers processed are for full taxi fares under \$20.

Figure 2. Cumulative frequency of vouchers processed by the Auckland Regional Council.



6.6 Annual Ridership in Auckland

During the 1991/92 financial year, over 175,000 passenger rides were carried out in Auckland by people/agencies using the Total Mobility Scheme. Analysis of Taxi Federation's summary sheets and ARC data over the 1990/91 and 1991/92 financial years shows an increase of approximately 30,000 passenger rides in Auckland. Such an increase can readily be explained when taxis are used to transport people to and from regular day programmes. For example, the use of taxis for transporting patients to and from the Auckland Hospital Dialysis Unit accounts for over 8,500 passenger rides in a one year period.

Establishing new health-related day programmes for people with disabilities is likely to increase Total Mobility ridership. Voluntary human service agencies have already indicated the need for extra community-based services as a result of decreasing length of hospital stays.

All voluntary agencies predict an increase in their client bases. This is borne out by the data. There was a common belief among agencies that Total Mobility is used mostly for the necessities of daily living such as going shopping and for medical/rehabilitation purposes. Even at 50% subsidy, taxi fares were considered an expense that people on benefits would have to carefully consider. North Shore City Council also came to this conclusion. The following paragraph is from their report authored by Mein in 1991:

Because disabilities can restrict an individual's ability to take part in the paid workforce or occur after retirement, the incomes of persons with disabilities are generally much lower than average. This restricts the amount of money available to spend on transport, and in many cases will result in trips not being made. The transport needs of the disabled are further compounded by the need for many disabled persons to travel for specialist medical attention. The location of these facilities, and the timing of appointments is therefore of considerable importance in determining travel demand.

While some agencies have reduced provision of transport services there is no example where this has caused an obvious change in the number of passenger rides attributed to agency clients. Most of the agencies who reported having to decrease their transportation services stated that the main service loss was that of a social or recreational nature. Therefore, the impact on Total Mobility was thought to be negligible (although real concern was expressed about decrease in the quality of life for some people).

Immediately after CCS stopped using the Blue Vouchers a decrease in the number of passenger rides was recorded. However, the stopping of the Blue Voucher system coincided with the Christmas period which traditionally shows a decrease in ridership. The latest figures show that the level of CCS Total Mobility ridership has returned to a comparable level.

6.7 Recent Studies Carried Out in Auckland

6.7.1 Total Mobility Scheme Review

The Auckland Regional Council (ARC) commissioned a Review on Total Mobility in 1991 referred to as the Jaffe Report (Jaffe and Proud 1991). This report made 31 recommendations under the following headings:

- Eligibility,
 - Service Provision and
 - Management Planning & Review
- (Appendix 12 gives Summary of Recommendations).

The Total Mobility Transitional Committee set up by the ARC succinctly summed up Jaffe's assessment of management of the Total Mobility scheme in Auckland as follows:

The report concludes that: counter-productive billing systems were employed; no data-gathering mechanisms (for monitoring performance or future planning) were set in place; no hard and fast criteria for eligibility were established nor any mechanism for reviewing eligibility. There was no central register of users and no "ownership" of problems, nor accountability. There was not even a definition of what Total Mobility is and, therefore, no possibility of it setting parameters of any kind.

This confirms DPA's long held view that there needs to be active management of the scheme at local levels.

Under the heading "Administration and Systems of Accountability" Jaffe wrote:

The present administrative system for the whole TM Scheme was so individual and complex that it almost defied description without going into enormous detail. We can safely say that there is no overall system for agencies and transport providers, although a system of sorts is in operation. The Scheme has developed a variety of different administrative models, many needing urgent redevelopment to achieve accountability, reduce costs, and to provide clarity and direction for all stakeholders.

The variety of administrative models have evolved from the legislative provisions of the Urban Transport Council and Transit New Zealand Acts which leave the decision making involving public transport service provision with the regional councils.

6.7.2 Report on Needs of People with Disabilities

The Auckland Area Health Board (AAHB) is in the process of compiling the results of a survey carried out in their health region. The survey is a joint project between the AAHB, DPA, DSW and Housing Corporation. The project is called "Focus On Your Needs For People With Physical Disability : Data 1991". The survey addresses the needs and services for people with physical disabilities. Six hundred and fifty people aged up to 65 years participated. Transportation featured highly among services needed.

Twenty eight percent of persons surveyed stated they used Total Mobility (see Appendix 13). Of those, 88% were satisfied with the service provided. When asked how the service could be improved the following comments were elicited:

- Need more Total Mobility taxis and better co-ordination of service;
- Need better trained staff and greater assistance;
- Should be less expensive;
- Need more vouchers or less rationing;
- Need more information for the user.

7. COST FORECASTS FOR TOTAL MOBILITY SCHEME, AUCKLAND

7.1 Auckland Paratransit Projections

Using trend analysis it is estimated that by the end of the 1994 financial year the cost of the Auckland Paratransit programme will be close to 1.1 million dollars. By the end of the 1995 financial year this figure increases to approximately 1.2 million dollars. The accuracy of these figures is estimated to be at approximately 15%⁽¹⁾. The error is expected to reflect further increases in expenditure, unless there is an intervention aimed at reducing costs. Further increase could occur if individual or agency contributions are reduced.

7.2 Auckland Total Mobility Scheme Projections

Trend analysis carried out on the Total Mobility Scheme actual expenditure from the 1985 to the 1992 financial year indicate a Total Mobility Scheme expenditure of \$1.0 million by the end of the 1994 financial year. Based on the Paratransit trend analysis of \$1.1 million for the same period, a figure of around \$0.95 million would be expected. (This is because Total Mobility currently accounts for over 85% of the Paratransit expenditure.) In real terms, a discrepancy of \$50,000 between the forecasts is less than that predicted by the error margin.

Previous cost predictions in this area have been under-estimated as seen in the ARC's actual annual expenditure budget since 1988 (Table 5, section 6). The Jaffe report also predicted a 1991 Total Mobility expenditure of \$545,000 when actual expenditure for the year was \$742,420.

7.3 Haemodialysis Case Study

As a result of an informal proposal to Auckland Hospital and Social Welfare in June/July 1991, an Auckland taxi company commenced transporting patients to and from haemodialysis under the Total Mobility Scheme.

The background to routine use of the Total Mobility Scheme for patients going to the haemodialysis unit is very complex and has been the subject of extensive enquiries (Appendix 14 presents the report of the ARC Group Manager, Transport to the Resource Policy & Planning Committee). The net effect of this has been an increase of over \$40,000 paid out each year on vouchers issued under the auspice of Auckland Kidney Society. There is

(¹) This number has been derived as a combination of:

- . Forecasting uncertainty being $\pm 10\%$,
- . Expenditure is unlikely to reduce because of constraints on other funding and increased awareness of the scheme,
- . An additional 5% being estimated to cover these factors.

evidence that this increase will rise further (Table 8). The increase accounts for approximately 5% of the annual Total Mobility expenditure.

Table 8. Total Mobility Scheme payments for transport to and from the Dialysis Unit, Auckland Hospital.

Month	Payments \$
1991	
July-August	3,015.88
August	1,203.30
September	3,784.76
October	2,553.04
November	3,066.00
December	3,209.45
1992	
January	3,047.99
February-March	6,936.12
April	4,072.69
May	4,905.88
June	4,144.37
July	5,781.44
Total to July 1992	45,720.93

All payments include 5% booking fee but exclude GST.

Haemodialysis is an intensive programme which requires individuals to attend hospital three times a week. After being dialysed, patients can become very ill and unable to use public transport and in some instances ambulances rather than taxis have proved the more appropriate means of transportation.

The use of ambulances is not warranted under most circumstances even though ambulance services used to be provided to some patients by the Auckland Area Health Board (AAHB) through a "bulk funding contract" arrangement with St Johns Ambulance Service. Consistent with the ARC findings, it was not possible to establish either to what extent the AAHB provided ambulance services for haemodialysis unit patients or exactly when this service ceased.

As previously mentioned, "free" ambulance service to individuals attending hospital outpatient clinics ceased around 1988. However, under Section 13 of the DPCW Act 1975 some patients are able to claim back their total transportation costs to attend medical treatment, be it a \$60 ambulance ride or a \$6 taxi fare. Thus, when given an opportunity to save monies spent under Section 13 of the DPCW Act for their clients requiring dialysis,

the Auckland branch of DSW was most supportive. While this situation created a ridership shift from ambulance services to taxi services the shift did not occur as a direct result of DSW policy.

7.4 Implications for Future Total Mobility Expenditure

Some "flow-on" effects from the Dialysis Unit situation have already occurred. The ARC have already received enquiries from the Oncology Unit, Auckland Hospital, and the Cardiac Unit, Greenlane Hospital, about Total Mobility Scheme eligibility.

The establishment of new health-related day programmes for people with disabilities will probably create the greatest impact on Total Mobility. For example, in Auckland two new day programmes for people with head injuries are in the planning phase. If given approval, these day programmes will be situated in Area Health Board facilities where residents currently use Total Mobility Scheme taxis to meet recreational and social needs.

A new head injury programme providing intensive rehabilitation services to approximately 15 head-injured people living in the community could transfer transportation costs of over \$20,000 onto the Total Mobility Scheme.

In this programme, each person could be scheduled to receive treatment three times a week for half a day. This would equate to 45 attendances or 90 journeys to and from the clinic with the attendance of nine people a day on average. People suffering from head injuries requiring intensive rehabilitation are unable to use public transport and are eligible to use the Total Mobility Scheme. Based on data from the Dialysis Unit, and allowing for a 48-week year, transport costs to and from such a programme using taxis would therefore amount to over \$40,000. Half of this would be attributable to the Total Mobility Scheme. Even in the event of a person being covered by ACC, the maximum payment of 50 cents per kilometre would not cover half the taxi fare.

Similar scenarios can be described for rehabilitation programmes for people who have suffered strokes, spinal cord injuries, severe burns and a host of other physical and mental disorders. Under the new contracting arrangements from Regional Health Authorities, there will be pressure on service providers to maintain high levels of "throughputs" or "work-volume". To achieve high volumes of people using healthcare programmes, the service provider must ensure that clients can access the service. Taxis using the Total Mobility Scheme may be the most efficient and effective means of transport for this purpose.

8. SUMMARY

8.1 National Paratransit Forecasts

Analysis of gross costing data available since 1986 shows that Auckland's expenditure has, and will continue to have, the greatest influence on the growth trend of the total Paratransit programme (Appendix 13). This is in spite of Auckland's smaller percentage annual growth rate as compared with Wellington, Canterbury and Otago regions.

Taking cognisance of the forecasting limitations, the results of the trend analyses carried out show an unexpected consistency in cost trends over time. This consistency was unexpected because of the significant changes in factors influencing costs (cost-driver) which are known to have occurred over the time period. Such a cost driver is anything that impacts on the cost of a service or good. Examples of changes that have affected the Total Mobility Scheme are the:

- Differential subsidy variations in the early years of the scheme (being, on the most part, half of the current value);
- Changes to inflation;
- Levelling of taxi fares since deregulation;
- Increasing number of agencies joining Total Mobility Scheme;
- Decreasing transportation alternatives available to people with disabilities;
- Lifestyle changes increasing need for transport by people with disabilities.

The first three factors are expected to influence recent cost trends in a downward direction and the latter three factors would appear to off-set this expected trend. In the absence of other data, the numerical macro-data in itself indicates continuation of the upward trend over the next few years as depicted in the graphs in Appendix 15.

The trend line for estimation of national Paratransit expenditure over the next three years clearly indicates that costs will continue to increase. Some levelling occurs on the projection line around 1996 but this must be viewed with caution in light of the steep upward trend in all the four major regions analysed. Based on past cost factors it can be estimated that expenditure for the national Paratransit programme will be approximately \$3.8 million in 1996 of which Auckland's contribution will be approximately \$1.2 million.

8.2 Identifiable Factors with Cost Implications

The following list summarises those factors (both micro and macro) that have been identified in this study as influencing the costs of the Total Mobility Scheme. Although the list is not exhaustive, far more factors are seen to increase the costs as compared to those decreasing the costs. Some factors, such as subsidy changes, can act as both "increasers" and "decreasers" of costs. The list highlights an important factor, mentioned time and again, that increasing the costs to the individual for meeting transportation services will not in turn decrease the need for those services.

Factors that Increase Cost

- *Individual/Social Influences*

Increase in the number of people with disabilities (this includes factors associated with the ageing population and medical advancements).

Increase in the number of people with disabilities living in private dwellings.

Increased participation by people with disabilities in social, educational, vocational and recreational activities in the wider community.

Decreased numbers of volunteers available for transport of clients or other forms of service provision.

- *Non-Transport Policy/Practice Influences (both Government and Voluntary Agencies)*

Increase in residential care in smaller community homes for people with disabilities (including "de-institutionalisation" of some people with disabilities).

Decrease in transport provision by voluntary agencies and health organisations.

Decrease in sheltered workshop activities means more people seeking employment or other vocational activities from a wider geographical area.

Decreased length of hospital stays and insufficient public sector rehabilitation programmes (voluntary agencies are increasing centre-based programmes as a result).

Planned service provision taking cognisance of Total Mobility subsidy.

Reduced ACC transport allowance.

Factors that Decrease Cost

Decrease in individual income support provided.

Decrease in employment opportunities.

Greater use of group travel.

Increased provision of transportation services by voluntary agencies (e.g. agencies running own vehicles).

Reduced funding of voluntary agencies can lead to reduced use of Blue Vouchers.

Factors that Increase Cost

• *Transport Industry Influences*

Deregulation of taxis and more taxis fitted with hoists has led to active marketing for Total Mobility Scheme clients.

Direct contracting with taxi companies for special deals.

Reduced availability of public transport.

Changes in routes for public transport.

Decrease in availability of ambulance services for non-urgent medical transportation.

Increased requirement for user payments for ambulance services.

Taxi fare increases.

• *Management of the Total Mobility Scheme Influences*

Increased awareness of Total Mobility services.

Loose definition of Total Mobility eligibility.

Loose accountability in processing of vouchers.

Double surcharging possible in some processing arrangements.

Increase in subsidy provided.

Single processing of vouchers.

Reduction in subsidy provided.

Factors that Decrease Cost

Deregulation of taxis and competitive pricing (possibility of special deals on current transport usage).

Possible decrease in number of vehicles fitted with hoists as current stock reaches the end of its life and hoist subsidies are reduced.

Alternative public transport available funded by Regional Councils (e.g. Dial-a-Bus).

Tightening of eligibility criterion.

Increased restriction of voucher use.

Increase in monitoring of the scheme.

8.3 Key Findings

- Recent and planned changes in Government legislation are expected to increase demand for Total Mobility Scheme services although many of the policy issues are still to be worked through.
- Changes in practice, and not just changes in formal policy are contributing to the increased demand on the Total Mobility Scheme.
- Trend analyses indicate that expenditure on Total Mobility services is likely to continue to increase.
- Information systems currently used for the Total Mobility Scheme monitoring in Auckland preclude separation of ridership (actual number of rides) and costs in any meaningful way.
- Available information on the Auckland use of Total Mobility Scheme and alternative transport services is of poor quality and limits accurate forecasting of requirements.
- People with disabilities tend to use transport services over short distances, and the cost of short journeys is not projected to increase over inflationary expectations.
- New or increased ridership/costs resulting from identifiable transfer of costs are:
 - An Auckland Area Health Board programme accounting for 5% of regional Total Mobility expenditure and approximately 8,500 regional rides annually.
 - A significant increase in the number of agencies and individuals registering for Total Mobility Scheme services can be attributed to agencies or individuals wanting to access health or vocational services.
 - Likely increase in demand upon the Total Mobility Scheme because of reduced ACC funding for persons with disabilities.
 - Increases in the costs and ridership of the Total Mobility Scheme as more voluntary agencies try to meet the rehabilitation needs of their client group.

- Establishment of rehabilitation programmes with attendance dependant upon individuals' use of Total Mobility Scheme.

- Unclear health/welfare interface geographical and related boundary issues.

- Voluntary and Government agencies currently (1992) providing services for people with disabilities being no longer of the opinion that transport is their responsibility.

9. REFERENCES

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Synergy Applied Research 1982. *Total Mobility: a programme for cost-effective rationalisation and improvement of urban transport services for disabled persons in the Wellington Region*. Synergy Applied Research, Wellington.

LEGISLATION

Accident Rehabilitation and Compensation Insurance Act 1992.

Disabled Persons' Community Welfare Act 1975.

Health and Disability Service Bill 1992.


Transit New Zealand Act 1982.

APPENDICES

- Appendix 1 Example of Processed Yellow Voucher**
- Appendix 2 DPA Application and Undertaking Form**
- Appendix 3 Information on the Management of the Scheme by Otago Regional Council**
- Appendix 4 Disabled Persons Community Welfare Manual - Chapter 3**
- Appendix 5 Facsimile Copy of Taxi Company Advertisement**
- Appendix 6 Copy of Letter from Social Welfare**
- Appendix 7 Total Mobility - Auckland (ARC Management of the Scheme)**
- Appendix 8 Quadratic Trend Analysis of Auckland Total Mobility Expenditure**
- Appendix 9 Example of Total Mobility Application Form for Yellow Vouchers**
- Appendix 10 Twelve Month Total Mobility Expenditure by Four Agencies**
- Appendix 11 Out-of-Region Yellow Vouchers Processed by the ARC**
- Appendix 12 Summary of Recommendations from the 1991 Jaffe Report**
- Appendix 13 Focus Project Report : Compiled by AAHB Transport Section**
- Appendix 14 ARC Report : Total Mobility Use by Hospital Clinic Outpatients**
- Appendix 15 Quadratic and Linear Trend Analysis of Paratransit Programme Expenditure for National, Auckland, Wellington, Canterbury and Otago**

Appendix 1

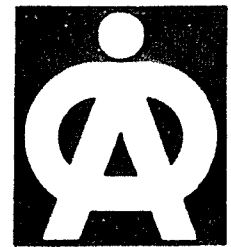
Example of Processed Yellow Voucher *

 DISABLED PERSONS ASSEMBLY	Cab No.	Date:	No.
	31	4.5.92	E. N ^o 818595
From:	Lima City		Area/Agency: (Must be filled in before use.)
To:	Supeke Race, Lima		261515
Signature:	[Signature]		Fare:(Inc G.S.T.) \$ 5 : 60
Taxi Co. ...	P.O.V.U.A		Discount: \$ 2 : 80
Driver:	[Signature]		Cash paid: \$ 2 : 80
			Tariff: 1. <input checked="" type="checkbox"/> 2. <input type="checkbox"/>
			No. Passengers /

* Identifying information has been erased.

Appendix 2

Disabled Persons Assembly (New Zealand) Inc.



P.O. BOX 27-186, WELLINGTON, N.Z.
67 Hankey Street, Wellington, N.Z.

APPLICATION AND UNDERTAKING TOTAL MOBILITY TAXI DISCOUNT VOUCHERS

Telephone: 857-828
Telex: NZ 31255

Ref: _____

To : The Total Mobility Coordinator
Disabled Persons Assembly (NZ) Inc
PO Box 27-186
Wellington

Date

Name of Organisation

Street Address

Postal Address

Telephone Numbers

Name of National Body, if applicable

Name & Designation of person ordering.....

- 1 This organisation is a corporate member of Disabled Persons Assembly (NZ) Inc.
- 2 I/We undertake to distribute discount vouchers only to disabled people who solely because of their disability, are unable to use other means of public transport.
- 3 I/We understand that funds to finance Total Mobility taxi discount vouchers derive from budget allocations made by or on behalf of Government or Local Government and such other sources as identified by Disabled Persons Assembly (NZ) Inc on behalf of Total Mobility in my/our Local Government area.
- 4 In the event of such funds being insufficient to meet the amount necessary to finance the discount on taxi fares received by those to whom I/we distribute vouchers, I/we undertake to meet any shortfall arising.
- 5 This organisation has/has not previously had a supply of Total Mobility vouchers.
- 6 Our six-figure Area/Agency code which we stamp on vouchers before issue is:
..... (number allocated by DPA to new participants)
- 7 Please send books of yellow vouchers for use by individuals.
..... books of blue vouchers for Agency use.

Yours faithfully

(Signed on behalf of the applicant organisation)

Office Use:	_____
Regional Council:	_____
NZ Taxi Fed:	_____
T/Mobility:	_____

Appendix 3

DIAGRAM OF TOTAL MOBILITY MANAGEMENT PROCESS: YELLOW VOUCHERS

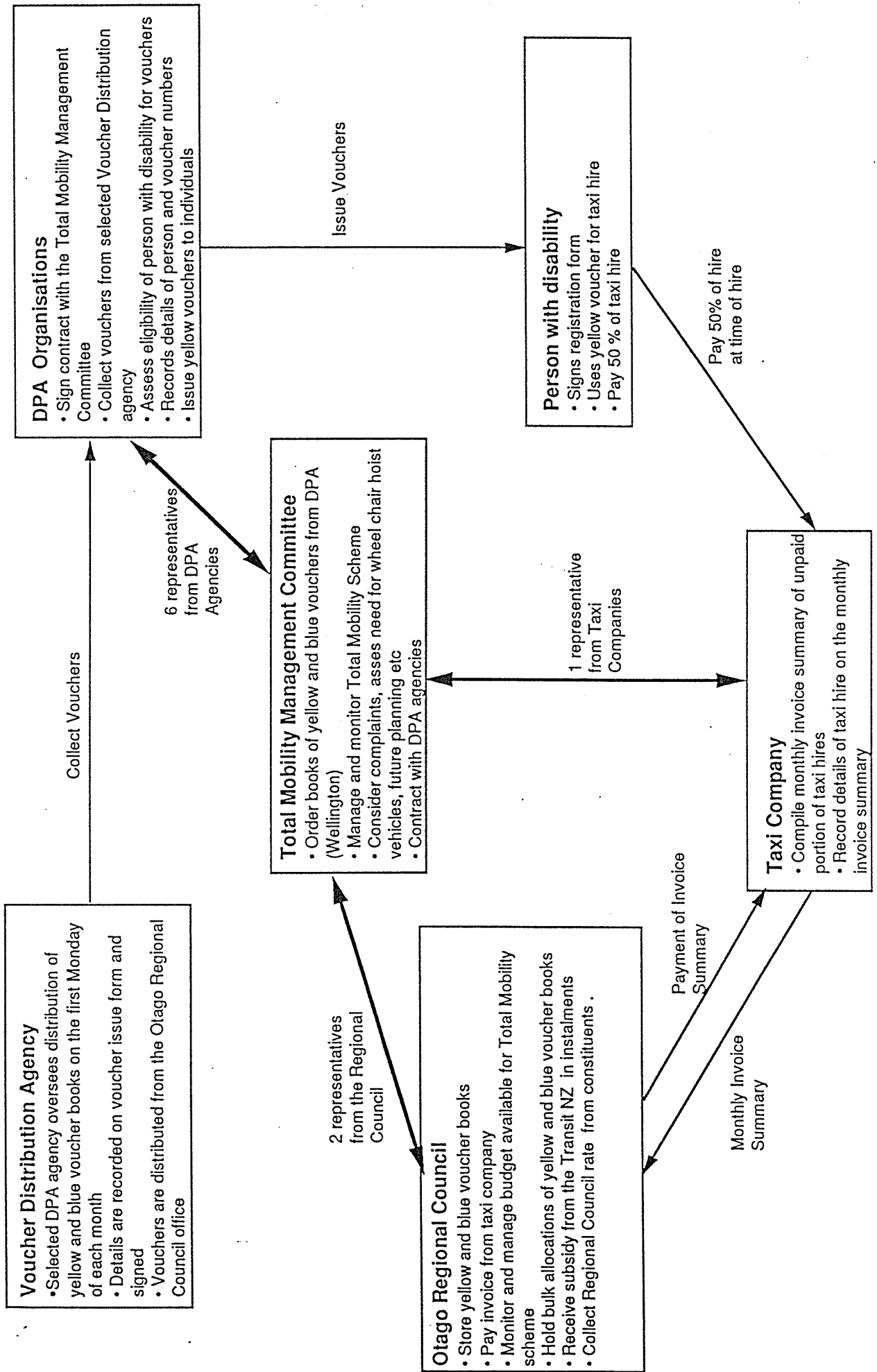
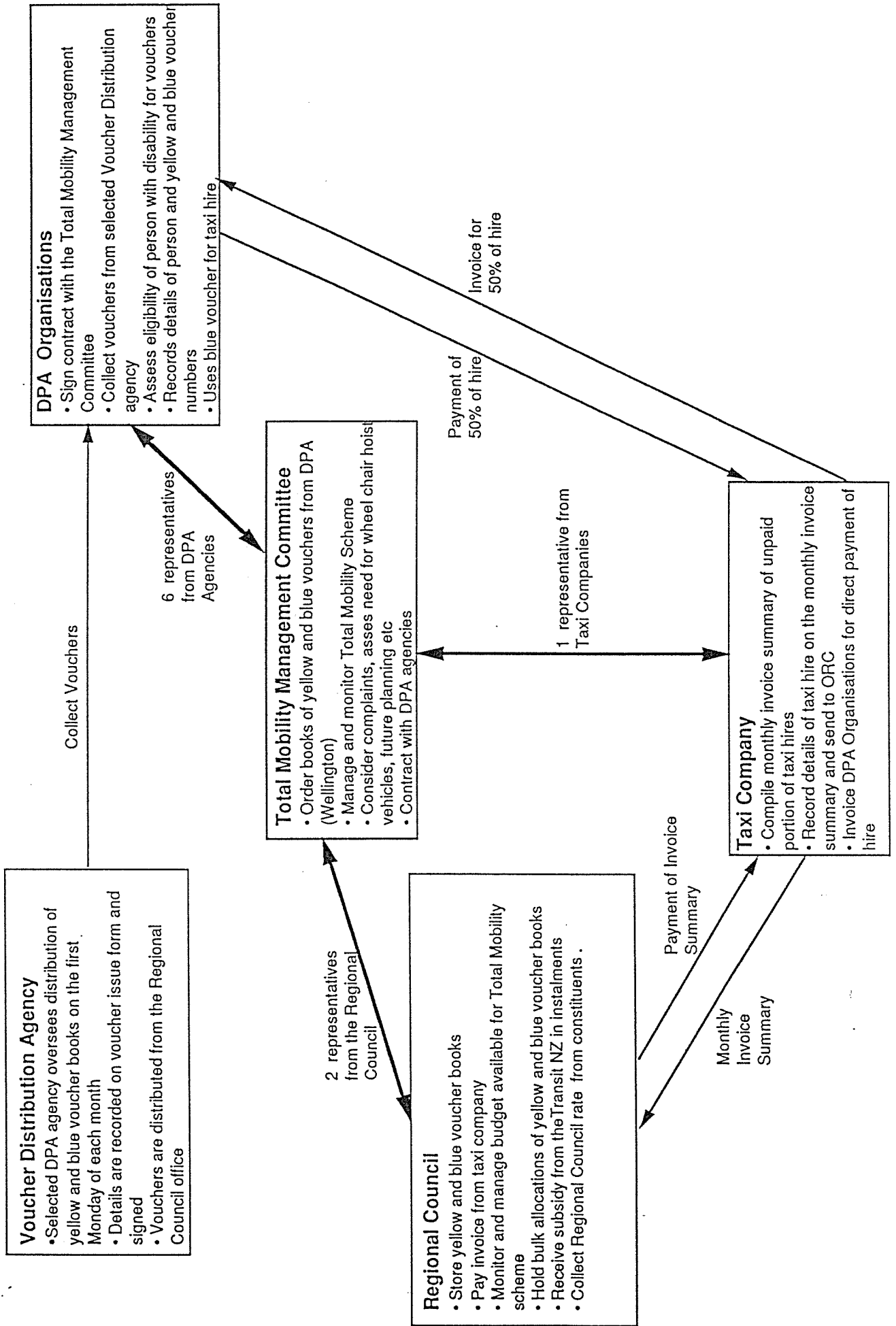
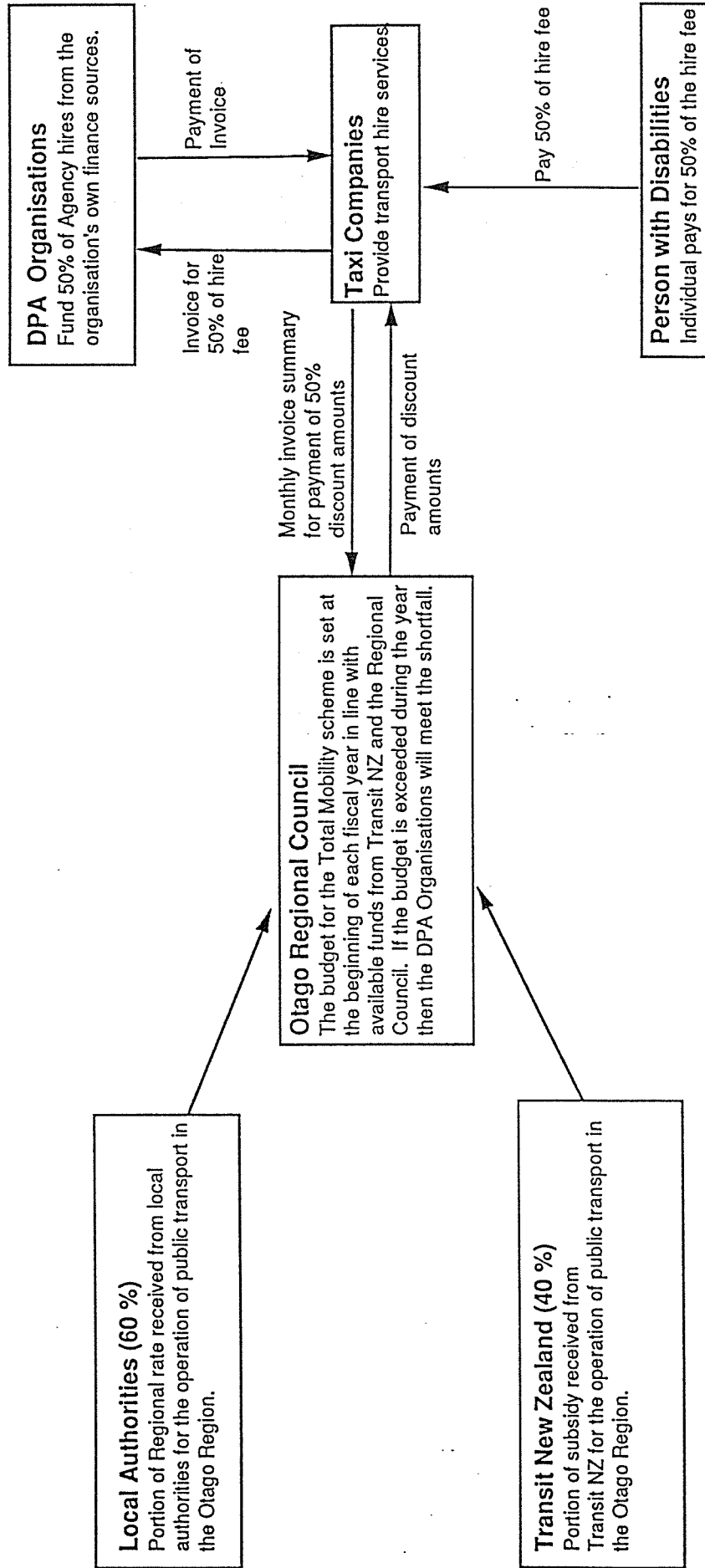


DIAGRAM OF TOTAL MOBILITY MANAGEMENT PROCESS: BLUE VOUCHERS



SOURCES OF FUNDING THE TOTAL MOBILITY SCHEME



CONTRACT FOR ISSUE OF YELLOW AND BLUE VOUCHER BOOKS

1. We,.....

(Organisation name - in full)

(full address).....

.....

.....

being a corporate member of Disabled Persons Assembly (NZ) Inc. undertake to issue discount voucher books as per the Total Mobility management Committee Guidelines 4.0 Distribution of Voucher Books to Organisations (attached).

2. We understand that voucher books will only be issued to nominated persons of the DPA organisations.

3. We understand that voucher books will not be issued to DPA organisations who have not signed the contract.

4. The Voucher Issuing Organisation will be required to issue the vouchers in bundles of either 5, 10, 15, 20 or 25.

4. The contract fee for the Voucher Issuing Organisation will be \$125 (incl. GST) for a period of six months.

6. Period of contract:.....

Designation:.....

Signature(s):.....

(Authorised agency person(s))

Authorised by and on behalf of the Otago Regional Council.

Designation:.....

Signature:.....

TOTAL MOBILITY MANAGEMENT COMMITTEE (DUNEDIN)

GUIDELINES FOR USE

1.0 Yellow Vouchers

- 1.1 Yellow vouchers are those issued to individuals.
- 1.2 Yellow vouchers will be issued at the rate of one book per individual every two months (exceptions may exist but they should not exceed more than one in five of your allocated numbers).

2.0 Blue Vouchers

- 2.1 Blue vouchers are used by the agency.
- 2.2 The agency will be billed for its share by the **taxi company** directly.
- 2.3 Net fares will be paid promptly to the taxi company.

3.0 Coding

- 3.1 Please ensure that the **correct** numerical codes are stamped on the voucher head.
- 3.2 These codes should identify:
 - a. The centre eg, Otago.
 - b. The organisation.
- 3.3 A six or eight digit adjustable numerical stamp should be used to stamp the vouchers.

4.0 Distribution of Voucher Books to Organisations

- 4.1 Books of vouchers are to be issued on the first Monday of each month between 12:00 and 2:00 p.m. from the Otago Regional Council office in Moray Place.
- 4.2 Vouchers will **only** be available to agencies during this time and can only be collected by one of two nominated persons.
- 4.3 Vouchers will not be available to agencies who have not signed the contract.

CONTRACT FOR USE OF TOTAL MOBILITY VOUCHERS

Code:.....

1. We,.....

(Organisation name - in full)

(full address).....

.....

.....

being a corporate member of Disabled Persons Assembly (NZ) Inc. undertake to distribute discount vouchers only to people with disabilities who are unable, solely because of their disability, to use conventional public transport.

2. We understand that funds to finance Total Mobility taxi discount vouchers are derived from allocation made by or on behalf of central government and local government.

3. In the event of such funds being insufficient to meet the amount necessary to finance the discount on taxi fares received by those to whom we distribute vouchers, we undertake to meet any shortfall arising.

4. The Total Mobility Management Committee or any authorised officer of the Otago Regional Council has the right to view records, to ensure that the accountability guidelines attached have been adhered to.

Designation:.....

Signature:..... Date :

(Authorised agency person)

Authorised by and on behalf of the Otago Regional Council.

Designation:.....

Signature:..... Date :

Appendix 4

INTRODUCTION

Overview of legislation and key issues

3.000 The provisions for expenses and other costs are found in section 13, Disabled Persons Community Welfare Act 1975, which states:

13. Expenses and other costs - (1) Where a disabled person is required to undertake a course of medical treatment approved by a [Area Health Board] specialist, or is required to be interviewed by an officer of the Department or attend for medical examination or other educational or vocational or psychological assessment, the Director-General may authorise the payment to that person of the whole, or such part as the Director-General considers reasonable, of the cost of fares, meals, and lodging necessarily incurred by the person in connection with or in relation to that treatment or attendance as the case may be.

(2) Where:

(a) A person acts as an attendant to a person with a disability who is receiving medical treatment from a medical practitioner, or is undertaking a course of training under Part III of this Act, or is required to be interviewed by an officer of the Department or attend for medical examination; and

(b) a registered medical practitioner certifies that an attendant is necessary.

The Director-General may authorise the payment of the attendant of the whole, or such part as the Director-General considers reasonable, of the cost of fares, meals, and lodging necessarily incurred by the attendant in, or in connection with, so acting.

(3) A payment made under this section shall be deemed not to be income for the purposes of:

(a) Part I of the Social Security Act 1964; or

(b) All pensions and allowances payable under the War Pensions Act 1954 that are subject to a test as to income.

3.001 The key issues covered in this chapter are:

- whether travel is in the local Area Health Board (AHB) area;
- whether travel is for examination or assessment, or treatment prescribed by an AHB specialist; and

- whether the applicant qualifies for the expenses of an attendant.

RESPONSIBILITIES
Area Health Boards

- 3.1000 If the person with a disability must travel to another Board area because medical treatment cannot be provided by the 'home' Board, the cost of travel expenses are met by the 'home' AHB. If payment does not meet the full cost the department will cover the extra cost. However, relevant accommodation/meal costs will be met by the department.
- 3.1001 Staff should be familiar with the policy of the local AHB. Policies differ between Boards, especially in costs of escorts or attendants.

RESPONSIBILITIES
ACC

- 3.1100 The ACC is responsible for meeting the costs of travel to treatment and other relevant costs of the person with the disability and their attendant where the person with the disability is receiving accident compensation.

ELIGIBILITY
Effect on other benefits

- 3.2000 Payment of expenses has no effect on:
- Handicapped Child Allowance;
 - Rehabilitation Allowance;
 - Social Security benefits;
 - income tested war pensions; and
 - National Superannuation.
- 3.2001 If the client is receiving a Disability Allowance for expenses connected with treatment, the total amount of Disability Allowance and reimbursement must not exceed the maximum amount for expenses in the Employees' Agreement.
- 3.2002 Refer applications to the War Pensions Section if the travel is for the pensionable disability of a War Disablement Pension.

ELIGIBILITY

Medical criteria

- 3.2100 The applicant must meet the definition of 'disabled person' under section 2 of the Act (see 1.101 chapter 1, Introduction). A medical certificate is required to support the application (see appendix 1). A new certificate is not required for subsequent applications but note changes in the client's condition. Confirmation of the dates of attendance for treatment/assessment is required. Appointment notices are sufficient.
- 3.2101 People registered with the Royal New Zealand Foundation for the Blind are automatically assumed to meet the criteria for a person with a disability.
- 3.2102 Assistance is considered only for long term disabilities. A person with cancer or a heart condition is considered to have a long term disability until treatment is completed.
- 3.2103 If the disability is the result of an accident, assistance should not be given if expenses can be claimed from ACC.

ELIGIBILITY

Attendant

- 3.2200 The expenses of an attendant will be paid only if:
- the person with a disability is a child 15 years or under; or
 - medical evidence states that the person with the disability is not able to travel alone and requires assistance.

ELIGIBILITY

Courses of medical treatment

- 3.2300 The treatment must be prescribed by an AHB specialist and medical evidence, signed by the specialist, provided to support the application. Assistance cannot be granted without it. In cases of hardship consider a Special Needs Grant.
- 3.2301 Recreational therapy, such as riding, is not considered a course of medical treatment and is not eligible for assistance. Invite applicants to test their eligibility for a Disability Allowance and Handicapped Childs Allowance to assist with travel expenses if appropriate.
- 3.2302 NOTE: If a course of medical treatment is not provided by the local AHB, the AHB must cover the expense of travel to another Board area (see 3.1000).

ELIGIBILITY

Assessment - educational, vocational and psychological

- 3.2400 A person with a disability, usually a child, must sometimes be assessed to determine the most appropriate course for their future development. The appropriate specialist must give the following evidence:
- the duration of the assessment;
 - the most appropriate place for the assessment; and
 - when necessary, approval to attend the assessment centre.
- 3.2401 Assistance may be granted for a first assessment if the relevant specialist is not available in the local AHB. This only applies to assessments, not to courses of medical treatment (see 3.2300).
- 3.2402 Referral for educational assessments must come from either itinerant specialist teachers, psychologists or social workers. Children need to be assessed at each stage of their education, eg preschool, primary, intermediate and secondary.
- 3.2403 Educational assessment is undertaken by:
- Homai College;
 - Van Asch College; and
 - Kelson School for the Deaf.
- 3.2404 Residential accommodation is often provided free of charge at the assessment centre but where accommodation assistance is required, follow the rates of payment set out in 3.3200.
- 3.2405 The expenses of an attendant are paid for a child under the age of 15 but not for an adult. If hardship exists consider a Special Needs Grant.

ELIGIBILITY

Medical examination - Invalids Benefit

- 3.2500 When a person attends a medical examination to decide eligibility for an Invalids Benefit, expenses will not be met. If there is hardship a Special Needs Grant should be applied for.

ELIGIBILITY

Interview - Department of Social Welfare

- 3.2600 When a person with a disability attends an interview with an officer of the department, reasonable attendance costs can be met. However, a departmental field officer or social worker should usually visit a person with a disability.

ALLOWABLE EXPENSES

General

- 3.3000 Full expenses will not be met in every case.

ALLOWABLE EXPENSES

Travel costs

- 3.3100 Travel costs under 8 km are not met, but usual hardship provisions apply.
- 3.3101 For surface travel, the amount payable is the same as for a public servant on transfer (see Employees' Agreement for rates). This covers bus and taxi fares etc. If the applicant claims costs at a lower amount, pay the amount applied for.
- 3.3102 When a mobility taxi is used and the client has received the 50 percent reduction in fare, there can be assistance for the remaining half.
- 3.3103 Petrol costs may be reimbursed if receipts are produced but should not exceed the per kilometre claim rate in the Employees' Agreement.
- 3.3104 When a private car is used by a person with a disability and an attendant, travel expenses for a single person only are met. If the AHB has paid for travel, the department does not have to pay any travel costs.
- 3.3105 Air travel costs will be met only if the AHB specialist considers it appropriate in the circumstances.
- 3.3106 The AHB, not the department, is responsible for travel expenses of a person required to travel outside the Health Board Area to receive medical treatment (see 3.1000).

ALLOWABLE EXPENSES

Accommodation

- 3.3200 Accommodation costs in the Nurses Home or other hostel operated by the board will be met for up to ten days. The rate paid will not exceed the rate charged by the AHB providing the treatment.

- 3.3201 Payment will be for one attendant only. Where an AHB representative, eg a nurse, accompanies the client, the department will not meet their costs.
- 3.3202 Get a report from an AHB social worker if accommodation for an attendant is requested for more than 10 days. If the request is reasonable, accommodation costs can be paid for the required time.

PROCEDURE
Applications

- 3.4000 Applications are made on the form attached as appendix 2, Application for reimbursement of expenses. Ensure a medical certificate is obtained if necessary (see 3.2100). Check the application is filled in correctly, ie mode of transport, distance travelled, accommodation expenses etc. Where appropriate, applicants should provide evidence of their appointment, eg hospital appointment cards.
- 3.4001 If assistance is requested before the treatment or assessment, provide evidence of the need for travel.

PROCEDURE
Application register

- 3.4100 Keep an application register showing:
- application number;
 - date application received;
 - name and initials of person with the disability;
 - amount claimed for person with the disability;
 - amount claimed for attendant; and
 - decision.

PROCEDURE
Index

- 3.4200 Make a soundex (common index) inquiry in the name of the client. Where there is no record, establish one with an SW 738, Notice to establish common index master record, and create a file. Where a record is already held, notify common index of a new claim on SW 739, Notice to amend common index master record.

PROCEDURE

Decision - delegation levels

- 3.4300 Applications are decided by senior assessors. Area offices should refer applications to the appropriate office after completing the investigation. Deal with requests to an area office for urgent payment under normal Special Needs Grants procedures.
- 3.4301 Applications are only considered up to six months after the relevant treatment or assessment. When treatment is ongoing but periodic, the hospital may advise the client to apply for assistance only when treatment has been completed. Get confirmation of the date treatment commenced and how long it will continue from the AHB.

PROCEDURE

Payments

- 3.4400 Payment should be made by daily direct credit using code 445.

PROCEDURE

Statistics

- 3.4500 Include the details of information in the application register in the annual return schedule sent to National Office.

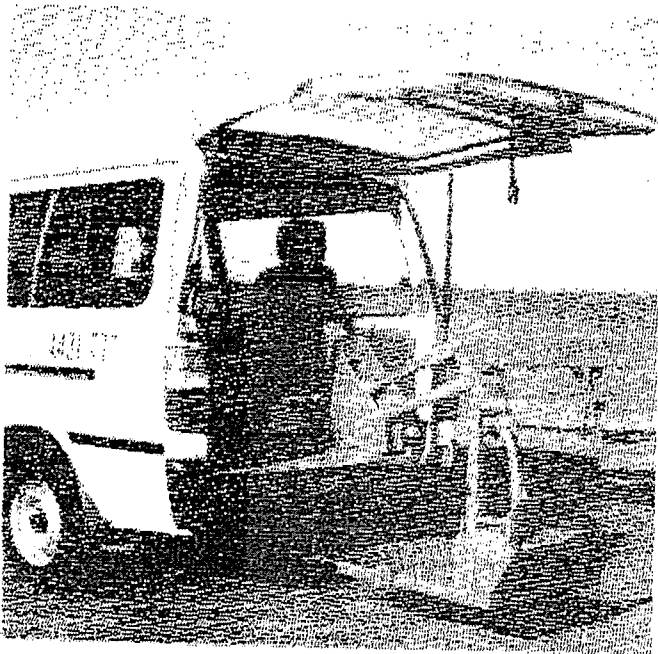
Appendix 5

TOTAL MOBILITY

for the handicapped

Wheelchairs with their occupants transported anywhere.

These marvellous vehicles enable people with handicaps to get out and about like everyone else.



Total mobility drivers are specially trained for quality service.

A 24 hour service available for Total Mobility users

To enquire about Fare Discount Vouchers contact your local D.P.A. centre, Regional Council or Total Mobility Taxi Company

Kindly sponsored by

Area & Taxi Co	Telephone
Whangarei	
Kiwi Cabs	438-2299
Auckland Region	
United Taxis, Papakura	298-6205
Hibiscus Coast, Orewa	424-1218
North Shore Taxis	486-1799
North Harbour Taxis	443-1777
Auckland Co-op	792-792
Alert Taxis	308-2000
West Auckland Taxis	838-9199
East Auckland Taxis	527-7077
South Auckland Taxis	274-5678
Waikato Region	
Tokoroa Taxis	886-6099
Hamilton Taxis	847-7477
Taupo Taxis	85-100
Bay of Plenty Region	
Tauranga Taxis	578-6086
Rotorua Taxis	348-5079
East Coast	
Gisborne Taxis	867-2222
Hawkes Bay Region	
Napier Taxis	835-7777
Hastings Taxis	878-5055
Taranaki	
New Plymouth Taxis	757-5665
Wanganui-Manawatu	
Palmerston North Taxis	357-6070
Whanganui Taxis	345-4444
Levin Taxis	368-4179
Wellington Region	
Paraparaumu Taxis	298-5120
Porirua Taxis	237-6099
Petone & Lower Hutt Taxis	570-0057
Wellington	383-8888
Black White & Grey	305-9900
Wainuiomata	569-4992
Nelson-Marlborough	
Nelson Taxis	548-8225
Richmond Taxis	544-4666
Blenheim Taxis	578-0220
West Coast Region	
Buller Taxis	7719
Greymouth Taxis	768-7070
Hokitika Taxis	5-8437
Canterbury Region	
Blue Star Christchurch	79-9799
Gold Band Christchurch	79-5795
Ashburton Taxis	308-2288
Timaru Taxis	684-3063
Otago Region	
Dunedin Taxis	477-7777
City Taxis	477-1771
Mosgale Taxis	489-5184
Southland Region	
Blue Star Invercargill	218-6079
Gore Taxis	209-9444

Appendix 6

16 September 1992



DEPARTMENT OF

Social Welfare

SOCIAL POLICY
AGENCY

Rōpu Here Kaupapa

Sharon Alexander
Ernst & Young
PO Box 490
WELLINGTON

Dear Sharon

TOTAL MOBILITY

Your fax of 10 September 1992 refers.

The attached table represents expenditure on S13 of DPCW Act - refunds of expenses to attend treatment.

It has limited value in helping with an analysis of Total Mobility because:

- (a) it is an all inclusive cost figure - some accommodation costs are included
- (b) it is largely used for long distance travel within Hospital Board/Area Health Board districts rather than short local trips
- (c) expenditure over recent years has been distorted by cost shifting by Hospital Boards/Area Health Boards and the amalgamation of Hospital Boards into area Health Boards increasing the size of their catchment areas.

A cost component more closely linked to Total Mobility would be expenditure on transport which is allowed in the assessment of disability allowance. Unfortunately the database for disability allowance does not break down according to the reason for the grant so it is not possible to differentiate between travel costs and other disability related expenses.

Yours sincerely

L Mundell
Manager
Adult and Community Unit

alexand.lm

Expenditure on Expenses to Attend Treatment

1984/85	143,000
1985/86	216,000
1986/87	360,000
1987/88	552,000
1988/89	801,000
1989/90	1,054,000
1990/91	1,584,000
1991/92	1,900,000

Appendix 7

TOTAL MOBILITY - AUCKLAND

This is the Concessionary Fare Scheme for Transport for the Disabled in the Auckland Region as required by the Transit New Zealand Competitive Pricing Procedures.

NOTE: The background of, philosophy, and rationale for, this scheme are contained in the report prepared by the Total Mobility Transitional Committee (the report).

This concessionary fare scheme may be changed only by agreement of the Management Committee and with the approval of the tendering authority.

1. Management

1.1 A consultative group is to be established to be known as the Total Mobility Forum which will be open to all persons interested in the provision of transport services for the disabled. There will be no formal membership. Meetings will be held as necessary. The ARC Resource Policy & Planning Committee will appoint two members to attend these meetings, one of them to be the chairperson.

1.2 At the first Forum meeting, a Management Committee will be appointed. As set out in the Transitional Committee's report there will be:

- * one representative from each of the three major user groups (CCS, IHC, Foundation for the Blind),
- * one representative of individual users within the region appointed with input from the Disabled Persons' Assembly (DPA) National Office
- * two operator representatives from taxi organisations that belong to the Taxi proprietors' federation
- * two operator representatives of other taxi organisations and small passenger service operators

The Council will be represented by officers

The numbers of representatives from each category should be approximately equal (as required by the Competitive Pricing Procedures).

1.3 The Management Committee will appoint members of the Appeal & Review Committee on the basis set out in the report.

2. Register of Users

2.1 The ARC will contact all known users for registration (and fees to be collected) and create a register of users.

- a. All agencies who presently belong to Total Mobility through membership of the DPA will be contacted for lists of members who presently use the scheme. Those members will be contacted either individually or through a field worker if that is more appropriate (depending on the nature of the disability) and will be invited to apply for membership of the Total Mobility - Auckland scheme.
- b. In order to reach potential members who may not be contacted through agencies, notice will be given by advertisement in publications for people with disabilities and in other publications as considered appropriate.

2.2 The register will be kept on a computer system to allow for easy amendment and tracking.

- a. Once a membership application is approved and the fee has been paid the details supplied in the application will be recorded in a database to create the register of individual members. Each entry will be assigned an individual identification number which is to be printed on all vouchers issued to them and on any entitlement card that may be issued. The information will be made available to the contracted processing agent for the issue of entitlement cards and vouchers.
 - b. Details to be recorded include the member's full name, postal address, contact phone number, disability type and whether permanent or temporary, agencies to which the member belongs, the membership expiry date, and a location code.
 - c. Any changes (for example, in address or phone number) are to be advised to the ARC immediately; the ARC will advise the Management Committee and the processing agent immediately.
 - d. Where a member, for any reason, no longer wishes or is able to use the service, their membership record will be deleted. A period of time will be allowed before deletions are implemented by the processor to allow for the processing of any vouchers in the system.
 - e. The original application forms will be retained as a long term record by the ARC.
- 2.3 The information on the register is for Total Mobility - Auckland purposes only and is not to be made generally available.
- 2.4 A numbered entitlement card will be issued to each member. This will carry the member's full name and I.D. code. The card is to be shown each time a journey using a Total Mobility voucher is made.
- 2.5 The fees and term of membership will be:
- for those with a permanent disability, \$20.00 for three years
 - for those with a temporary disability, \$15.00 for one year.
-

3. Eligibility

3.1 Who is eligible?

- a. Eligible users are people who, for reasons of disability, cannot complete any of the three component parts involved in making use of public transport and do not have an alternative which they may exercise independently.

The component parts of a journey by public transport are:

- proceeding from the point where the journey originated to the nearest transport stop

- embarking on the transport vehicle, riding securely and without assistance on that vehicle and disembarking at a point of their choosing

- proceeding from the destination stop to the trip end.

- b. Any person with a recognised and medically confirmed physical disability, sight impairment or intellectual handicap, is regarded as a person with a disability and therefore eligible for membership of the scheme.

NOTE: The term "disability" does not include chronic illness although those who are disabled as a result of such illness would be eligible to apply.

3.2 Exceptions

The following groups are not eligible for membership of the scheme:

- a. A person of advanced age or subject to age-induced frailty where there is no handicap as noted in (1b) above
- b. Any people with disabilities who have unrestricted independent use of a motor vehicle
- c. Any people with disabilities who are able to use public transport

3.3 Who decides

Membership of the scheme will be considered on receipt of a written application signed by the applicant or an authorised agent.

- a. A disabled client of IHC, CCS, or the Foundation for the Blind may be granted membership on the recommendation of the agency
- b. Other applicants will, by the nature of their disability, be easily identified as eligible; e.g. those confined to wheelchairs.
- c. In other cases a medical certificate issued by an approved medical practitioner will be required to the effect that the applicant is unable, by reason of their disability, to complete a journey by public passenger transport.
- d. In cases where eligibility is not clear or some value judgement is needed the application will be referred to the Appeal & Review Committee for determination.

4. Use

- 4.1. The ARC will appoint a processing agent to process vouchers used in the scheme.
- 4.2. Only members holding a Total Mobility - Auckland entitlement card and voucher are eligible for subsidised fares under the scheme. Users from other regions will be eligible for travel using vouchers issued in their home region.
 - a. Members should identify themselves as Total Mobility members when ordering a vehicle for travel using a Total Mobility - Auckland voucher. This will enable the operators to give consideration to the particular needs of the traveller when despatching a vehicle.
 - b. The entitlement card must be shown to the driver at the commencement of every journey.
 - c. Vouchers are not transferable; they are to be used for members' personal travel only. The member engaging a vehicle for travel using Total Mobility must travel in that vehicle for the whole duration of the trip.
 - d. The member must pay 50% of the fare in cash, or by arrangement with the service provider. A duly completed Total Mobility voucher must be given to the driver for each trip. The principle of one voucher for every trip must be adhered to. Thus a return trip will require the use of two vouchers.
 - e. The ARC through its processing agent will pay the taxi operator 50% of the fare for each trip that fulfils the conditions of use set out in this statement. The maximum subsidy that will be paid for any one trip or on any one voucher will be \$40.00. (i.e. the maximum gross fare will be \$80.00). A service provider will be reimbursed for 50% of the full fare or \$40.00, whichever is the lesser.

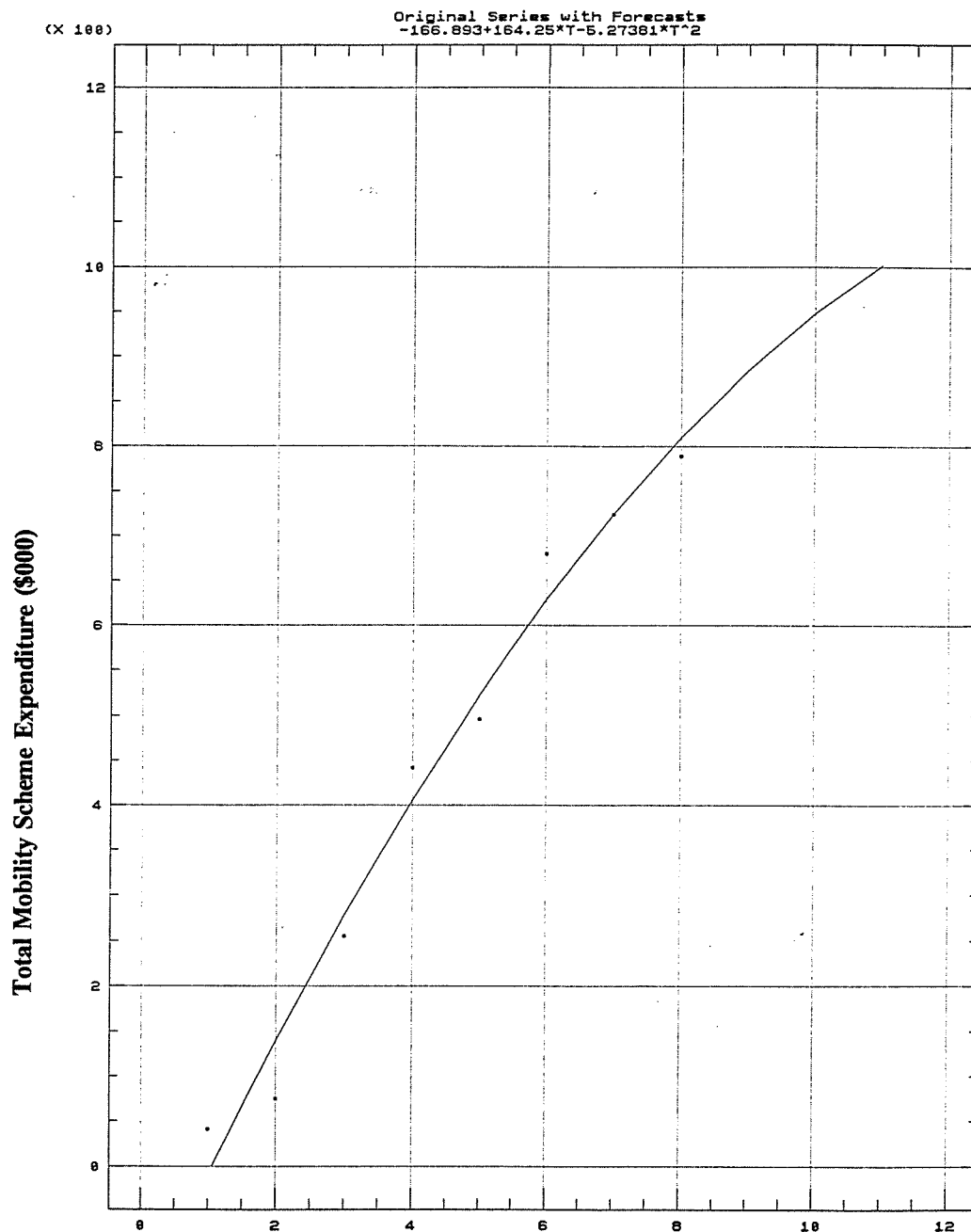
- f. Taxi drivers must ensure that vouchers are accurately and legibly completed at the end of a trip. While it is desirable that, where possible, the member should complete the voucher, clarity is essential. Some members are unable to write clearly. In such cases a driver should ensure that the appropriate information is recorded. If possible the voucher should be signed by the member.
 - g. Any lost or stolen vouchers are to be reported immediately to the processing agent.
 - h. Any suspected abuse detected by taxi operators, agencies, or others must be brought to the attention of the Total Mobility - Auckland management committee without delay. Any member who is proved to have abused the scheme is liable to have their membership cancelled and forfeit their vouchers. Any taxi operator or organisation who colludes in misuse or abuse of the scheme may no longer be accepted as a service provider.
 - i. The Total Mobility - Auckland scheme is available only for travel within the boundaries of the Auckland region. It may not be used for inter-regional travel. A service provider will not be reimbursed for any part of a trip outside the region for which a Total Mobility voucher is offered.
 - j. The ARC will reimburse service providers for use by Total Mobility users from outside the region for travel which meets the conditions of use. Total Mobility - Auckland vouchers may be used in other regions and, subject to the agreement of the relevant regional council, will be reimbursed by those regions in the same way. The rules of each Total Mobility administrator (Regional Council) shall apply within that region.
-

5. Service Delivery

- a. In order to comply with the requirements of the Transit New Zealand Act and Transit New Zealand's Competitive Pricing Procedures the opportunity to provide Total Mobility services will be available to all licensed Small Passenger Vehicle operators who meet the Management Committee's service standards and who negotiate successfully with the Management Committee at concessionary fare scheme meetings.
 - b. The Management Committee will meet from time to time to consider conditions of service, voucher processing systems, vehicle standards, fare levels, driver training in dealing with people with disabilities and in the requirements of the scheme, provision of hoist vehicles, and to monitor use of the scheme.
 - c. Service providers are expected to be aware of and comply with the requirements for use of the scheme as set out in this statement. The processing of vouchers will be undertaken only by the Council's contracted processor and it is expected that service providers will comply with their requirements. Reimbursements of fare discounts will be made only through the established processing agency.
 - d. Identification of Total Mobility - Auckland vehicles:- if the processing agent or the ARC supplies decals identifying a vehicle as one accredited to the Total Mobility - Auckland scheme service providers are expected to display them prominently on the vehicle.
 - e. Any changes to fares for Total Mobility users are to be negotiated with the Management Committee and must be approved in writing by that Committee before implementation.
 - f. Should the ARC decide to change the subsidy rate service providers will be notified in writing immediately and time will be allowed for the processing of vouchers at the old rate.
-

Appendix 8

Quadratic Trend Analysis of Auckland Total Mobility Expenditure



- Each X axis unit equals \$100,000, therefore
 - X1 = \$100,000
 - X2 = \$200,000
 - X3 = \$300,000, and so on.
- Each time index (or Y axis) unit equals end of financial year statement, therefore
 - Y1 = 1985
 - Y9 = 1993
 - Y10 = 1994
 - Y11 = 1995
- This is for Total Mobility Scheme only and does not include all Paratransit programmes.

Appendix 9

TOTAL MOBILITY (TAXI VOUCHERS)

APPLICATION FORM

(Please Print Clearly)

NAME:

ADDRESS:

.....

MEMBERSHIP NUMBER:

OR I am not a current financial member of CCS.

Please find enclosed my cheque for \$..... being:-

Membership \$11.25

Donation \$ _____

Total Enclosed \$ _____

THIS PORTION TO BE COMPLETED BY A DOCTOR

I certify that the above-named person is unable to use public transport because (state reason):

.....

.....

This condition is temporary / permanent (delete one).

Signed: Date:

Name:

Address:

.....

Office Use Only:

Voucher Numbers issued: to

Date issued:

Signed:

Appendix 10

TWELVE MONTH TOTAL MOBILITY EXPENDITURE

IHC COMBINED

MONTH	IHC COMBINED			AUCKLAND TOTAL BLUE+YELLOW		IHC TOTAL \$	% OF AUCK
	BLUE \$	Growth Rate	YELLOW \$	\$	Growth		
SEP	15,219.23		2,492.75	55,995.44		17,711.98	31.63%
OCT	15,170.18	(0.32%)	2,690.20	53,572.43	(4.33%)	17,860.38	33.34%
NOV	12,777.71	(15.77%)	3,598.60	57,043.35	6.48%	16,376.31	28.71%
DEC	11,720.12	(8.28%)	2,621.95	47,796.25	(16.21%)	14,342.07	30.01%
JAN	9,888.59	(15.63%)	1,490.67	41,635.98	(12.89%)	11,379.26	27.33%
FEB	6,904.55	(30.18%)	1,129.05	33,592.15	(19.32%)	8,033.60	23.92%
MAR	18,976.10	174.83%	2,867.39	67,964.64	102.32%	21,843.49	32.14%
APR	12,092.55	(36.27%)	2,092.55	52,556.53	(27.02%)	14,185.10	26.99%
MAY	13,206.56	9.21%	2,311.90	53,445.03	1.69%	15,518.46	29.04%
JUN	11,851.20	(10.26%)	2,536.60	57,364.94	7.33%	14,387.80	25.08%
JUL	14,833.60	25.17%	2,443.70	57,387.76	0.04%	17,277.30	30.11%
AUG	10,690.45	(27.93%)	2,287.97	53,026.66	(7.60%)	12,978.42	24.48%
TOTAL	153,330.83		28,563.33	631,381.14	57387.76	181,894.16	28.81%
AVG GTH		5.87%			3.17%		28.56%

* AVG GTH = Average growth rate over the past 12 months (September 1991 to August 1992)

(the growth rate from one month to the next is dependent only on the previous month's expenditure)

. IHC's Blue Voucher expenditure accounts for 71% of Auckland's total Blue Voucher expenditure.

. IHC Combined = Rangitoto and North Shore and Manukau and Tamaki and West Auckland and Central Auckland and Howick/Pakuranga and Cornwall and Franklin.

. These figures are derived from Federation Taxi Summary sheets and the Auckland B&Y total accounts for approximately 80% of the true expenditure figure.

TWELVE MONTH TOTAL MOBILITY EXPENDITURE

CCS

MONTH	CCS			AUCKLAND TOTAL		CCS	
	BLUE \$	Growth Rate	YELLOW \$	BLUE + YELLOW \$	Growth	TOTAL \$	% OF AUCK
SEP	4,701.50		5,641.85	55,995.44		10,343.35	18.47%
OCT	4,924.00	4.73%	7,648.90	53,572.43	(4.33%)	12,572.90	23.47%
NOV	4,872.00	(1.06%)	7,159.50	57,043.35	6.48%	12,031.50	21.09%
DEC	4,830.00	(0.86%)	6,492.25	47,796.25	(16.21%)	11,322.25	23.69%
JAN			4,771.85	41,635.98		4,771.85	11.46%
FEB			9,983.40	33,592.15	(29.72%)	9,983.40	29.72%
MAR			12,116.80	67,964.64	102.32%	12,116.80	17.83%
APR	85.00		10,504.30	52,556.53	(22.67%)	10,589.30	20.15%
MAY			10,047.45	53,445.03	1.69%	10,047.45	18.80%
JUN			11,879.95	57,364.94	7.33%	11,879.95	20.71%
JUL			11,095.50	57,387.76	0.04%	11,095.50	19.33%
AUG			10,095.70	53,026.66	(7.60%)	10,095.70	(15.02%)
	19,412.50		107,437.45	631,381.14		126,849.95	20.09%
AVG GTH		0.94%			8.00%		17.48%

- * AVG GTH = Average growth rate over the past 12 months (September 1991 to August 1992)
(the growth rate from one month to the next is dependent only on the previous month's expenditure)
- CCS stopped using Blue Vouchers in December 1991. As can be seen from Yellow Voucher expenditure, there has been a noticeable increase in expenditure from February 1992.
- These figures are derived from Federation Taxi Summary sheets and the Auckland B&Y total accounts for approximately 80% of the true expenditure figure.

TWELVE MONTH TOTAL MOBILITY EXPENDITURE

RNZFB AUCKLAND

MONTH	RNZFB		AUCKLAND TOTAL		RNZFB TOTAL \$	% OF AUCK
	BLUE \$	Growth Rate	YELLOW \$	Growth Rate		
SEP	461.15		11,335.94		11,797.09	21.07%
OCT	431.10	(6.52%)	7,548.23	(33.41%)	7,979.33	14.89%
NOV	1,856.40	330.62%	11,651.22	54.36%	13,507.62	23.68%
DEC	553.90	(70.16%)	7,631.12	(34.50%)	8,185.02	17.12%
JAN	505.35	(8.77%)	6,682.87	(12.43%)	7,188.22	17.26%
FEB	296.40	(41.35%)	6,608.28	(1.12%)	6,904.68	20.55%
MAR	925.65	212.30%	9,488.92	43.59%	10,414.57	15.32%
APR	548.25	(40.77%)	7,297.92	(23.09%)	7,846.17	14.93%
MAY	957.20	74.59%	9,217.67	26.31%	10,174.87	19.04%
JUN	1,250.75	30.67%	8,522.41	(7.54%)	9,773.16	17.04%
JUL	1,438.35	15.00%	8,643.16	1.42%	10,081.51	17.57%
AUG	1,491.63	3.70%	9,028.71	4.46%	10,520.34	19.84%
TOTAL	10,716.13		103,656.45		114,372.58	18.11%
AVG GTH		45.39%		2.94%		18.19%

* AVG GTH = Average growth rate over the past 12 months (September 1991 to August 1992)

(the growth rate from one month to the next is dependent only on the previous month's expenditure)

. RNZFB's Blue Voucher expenditure accounts for 5% of Auckland's total Blue Voucher expenditure.

. The 45% growth increase seen for Blue Vouchers has in part been skewed by the November and March growth rates.

. These figures are derived from Federation Taxi Summary sheets and accounts for approximately 80% of the true expenditure figure.

TWELVE MONTH TOTAL MOBILITY EXPENDITURE

COUNTER STROKE

MONTH	COUNTER STROKE			AUCKLAND TOTAL BLUE+YELLOW \$	Growth Rate	B+Y TOTAL \$	% OF AUCK
	BLUE \$	Growth Rate	YELLOW \$				
SEP	439.95		2,849.15	55,995.44		3,289.10	5.87%
OCT	334.10	(24.06%)	2,753.25	53,572.43	(4.33%)	3,087.35	5.76%
NOV	311.10	(6.88%)	3,139.25	57,043.35	14.02%	3,450.35	6.05%
DEC	250.50	(19.48%)	2,640.85	47,796.25	(15.88%)	2,891.35	6.05%
JAN	226.30	(9.66%)	2,260.75	41,635.98	(14.39%)	2,487.05	5.97%
FEB	72.50	(67.96%)	2,202.05	33,592.15	(2.60%)	2,274.55	6.77%
MAR	393.00	442.07%	3,524.65	67,964.64	60.06%	3,917.65	5.76%
APR	535.30	36.21%	4,104.20	52,556.53	16.44%	4,639.50	8.83%
MAY	472.75	(11.69%)	3,606.10	53,445.03	(12.14%)	4,078.85	7.63%
JUN	616.60	30.43%	3,359.00	57,364.94	(6.85%)	3,975.60	6.93%
JUL	705.50	14.42%	3,368.15	57,387.76	0.27%	4,073.65	7.10%
AUG	476.40	(32.47%)	3,218.40	53,026.66	(4.45%)	3,694.80	6.97%
TOTAL	4,834.00		37,025.80	631,381.14		41,859.80	6.63%
AVG GTH		31.90%			2.83%		6.64%

* AVG GTH = Average growth rate over the past 12 months (September 1991 to August 1992)

(the growth rate from one month to the next is dependent only on the previous month's expenditure)

- . Counterstroke's Blue Voucher expenditure accounts for 2% of Auckland's total Blue Voucher expenditure.
- . The 32% growth increase seen for Blue Vouchers is consistent with agency expectation.
- . These figures are derived from Federation Taxi Summary sheets and the Auckland B&Y total accounts for approximately 80% of the true expenditure figure.

TWELVE MONTH TOTAL MOBILITY EXPENDITURE

ARTHRITIS FOUNDATION

MONTH	ARTHRITIS FOUNDATION			AUCKLAND TOTAL		B+Y TOTAL \$	% OF AUCK
	BLUE \$	Growth Rate	YELLOW \$	BLUE+ YELLOW \$	Growth		
SEP			2,742.30	55,995.44		2,742.30	4.90%
OCT			2,527.05	53,572.43	(4.33%)	2,527.05	4.72%
NOV			2,695.35	57,043.35	6.48%	2,695.35	4.73%
DEC			2,496.55	47,796.25	(16.21%)	2,496.55	5.22%
JAN	21.43		2,338.49	41,635.98	(12.89%)	2,359.92	5.67%
FEB			2,952.70	33,592.15	(19.32%)	2,952.70	8.79%
MAR			3,120.10	67,964.64	102.32%	3,120.10	4.59%
APR			3,089.00	52,556.53	(22.67%)	3,089.00	5.88%
MAY			3,362.05	53,445.03	1.69%	3,362.05	6.29%
JUN			3,857.85	57,364.94	7.33%	3,857.85	6.73%
JUL			3,208.05	57,837.76	0.82%	3,208.05	5.55%
AUG			3,376.33	53,026.66	(8.32%)	3,376.33	6.37%
TOTAL	21.43		29,181.44	631,831.14		35,787.25	5.66%
AVG GTH					2.55%		5.78%

- * AVG GTH = Average growth rate over the past 12 months (September 1991 to August 1992)
(the growth rate from one month to the next is dependent only on the previous month's expenditure)
- . These figures are derived from Federation Taxi Summary sheets and the Auckland B&Y total accounts for approximately 80% of the true expenditure figure.

Appendix 11

1992 vouchers

OUT-OF-REGION VOUCHERS
BY VALUE (inc. GST)

July		June		May		April	
Amount	Total claim %	Amount	Total claim %	Amount	Total claim %	Amount	Total claim %
55.28		8.80		13.20		33.00	
356.29		12.54		15.07		84.76	
3.74		2.20		6.22		86.74	
150.15		26.62		41.09		20.57	
13.42		12.10		28.60		157.08	
6.38		4.18		18.15		18.70	
2.20		12.87		28.82		79.53	
20.57		171.77		6.05		37.29	
65.07		3.30		39.82		130.68	
31.35		11.00		26.40		31.46	
33.22		50.93		10.45		30.80	
9.90		76.12		46.53		7.70	
7.15		36.80		17.60		13.64	
17.60		25.30		3.85		86.85	
49.06		15.40		39.93		13.75	
19.47		2.31		13.31		15.29	
12.16		4.40		15.40		115.50	
16.50		2.48		5.39		2.53	
869.51	63,101.51 1.38%	29.43		79.20		39.38	
		22.00		12.10		42.35	
		6.27		5.50		20.13	
		536.82	58,789.65 0.91%	29.59		8.25	
				502.27	57,812.26 0.87%	7.37	
						1,083.35	68,727.64 1.58%

TOTALS	out-of-region 2991.95	total claims 248,431.06	% 1.20%
over 4 months			

Appendix 12

APPENDIX A **SUMMARY OF RECOMMENDATIONS**

ELIGIBILITY

1. That a standardised application form be devised for those desiring to be eligible for the TM subsidy, using eligibility criteria as outlined in Section C (ii).
2. That two categories of approval be established: Permanent (3 years), and Temporary (1 year). Reassessment to take place at the end of this period.
3. That the Management Committee identify and accredit service agencies utilising DPA membership as the main criteria.
4. That individuals be able to access the Blue Voucher Scheme, either via a service agency, or by direct contact with the Management Committee or its agent.
5. That special arrangements be established for the transition assessment of all current users, and for the initial establishment of the needers information system.
6. That involvement in random audit be a criteria for accreditation of transport providers, service agencies or clients. In addition that training of taxi drivers be a criteria of eligibility for transport providers.
7. That a set of clear guidelines for entry into and use of the Scheme be published for all involved. These to be available in Braille, and in Maori and Pacific Island languages (and others if needed).

SERVICE PROVISION

1. That the Scheme be run entirely as a regional Auckland Scheme.
2. That a processing agent be contracted to undertake all administrative aspects of subsidy payment, and storage and retrieval of information.
3. That a system of credit cards be investigated as an alternative to the use of Yellow Vouchers.
4. That all users of the vouchers be issued with a personalised identification card, whose number will be the same as that to be entered on the Yellow Vouchers as a personalised number.
5. That a contract arrangement be established between service agencies and transport providers, thus dispensing with the need for individual Blue Vouchers.

6. That there be no limit set on how often individuals can use Yellow Vouchers.
7. That a maximum \$40 subsidy be paid for any one taxi journey.
8. That the 50% subsidy be retained, being kept under review should other funds become available.
9. That all drivers be required to undergo training in the use of hoists and sensitive ways of assisting and moving their clients.
10. That a centralized call in number be established for hoist vehicle usage.
11. That funds be allocated for a special subsidy to assist with the replacement of hoisted vehicles, with priority being given for the South Auckland area.
12. That taxi drivers be required to match up the Yellow Voucher personal identification number with the persons identification card.
13. That the concept of a completely centralised eligibility and distribution process be kept under review.

MANAGEMENT PLANNING & REVIEW

1. That a Management Committee be established along the lines recommended in Section C (iv).
2. That the Management Committee ensure the establishment of a central client register, as well as identifying the information to be developed for the central register.
3. That negotiations be undertaken with the ARC to establish the amount of staff support available for the Scheme, and the possibilities of a contract appointment to establish the new procedures and develop the new information system.
4. That a planning, review and audit process be established along the lines described in Section C (iv).
5. That the Management Committee establish itself as a committee of appeal for any dispute on eligibility, using an independent medical practitioner to assess each case.
6. That all procedures for the system be compiled into a users manual, and distributed to all transport providers and agencies.
7. That a simplified pamphlet outlining all procedures be prepared for users.

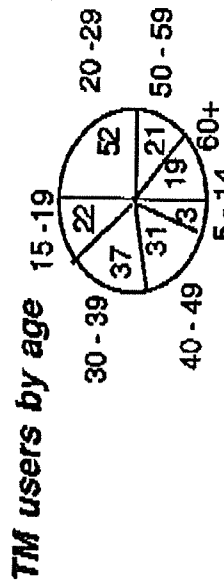
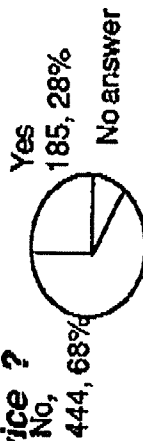
8. That the Committee publicise by appropriate media the availability of the Scheme to all potential users in the Auckland region.
9. That an annual consumer forum be established to identify client needs and obtain client feedback on the Scheme.
10. That the Scheme be renamed "The Mobility Support Scheme".
11. That the Transition Committee distribute this report, and establish a mechanism for feedback and consultation, resulting in a prioritised action plan being presented to the Total Mobility Coordinating Committee.

Appendix 13

Transport

Transport

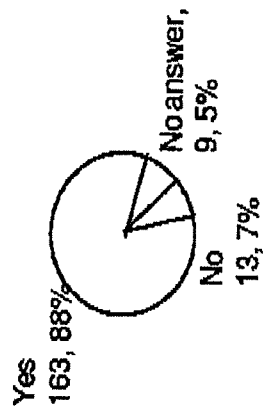
Do you use the Total Mobility (TM) Voucher (discount taxi vouchers) service ?



TM users by district



Is the service satisfactory ?



How could the service be improved ?

Less expensive	11
Better trained staff/ More - better assistance equipment	13
More vouchers, less rationing	9
More Total Mobility Taxis better coordination of service	10
More Information for the user	5
Other	3
Happy with service	13



- More vans in South Auckland
- Drivers should quote the actual price to clients
- Drivers should not smoke whilst driving
- Drivers need training re disability
- Drivers need training on transferring people
- Drivers to be more patient!
- Drivers to come to the clients door on pickup and return
- More safety belts
- Drivers more polite
- Don't keep motor running while waiting
- Back seat bigger - easier to get in and out
- Taxi available at short notice
- Vouchers should be cash/guard
- Hoists on vans not long enough for scooters
- Should be availability in rural areas, weekends, at nights

Needs and Services

Transport

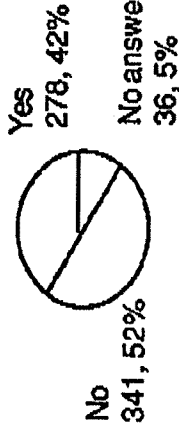
Transport



What are your usual methods of transport (e.g. for going to school, work, sport and recreation, visiting friends etc.)?

Private Car/Van	410
Taxi/ Dial a Ride	121
Walking/Wheeling/Scooter	54
Van provided by Institute/ Provider	13

Are there any problems with using any of these methods ?



What are they ?

Costs/Bureaucratic Delays	110
Lack of assistance	132
Parking Problems	29
Inconsiderable Drivers	46
Inadequate Public Service	33
Insoluble problem	21

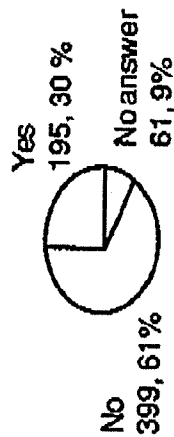
Friends not always there for my convenience
 Have to have to ask
 Need assistance getting chair out of car
 I'm reliant on parents to place me in my seat - I am getting heavier and more awkward - they are getting older
 DSW does not recognise car running costs for income support
 Delays in DSW suspensory loan
 My car clapped out - cost of repairs too great
 ABC drivers inconsiderate - drive off before seated - don't realise when alighting
 Can't hold on in bus if have to stand
 Dangerous crossing busy roads on scooter
 Some taxis won't take wheel chairs
 Bus steps too high - difficult of step up and down
 Travel subsidy too small

Needs and Services

Transport

Transport

Would you prefer other method(s) of transport ?



What is stopping you from using these methods ?

Cost	77
No accessible service	43
Physical Problems	30
Other	9
Bureaucratic Problems	6

No bus routes where I live
 Can't afford taxi
 Can't afford car
 Can't afford scooter
 Being on a benefit
 Bus drivers don't see me
 Taxi not available when needed (booked for school)
 No one to drive me
 No one to fit me in and out of the car
 Can't drive because of epilepsy
 vision/slow reaction time
 Concern about lack of knowledge by people if fit (epilepsy)

What are they ?

Private car/van	98
Taxi/Dial A Ride	26
Bus/Public Transport	51
Walking/Wheeling/Scooter	12
Supplied by Institution/Service Provider	5

Transport

Any other comments about transport ?



Hills and kerbs become difficult when walking/biking

Sometimes I have been attacked in public places

Need automatic transmission

Dangerous to travel - wheeling to and from taxi

Parking is a problem in the inner city

Bus stop too far away

Japanese cars not large enough

ARC policy does not provide accessible transport

Need a lift on car

Note :

Travel has been separated from holidays

Travel - method of getting some-where ?

Holiday - reason for change / travel etc ?

Appendix 14

SUBJECT: TOTAL MOBILITY USE BY HOSPITAL CLINIC OUT-PATIENTS
FROM: Group Manager, Transport **FILE:16/9/3/1/1**
TO: Resource Policy & Planning Committee **DATE:May 29, 1992**

(This report is confidential until it has been considered by the Committee and is not to be construed as Council policy until adopted.)

1. INTRODUCTION

Members will recall that we reported on the question of Total Mobility subsidy for patients of the Auckland Hospital Haemodialysis Unit (the Unit) through the Total Mobility scheme at a meeting held on November 28 1991. When a report on the Total Mobility scheme was presented on 30 April the Committee resolved that "The Resource Policy & Planning Committee examine the use of the Total Mobility scheme for travel to hospital clinics for regular treatment."

Since then we have sent a questionnaire to various agencies involved with Dialysis patients and the replies received have assisted our understanding of the situation. The questionnaire and the replies are available for members to peruse if required.

2. BACKGROUND

2.1 Patients may travel to and from hospital clinics by private vehicle, by taxi or, occasionally, by ambulance. Where private transport is used, the Department of Social Welfare (DSW) may reimburse patients. Taxi users have 50% of the fare paid by the Total Mobility scheme and pay the balance themselves. As long as its criteria are met, the patient's share will be refunded by DSW. In the past, we believe, ambulance use was funded by the (now) Auckland Area Health Board but now patients are required to meet the cost.

We understand that, in the past, ambulances were used more often than they are now and that financial pressures have made it more difficult for patients to arrange for private transport with friends and relatives. These options are still available but, since the introduction of the North Harbour Taxis operation, more patients use Total Mobility subsidies to travel by taxi and ambulances are used comparatively rarely.

2.2 We have not been able to quantify the changes except through the effect on our expenditure. The subsidy paid to the taxi company providing the service was almost \$40,000 for the last financial year. This is more than we would have expected to pay for vouchers issued by the Kidney Society. The ready availability of the 50% Total Mobility discount would in itself influence patients' choices.

2.3 We emphasise that we consider the system operated by the North Harbour Taxis provides an efficient service and is an excellent use of resources.

2.4 Although we have been inquiring particularly into the Dialysis Unit's use of Total Mobility the exercise has been a useful test of the application of the eligibility criteria developed by the Total Mobility working party and approved by the Committee. The conclusions reached can be applied to other situations that may arise.

3. ISSUES

There are two issues that need resolution; eligibility and trip purpose.

3.1 Eligibility

3.1.1 The present situation has developed because eligibility for the Total Mobility scheme had not been defined clearly enough. It tended to be based more upon membership of an agency than upon individual assessment.

3.1.2 On 30 April the Total Mobility working party reported to this Committee. Among their recommendations, accepted by the Committee, was the following definition of eligibility for Total Mobility:

Potentially eligible users are people who, for reasons of disability, cannot complete any of the component parts involved in making use of public transport and do not have an alternative which they may exercise independently.

The working party defined disability:

Any person with a recognised and medically confirmed physical disability, sight impairment or intellectual handicap, is regarded as a person with a disability and therefore potentially eligible for membership of the scheme.

3.1.3 Replies to our questionnaire indicate that some Dialysis Unit patients are at times able to use public transport and that it is only around the times of treatment that they may need other transport.

3.1.4 Chronic illness does not qualify as a disability under the criteria already approved by the Committee.

3.1.5 This suggests that the main issue to be resolved is that of eligibility of Dialysis patients for membership of the Total Mobility - Auckland scheme. At present, the decision as to eligibility is, effectively, being made by the staff of the Unit who are not accountable for the funds used and who have no responsibility to the Council. Thus all patients for treatment have been given access to the scheme.

3.1.6 In light of the definition above, and the information in the replies, some Dialysis patients are clearly not eligible for membership of the new scheme. In some cases however, a patient incurs a disability such as amputation of a limb or blindness as a result of their illness. In that case, that patient is eligible for membership because the disability meets the criteria approved by the Committee.

3.1.7 The change to individual membership and the establishment of a register will resolve these questions of eligibility; any case that is not clear cut will require a medical certificate and may be considered by the proposed Appeals and Review Committee.

3.2 Trip Purpose

3.2.1 The other question raised is whether there should be an attempt to limit the availability of Total Mobility discounts to specific trip purposes.

3.2.2 The Total Mobility scheme was established to assist people with disabilities to participate in the community and to enhance the quality of their lives and attempts to replicate the opportunities offered by the subsidised urban passenger transport system. That system is provided for all trip purposes and users may travel to any destination for any reason without question.

3.2.4 It would therefore seem inequitable to restrict the availability of a Total Mobility discount to specific purposes of travel.

3.2.5 Any such limitations would be very difficult and costly to enforce.

4. CONCLUSIONS

- (a) The new system will address the eligibility issue.
- (b) There should be no limitations on the purposes of travel by people with disabilities.
- (c) Total Mobility funding for the operation of the Dialysis Unit transport scheme should continue on the present basis until the register of users is established.

4. RECOMMENDATION

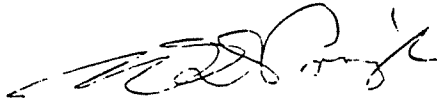
- 1. That the report be received.

Report prepared by:

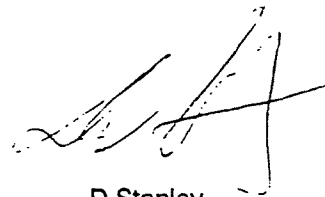


A. R. Rust
TRANSPORTATION PLANNER

Approved for Submission:



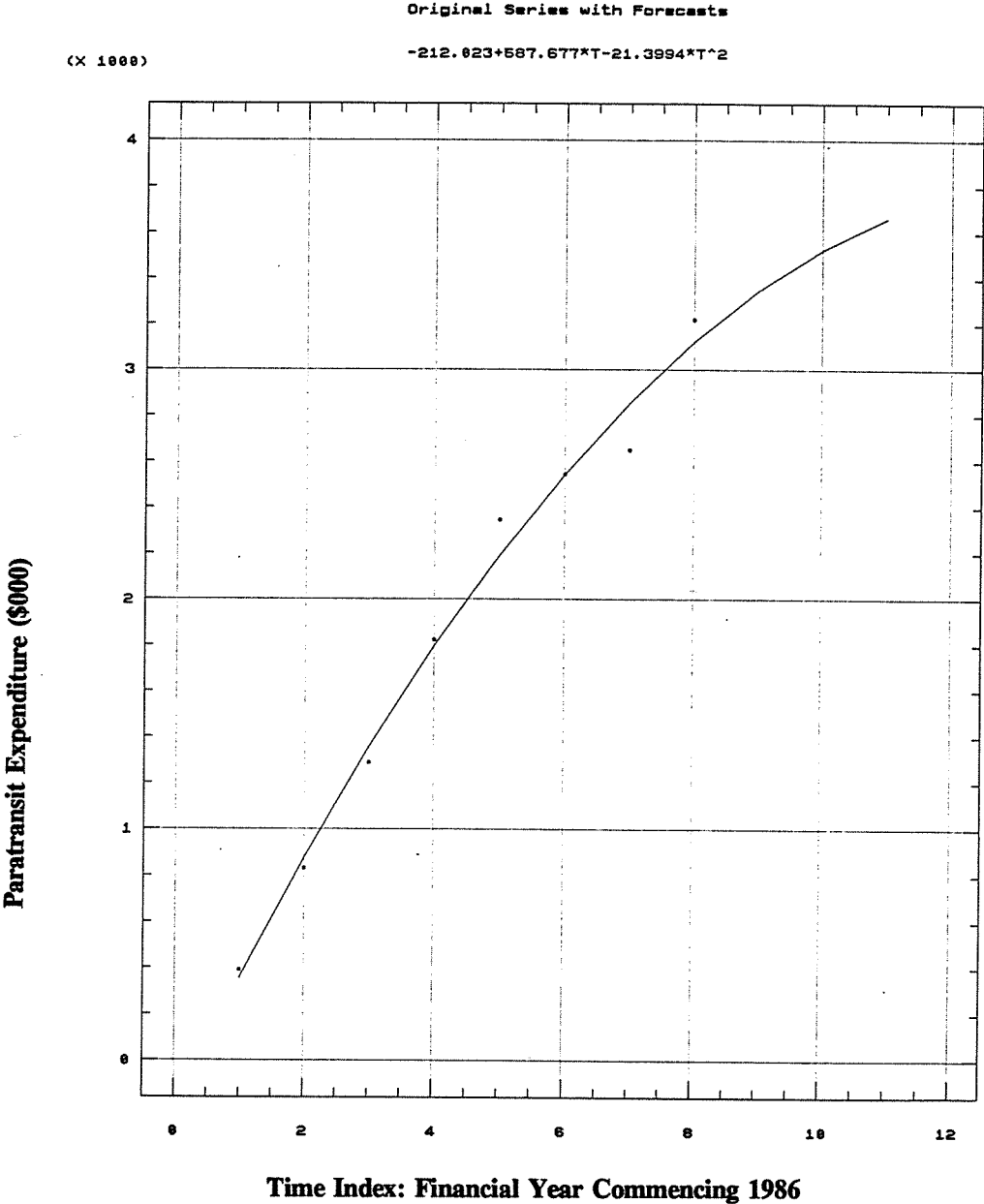
W D Pringle
GROUP MANAGER, TRANSPORT



D Stanley
GENERAL MANAGER
ENVIRONMENT & PLANNING

Appendix 15

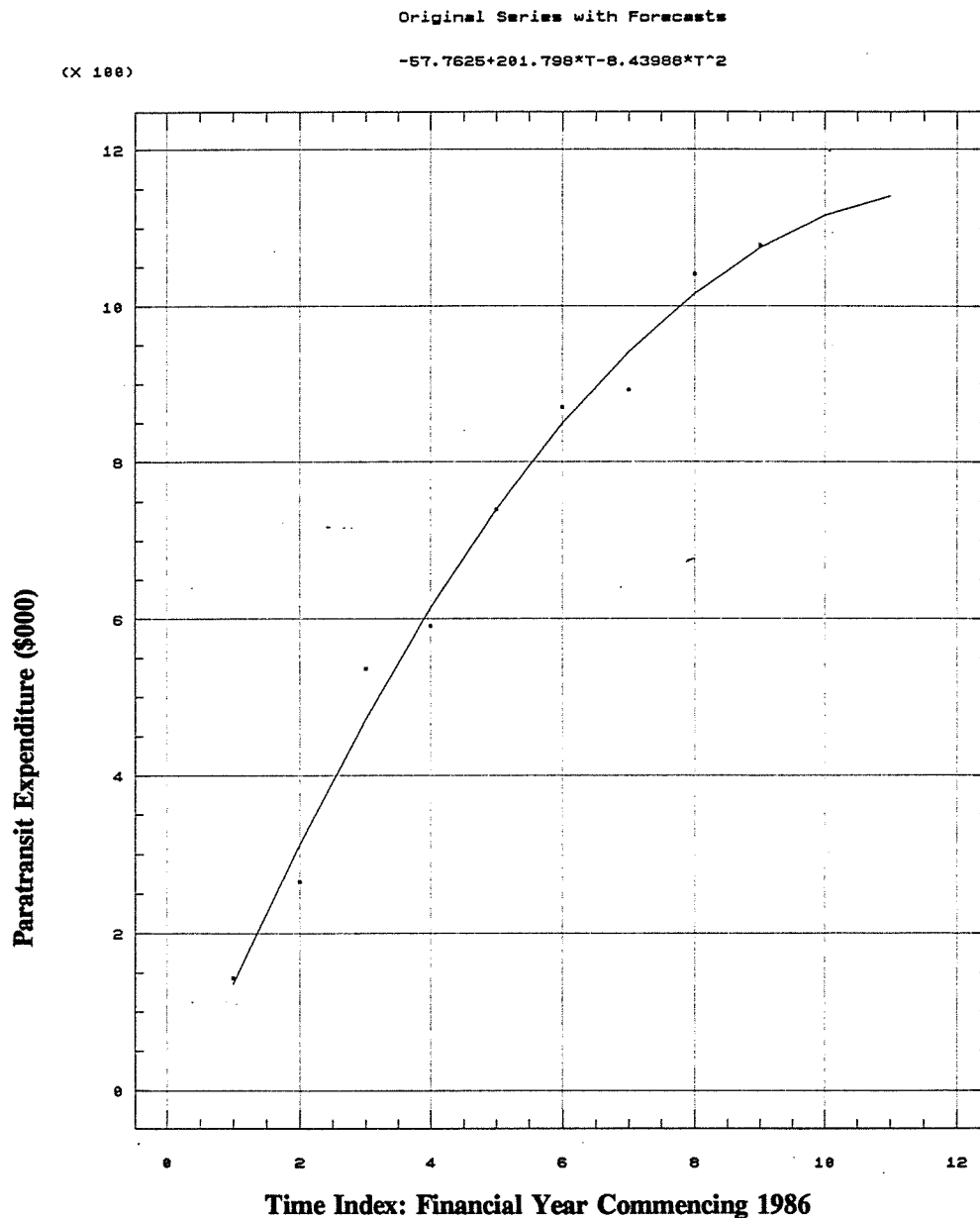
Quadratic Trend Analysis of National Paratransit Programme Expenditure until 1996



- Each X axis unit equals \$100,000, therefore
 - X1 = \$100,000
 - X2 = \$200,000
 - X3 = \$300,000, and so on.

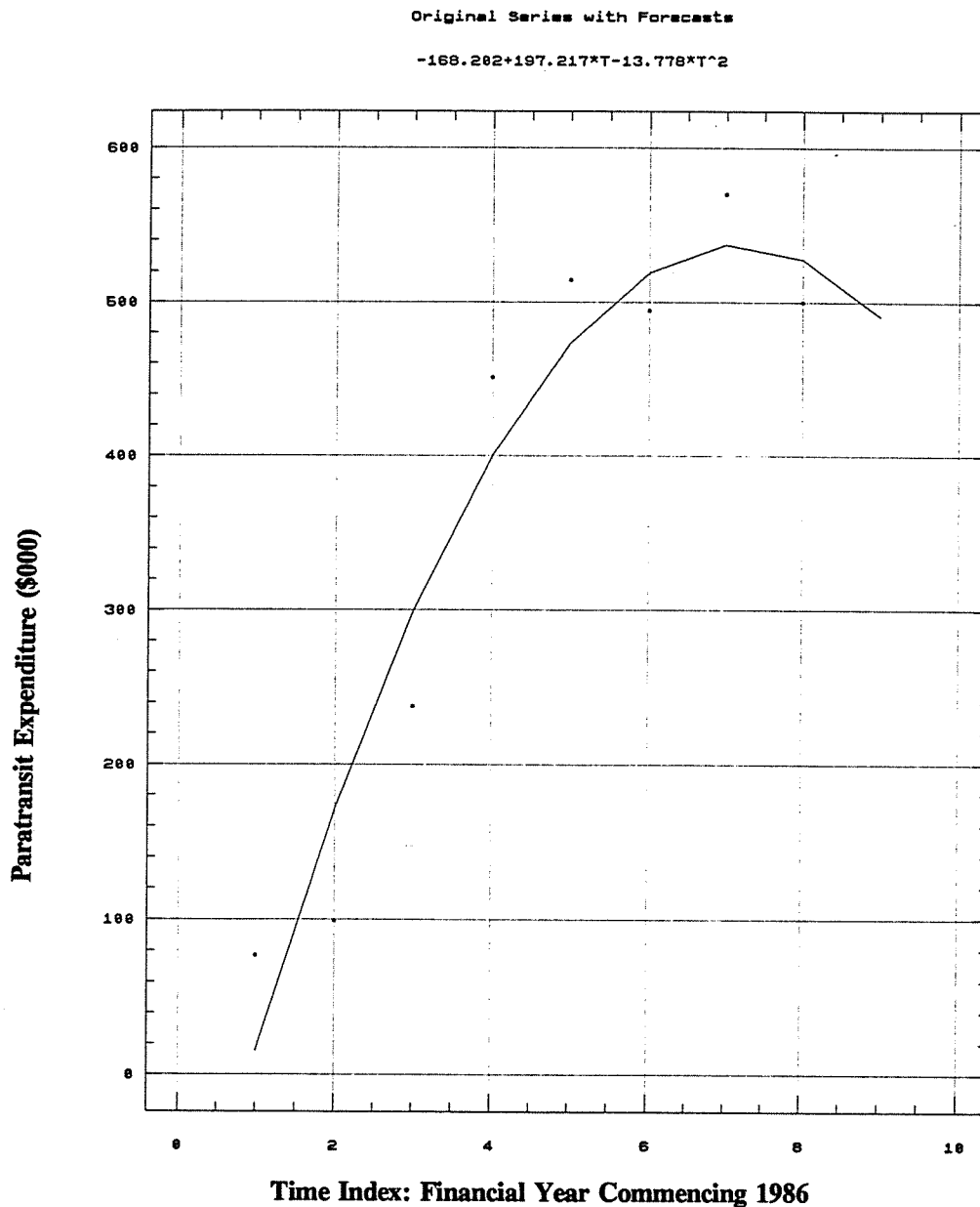
- Each time index (or Y axis) unit equals end of financial year statement, therefore
 - Y1 = 1986
 - Y9 = 1994
 - Y10 = 1995
 - Y11 = 1996

Quadratic Trend Analysis of Auckland Paratransit Programme Expenditure until 1996



- Each X axis unit equals \$100,000, therefore
 - X1 = \$100,000
 - X2 = \$200,000
 - X3 = \$300,000, and so on.
- Each time index (or Y axis) unit equals end of financial year statement, therefore
 - Y1 = 1986
 - Y9 = 1994
 - Y10 = 1995
 - Y11 = 1996

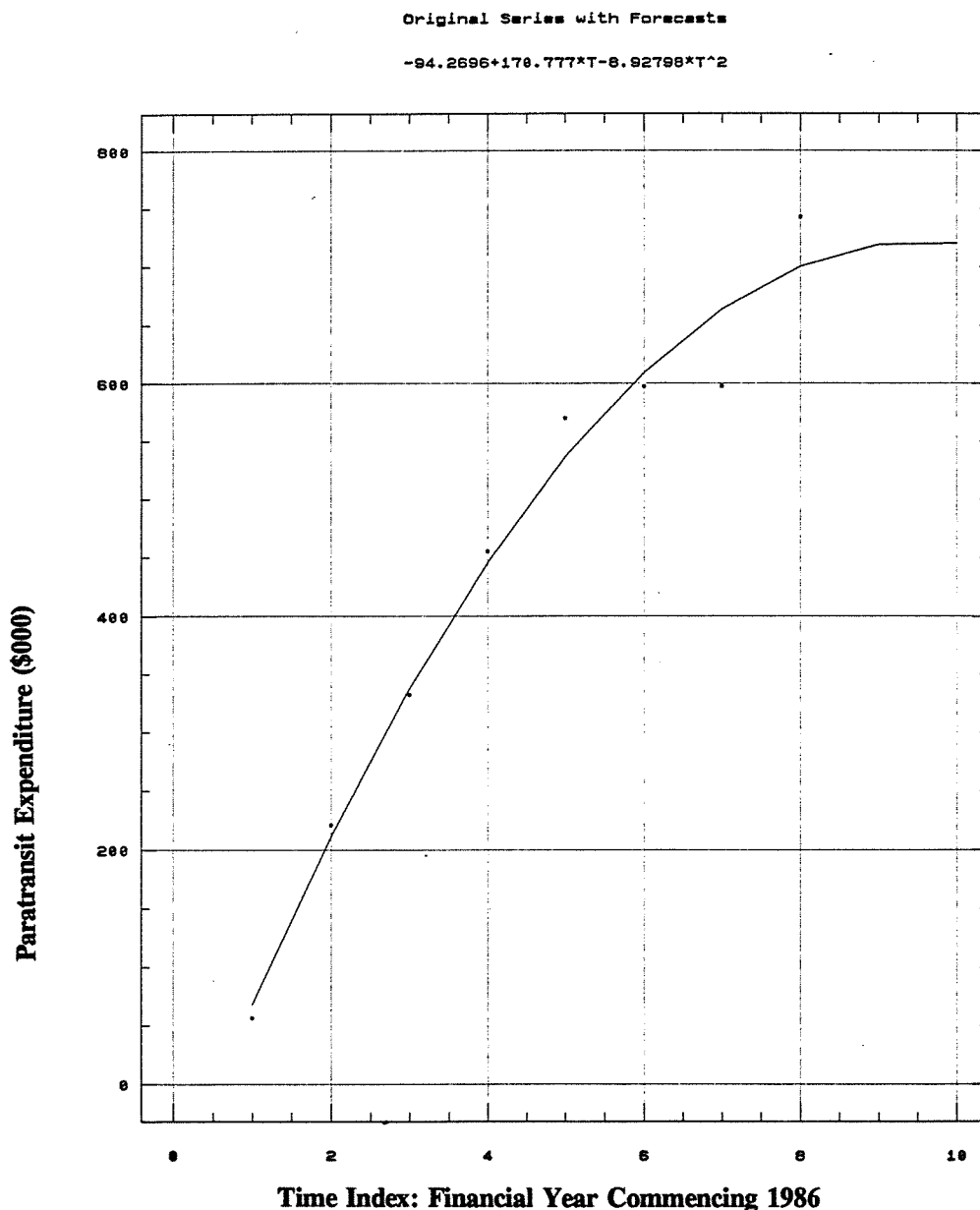
Quadratic Trend Analysis of Wellington Paratransit Programme Expenditure until 1994



- Each X axis unit equals \$100,000, therefore
 - X1 = \$100,000
 - X2 = \$200,000
 - X3 = \$300,000, and so on.
- Each time index (or Y axis) unit equals end of financial year statement, therefore
 - Y1 = 1986
 - Y9 = 1994

NB: The most recent figures in the equation influence the projected trend. Because the estimated 1993 expenditure is less than the 1992 actual expenditure, projections to 1996 were not carried out.

Quadratic Trend Analysis of Canterbury Paratransit Programme Expenditure until 1995



- Each X axis unit equals \$100,000, therefore
 - X1 = \$100,000
 - X2 = \$200,000
 - X3 = \$300,000, and so on.

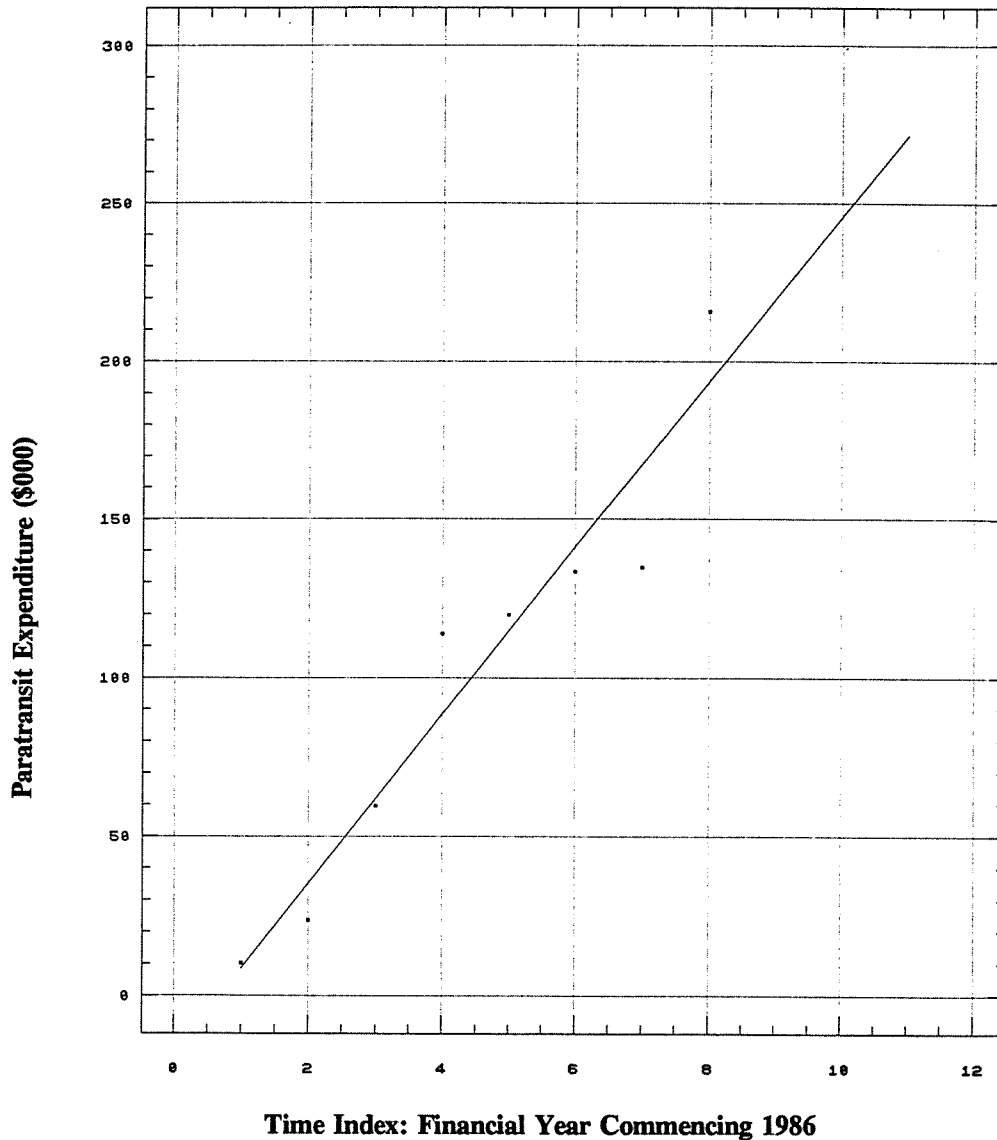
- Each time index (or Y axis) unit equals end of financial year statement, therefore
 - Y1 = 1986
 - Y9 = 1994
 - Y10 = 1995

NB: The most recent figures in trend analysis influence the projected slope. 1991 and 1992 actual expenditure were equal and this has caused the observed flattening effect between 1994 and 1995.

Quadratic Trend Analysis of Otago Paratransit Programme Expenditure until 1996

Original Series with Forecasts

$$-18.2786+26.8762*T-0.047619*T^2$$



- Each X axis unit equals \$100,000, therefore
 - X1 = \$100,000
 - X2 = \$200,000
 - X3 = \$300,000, and so on.
- Each time index (or Y axis) unit equals end of financial year statement, therefore
 - Y1 = 1986
 - Y9 = 1994
 - Y10 = 1995
 - Y11 = 1996

