

Transport needs in Northland

Final Report

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MRCagney (NZ) Ltd
Level 4, 12 O'Connell Street, Auckland, 1010
PO Box 3696, Shortland Street, Auckland, 1140
New Zealand

t: +64 9 377 5590
f: +64 9 377 5591
e: auckland@mrcagney.com
www.mrcagney.com

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1 Background

Northland Regional Council commissioned MRCagney (NZ) Ltd. to investigate the transport needs of people in Northland, focusing on people who would qualify for Total Mobility services. The report includes but is not limited to people with disabilities, for whom regular scheduled public transport services are not a realistic option. The reality in Northland is that there is very little public transport. Both transport disadvantage (a lack of choices) and transport poverty (where costs of transport are unaffordable for many, perpetuating poverty) are widespread.

The report presents data concerning socio-demographic variation in Northland, to understand who the people are, who need accessible and affordable transport choices. It also summarises known transport services, including: private vehicles; community-run shuttles and transport for health; and, public/commercial services. Themes from a series of in-person interviews with transport providers and community champions are presented. Considering all the needs, constraints, and opportunities in the Region, the report then recommends practical next steps to improving transport choice for the people of greatest need in Northland.

1.1 About Total Mobility and Community Transport

Total Mobility is a government-subsidised scheme to support access to transport for people who cannot easily use regular public transport services. The subsidy is paid by Waka Kotahi the NZ Transport Agency (NZTA) and local councils. Taxi operators are contracted to deliver Total Mobility services, which typically provide fare reductions of up to 50% for qualifying people. In Northland, Total Mobility subsidies are available only in Whangarei.

Community Transport is an umbrella term for volunteer-based transport services that give people a ride, who have no other choices. Drivers use their own vehicles, or those owned by Community Trusts or other Non-Government, not for profit organisations. Many Community Transport services such as health shuttles operate in New Zealand, including in Northland. However, there is no regional or national registry for Community Transport, so its extent is unknown. A summary of the Waikato experience of Community Transport, written by a Community Advisor, is included in Appendix A.

1.2 Statistics: People in Northland

Statistics New Zealand data was summarised to understand transport needs of people in Northland, focusing on those likely to qualify for Total Mobility services. The most relevant data are presented in three graphs and three maps. Graphs for age structure, disability by age group, and income are separated in this section by ethnicity for the main ethnic groups in Northland (Māori and European). Maps showing deprivation, access to a motor vehicle, and difficulty walking are presented by statistical area units SA2 (Statistics NZ).

The age structures for Māori and NZ European people in Northland are shown in Figure 1-1. Māori have a markedly different age structure than Pakeha. There are much more children, and fewer older Māori. The longer life expectancy of Pakeha means that while Māori are 36% of the population of Northland, they make up just 14% of the population aged over 65 years, and 11% of the population aged over 80 years.

The rates of disability for different age groups by ethnicity (Māori and European, all New Zealand) are shown in Figure 1-2. Māori have higher rates of disability at every age than European New Zealanders. This is an important factor in transport because it means that in Northland, there will be demand for accessible transport services for all ages.

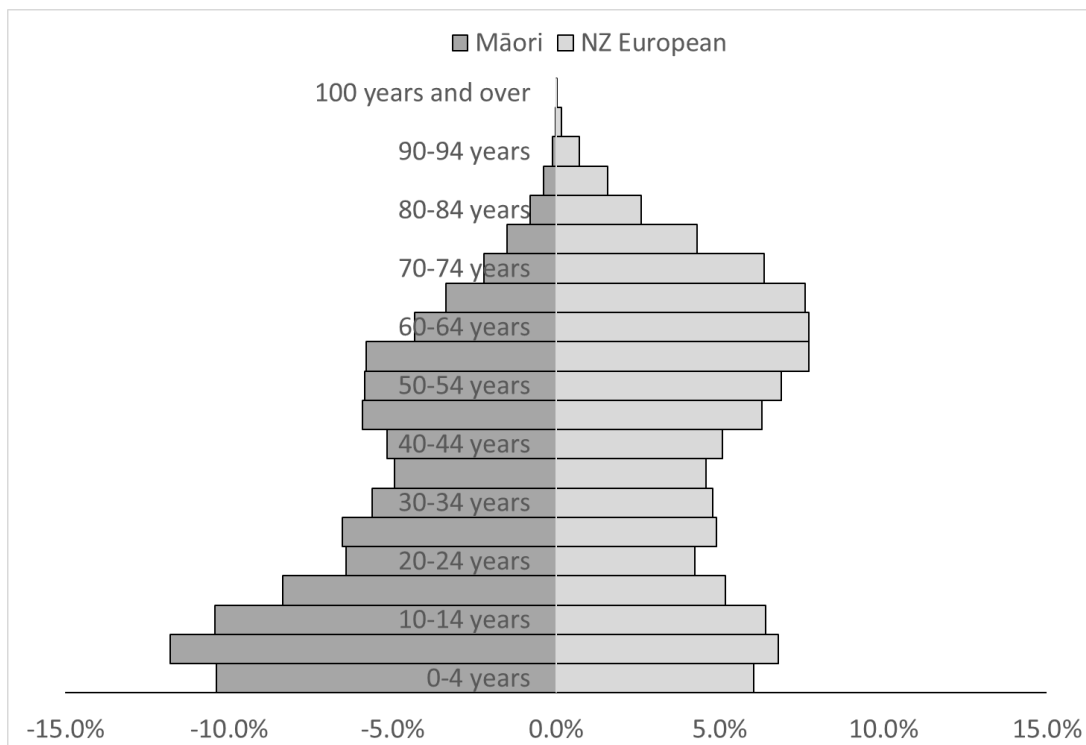


Figure 1-1 Age structure, Maori and NZ European people in Northland. Source: Dataset: Age and sex by ethnic group (grouped total responses), for census night population counts, 2018 Censuses, Statistics NZ

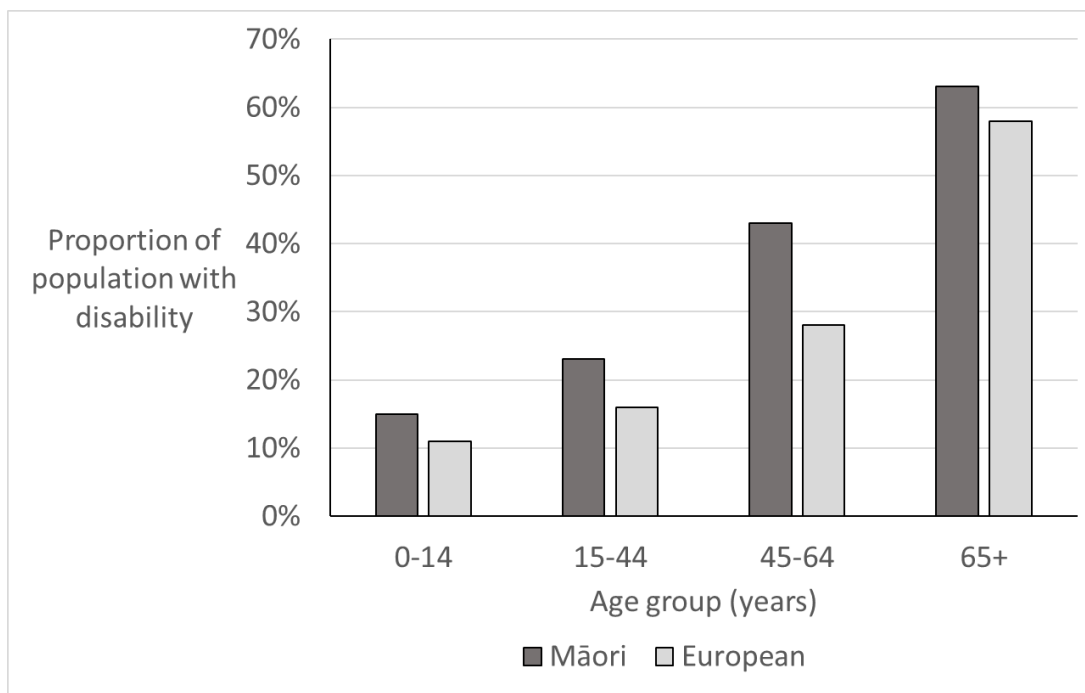


Figure 1-2 Rates of disability by age and ethnicity, all New Zealand. Source: Dataset: Disability rate by age group, sex, and ethnic group, Household Disability Survey 2013, Statistics NZ

The personal income of Maori and European people in Northland is shown in Figure 1-3. There are higher proportions of Maori with incomes below \$15,000 per year, and higher rates of European people with incomes higher than \$50,000 per year. Rates between \$15,000 and \$50,000 per year are similar between ethnic groups.

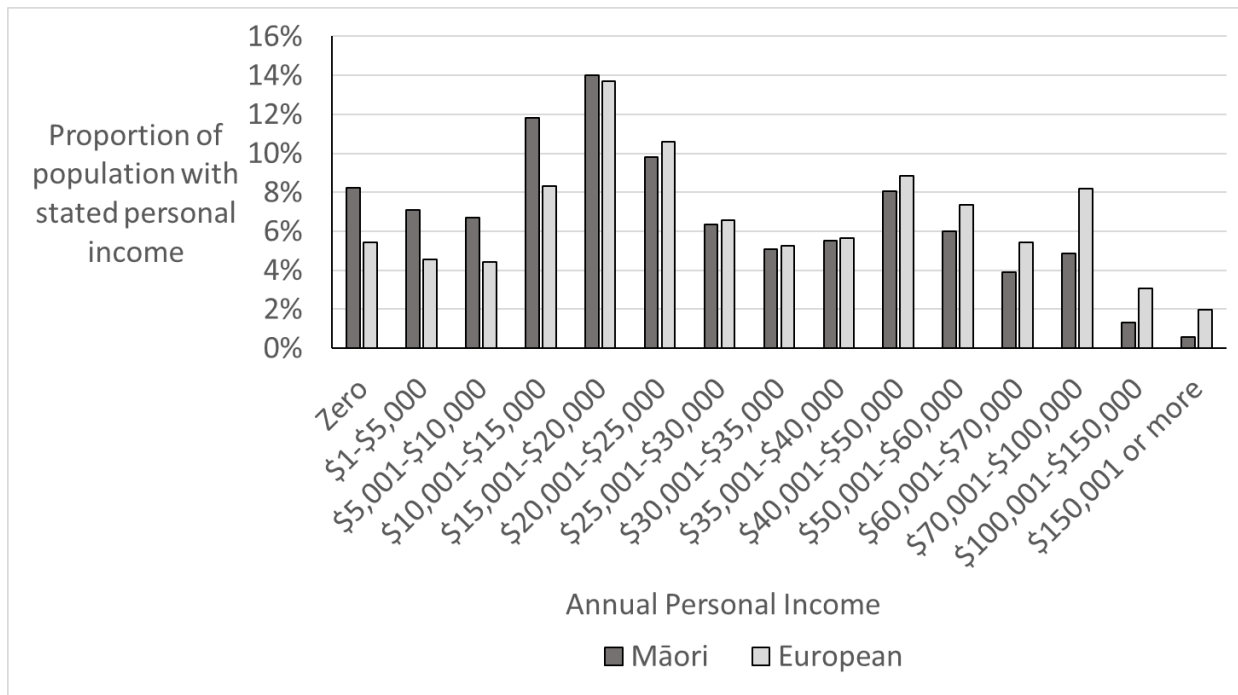


Figure 1-3 Personal income, Maori and European people aged over 15 years in Northland. Source: Dataset: Total personal income, work and labour force status, and ethnic group (grouped total responses) by age group and sex, for the census usually resident population count aged 15 years and over, 2018 Censuses, Statistics NZ

The deprivation map for Northland is shown in Figure 1-4. It shows that the most deprived areas in Northland are the Far North, excluding the area around Kerikeri; and rural areas in Kaipara District.

The map showing the proportion of households within each area with no access to a motor vehicle is in Figure 1-5. Highest proportions of no access are in Dargaville, Rawene, and Kaitaia.

The map showing the proportion of the population who cannot walk or have a lot of difficulty walking is in Figure 1-6. It shows that more than 3% of the population across much of the Far North (excluding the rural area around Kerikeri) and along the Kaipara Coast have difficulty walking or cannot walk at all, with greater than 5% in the Far North and around Rawene reporting difficulty or an inability to walk.

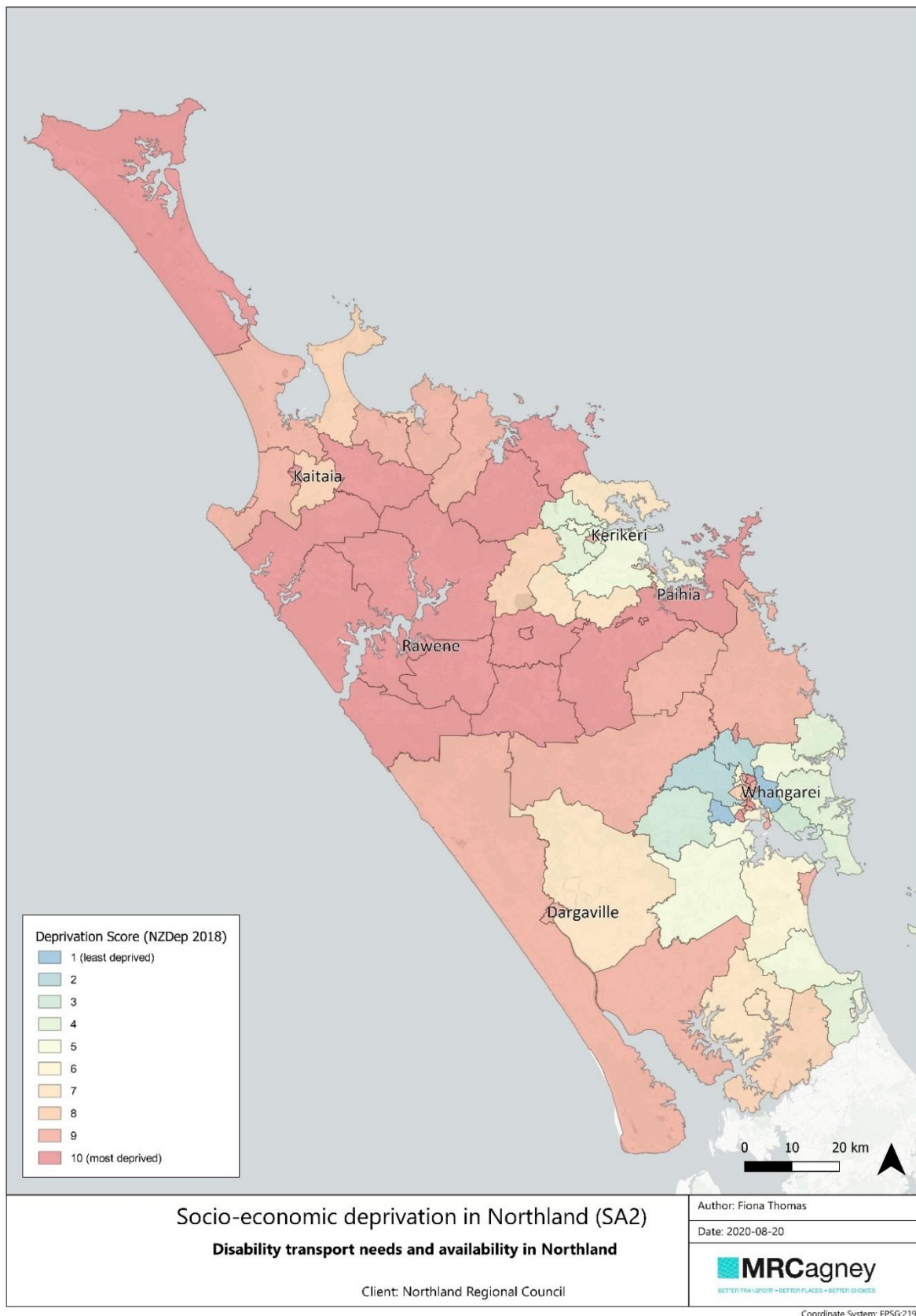


Figure 1-4 Socio-economic deprivation in Northland. Source: New Zealand Index of Social Deprivation 2018 (NZDep2018), University of Otago Department of Public Health

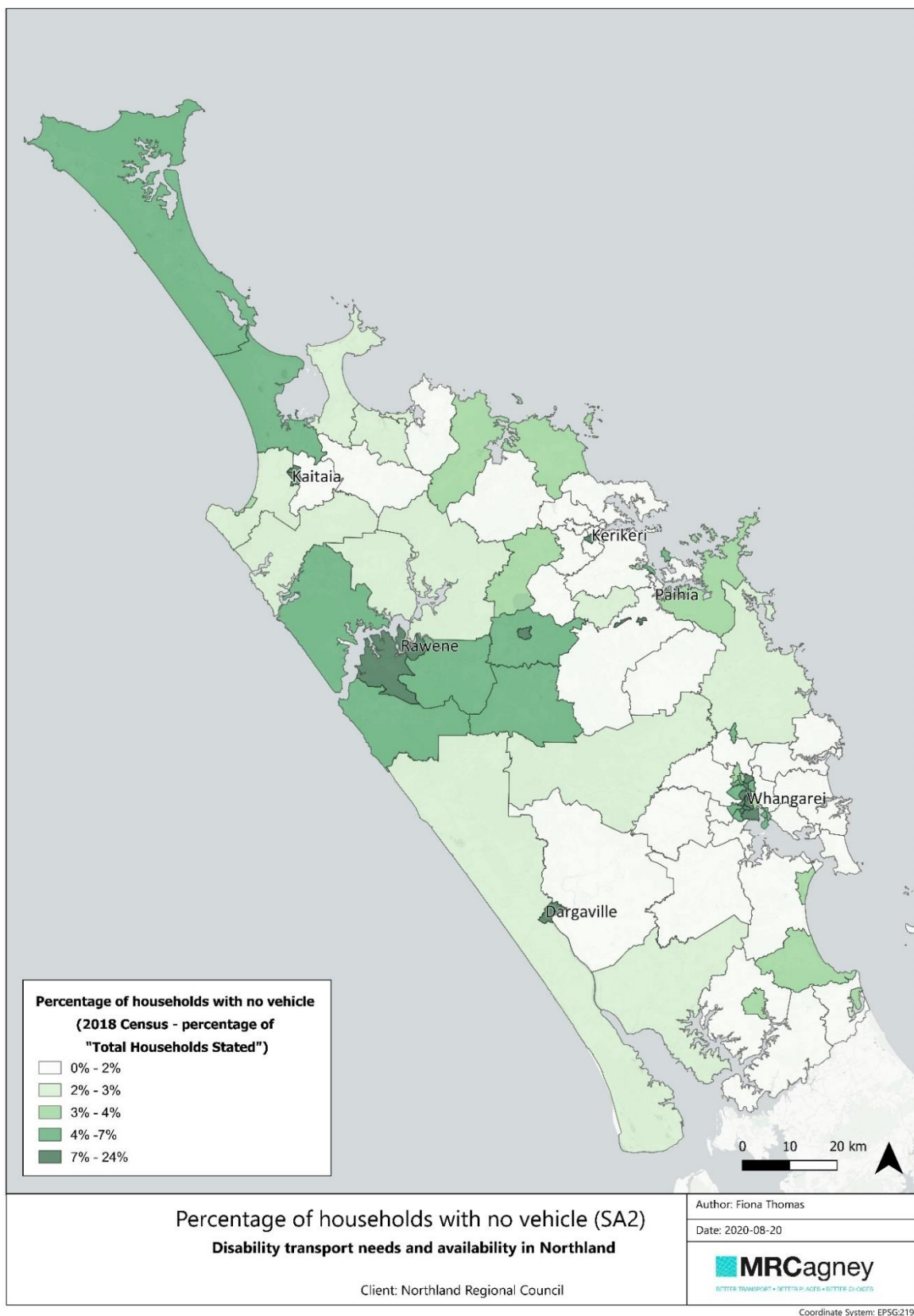


Figure 1-5 Percentage of households with no access to a motor vehicle, Northland. Source: Number of motor vehicles for households in private occupied dwellings, 2018 Census, Statistics NZ

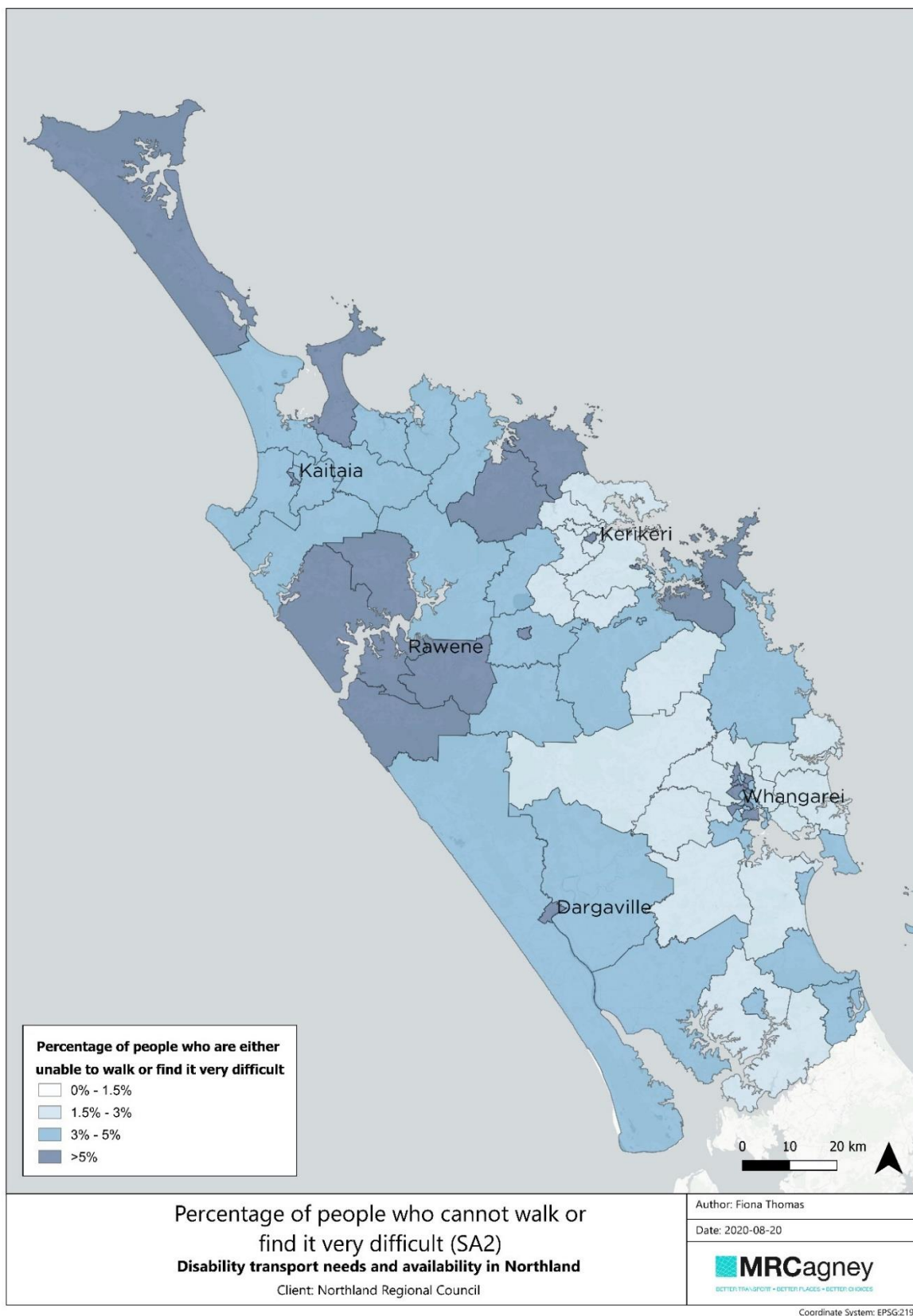


Figure 1-6 Percentage of people who cannot walk, or find walking very difficult, Northland. Source: Statistical Area 2 Dataset for 2018 Census, Statistics NZ

1.3 Transport in Northland

Our desktop study identified a range of organisations providing transport services in Northland. Table 1 below is a summary of known transport services in the Kaipara and Far North Districts. Due to the Covid-19 pandemic, it is noted that some services may have changed or ceased operation at the time of writing. Further details on these services are provided after the table.

Table 1: Public Transport, Community Transport, and Private Transport providers

Public Transport	Service Area	Purpose	Cost	District
Bus Link – Northland Regional Council	Mid North, Hokianga, Far North, Kaitaia Township	Any trips	Yes	Far North
Dargaville West Coaster Bus – operated by Te Wai Ora Coachlines Ltd.	Dargaville to Whangarei (with stops en route)	Any trips	Yes	Kaipara
Te Wai Ora Coachlines	Dargaville to Auckland (Weekender)	Any trips	Yes	Kaipara
Intercity	Nationwide service – En route service from Kaitaia, Kerikeri, Paihia to Whangarei south. Does not service Dargaville.	Any trips	Yes	Far North / Kaipara
Community Transport				
Kaipara Community Health Trust Shuttle	Ruawai north to Waipoua, Pouto, Tangowahine.	Health & medical appointments only	Free	Kaipara
Linking Hands	Maungaturoto, Mangawhai, Kaiwaka and Bream Bay	Health & medical appointments only	Free	Kaipara
Weekday Kaitaia Bus Services	Kaitaia to Whangarei (with stops en route)	Health & medical appointments only	Free / Koha	Far North
Otamatea Community Services shopping trip	Maungaturoto to Whangarei (will collect people along the way) twice per month	Any trips	Free/ Koha	Kaipara
Private Transport Providers				
Driving Miss Daisy (franchise operated)	Kerikeri, Paihia, Kaitaia	Any trips	Yes	Far North
Health Drive	Kerikeri	Any trips	Yes	Far North
Paihia Taxis	Paihia			
Haruru Cabs - Paihia	Paihia based	Any trips	Yes	Far North
Runabout Taxi Service	Dargaville, Kaipara	Any trips	Yes	Kaipara
Town and Around	Dargaville, Kaipara	Any trips	Yes	Kaipara
Kaitaia Taxis	Kaitaia – servicing trips as far as Whangarei	Any trips	Yes	Far North
Kerikeri Taxi Shuttle & Tours	Far North – servicing trips as and when required.	Any trips	Yes	Far North
Ritchies Kaitaia	Kaitaia and surrounding region	Charters, school services and private disability transport	Yes	Far North

Northland Regional Council currently operate a public bus service, *Bus Link* on three different routes connecting Kaitaia Township with outlying areas, Ahipara, Mangonui, and Pukenui. The service frequency is every weekday morning and afternoon (commuting times). On two set days during the week, Kaitaia operates an orbiter bus service around Kaitaia Township four times a day. There is a charge for all services.

The West Coaster is a user pays bus service connecting Dargaville with Whangarei operating Monday to Friday with departures from both towns twice a day.

The private transport operators Driving Miss Daisy provides a taxi service for any person or people requiring transport from one location to another. This includes grocery shopping, medical appointments, airport pick-ups or drop offs, and social visits. The service includes client's pets requiring veterinary attention. Driving Miss Daisy are a franchise owned business and are currently operating in the Far North district. There is currently no franchise covering the Dargaville area.

The national Intercity bus services parts of the Far North district including Paihia, Kerikeri and Kaitaia but does not service Dargaville or western routes within the Kaipara district.

2 Interviews

2.1 Interview process

A series of interviews was conducted to gather local peoples' perspectives on the transport needs and opportunities in the Far North and Kaipara districts. A variety of different organisations were contacted around Northland to canvass a wide cross-section of the community. Contact was made initially through phone conversations and was followed up with email correspondence outlining our project goals and our intention and request to interview transport providers, community groups and members about their experiences.

Groups were initially identified through internet searches using keywords such as 'community transport', 'health shuttles', 'health clinics' and 'public transport' and this was extended to include known nationwide organisations such as 'Age Concern', 'St Johns', 'Red Cross' to broaden the reach of the interviews. Through communication with various groups around the two districts, further community connections were established, and interviews were scheduled. Table 2 shows the organisations that were successfully contacted and willing to take part in the interview process. Contact was also made with various organisations such as Te Rarawa Whanau in Kaitia, however, an interview was unable to be scheduled. All participants were given the opportunity to take part in an in-person interview or an interview over the phone conducted by asking a series of questions to provide the project scope to the participant but there was also an opportunity for participants to share their own stories or those in their community.

Table 2: Organisations contacted to assist with research

Organisations	Area	District
Age Concern Mid North	Kerikeri	Far North
CCS Disability Action – Northland (Whangarei based)	All	Far North / Kaipara
Driving Miss Daisy	Kerikeri / Kaitia	Far North
Family Support services Kaiwaka Managawhai Incorporated Society	Kaiwaka	Kaipara
Kaipara Community Health Trust	Kaipara	Kaipara
Kaitia Family Budgeting Services	Kaitia	Far North
Hokianga Health Enterprise Trust	Rawene/Hokianga	Far North
Linking Hands	Kaipara	Kaipara
Northland District Health Board	-	Far North / Kaipara
Te Ha Oranga	Dargaville	Kaipara
Te Hiku Hauora	Kaitia	Far North
Personal Interviews		
Visually impaired female	Kaipara	Kaipara
Linking Hands Client – (male)	Kaipara	Kaipara
Linking Hands Client – (young person)	Kaipara	Kaipara
ACC Transport Provider	Kaitia	Far North



Figure 2-1 Location of interviewees

2.2 Common themes from interviews

There were several themes apparent across the majority of interviews. They reflect the breadth of need across the Far North and Kaipara, and the difficulties that many people have accessing affordable transport:

- The lack of affordable, accessible transport choices in the Far North and Kaipara was widely reported as a problem for many people;
- Lack of choice is exacerbated by low incomes and the long distances people need to travel to get around the region;

- People have travel needs for local, regional, and longer travel, e.g. getting into town from the outskirts, getting to a larger town from a smaller town, or getting to Auckland;
- Total Mobility may help with some local trips, for some people, but even a subsidised taxi would be unaffordable for many people;
- Services that drop people in a big town for a full day are problematic for people who have a single appointment, and can neither afford to spend money at a café to pass the time, nor have somewhere else to wait;
- There is a lot of good will already, e.g. social workers driving people to the supermarket, pool drivers in the Hokianga, services who are not contracted or paid to deliver transport, doing so anyway; people who recognise a need and meet that need in their own way; and
- Any upfront costs can present a barrier to travel, so much so that for some people the need to claim back later can be just as much of a barrier as there being no service.

2.3 Interview summaries

Summaries of each interview are presented here. These summaries are not transcripts, but present the main points noted by the interviewee in each case. Refer to Table 2 and above for the organisations and individuals interviewed, and to Figure 2-1 for the map of their locations.

2.3.1 Organisations – Northland Region as a whole

Northland District Health Board

Northland District Health Board (DHB) runs a daily shuttle from Kaitia to Whangarei, and another shuttle from Whangarei to Auckland. The Kaitia to Whangarei service is contracted out to a local tourism transport provider who can provide a service which is wheelchair accessible on request. The service has room for approximately 14 passengers, and they are funded through the National Travel Assistance Scheme. To be eligible for the programme, patients need to meet particular criteria, including having been referred to a publicly funded specialist, and criteria around the distances travelled and number of appointments per month.

Prior to Covid-19, the service was also available to the public (including people not travelling for medical purposes) for a cost of \$20 one way, but it is now only available to patients who have medical appointments at Whangarei Hospital. The public-facing part of the service was stopped due to health and safety concerns related to Covid-19 and was not reinstated when the region returned to New Zealand's Covid-19 Alert Level One. There were additional complications associated with bringing the public on the service, including adding additional time to the journey.

In addition to the shuttles between hospitals, the DHB runs a renal transport service, which is a door to door transport service for people travelling to one of three locations in Northland where dialysis is offered. The DHB has 20 vehicles for this purpose, with 18 staff involved in providing the service. There are 110 patients currently receiving this travel assistance. Patients need to come to a facility for dialysis three times per week. Where possible, the DHB will try to coordinate journeys so that more than one person can be collected at once, but the nature of renal dialysis means it can be difficult to coordinate journeys in both directions, so drivers are travelling long distances several times per day. For this reason, drivers are employed using a split shift approach.

Despite these services, there is an identified need for additional transport for patients. Currently, there are a lot of patients who may not be eligible for the service but who are unable to transport themselves to the hospital, either due to physically being unable to drive or because they cannot afford to run a vehicle. This means they simply do not attend appointments. Additionally, not all appointments can fit in with the schedule of the

services the DHB runs, and not all people are able to transport themselves to the DHB services in the first place.

CCS Disability Action

This organisation interacts with and helps people with disabilities across all of Northland. This office is one of the administrators of the Total Mobility service for Whangarei and helps people with disabilities with their transport needs. This includes mobility parking permit applications, education and support around how to use public transport services, and occasionally transporting people. The transport services offered by this organisation is not a core part of their business.

A lot of families the organisation is in contact with are low-income families. They are often sharing one vehicle between two or three families and struggle with the costs of maintenance and registration of the vehicle. Without a vehicle, they are stuck and unable to transport themselves as needed.

Cost was identified as a major barrier for people in Northland as, it is believed that if families cannot afford to keep a car maintained to drive, they are unlikely to be able to afford a taxi fare.

There is a need for people both to get into town from the outskirts, and get around the centre of town, but there is also an identified need for mobility services between larger centres in Northland. These are long distances. For example, Kerikeri to Whangarei is an 85km journey, taking approximately an hour and a quarter to drive. Suggested options for this type of service include vans with mobility capabilities.

While public or shared transport services with the capacity to carry wheelchairs may be suitable for some people with disabilities, Total Mobility works well for people who have intellectual disabilities and find scheduled services difficult to navigate, or who are anxious about abuse on such services.

Total Mobility services require booking in advance, which makes it difficult to take spontaneous journeys, or to change plans at the last minute. Additionally, some services only run during particular hours, so it is difficult for people with mobility issues to find transport for activities that may run late, or for socialising after hours.

Key services identified in this area include:

- Kneeling bus services, providing an affordable option for people within the city (Whangarei)
- West Coaster bus service – considered an essential service without which people are stranded who do not have their own vehicle. This service was briefly cancelled after the previous operator retired and CCS Disability Services were contacted by at least three people who were stuck due to this, with no other affordable transport option.
- Total Mobility services provide an extra level of support in Whangarei, and the users get to know the drivers, meaning they feel safe.

2.3.2 Organisations and Individuals – Kaipara District

Family Support Services Kaiwaka Mangawhai Incorporated

Family Support Services Kaiwaka Mangawhai Incorporated is a social service that provides support to people in Kaiwaka and the surrounding region. The organisation has identified a clear need for transport provision for local people and believes a shuttle would be the most viable choice. There is both a need for people to travel between the townships in the district, and into their local town from homes on the outskirts.

Kaiwaka has limited opportunities for people to walk to access services, both due to missing infrastructure (such as footpaths) and a lack of services available within the town. Examples include the need for people to

access other towns for affordable food prices and the need for people to access Work and Income New Zealand offices. Previously, WINZ offered a remote service that came to Kaiwaka, but this is no longer in place. Family Support Services Kaiwaka Mangawhai trialled providing a shuttle service travelling to Wellsford last year, but found it was not viable to operate. Although people made bookings with the service, they would often not turn up for the journeys. As the service was being run by volunteers, this made it unviable.

Staff at the centre sometimes use their own vehicles to transport people when needed, and it is felt there are many services going beyond the call of duty in this respect. The social benefits of improved transport to the local community and the people using the family support service were discussed as being significant, including the ability for social interactions and the opportunity to access healthy food. Neither of these needs are met if people are unable to access transport. Smaller towns in the district, such as Kaiwaka, are further disadvantaged by having limited access to more affordable goods compared to larger towns with bigger shops, so people are paying more for groceries, without easy transport to larger centres. There is a feeling that while there are a lot of social services available in Northland, they are not well coordinated, including in terms of transport provision.

Kaipara Community Health Trust

Kaipara Community Health Trust advocates for and supports health services in the Kaipara District through a charitable trust model. The organisation runs a health shuttle, which provides access for people in the northern Kaipara District to access health services. The service will collect people from their homes and take them to medical appointments, both within Kaipara and as far as Whangarei. The shuttle can carry multiple people at the same time and the trust coordinates journeys to carry multiple people at once.

The trust employs two part-time staff, and the trusts board is made up of volunteers. People using the shuttle are not required to pay for the service, but many give a donation for doing so. The shuttle is funded through the use of money invested by the trust, which means it relies on interest. With lowering interest rates, there is a risk that the service will become unviable.

Eligibility for the service is determined by people's address (they need to live in the northern part of Kaipara), and them having a medical appointment. This includes dental and optometrist appointments. The service is not available for other services, such as shopping or social visits. The driver will drop people at appointments and leave to do other jobs where possible. The service does not include extra items such as carrying bags, helping people in and out of appointments or other support.

Situations in which people are turned down for the service usually relate to when the van is already in use for another appointment. A very small number of people have been refused access to the service for bad behaviour – when the driver felt endangered by the passenger. In some cases, the shuttle will arrive at an address, but the person's health may have deteriorated to the point that they require an ambulance instead. The organisation reports that people would prefer an individualised service, similar to the Renal service provided by the DHB. Sick people travelling to the hospital do not want to share a vehicle with others, and it is also not appropriate for them to wait a long time for scheduled services.

The service has identified an inequity in terms of the available services for superannuants in areas with and without transport services (i.e. urban and rural). In areas such as Kaipara, the SuperGold card provides very little benefit to those who have it, particularly in terms of transport as there is no public transport service for which a SuperGold card would be eligible. The interviewee said that "They don't get that opportunity to keep their independence".

It is felt that more money is needed to provide the service, ideally with increased funding to provide a more personalised service. The organisation suggested that the regional council might be best placed to run an

umbrella organisation, employing someone to manage the logistics of volunteer drivers and vehicles, and ensure appropriate health and safety requirements are met.

Particular challenges include:

- Road conditions make it uncomfortable for people in the back seats of vans on journeys – this includes potholes.
- Health and safety regulations and requirements are a concern in terms of community providers. There is a need to ensure vehicles and drivers meet health and safety requirements, and organising this is logistically challenging.
- The cost of providing Total Mobility, or any other transport service, should be funded through central government means, such as ACC or the Ministry of Social Development, rather than from local rates

Te Ha Oranga Dargaville

Te Ha Oranga is a Maori health provider based in Dargaville. Their main service is mobile nursing, which provides health services in areas where healthcare would otherwise not be easily accessed. The organisation also provides remote GP clinics, a cancer service, local GP clinics and other health services for members. Te Ha Oranga takes the bookings for the Kaipara Community Health Trust, but also has its own fleet of vehicles for its staff.

The main transport issue observed by this organisation is that patients relatively often need help accessing appointments, and so the organisation ends up providing transport for those people. While transport is not a specifically funded part of the service, the organisation's model means that if a patient needs to get to an appointment, they will ensure that happens.

The Kaipara Community Health Trust is the organisation's first preference for transport, but some patients, such as cancer patients with regular appointments in Whangarei, need a more individualised service and Te Ha Oranga offers this for some patients.

The organisation does not see a significant amount of unmet need in terms of health journeys but expects there to be need for other types of journeys, such as shopping and social visits. The main barrier to providing more service is funding.

Linking Hands

Linking Hands offers a transport shuttle for health services in the Kaipara District, covering the area from Mangawhai to Matakohē, including trips to Whangarei. The shuttle service has been running for approximately 11 years. Before the organisation started running the shuttle service, it was a health information hub which helped provide locals with information about what health services were available to them as there was a recognised problem with access to healthcare in the area.

The first van was donated by Kaipara Health Trust, and the fleet has grown to now include one van with a wheelchair hoist, and seven cars, which are located across the region. To use the service, passengers need to be attending a medical appointment or service, with some allowance also for wellbeing services. There is no charge for the service, but people pay donations. It is further funded by grants and is supported by the Council. There are no other requirements for using the service, but generally a large proportion of the people using the service are older. Other reasons why people may need the service include economic difficulties, meaning they cannot afford a car, or a lack of friends or family support to take them to appointments if they cannot drive themselves.

Drivers for the service are volunteers, with a large number being over 70. There are approximately 50 people volunteering time to the service. The service finds it difficult to attract younger volunteer drivers, due to issues relating to people not having the time to volunteer for reasons of work or family, or not wanting to. Local people are generally not aware of what the service offers until they find themselves in a position where they need to regularly access appointments and have no transport.

The service does not offer trips such as shopping or social journeys. The organisations' representatives report that it is already very busy with a significant amount of need for its services in the district.

Individual: Visually impaired person in Kaipara

A woman living near a small town in the Kaipara District is reliant on the Linking Hands service to travel to her local medical appointments. She is visually impaired and unable to drive. She does not use this service to travel to Auckland for ophthalmology appointments once per month, for these journeys she relies on her family. The journeys take a full day and her father takes a day off work to take her.

She previously lived in Auckland where she used the Total Mobility scheme daily, which allowed her to be more independent than now. The woman has three young children and is unable to drive them to after school activities. As there is no service available after hours for such activities, her children have had to limit the activities they can take part in, to those at local facilities. This has meant they have had to pull out of some activities further away. She tried to offer to pay a driver to take them using her own vehicle, but the time of such activities in the evenings does not suit older volunteer drivers.

As outlined previously, Linking Hands offers a free service to medical appointments, which she uses and is very happy with. However, because the service does not also cover journeys such as shopping, she often needs to wait until the weekend for her husband to be able to drive her and her family to Whangarei so they can do shopping. This journey takes a full day and the supermarket is busy. She would prefer a service where she could pay an extra charge to be able to trip chain – performing more than one function while she is in Whangarei. She would also then be able to do this trip while her children are at school. While there are some fortnightly shopping trips offered from her town, she is unable to use them because they leave too early or arrive back too late for her to perform childcare responsibilities.

She struggles to cross the road outside of her house because there is no footpath on her side, and the road (a State Highway) has a blind corner which she cannot cross safely. Subsidised taxis may be appropriate for the area, she believes, but they may not be particularly affordable for everyone, and only a handful of people may need them. One of her major concerns is the monthly journey to Auckland, for which a taxi would not be affordable.

Individual: Young person in Kaipara

A 21-year-old living in the Kaipara District who uses the Linking Hands service finds it to be a vital service, as he would otherwise be unable to reach regular medical appointments in Whangarei. He cannot afford a car, does not have access to a family vehicle, does not have a full license and is nervous about driving due to personal experiences of road fatalities.

He feels lucky to have the Linking Hands service and sees it as important for a range of people. As Linking Hands only provide a medical shuttle service, he relies on delivery services like online shopping for his other needs. Shopping for food locally is very expensive.

Occasionally, he travels to Auckland to visit family or for appointments with health providers he is not able to see within his own region. To do this, he catches an Intercity bus which costs approximately \$60. To catch the

bus, he still requires transport to the pick-up location. He would not expect a service like Linking Hands to drive him all the way to Auckland. He describes a feeling of guilt for using the service.

Individual: Older man in Maungatoroto

A retired man in Maungatoroto who is no longer able to drive makes use of both the Otamatea Community Services shopping trip service, which travels to Whangarei for shopping twice per month, and Linking Hands for access to medical appointments. He says both services are extremely useful and helpful. He donates to both services.

While he is happy with the services provided by both organisations, he has other journey types he would like to make if there were services available. He would like the ability to go to different stores or locations on his own terms or go out for the day “just for the hell of it”.

Additionally, he would like to make the longer journey to visit his wife’s grave in Paihia, and lay flowers there. At the moment, he has a friend who will take him once per year to visit but having the ability to get there more often would be significantly meaningful for him. The man’s son lives north of Auckland and, due to a lack of transport services, he relies on either his son or daughter-in-law for a ride to visit them.

2.3.3 Organisations – Far North District

Age Concern Mid-North Kerikeri

Age Concern Mid-North is a charitable organisation based in Kerikeri dedicated to people over 65. The mid-north branch identifies access, and transport, as its highest priority issues. There is a recognition that a lack of access to services and social activities trickles down to many other problems.

The organisation is funded by the local Primary Health Organisation to offer a transport subsidy to its members. This covers just under 50% of the cost of journeys, with a maximum contribution of \$20 per journey. There are some restrictions on how many journeys each member can make in a month. It is operated using a voucher system, with transport providers claiming costs back from Age Concern directly. Providers taking part in the scheme are Driving Miss Daisy and HealthDrive.

Age Concern members in Kerikeri and surrounding areas place extremely high value in this funding and service – as it offers members the opportunity to move around with a level of independence they may not have otherwise. The transport subsidy also acts as a service Age Concern can offer to its members and many people join the organisation to receive the transport subsidy. The organisation would not want any changes to transport availability in the district to threaten their subsidy, as it is of such value to members in terms of quality of life.

Despite this service, there are still significant transport difficulties identified for older people in Northland. The transport subsidy is not suitable for smaller towns outside of Kerikeri, such as Kaikohe or Kaeo, as the distances required for transport to reach those areas is significant and makes the journeys too expensive for many people living in those areas. Older people in the district also experience other difficulties using the few transport options which are available. For example, travel to Whangarei Hospital using the bus service provided by the DHB can be difficult for older people, who are physically unable to get themselves to the designated stops. Instead, they often use local services such as Driving Miss Daisy or HealthDrive for these journeys.

A journey to Whangarei Hospital can cost someone \$180 each way if they fund it themselves and do not have access to a vehicle or someone who can take them. One Age Concern member reported a situation where they

needed to travel to Auckland Hospital and had no family or friends available to take them, so paid \$780 for the journey.

Currently, members only have access to services that charge waiting time, rather than single journey prices. This makes journeys more expensive for members who do not need the waiting service.

Age Concern is provided with some funding from NZTA to help members learn about ways to live without a car, but the coordinator for this service says there are currently no alternatives to recommend, especially in smaller towns around the district, such as Moerewa, Kaeo and Kaikohe. Taxi services have not been able to survive in the area, and there are high levels of deprivation, particularly outside of Kerikeri.

Age Concern is aware that there are taxi or shuttle services in Paihia charging low rates of approximately \$5 per ride for regular passengers, but it is not believed that such services would be making money through these journeys. It is believed that a service with similarly low rates in other towns around the district would be ideal for older people. Within the group interviewed, there was acknowledgement that organisations or groups such as those associated with Marae would be well placed to provide transport services, if they were funded to do so.

Driving Miss Daisy Kerikeri

Driving Miss Daisy is a companion driving service, which provides a premium level of care compared to a regular taxi. The Northland franchise of the service, which is based in Kerikeri, transports a range of customers, and people of any age can use the service. Despite this, a large number of passengers are older people. The service extends across the entire Northland region, and journeys extend as far as Auckland, with distances of up to 600km for one journey.

Staff, including drivers, are paid and the service is run as a business. The service has five vehicles, which includes one mobility van. Approximately 30 people per week use the service, with a busy day involving approximately 13 passengers. The service is generally funded by users. The only exception to this is Age Concern in Kerikeri, which has some funding to provide vouchers for up to \$40 of journeys for their members. This is only applicable for the Kerikeri area.

People use the service for a range of reasons, with the majority being people with a level of illness or injury needing to access medical services. Additionally, the service is used by people who need to go shopping, airport transfers and other journeys such as taking pets to vet services.

The minimum charge for the service is \$15, and there is a flat rate of \$40 for a return journey within a 10km radius, or \$25 for one way. Additionally, there is a waiting time charge of \$10 per half hour. This charge includes help while people are using the facilities that Driving Miss Daisy has transported them to, such as providing support at the doctor's surgery.

The cost of the service is the biggest barrier preventing people from being able to use the service. The interviewee stated that "The only reason journeys get declined is affordability". Managers of Driving Miss Daisy believe further subsidies would help people access the service. Additionally, they would be interested in an opportunity to work on a contractual basis with the council to provide services for more people.

The service also struggles with the availability of accessible parking, a lack of understanding from the public about why people using the service might need more space or time when accessing the vehicles, and poor quality roads.

Hokianga Health Enterprise Trust

Hokianga Health Enterprise Trust is a charitable trust and healthcare provider, with its main base located in Rawene, on the edge of the Hokianga Harbour. Hauora Hokianga has comprehensive medical services provided at Rawene hospital, and 10 clinics around the Hokianga, open on different days.

The healthcare provider sees a significant problem in terms of transport for people seeking to use its services. Many people either cannot transport themselves or cannot afford the cost of maintaining or fuelling a vehicle, which means they may fail to show up for appointments unless they are particularly urgent. This is especially true of preventative medicine appointments, such as maternity or B4 School Checks.

As a healthcare provider that is very much in touch with its community, staff at Hokianga Healthcare know which patients need to be asked whether they are able to transport themselves to the service. When patients cannot transport themselves and do not have friends or family they can rely on to do so, the can offer to transport the patient themselves. It runs a ride pool system, where volunteers use their own vehicles and time to transport patients, and are reimbursed for petrol and some extra costs by the health provider. In extreme cases, where this pool system can't meet those needs, the Trust's own vehicles (usually used for staff to travel to meet patients) may be used for this transport, but this is not common.

The trust has previously considered providing its own transport, by way of a formalised bus or shuttle system, to bring people to its service. However, it was decided that having remote clinics was a more effective way to invest its resources to meet the community needs for access to care. The Trust runs distributed services, including clinics which are run on certain days of the week in various locations around the Hokianga. This reduces the need for people to travel to centres like Rawene to access services, but there are still occasions when travel is needed – such as visits from specialists.

Access to prescriptions is a major problem. There is a complex system in place to try and ensure people are able to receive their prescriptions. Currently, prescriptions are sent with other mail to local stores or services, with the aim of getting them as close as possible to the people who need them. Without access to prescriptions, remote services are less useful.

A community van or community transport service would be very welcome by the trust. It is believed that patients would be willing to pay a small fee to use such a service.

Kaitaia Family Budgeting Services

A group discussion was held at Kaitaia Family Budgeting Service. In attendance were budgeting advisors, local social workers, and a local private transport provider. Many barriers to travel were identified for both people with disabilities and people who cannot afford to operate or maintain a vehicle. Both within Kaitaia and in the wider surrounding region, the unmet need for more journeys was described as “extreme”. For people with disabilities, it is believed that there are relatively few services available which suit their needs – including vehicles equipped to carry wheelchairs.

The Far North Link service, which is a Northland Regional Council service run by the Community, Business and Environment Centre (CBEC), is valued in the community. This service can be used for any type of journey. Within Kaitaia, the service runs as a loop around various parts of town, operating on Tuesdays and Thursdays, stopping at each location four times each day. Likewise, services that travel to larger towns are very much valued, but access is still difficult for people who cannot travel on the day those services run, or who cannot give up a whole day to travel to another town (due to timetabling restrictions). The Far North Link service, for example, covers certain routes outside of Kaitaia on particular days.

Transport difficulties contribute to a lack of attendance at school for some students. This is related to affordability issues around running a vehicle for families, or parents being unable to transport their children themselves for other reasons, such as being on home detention. Schools and childcare centres in the Kaitaia area that provide transport for students are more successful.

Social workers and transport providers go out of their way to provide transport to clients, using their personal time and vehicles to help save families money that could otherwise be spent on food or other needs. While there is a taxi in Kaitaia, it is believed to be too expensive for many people, costing approximately \$20 for a return journey to the supermarket.

People are reluctant to ask for new services or help and lack the confidence to request help or improvements. The Kaitaia Family Budgeting Service group partially attributed this to a large proportion of the population being Māori. They also agreed that either a subsidised taxi service or a scheduled service that reached a wider geographic area than what is currently offered would be very beneficial for Kaitaia.

It is believed that there is an uneven distribution of funding and resources across the Northland region, with Kerikeri having more funding and services compared to areas like Kaitaia and Hokianga. Some free services are only available in Kerikeri, and many people from Kaitaia are unable to make the journey there.

The Kaitaia Family Budgeting Service group pointed to the use of a Kaumatua and Kuia van in the northern town to Te Hapua as a model they would like to see replicated in other regions. The service, which travels once a week to take Kuia and Kaumatua from Te Hapua for shopping and other errands is considered appropriate because it is a local service, run by whanau. The group felt that if something similar could be expanded to meet other needs, it would be the most appropriate offering.

ACC transport contracted provider in Kaitaia

A local, independent, provider of transport for ACC clients has a service that takes people on journeys as far as Whangarei from Kaitaia. His service consists of vans and one sedan car. There are approximately five other similar sized independent providers in Kaitaia.

To use the service, people need to be ACC clients. They do not pay for the service, instead ACC pays providers directly. His service makes approximately four journeys per week and is responsible for three clients. Journeys are not restricted to medical appointments, and can include other services, such as shopping.

If clients need a ride, they are never turned down, and the service always finds a way to accommodate them. There is, however, significant demand for such a service from people who are not ACC clients. The driver is often asked for transport by people who know he is a transport provider, but who are not ACC clients. Because Kaitaia is a small town, people know to ask him, but he is unable to transport them if they are not ACC clients. Further difficulties in the area include a lack of knowledge about transport services, or a sense of shame or embarrassment from people who might want to use the services. Most people get to know about his service through word of mouth, and he believes people who are eligible do not necessarily know that the services are available.

While local service providers know each other, due to the size of the town, there is very little interaction between other providers across Northland. It is believed a regular forum for such providers would be useful for people to understand what is being done well and poorly.

Te Hiku Hauora General Practice Clinic

The practice manager for Te Hiku Hauora, a health organisation which includes a GP and dental clinic in Kaitaia, reported significant transport difficulties for people trying to access their services. Patients often rely on family or friends for journeys to appointments. Local footpaths are of poor quality, so older people or people using mobility scooters struggle to get themselves to appointments even if the journeys are not far. Additionally, many people live outside of the main town.

These challenges mean many people are limited in the times that they can attend medical appointments. If there are problems with the ride they are relying on, they will be late for appointments but still expect to be seen if they travel a long way to reach the doctor. The practice is aware that patients may only present when they are acutely unwell because they are not able to make the journey at other times. This has negative health outcomes, including longer healing times.

While there is a DHB shuttle running from Kaitaia to Whangarei, it does not always suit the appointment times people are given. There are a number of delivery services, including medicine deliveries, and specialists coming to the town, but there are still recognised benefits from social interactions provided when people are able to journey into their local town.

Key issues identified for patients relating to transport include social difficulties, deprivation and the ability to have a well-maintained vehicle. The state of roads in the area means wear and tear on vehicles is also exacerbated.

Currently, it is felt that providers are often picking up the tab when it comes to transport, transporting people in difficult situations out of goodwill but without appropriate funding. There are a range of journey types which are recognised by the practice as being important, including local and longer distance. The longer distance journeys from smaller settlements are considered the most complex.

3 Conclusions and Recommendations

3.1 Conclusions

In conclusion, there is widespread need for more accessible, affordable transport in Northland. The outcome of a lack of good transport means that people do not travel as much as they could or should; and/or the trips they make are unaffordable.

The statistics about people in Northland show widespread deprivation concentrated in the Far North and rural areas in Kaipara District away from Kerikeri/Bay of Islands. Deprivation is reflected in the prevalence of households with no access to a car. Transport-related disadvantage is exacerbated by high rates of disability. There are high proportions of people who cannot walk at all, or who find walking difficult, implying that there are a lot of people in Northland who require a mobility aid such as a walking frame or wheelchair to move around.

The interviews confirmed that there is widespread difficulty for people to access affordable, accessible transport in Northland. The problems are worst in remote rural areas. People have trouble accessing both local, everyday activities, and traveling farther afield for appointments at hospital, and other services in larger centres including Whangarei and Auckland. Many people cannot afford a car or and would not be able to afford a taxi service if it were available. However, there is widespread goodwill and community connectedness in Northland. A range of formal and informal transport choices exist, providing transport for people in local areas who know about and can access these services. More support for community-responsive transport choices would be welcomed by Northland communities.

3.2 Recommendations

It is recommended that Northland Regional Council work with Kaipara and Far North District Councils, and the Northland District Health Board to improve transport choices for the people in Northland who need them most. Those people include low-income people, and people with disability.

Regarding Total Mobility services, it is recommended that the existing scheme in Whangarei is continued. Many people use it successfully. However, for Total Mobility to be viable in smaller centres in the Region, it relies on having established taxi services. The cost of trips using those services is too great for many potential passengers, so taxi services are only viable in relatively affluent areas such as the Bay of Islands. In the places where the needs for transport are greatest, taxis, including Total Mobility, are not realistic options.

It is therefore recommended that Community Transport is supported with government funding in Northland, and in-person support from local government staff. Existing community transport schemes can be strengthened, and new Trusts created, if communities can rely on ongoing financial and in-person support from government. The financial support does not need to cover all the costs of running the service, but a reliable contribution can help significantly. Community Transport responds to individual community needs, so is most likely to be effective at getting people where they need to go. Financial support can help Trusts to purchase accessible vans, so that all people can be transported whether or not they have a disability.

To build on the work presented in this report and once next steps have been established, it is recommended that a Community Transport symposium be convened in Northland. At the symposium, plans to support Community Transport in the region can be shared with community groups, so that a local support network for transport providers can be established at the same time that funding begins.

The local support network could be modelled on the successful Waikato Community Transport Forum. The Waikato group meets quarterly and hosts a website with resources and information for Community Transport providers and passengers. It hosts invited speakers to help groups with logistics such as managing volunteers, establishing robust health and safety procedures, and accessing National Travel Assistance funding. It also acts as a connecting organisation between Councils and community to discuss transport-related issues. However, the greatest benefit of the Forum is for volunteers to network and support one another.

It is important to recognise that affordable, accessible Community Transport can provide more than access to essential services, such as hospital trips. Everyday travel for social reasons also supports wellbeing. The more support that Community Transport providers have, the better equipped they will be to provide all manner of travel to support peoples' wellbeing in Northland.

In summary, we recommend four actions to provide more accessible and affordable transport choice in Northland:

- 1) Continue support for Total Mobility in places where commercial taxi services already exist;
- 2) Convene a Community Transport symposium, to share this work and discuss establishment of a Community Transport Forum in Northland Region;
- 3) Create a role across Northland Regional Council and the District Health Board to facilitate the Community Transport Forum and support community groups looking to establish or grow their community transport service; and,
- 4) Establish a fund combining District Health Board and Transport investment to provide grants for community groups operating a community transport service.

These actions respond directly to the needs for affordable, accessible travel in Northland. They are considered the most direct way to support people with disabilities, as well as low-income people across Northland.

Appendix: Community Transport, the Waikato Experience

Sarah Gibb, Community Advisor, Community Waikato

August 2020

Community Transport Providers offer transport to those in need, where no other suitable public transport option exists. This could include transport for health, education or social reasons. They are a lifeline for our rural population, ensuring that people are able to continue living in rural areas, and still access the services they require.

Since 2011, community transport providers, territorial authorities, government agencies and the Waikato District Health Board have come together in a forum. The Forum exists to connect community transport providers with government agencies and transport planners, providing a voice for all and aiming to support transport that helps rural communities thrive. The forums, facilitated by Community Waikato, meet four times a year to share information, discuss good practices, create guidelines and policies and advocate for community transport provision so that people have transport options wherever they live.

The reason our communities do have the options they have now is because New Zealand is a country built on the back of volunteerism. One of the ways people volunteer is through community transport. This might look like driving people to hospital appointments or into town for shopping and social activities, caring for vehicles, being on a trust and meeting with other volunteers.

Our volunteers get as much out of being associated with community transport as the passengers do from their participation. In the Waikato Region we have 25 known community transport groups. Of those, a handful have a paid employee to coordinate the journeys. None have paid drivers. Our region covers Coromandel Peninsula, across to Te Kauwhata and Meremere in the north and down to Tokoroa and Taumarunui in the south. We are aware there are also other community transport options such as Marae running their own transport for their own people.

All of these groups have arisen from community, where one or two people have identified a need, worked with others and developed the community transport from there. Typically, the people who have set up the community transport have had a personal connection to recognising the need. Most have set up for the purpose of accessing medical appointments at Waikato Hospital in Hamilton. Someone they know has required transport and the community has rallied around to make it happen. After a while though, a coordinated effort leads to developing a Community Transport provision. For many groups, the provision goes beyond health shuttle. In Taumarunui it includes an arrangement with the local chemist and they do prescription deliveries as their community can be quite isolated. In Tairua it includes running weekend trips as a social enterprise to generate income to support the hospital type trips.

Every group is different as they are meeting the needs of THEIR community. In Te Aroha, a Red Cross service has operated for ten years, run by a local committee and coordinated by a volunteer. Earlier this year the town heard that Red Cross nationally are no longer going to provide Community Transport, deciding it won't be their core business from December 2020. In my role as Community Advisor for Community Waikato, I was invited to facilitate a public meeting to discuss what the town could do about it. There were 40 odd people in the room, predominantly over 65. Some of those people were from the existing Red Cross committee but mostly; it was a room of users, supporters and community minded people. Many of them introduced

themselves listing the different groups they were a part of. It showed that these people know how to work together and be organised.

However, there was real tension in the room and I quickly realised that these people felt let down and anxious that this resource of a health shuttle was going to go. So I asked one of the volunteer drivers "Why are you here, why do you drive?". He said "because one day I might need a ride myself". The room erupted with clapping and agreement.

Needless to say, at that meeting it was easily agreed that a new entity would be formed and Red Cross be asked to transfer the van asset to this new group. As it stands now, the constitution for the Te Aroha Community Support Inc Society is in final draft, there is a committee of 8 people and the society's main purpose is "To maintain and operate community transport services including health shuttle". Red Cross have agreed to transfer assets in January 2021.

Another example of a community meeting growing need is the North Waikato Transport Trust, based in Huntly (population about 7000) which formed in 2015 because people were not able to get to their hospital appointments in Hamilton. They are a health shuttle and in their first year of operation did 850 trips for 268 clients. By 2017 they found demand was so great, especially as requests came in for other health related trips such as eye appointments and chemist visits, that they needed a second smaller vehicle and this was grant funded. There isn't central government funding to support their initiatives, so like all Community transport initiatives in the Waikato region, they are reliant on philanthropic grants, donations and small fundraising initiatives. Their operating costs for the year, including vehicle maintenance, petrol, insurance, renting an office space, and paying a part-time coordinator, come to \$90,000.

Groups like this survive because of their community's determination to support their own. Each community transport provider needs structure to operate, a legal status that gives them opportunities to seek and hold funds, to develop systems and policies to safeguard everyone involved and a sense of community wellbeing.

In the Waikato region this comes in different forms; those communities where they govern their own charitable trust or incorporated society, or those governed by a national provider – either St John (3 communities) or Red Cross (5 communities). Saying that, Red Cross are discontinuing this but in each community there are plans for another group to keep it going. Even those supported by the large national body have their own committees that deal with the running of the organisation and service.

I am not aware of any Community Transport group that has set up, failed and had to wind up. Saying that there is huge difference in resourcing of some of the groups. We have at least two groups where volunteers use their own cars and do not have any interest in managing an organisation vehicle. In those cases, the volunteers are governed by Community Houses.

I have asked Coordinators what their challenges are, expecting the responses to be about a lack of drivers or people not ready on time for their transport. Unanimously though, the responses were all about challenges with Waikato District Health Board. Mostly in relation to the times of appointments and discharge procedures. Also, the high expectations of the hospitals on these voluntary services.

Having the Community Transport Forum has improved things. Together, we work out solutions for ourselves. An example is that Waikato Hospital was calling the Community Transport providers at any time of the day to pick up discharge patients. Talking about this issue at a Forum meeting, everyone realised this was a shared problem. Concern over driver welfare and also that of the patient who sometimes was arriving home to a dark, empty house. So collectively the providers agreed that they would say "No" to any request after 4.30pm and that a driver wouldn't leave home until there was assurance that the discharge papers for the person were ready. Discharge procedures have really improved in the last year. A WDHB person also attends these forum

meetings and does his best to help communication. The WDHB Consumer Council is also very aware of the Forum and transport is a regular theme for them.

Without a doubt, the most common issue for all the community transport providers is funding. At a national transport symposium Community Waikato hosted in November 2019, we heard from Canterbury Regional Council and Horizons Regional Council of their direct support to community transport providers.

Considering the great service our providers offer to enhance people's health and social wellbeing, groups feel unappreciated by government and tired of having to spend so much of their time fundraising and asking their local communities to fund something they feel is an essential service. As a collective group, the forum is currently engaged with a regional funder and the regional council to investigate providing some ongoing operational funding to support these groups.

For any further discussion about Community Transport in the Waikato, please contact Sarah Gibb at sarah@communitywaikato.org.nz.