

Waikato region rural community transport providers survey report

September 2012

Prepared by:
DBZ Consultancy Ltd and Greg Morton

For:
Waikato Regional Council
Private Bag 3038
Waikato Mail Centre
HAMILTON 3240

14 September 2012

Document #: 2261213

Peer reviewed by:
Emily Auton

Date 17 September 2012

Approved for release by:
Bill McMaster

Date 17 September 2012

Disclaimer

This technical report has been prepared for the use of Waikato Regional Council as a reference document and as such does not constitute Council's policy.

Council requests that if excerpts or inferences are drawn from this document for further use by individuals or organisations, due care should be taken to ensure that the appropriate context has been preserved, and is accurately reflected and referenced in any subsequent spoken or written communication.

While Waikato Regional Council has exercised all reasonable skill and care in controlling the contents of this report, Council accepts no liability in contract, tort or otherwise, for any loss, damage, injury or expense (whether direct, indirect or consequential) arising out of the provision of this information or its use by you or any other party.

Acknowledgement

The Waikato Regional Council would like to thank the report authors - Debbie Goodwin and Alicia Crocket from DBZ Consultancy, Aaron Jeffries (Waikato Regional Council) for sourcing and spatially representing information, Jenny Grace (previous role at Community Waikato), Paul Keesing (Waikato DHB), Emily Auton (Becca) and Bill McMaster (Waikato Regional Council) for their information, advice, direction and feedback on this report.

A particular thanks to the rural community transport providers' representatives who took the time to complete the survey questionnaire.

Table of Contents

Acknowledgement	i
Abstract	v
1 Introduction	1
1.1 Introduction	1
1.2 Background	1
2 Key findings for general public community transport providers	2
2.1 Summary of current community transport provision	2
2.2 Coverage of community transport providers in Waikato towns	3
2.3 Accessibility of community transport	3
2.4 Funding of community transport in the Waikato towns surveyed	4
2.5 Common concerns and opportunities identified by community transport providers	4
3 Method	5
3.1 Overall approach	5
3.2 Ethical considerations	5
3.3 Phases of the research	6
4 Results	7
4.1 Results for general public community transport providers	7
4.2 Waikato and Waipa districts sub-region	8
4.2.1 Characteristics of general public community transport providers	9
4.3 Thames-Coromandel, Hauraki and Matamata-Piako districts sub-region	15
4.4 Ōtorohanga and Waitomo districts sub-region	23
4.5 South Waikato and Taupō districts sub-region	30
4.6 Regional summary of general public community transport providers	37
4.7 Funding characteristics of general public community transport providers	39
4.8 Regional summary of member only community transport providers	40
5 Discussion	42
6 Recommendations	44
7 References	45
8 Appendices	46
8.1 Appendix A: Organisations and providers contacted to identify transport providers	46
8.2 Appendix B: Survey Questions	50
8.3 Appendix C: Information Sheet	52
8.4 Appendix D: List of minor urban and rural towns surveyed	53
8.5 Appendix E: Selection criteria for minor urban and rural areas	54
8.6 Glossary	55

List of figures

Figure 1: Overview of current population with rural and urban levels analysis	8
Figure 2: Te Awamutu Health Shuttle launch, March 2011	10
Figure 3: 65+ population distribution in Waikato and Waipa sub-region	12
Figure 4: Levels of socio-economic deprivation in Waikato and Waipa sub-region	13
Figure 5: Proportion of population on sickness / invalid benefits in Waikato and Waipa sub-region	14
Figure 6: Population of tertiary students in Waikato and Waipa sub-region	15
Figure 7: Paeroa Community Bus	18

Figure 8: 65+ population distribution in Thames-Coromandel, Hauraki and Matamata-Piako sub-region	20
Figure 9: Levels of socio-economic deprivation in Thames-Coromandel, Hauraki and Matamata-Piako sub-region	21
Figure 10: Proportion of population on sickness / invalid benefits in Thames-Coromandel, Hauraki and Matamata-Piako sub-region	22
Figure 11: Population of tertiary students in Thames-Coromandel, Hauraki and Matamata-Piako sub-region	23
Figure 12: 65+ population distribution in Ōtorohanga and Waitomo sub-region	27
Figure 13: Levels of socio-economic deprivation in Ōtorohanga and Waitomo sub-region	28
Figure 14: Proportion of population on sickness / invalid benefits in Ōtorohanga and Waitomo sub-region	29
Figure 15: Population of tertiary students in Ōtorohanga and Waitomo sub-region	30
Figure 16: 65+ population distribution in South Waikato and Taupō sub-region	34
Figure 17: Levels of socio-economic deprivation in South Waikato and Taupō sub-region	35
Figure 18: Proportion of population on sickness / invalid benefits in Ōtorohanga and Waitomo sub-region	36
Figure 19: Population of tertiary students in South Waikato and Taupō sub-region	37
Figure 20: St John Health Shuttle staff and users	42
Figure 21: Proportion of all community transport providers in each sub-region	43
Figure 22: Raglan Community Vehicle Trust Van and volunteers	43

List of tables

Table 1: Characteristics of general public community transport providers in the Waikato and Waipa districts sub-region compared with all towns surveyed	9
Table 2: Purpose and payment for general public community transport in the Waikato and Waipa sub-region compared with all towns surveyed	10
Table 3: Characteristics of general public community transport providers in the Thames-Coromandel, Hauraki and Matamata-Piako sub-region compared with all general public providers surveyed	16
Table 4: Purpose and payment for general public community transport in Thames-Coromandel, Hauraki and Matamata-Piako sub-region compared with all general public providers surveyed	17
Table 5: Characteristics of general public community transport providers in Ōtorohanga and Waitomo sub-region compared with general public providers surveyed	24
Table 6: Purpose and payment for general public community transport in Ōtorohanga and Waitomo sub-region compared with all general public providers surveyed	25
Table 7: Characteristics of general public community transport providers in South Waikato and Taupō sub-region compared with all general public providers surveyed	31
Table 8: Purpose and payment for general public community transport in South Waikato and Taupō sub-region compared with all general public providers surveyed	32
Table 9: Characteristics of general public community transport providers	38
Table 10: Purpose and payment for general public community transport providers	39
Table 11: Funding characteristics of general public community transport providers	39
Table 12: Characteristics of member only community transport providers	40
Table 13: Purpose and payment for member only community transport	41

Abstract

This report discusses research related to rural community transport providers across the Waikato region. It includes information gathered from providers and associated information on other transport options as well as the demographic and socio-economic status of residents in minor urban and rural communities across the Waikato region. A mixture of qualitative and quantitative data is used to support findings with a focus on a survey approach (quantitative) combined with three case studies (qualitative) which provided more in-depth information from a range of community transport providers.

The survey sourced information from providers related to the service purpose, type (for example, member only), accessibility (days/times and physical accessibility), funding and common concerns and opportunities identified by service providers. Community transport providers surveyed included those who provided transport to the general public (including social and community services, health providers, and training centres), and those that provided transport to their own membership groups such as RSAs and aged-care facilities. Of the 61 providers surveyed, only 36 offered transport to the general public, with the remaining 25 offering services to members only.

The community transport options for the general public identified in the survey fall into two categories – firstly, services deigned to get people from their homes to health services or training facilities (often between centres), and secondly, services that operate within a town helping residents to access social services (including health) in the town centre. Forty four percent of general public community service providers operate on a Monday to Friday basis and 42 per cent use at least one fully accessible vehicle.

The coverage of all identified community transport providers in the Waikato region is not evenly distributed: Thames-Coromandel, Hauraki and Matamata-Piako districts area (29), Waikato and Waipa districts area (15), Ōtorohanga and Waitomo districts area (7), and South Waikato and Taupō districts area (10). There appears to be a negative relationship between the number of community transport providers and high levels of socio-economic deprivation. There were four funding streams identified through the survey, with the highest portion of general public provider respondents (42 per cent) funded by a district health board.

The research found that there was great dedication, effort and passion among people and organisations, in particular small charitable organisations to provide community transport services – some over as many as 20 years. The most common concerns identified by the providers were the increasing need and the complexity of need for health services in particular. Providers in small towns talked of increasing levels of isolation because of the lack of amenities available in these towns.

The research recommendations include that the general public community transport problem be clearly defined, and that a wider regional analysis be undertaken to investigate area(s) of focus for future community transport development according to level of need, deprivation, geographic location and population.

Executive summary

This survey was undertaken to provide a stock-take of community transport provision in the Waikato region, focusing on twenty-three rural and minor urban towns identified by the Waikato Regional Council, however other Waikato towns are also included in this report.

Sixty-one phone surveys with community transport providers were completed, however only 36 of these providers offered transport to the general public. The remaining 25 providers offered transport to members only.

The most common type of general public community transport provider are small, well established local charitable trusts / community groups, that own two or three vehicles. By far the largest majority of providers identify the purpose of their transport is exclusively health-related, or is multi-purpose transport that includes health-related transport. Two-thirds of the providers are local charitable trusts / community groups, and one in five providers are local health centres.

Forty-four percent of community transport providers for the general public operate on a Monday to Friday basis. There are only 42 per cent of providers who offer services seven days a week. Community transport providers in rural and minor urban centres in the Waikato region are reasonably accessible for people with disabilities. Forty-two percent of all general public community transport providers use at least one fully accessible vehicle i.e. a person can be transported in a wheelchair.

There were four streams of funding identified in this survey, however one-quarter of all providers surveyed were unsure or refused to identify their funding streams. The highest proportion of providers for general public community transport was funded by a District Health Board (DHB). Other funding sources for these providers included central government funded transport, self-funded (non specific funding), and donations.

The coverage of all identified community transport in the Waikato region was not evenly distributed in the twenty-three sample rural and minor urban towns. There are southern towns and some of the northern towns of the Waikato region (Putaruru, Bennydale, Turangi, Mangakino, Te Kauwhata, Huntly, Raglan, Waihi, and Kawhia) where there are only one or two providers. Tirau was found to have no community transport providers. Te Kuiti also had limited transportation options compared to its population and its high level of socio-economic deprivation. The limited community transport for these towns and surrounding areas is particularly problematic given the high levels of deprivation in most of these areas.

Common concerns highlighted by the community transport providers surveyed were the increasing need for health transport and the increasing levels of isolation and challenges for people to access essential amenities and services. Furthermore, providers highlighted the limited funding options that were available. Opportunities identified by providers included greater support from Council, more awareness of transport options in the area and mobile doctors.

The following recommendations were made for areas of further investigation:

1. Clearly identify and define the general public community transport problem to be addressed in the region, (for example: Is it coordination, access, provision, user uptake?) and what roles organisations and communities have in assisting.
2. The scope of this survey was limited to identifying the characteristics of transport providers and community transport provision in the Waikato region. It did not investigate any existing barriers to uptake of transport apart from number of providers in an area. For example, there were providers in the Thames-Coromandel district that do not believe their service is well utilised. It

would be beneficial to identify what barriers exist that limit transport uptake from a service user / potential service user perspective.

3. Some areas have transport providers who coordinate and run their services in a more organised manner. An area for future research could be to identify which areas have particularly efficient services and investigate in-depth with them about how they are efficient and whether the principles could be applied to other areas.
4. Another area for investigation could be looking at the opportunities for leveraging transport options from current transport providers who already have vehicle pools or an interest in collaborating services. This investigation could also be extended to other community transport provider groups not included in this survey.
5. This study identified a possible link between the number of providers and the socio-economic deprivation in an area, that is, there appears to be less community transport provision in some areas which have higher deprivation. This correlates with the findings from the 2011 Transport Disadvantaged Study¹, which identified areas of high deprivation as being transport disadvantaged. Further investigation is needed in these areas of high socio-economic deprivation that are transport disadvantaged to identify and prioritise the need in these communities.
6. A wider regional analysis is recommended to investigate area(s) of focus for future community transport development according to level of need, deprivation, geographic location and population.

¹ Waikato Regional Council. 2011. A study into transport disadvantaged in the Waikato region

1 Introduction

1.1 Introduction

The Waikato Regional Council commissioned DBZ Consultancy Ltd to undertake this regional community transport service providers' survey. The purpose of the survey was to gather data from community service providers in minor urban and rural areas to provide a regional stock-take of current community transport services.

The survey identifies and analyses service providers' purposes, transport operations and funding matters. This survey data is combined with other relevant Waikato Regional Council and Statistics NZ data and spatially represented where possible within the report to communicate the key findings and support further planning and discussion.

The survey excluded school transport, scheduled public transport, Total Mobility and commercial transport services providers.

The report begins by providing background on the regional transport system, and public transport and community transport as two key components of this. Waikato Regional Council's role in relation to public transport services provision is outlined. Following this, a summary of key survey findings is presented. The research methodology is described and then the survey results outlined and represented. Results about the number of general public community transport providers, their purposes and transport operations are presented according to the four sub-regions within the Waikato region identified within the Waikato Regional Land Transport Strategy 2011-2041 (Waikato RLTS):

- Waikato and Waipa districts sub-region (Hamilton City district excluded);
- Thames-Coromandel, Hauraki and Matamata-Piako districts sub-region
- South Waikato and Taupō districts sub-region
- Ōtorohanga and Waitomo districts sub-region.

This approach to results reporting reflects a need for confidentiality and to align reporting with the structure of the Waikato RLTS. A regional summary of these results by sub-region is also included. The results about funding information and member-only community transport services are presented for the whole of the Waikato region. Finally, there is a discussion about the overall survey results prior to the concluding narrative and recommendations.

1.2 Background

The national and regional land transport system

Transport refers to the means by which people gain physical access (admittance) to the goods, services and activities they need for their livelihoods and wellbeing. These places include workplaces, shops and markets, educational facilities, health facilities, leisure and sport facilities, meeting places, places of worship, and so on. An essential feature of transport is that it enables people to be mobile (NZ Transport Agency, 2012). The transport system is complex and has both social and physical dimensions.

The significant features of New Zealand's rural (and to lesser extent minor urban) areas that influence transport services are their low populations, low settlement densities, and predominance of employment in the primary sector, especially close to home. The high proportion of households in New Zealand (88 per cent) that have access to a motor vehicle (Statistics NZ, 2006) in part reflects this. These characteristics also apply to the Waikato region.

An efficient, effective and safe land transport system is important to the Waikato region (Waikato Regional Council, 2011). Community transport services sit alongside walking and cycling, public transport services, education transport services, dedicated health transport services, commercial transport services, private motor vehicles, and so on as a component of this system.

Waikato Regional Council's current role

Waikato Regional Council is the contracted provider of public transport services in the Waikato region. Waikato Regional Council also administers the Total Mobility scheme which operates in particular urban centres (Hamilton, Tokoroa, and Taupō) within the region.

The Waikato Regional Public Transport Plan 2011-2021 is a statutory document prepared by Waikato Regional Council under the provision of the Public Transport Management Act (PTMA) 2008. The purpose of this plan is to specify how the council intends to give effect to the public transport components of the Waikato Regional Land Transport Strategy 2011-2041 and meet the objectives of the PTMA in an efficient and effective manner. The plan contains the policies and actions put in place to support the strategic direction established for public transport.

This community transport providers' survey follows on from the Waikato Regional Council's Transport Disadvantaged Study which was completed in 2010 to support development of the Waikato Regional Public Transport Plan 2011-2021. The purpose of the providers' survey is to provide information on current community transport service provision across the Waikato region.

2 Key findings for general public community transport providers

2.1 Summary of current community transport provision

Community transport providers in this stock-take included those who provided transport to the general public (including social and community services, health providers who had an enrolled population and training centres), and those that provided transport to their own membership groups such as RSAs and aged-care residential homes. Some of these groups provided services to both general public and members.

The transport options for general public identified in this survey tend to fall into one of two categories. The first and largest category, is transport that is designed to get people from their homes to hospital appointments or training establishments, with little or no deviation to this basic purpose. The second category of transport operates almost completely within the town it is based, helping people in the community access the town centre and/or local medical services. The Thames-Coromandel, Hauraki and Matamata-Piako districts sub-region is the only area where transport is provided for non-health purposes between small towns (e.g shopping). Most of the providers offering transport within the town they operate in typically have no regular or specific route, but go wherever their passengers need them to go.

There are three national non-government organisations (NGOs) that act as providers such as St John and Red Cross, however the main role of these regional organisations are as funder to the local community groups that provide and coordinate the transport service.

2.2 Coverage of community transport providers in Waikato towns

Districts have between one and nine providers for general public community transport. There are several key towns (Putaruru, Bennydale, Turangi, Mangakino, Te Kauwhata, Huntly, Raglan, Waihi, and Kawhia) where there are only one or two providers. Tirau was found to have no community transport providers. In the South Waikato district area, in particular there is some crossover, with providers operating in districts outside of where they are based e.g. Te Kuiti-based providers covering Tokoroa. Interestingly, it is mainly the southern towns of the Waikato region, with high levels of socio-economic deprivation (Putaruru, Ōtorohanga, Bennydale, Te Kuiti and Turangi areas), and some northern towns that have limited community transport options for the general public. The limited community transport for the southern districts is particularly problematic given the high levels of deprivation in these areas.

Some areas are likely to have transport providers that transport people out of the Waikato region because of where the nearest main centre is located and where the DHB region boundaries lie. The main areas where this occurs are North Waikato (Auckland), Thames-Coromandel (Auckland and Tauranga), South Waikato and Taupō (Rotorua).

The four community providers who offer transport for training purposes transport 1110 passengers each week. This equates to 53 per cent of the total numbers of passengers transported each week in the Waikato region by general public community transport providers.

2.3 Accessibility of community transport

For the purposes of this survey, we investigated accessibility in terms of the days and times services were available and whether they were accessible for people with disabilities. There are many other aspects that contribute to the accessibility of a service such as affordability, knowing about the service, timeliness of the service, the ease with which one is able to book the service and how comfortable they feel using it. This survey did not ask questions of service users, or potential service users, about barriers to utilising the community transport options available. This is an area requiring further investigation.

Forty-four percent of community transport providers for the general public operate on a Monday to Friday basis. There are only 42 per cent of providers who offer services seven days a week. However, half of these providers only offered weekend services on an as required basis, rather than a regular occurrence. The remaining 14 per cent operate only on certain days of the week, for example, the service operates three times a week or from Thursday to Sunday. There are only two providers that have pick up points rather than a door-to-door service. This suggests that services are relatively easy to access because people do not have to go to pick up points.

Community transport providers in rural and minor urban centres in the Waikato region are reasonably accessible for people with disabilities. Forty-two percent of all community transport providers for the general public use at least one fully accessible vehicle i.e. a person can be transported in a wheelchair. There is an additional 36 per cent of providers which have vehicles that are somewhat (wheelchair) accessible i.e. they can accommodate a folded up wheelchair or a zimmer frame, but they are unable to transport people while they are in their wheelchair. Only 22 per cent of vehicles were not at all accessible for people with disabilities. The Ōtorohanga and Turangi-based providers do not have any fully accessible vehicles, but there are vehicles that can accommodate a folded wheelchair or a zimmer frame.

2.4 Funding of community transport in the Waikato towns surveyed

The funding information provided in the survey was somewhat incomplete with 25% of providers refusing to answer or reporting that they were unsure of their funding streams. Similarly, 52 per cent of providers surveyed refused or were unsure of the cost of their operation.

Based on the survey information collected, a fully funded service, operating daily with one or two vehicles costs approximately \$10,000 - \$30,000 per annum to operate. If drivers are paid and there are vehicle running expenses the cost will be closer to \$30,000, whereas if the drivers are volunteers it is more likely able to operate for \$10,000.

There were four streams of funding identified in this survey: DHB, central government (e.g. Tertiary Education Commission), self-funded (non specific funding), and donations. The highest proportion of providers for the general public community transport options were funded by a DHB (42 per cent) followed by survey participants who were unsure of their funding streams (22 per cent). The Waikato DHB funded providers who exclusively offered health transport but did not fund many providers that offered multipurpose transport that included health-related transport. Furthermore, a number of providers who are funded by a DHB reported being unsure about whether they were allowed to ask for additional funding through voluntary donations.

Of those providers who told us about their funding streams, only one district (Waipa) did not have providers funded by a DHB. It is important to note that Cambridge is not included in this survey (see Appendix E Selection criteria for rural and minor urban areas). Several districts had more than one DHB funded provider, namely Waikato district (four providers), Hauraki (two providers) and Thames-Coromandel (three providers). In contrast the other districts only had one provider with DHB funding. In the Waikato district area one provider was funded by Counties Manukau DHB, whereas the others were funded by Waikato DHB.

2.5 Common concerns and opportunities identified by community transport providers

The concern most commonly identified by transport providers was the increasing complexity and need for health transport and the limited funding that is available. Several providers noted the increase in dialysis patients, who require multiple trips each week to the hospital. Several providers noted that better communication between the hospital and the transport provider when planning discharges would allow for a better service for the passenger.

Another common theme was the non-alignment of scheduled public transport options with hospital appointments. Scheduled public transport services were not regularly spaced throughout the day i.e. only a morning and an evening bus service. This can be an issue, particularly for older adults, because they may not be able to be on site at the hospital all day or they are not able to get to the bus stop early in the morning.

A recurring theme for many areas is the limited services and amenities in the smaller rural towns. Providers reported limited shopping and medical facilities in the many of the towns surveyed, creating the need to travel between towns to buy items like clothes or attend medical appointments. However, there are very few suitable transportation options available, such as regular or community public transport, to transport people within or between smaller towns.

Finally, several providers identified that the pool of volunteer drivers is becoming smaller and less able. Some providers reported that volunteers are not willing to travel

on state highways and that the carpark building at the hospital was challenging for them to negotiate. Some providers were also concerned about the safety of their driver if there was a medical emergency for a passenger or an instance of aggression. Some providers were ensuring that there were two volunteers for every vehicle which increases the number of volunteer drivers needed.

Most providers answered 'don't know' to a question about opportunities. Furthermore, opportunities identified by providers were very similar to the concerns that were identified. Of those few providers who suggested opportunities, the main opportunity was that more funding should be available to provide community transport. Additional suggestions were that there be more promotion and awareness raised about what community transport is available and that a mobile doctor service should be started.

3 Method

3.1 Overall approach

This research used a mixed methods approach, combining both qualitative and quantitative inquiry. We used a survey approach which largely gathered quantitative data alongside case studies, which provided more in-depth information about a range of transport scenarios.

The research had a staged approach with sequential steps of: i) survey development and piloting ii) sampling and phone interviewing/case study interviews and iii) data analysis and data provision (for geocoding).

Snowball sampling was used to identify names of community transport providers within each town. Snowballing – also known as chain referral sampling – is considered a type of purposive sampling. In this method, participants or informants with whom contact has already been made use their social networks to refer the researcher to other people/groups who could potentially participate in or contribute to the study. The process utilised in this study began with initial contacts (what was already known of community transport service providers, through networks, Waikato DHB contact lists, regional and local council contacts, community provider contact lists) and an NGO database internet search using the Webhealth health and social services database. Key community “knowledge bases” such as information centres, citizen advice bureaus, councils, aged persons services, and /or local health providers were also contacted for referral to community transport options to ensure extensive coverage across each community. This led on to contacting and interviewing actual transport providers and a point of saturation often occurred with organisations referring back to the same ones. See Appendix A for the list of organisations that were contacted.

The surveys were undertaken by phone and a range of questions were asked (refer Appendix B for survey questions). These are covered in the section below.

3.2 Ethical considerations

The ethical risk for this research was low. However, an information sheet was developed outlining how the information the participants contributed was to be used (see Appendix C). The information sheet outlined how the information would be used in the report and that it would be publicly available. This information was repeated at the beginning of the phone survey to ensure participants were aware of what information would be released. It was made clear to the participants in both the information sheet and at the beginning of the phone interview that they could refuse to answer any questions without being disadvantaged in any way.

The only questions of a potentially sensitive nature were the questions about funding streams, contracts and cost of operation. Answers to these questions have been summarised and reported to ensure that no providers are identifiable.

3.3 Phases of the research

The first phase of survey development and piloting incorporated the following steps:

- Survey questions were developed to identify: purpose of the provider and the community transport service, the number of vehicles operating, frequency of operation, length of time in operation, wheelchair accessible transport, paid or volunteer drivers, geographic coverage area, core service users, cost of operation, funding source(s) including user component if any, district and other associated roles. Questions about concerns and enabling opportunities in the service or community were also asked.
- Feedback was sought from Waikato Regional Council on pilot survey questions before pilot surveys were completed.
- One Hamilton and one rural-based provider completed the pilot survey. Results were compared and discussed by the research team then the pilot survey and results were presented to Waikato Regional Council. There were some minor wording changes as a result of the pilot survey.

The second phase was the survey implementation phase. In this phase, the following steps were taken:

- A list of community transport providers to contact in the community was developed, which including key community knowledge bases. This included initially reviewing community databases, phoning key community organisations and sourcing knowledge of community transport providers prior to requesting a phone interview. Furthermore, key community “knowledge bases” such as information centres, citizen advice bureaus, aged persons services, and /or local health providers were contacted for referral to community transport providers to ensure core coverage across each community.
- Overall 169 different organisations and contacts were phoned in this phase inclusive of the 61 providers that were surveyed. 108 organisations and contacts did not provide regular, organised transport services within the sample towns or were called for information only (see Appendix A).
- Phone surveys were completed with community transport providers covering a sample of rural and minor urban areas (see Appendix D) based upon agreed key selection criteria (see Appendix E)
- Providers in other towns were also included in some instances where transport was located during the survey process.
- Data from phone interviews was recorded in a Microsoft Excel spreadsheet, using systematic responses / codes, as well as open ended ones (where applicable).
- Case study phone interviews were completed with three providers that represented different aspects of community transport provision in the Waikato region. Sampling for case studies was a purposive sample identified by the researchers and the Waikato Regional Council.

Phase three was the data analysis phase. In this phase the following activities took place:

- The data was analysed by whether the users were general public or members only and by sub-region and trends identified.
- The data was combined across four regional localities according to the Waikato Regional Council Regional Land Transport Strategy 2011-2041 i.e Waikato, Waipa and Hamilton City sub-region (Waikato and Waipa districts - excluding Hamilton city in this survey); Thames-Coromandel, Hauraki and Matamata-Piako sub-region; South Waikato and Taupō sub-region; Ōtorohanga and Waitomo sub-region
 - Note: The funding information was not divided by sub-region to maintain confidentiality for participants.
- The notes from the case study interviews were used to draft a short profile of each chosen provider. The case study was then sent back to the provider to

review. The final case study was offered back to the provider to keep for their use.

- Information was collated and provided to the GIS team at Waikato Regional Council providing the address of providers, and where possible routes, catchment areas, regular destinations, outer boundaries. Many providers did not have regular routes within towns, they went where their passengers needed them to go. This created limitations in what could be mapped by the GIS team.

4 Results

4.1 Results for general public community transport providers

Of the 61 providers surveyed, 36 providers offered general public community transport services, with a further 25 providing services for members only. Sections 4.2 – 4.7 present the results for the 36 community transport providers who cater to the general public unless otherwise stated. The results are presented according to the four sub-regions that make up the Waikato Regional Council region (Waikato region) and conclude with a regional summary table by sub-region. Section 4.7 presents a regional summary of the funding characteristics of general public community transport providers. Section 4.8 presents the regional results for the 25 member only community transport providers.

In each section, tables outline the characteristics of the community transport providers. These characteristics were identified by specific questions in the survey (see Appendix B).

Figure 1 spatially represents the current Waikato region population with rural and urban settlements identified.

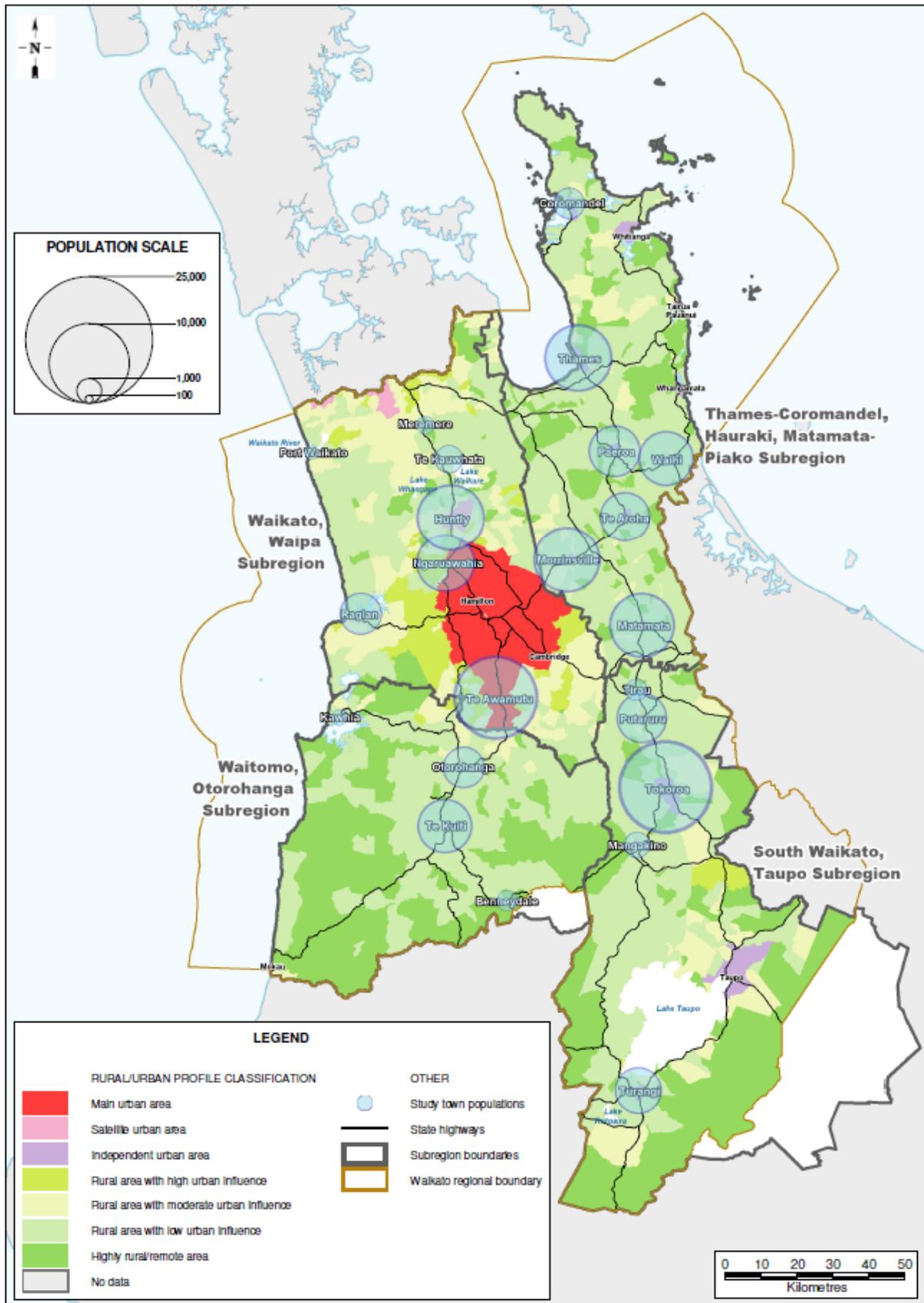


Figure 1: Overview of current population with rural and urban levels analysis

4.2 Waikato and Waipa districts sub-region

The Waikato and Waipa sub-region is made up of the Waikato, Waipa and Hamilton districts. The Hamilton area was excluded from this profile at the request of the Waikato Regional Council because there is an existing comprehensive public transport system and it is the region's main urban centre. The main towns surveyed in this sub-

region were Huntly, Ngaruawahia, Raglan, Port Waikato, Meremere, Te Kauwhata and Te Awamutu. Cambridge was excluded from this study because it has regular scheduled public transport services, is in close proximity to Hamilton and has a population of more than 15,000 people.

The Waikato and Waipa territorial authorities had populations of 45,400 and 43,700 respectively in 2006 making them the largest areas apart from Hamilton city². There is substantial contrast between the socio-economic deprivation in these two districts with 26 per cent of the population in the Waikato district who live in an area with a NZDep decile of 9 or 10 suggesting high levels of deprivation³. In contrast the Waipa district has only seven per cent of the population living in an area with a socio-economic deprivation score of 9 or 10. The Waikato district has some crossover with Counties Manukau DHB therefore there is a natural pull from the small towns in the Waikato district to Auckland towns to access healthcare, employment and amenities.

4.2.1 Characteristics of general public community transport providers

Tables 1 and 2 outline the main characteristics of transport providers and provision in the Waikato and Waipa districts sub-region.

Table 1: Characteristics of general public community transport providers in the Waikato and Waipa districts sub-region compared with all towns surveyed

	Waikato and Waipa districts	All general public providers surveyed
Population	89,100 ⁴	240,200
Number of providers	8	36
Type of provider		
- Local charitable trusts / community groups (number)	50% (4)	64% (23)
- Health centres (number)	38% (3)	19% (7)
- Other (number)	12% (1)	17% (6)
In operation for over four years	75%	86%
Door-to-door services	100%	94%
Days of operation		
- Monday – Friday	75%	44%
- Seven days	25%	42%
- Particular days only	-	14%
Accessibility of vehicles for people with disabilities		
- Fully accessible	38% ⁵	42%
- Accessible but no wheelchair access	38% ⁵	36%
- Not accessible	25% ⁵	22%
Vehicles owned rather than leased	75%	86%
Number of provider vehicles ⁶	12	84
Number of volunteer vehicles ⁷	45	126
Number of seats (volunteer and provider vehicles)	213	1034
Number of passengers per week (volunteer and	405 ⁸	2098

² Statistics New Zealand. 2012. Census 2006

³ Ministry of Health 2012. NZDep2006 Index of deprivation. <http://www.health.govt.nz/publication/nzdep2006-index-deprivation> [accessed Jan 2012]

⁴ This population total does not include Hamilton City or Franklin District

⁵ Some rows in this and other tables do not total 100% because of rounding.

⁶ Provider vehicles are those used for general public community transport that are owned or leased by the provider. Vehicles can be cars, vans or buses.

⁷ Volunteer vehicles are those used for general public community transport that are privately owned by the volunteer who is driving.

provider vehicles)		
--------------------	--	--

Table 2: Purpose and payment for general public community transport in the Waikato and Waipa sub-region compared with all towns surveyed

	Waikato and Waipa districts	All general public providers surveyed
Purpose of transport		
- Health only	63%	53%
- Training only	12%	8%
- Recreation only	-	3%
- Shopping	-	3%
- Multi-purpose including health	25%	31%
- Multi-purpose excluding health	-	3%
Payment for services		
- Service free	50%	28%
- Donation suggested	50%	64%
- Payment compulsory	-	8%
Driver status		
- Volunteer	38%	47%
- Reimbursed petrol	25%	22%
- Paid	38%	31%

There are eight providers in the Waikato and Waipa districts sub-region offering transport to the general public (see section 4.8 for member only community transport providers' data for this sub-region). Of the services available to the general public, one of these providers is based in Pukekohe and is funded by Counties Manukau DHB but does offer transport in and around towns within the Waikato region.

Towns⁹ covered by general public community transport providers in the Waikato and Waipa district sub-region are: *Port Waikato*, *Tuakau*, *Meremere* (two providers), *Waitetuna*, *Taupiri*, *Ohinewai*, *Te Kauwhata*, *Huntly* (two providers), *Ngaruawahia* (three providers), *Te Mata*, *Raglan*, *Te Uku*, *Te Awamutu* (two providers) and *Kihikihi*.

Compared to all towns surveyed, there is a higher proportion (63 per cent compared to 53 per cent) of providers focusing exclusively on health transport in the Waikato and Waipa sub-region and a higher proportion of providers offering free services (50 per cent compared with 28 per cent). The Waikato and Waipa sub-region has minimal transport available on the weekend with only two providers (both in the Waikato districts) offering services seven days a week.

There are some differences between the transport provision in these two districts. There are six providers in the Waikato district compared with two provider in the Waipa. The Waikato district has higher levels of socio-economic deprivation compared with Waipa and is geographically more spread. This finding is different to the rest of the Waikato region, where the areas of highest deprivation had the lowest level of transport provision. However, it is important to note that we did not survey the main town in the Waipa district (Cambridge) so we



Figure 2: Te Awamutu Health Shuttle launch, March 2011

⁸ Includes 220 training passengers each week

⁹ Italicised towns are those in the original sample for this survey (see section 3.3)

may have an incomplete picture of the transport provision in the Waipa district.

There are 45 volunteer vehicles from one transport provider. These volunteer vehicles make up the majority of the community transport seats available in this district. The collective population of the Waipa and the Waikato territorial authorities is the largest in the Waikato region (with the exception of Hamilton), however, the number of passengers transported each week is the second to lowest. The combined population of this sub-region is 37 per cent of the total Waikato rural and minor urban population, and only provides for 19 per cent of the passengers transported per week. This disparity between population size and number of passengers suggests that there may not be enough transport capacity in the area.

The community transport options in the Waipa district are exclusively for health or training. Similar to other areas, having a training provider in the area significantly increases the numbers of passengers being transported each week because training providers consistently transport the largest number of passengers. In the Waikato and Waipa district, training accounts for 54 per cent of the passengers transported each week.

4.2.1.1 Concerns and opportunities identified by general public community transport providers

The main concern identified by providers in this area is that transport is lacking for access to supermarkets and other essential services particularly in some towns e.g. Meremere. The lack of transport is causing increased social isolation for many people.

Providers identified increased need for health transport, but acknowledged that there is limited funding and a limited pool of willing and able volunteers. Providers noted that, in particular, taking dialysis patients to hospital three times a week is a significant commitment for the volunteer drivers, requiring two trips to and from the hospital in one day to accommodate these patients.

Providers identified that some places did have a scheduled public transport service with Hamilton (and thus Waikato Hospital) of two or more buses. However, these providers identified that this public transport does not align with hospital appointment times. Furthermore, many people attending outpatient appointments are too unwell, have limited mobility or have medical equipment that precludes them from using the public transport.

Opportunities identified by providers in the Waikato and Waipa districts sub-region were the need for more funding to expand the services and the need for more volunteers.

4.2.1.2 Geospatial mapping of Waikato and Waipa districts sub-region

Figures 3, 4, 5 and 6 offer a spatial representation of the characteristics of the Waikato and Waipa districts sub-region and the general public community transport that is offered in that region.

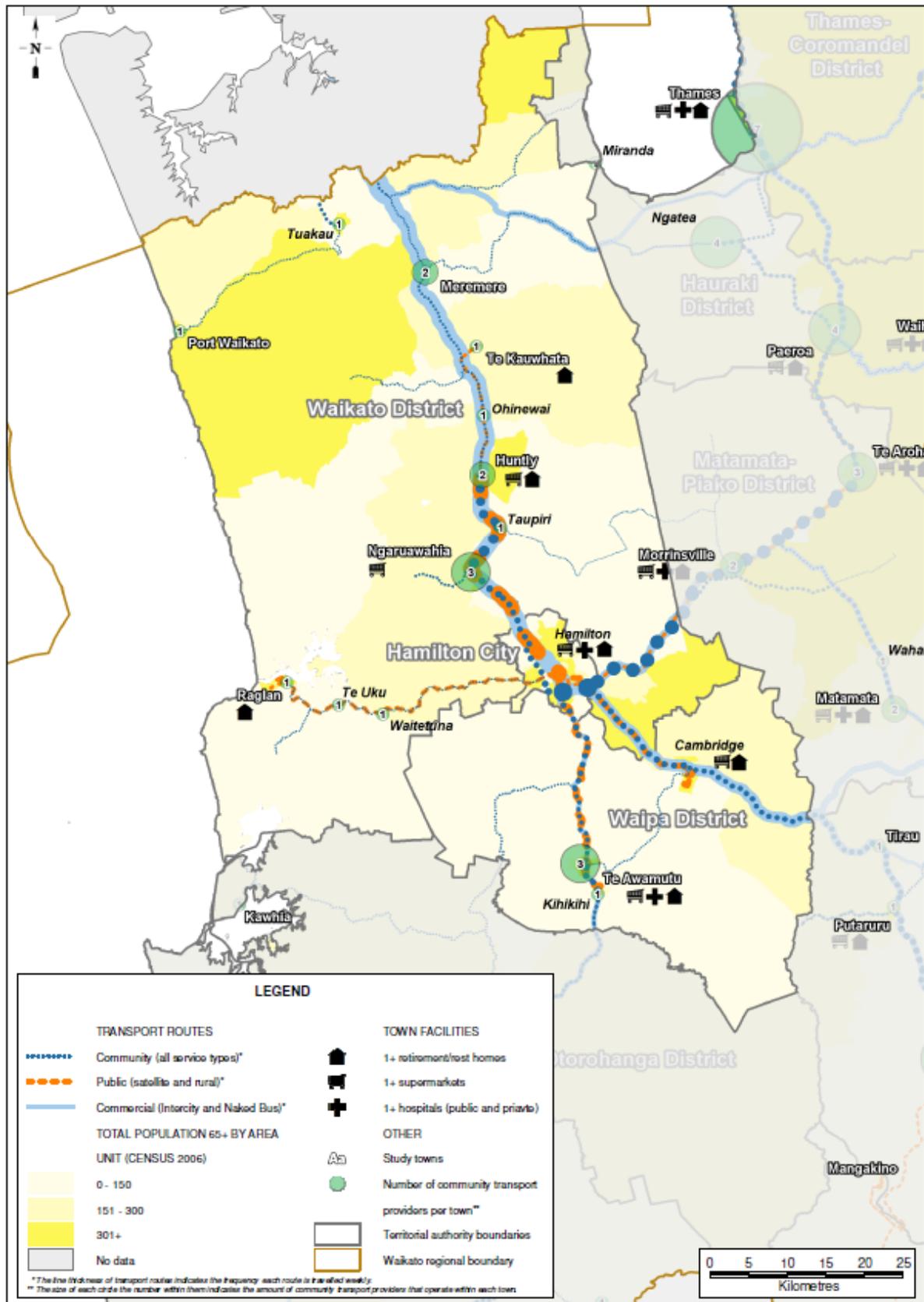


Figure 3: 65+ population distribution in Waikato and Waipa sub-region

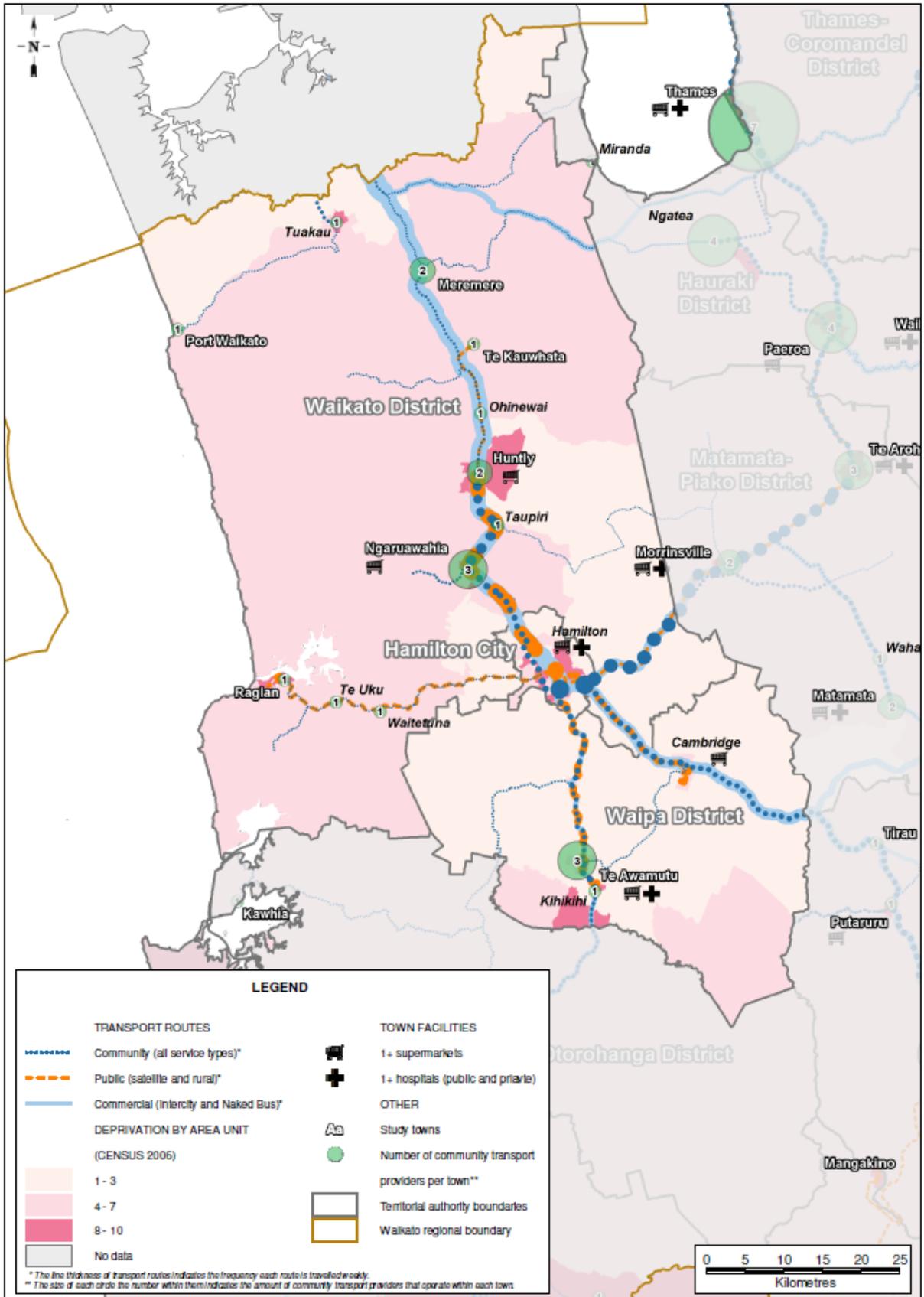


Figure 4: Levels of socio-economic deprivation in Waikato and Waipa sub-region

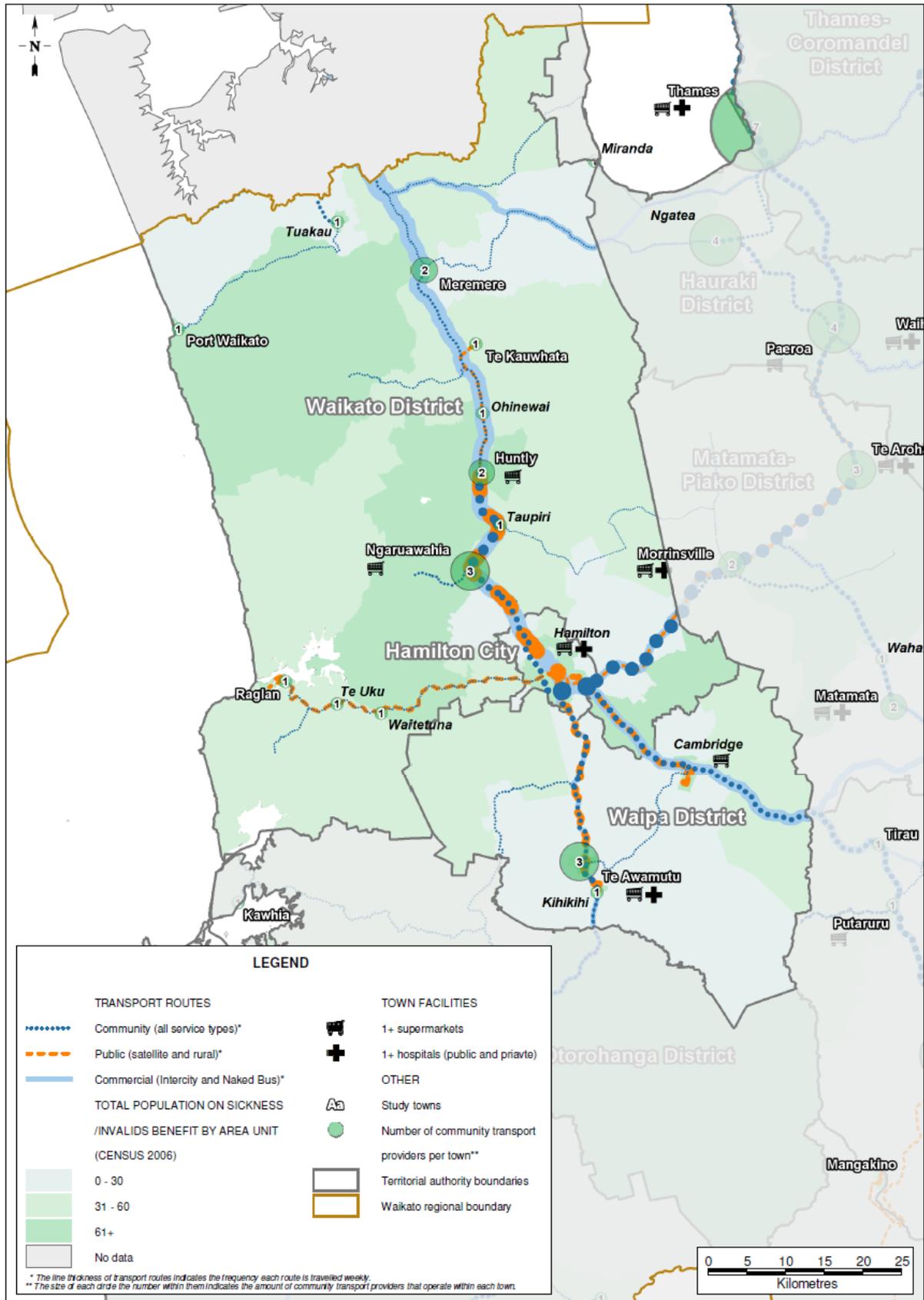


Figure 5: Proportion of population on sickness / invalid benefits in Waikato and Waipa sub-region

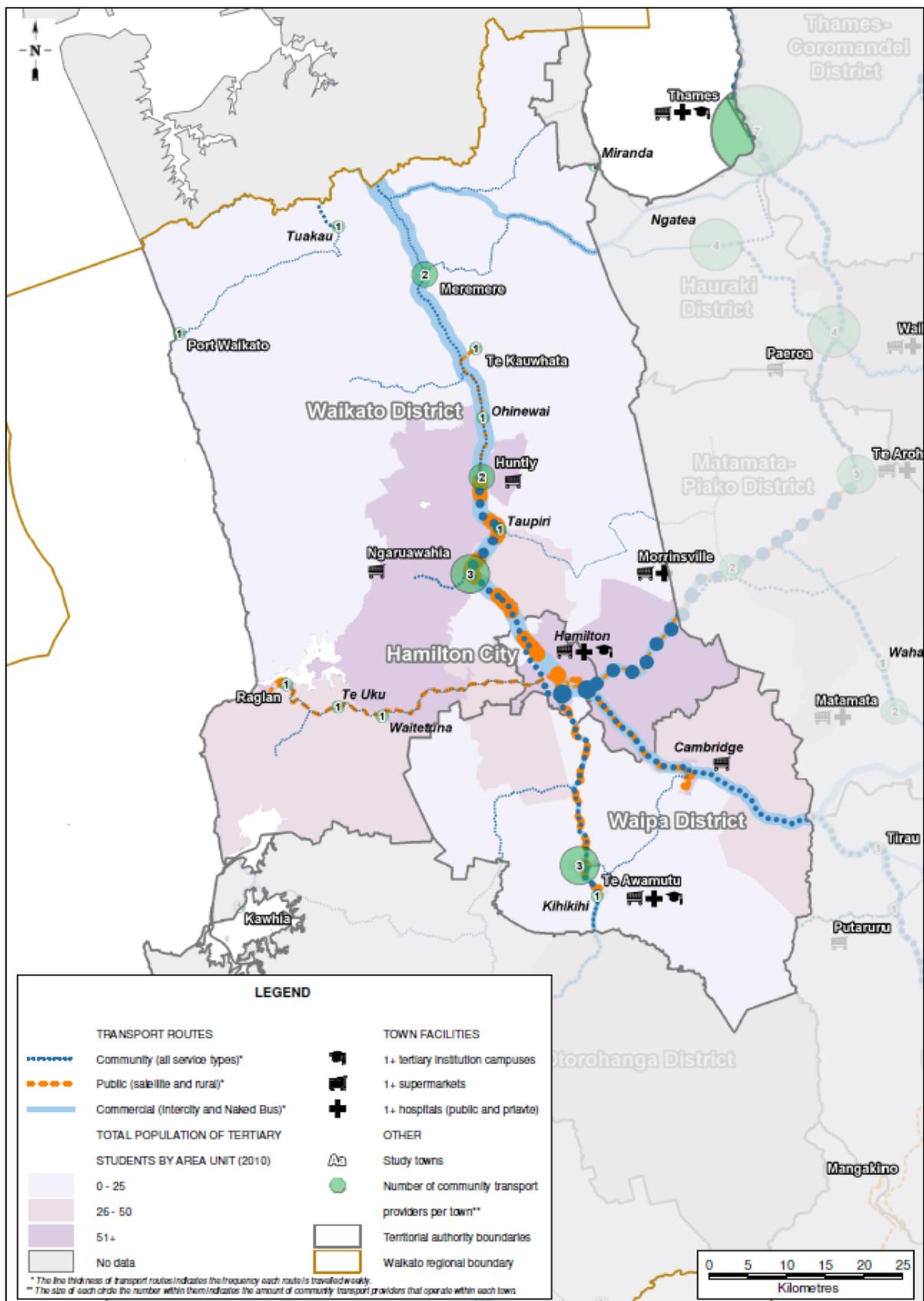


Figure 6: Population of tertiary students in Waikato and Waipa sub-region

4.3 Thames-Coromandel, Hauraki and Matamata-Piako districts sub-region

This sub-region is made up of the districts of Thames-Coromandel, Hauraki and Matamata-Piako. In 2006 the populations of Thames-Coromandel, Hauraki and

Matamata-Piako were 26,700, 17,600 and 31,200 respectively¹⁰. There are differences in the NZDep scores of these three districts. Thames-Coromandel and Matamata-Piako have lower levels of socio-economic deprivation (only 16% and 11% respectively of their population live in an area with a NZDep score of 9 or 10). In contrast, Hauraki has 31 per cent of its population living in an area with a NZDep score of 9 or 10¹¹.

The main towns in this sub-region are: Whitianga, Pauanui, Whangamata, Coromandel, Thames, Matamata, Morrinsville, Te Aroha, Paeroa and Waihi.

4.3.1.1 Characteristics of general public community transport providers

Tables 3 and 4 outline the key characteristics of community transport in the Thames-Coromandel, Hauraki and Matamata-Piako sub-region.

Table 3: Characteristics of general public community transport providers in the Thames-Coromandel, Hauraki and Matamata-Piako sub-region compared with all general public providers surveyed

	Thames – Coromandel, Hauraki and Matamata – Piako sub-region	All general public providers surveyed
Population	75,500	240,200
Number of providers	18	36
Type of provider		
- Local charitable trusts / community groups (number)	72% (13)	64% (23)
- Health centre (number)	17% (3)	19% (7)
- Other (number)	11% (2)	17% (6)
In operation for over four years	83%	86%
Door-to-door services	94%	94%
Days of operation		
- Monday – Friday	50%	44%
- Seven days	39%	42%
- Particular days only	11%	14%
Accessibility of vehicles for people with disabilities		
- Fully accessible	44%	42%
- Accessible but no wheelchair access	28%	36%
- Not accessible	28%	22%
Vehicles owned rather than leased	83%	86%
Number of provider vehicles	24	84
Number of volunteer vehicles	54	126
Number of seats (volunteer and provider vehicles)	424	1034
Number of passengers per week (volunteer and provider vehicles)	593 ¹²	2098

¹⁰ Statistics New Zealand. 2012. Census 2006

¹¹ Ministry of Health 2012. NZDep2006 Index of deprivation. <http://www.health.govt.nz/publication/nzdep2006-index-deprivation> [accessed Jan 2012]

¹² Includes 215 passengers transported for training purposes

Table 4: Purpose and payment for general public community transport in Thames-Coromandel, Hauraki and Matamata-Piako sub-region compared with all general public providers surveyed

	Thames-Coromandel, Hauraki and Matamata-Piako sub-region.	All general public providers surveyed
Purpose of transport		
- Health only	50%	53%
- Training only	11%	8%
- Recreation only	-	3%
- Shopping only	6%	3%
- Multi-purpose including health	33%	31%
- Multi-purpose excluding health	-	3%
Payment for services		
- Service free	22%	28%
- Donation suggested	72%	64%
- Payment compulsory	6%	8%
Driver status		
- Volunteer	56%	47%
- Reimbursed petrol	28%	22%
- Paid	17%	31%

There are 18 transport providers in this sub-region which equates to 50 per cent of all community transport providers in the Waikato available to the public (see section 4.8 for member only community transport providers' data for this sub-region). The majority of the providers are in the Thames-Coromandel and Matamata-Piako districts (nine and six respectively) whereas Hauraki only has three providers.

Given the relatively high levels of socio-economic deprivation in the Hauraki district compared with Thames-Coromandel and Matamata-Piako it is important to note the disparity in number of community transport providers. However, the high number of providers in Thames-Coromandel in particular may reflect that the Coromandel is geographically isolated, has a high ageing population and is further away from Hamilton compared to most other districts.

Towns¹³ covered by the general public providers in this sub-region are: *Coromandel town*, Kennedy Bay, Colville, Whitianga (three providers), Matarangi, Kuaotunu, Tairua and Pauanui, *Thames* (seven providers), *Paeroa* (four providers), *Te Aroha* (three providers), *Waihi*, Ngatea (four providers), Miranda, *Morrinsville* (two providers), *Matamata* (two providers), Waharoa, Tainui tribal areas. In addition some Hauraki based providers also cover towns outside of the Hauraki region namely Pukekohe, Waiuku, *Meremere* and Waihi Beach.

Unlike some other areas within the Waikato region, there are transport options to access wider social needs in this sub-region. Three providers transport older people into town once a week and to the neighbouring town once a fortnight or month for shopping. In addition, there are six providers transporting people into a town or to other nearby small towns for training, shopping or health appointments. The two providers who operate transport for training purposes account for 36 per cent of the passengers transported each week in this sub-region. All other transport is either around the town the provider is based in or to Waikato Hospital.

¹³ Italicised towns are those in the original sample for this survey (see section 4.3)

The Thames-Coromandel, Hauraki and Matamata-Piako sub-region is another area where people are required to travel to other regions to access medical services. One provider reported visiting hospitals in three different DHB's most weeks (see case study below).

This sub-region incorporates 43 per cent of the private volunteer vehicles used for community transport in all the towns surveyed. The high proportion of private volunteer vehicles may account for the slightly increased proportion of providers asking for donations and for the slightly higher proportion of drivers being volunteer or reimbursed drivers.

The combined population of this sub-region is 31 per cent of the total Waikato rural and minor urban population, and transport currently provides for 28 per cent of the passengers transported per week. However, as stated earlier the number of providers in this sub-region totals half of all providers in the Waikato region. This may indicate a lower number of passengers transported per provider for this region, but may also indicate the larger geographical spread these communities cover.

4.3.1.2 Concerns and opportunities identified by general public community transport providers

The main concerns identified by Thames-Coromandel, Hauraki and Matamata-Piako sub-region community transport providers was the increasing need for access to hospital appointments and the increasing challenge of meeting this need, particularly after hours. Better communication and coordination between the hospital and the transport providers was suggested to minimise the instances of people being discharged without giving the transport provider adequate notice.

The small number of scheduled public transport services in this sub-region do not run at times suitable for people wanting to access training, medical appointments or essential shopping. Furthermore, other community based options are limited by funding so there are very few options for transport to medical appointments in town or essential amenities such as supermarkets. Providers talked about the isolation that people are facing in the rural towns and the challenges people face to access everyday items such as shoes and clothes.



Figure 7: Paeroa Community Bus

The main opportunities identified in this sub-region were the need for more awareness of the services that are available and buses between towns at more suitable times for training.

4.3.1.3 Case study: Tairua Care and Friendship Club

Thirty years ago a group of women in Tairua decided to bring people in the community together once a week for lunch and created Tairua Care and Friendship Club. In 1991 Tairua Care and Friendship Club bought their first van to help people get to medical appointments. Since then their service has grown to become one of the larger services in the area with 60 volunteer drivers, 10 of whom provide transport to hospital. Their organisation and leadership was acknowledged when groups from Coromandel Town and Whitianga came to them for advice when they were setting up transport services in their towns.

Tairua Care and Friendship Club provide transport to approximately 15 people per week to access hospital appointments at Auckland, Waikato, Thames and Tauranga hospitals as well as local appointments in Tairua. They still provide transport to the lunch each Tuesday and other social activities but the priority is health. Tairua is a small town with no taxi service. The Tairua Care and Friendship Club helps people come together, giving them something to look forward to, and reduces feelings of isolation.

The secret of their success is the strong community spirit in Tairua. In contrast to many other providers, when the call goes out for new volunteer drivers more people apply than there are gaps in the roster. When asked why people are so keen to become volunteer drivers Laurie Franks, the president, replied, "People see how good it is for the community [to have transport] and want to contribute".

Tairua Care and Friendship Club are just about to purchase a second van because demand is increasing so much. The additional van will be well utilised, but it increases the demands on the organisers to continue to ensure the service is well organised and adequately funded. This is the biggest challenge for the service and Laurie believes they are very close to their capacity to deliver as volunteers.

4.3.1.4 Geospatial mapping of Thames-Coromandel, Hauraki and Matamata-Piako sub-region

Figures 8, 9, 10 and 11 offer a spatial representation of the characteristics of the Thames-Coromandel, Hauraki and Matamata-Piako sub-region and the community transport for general public that is offered in that region.

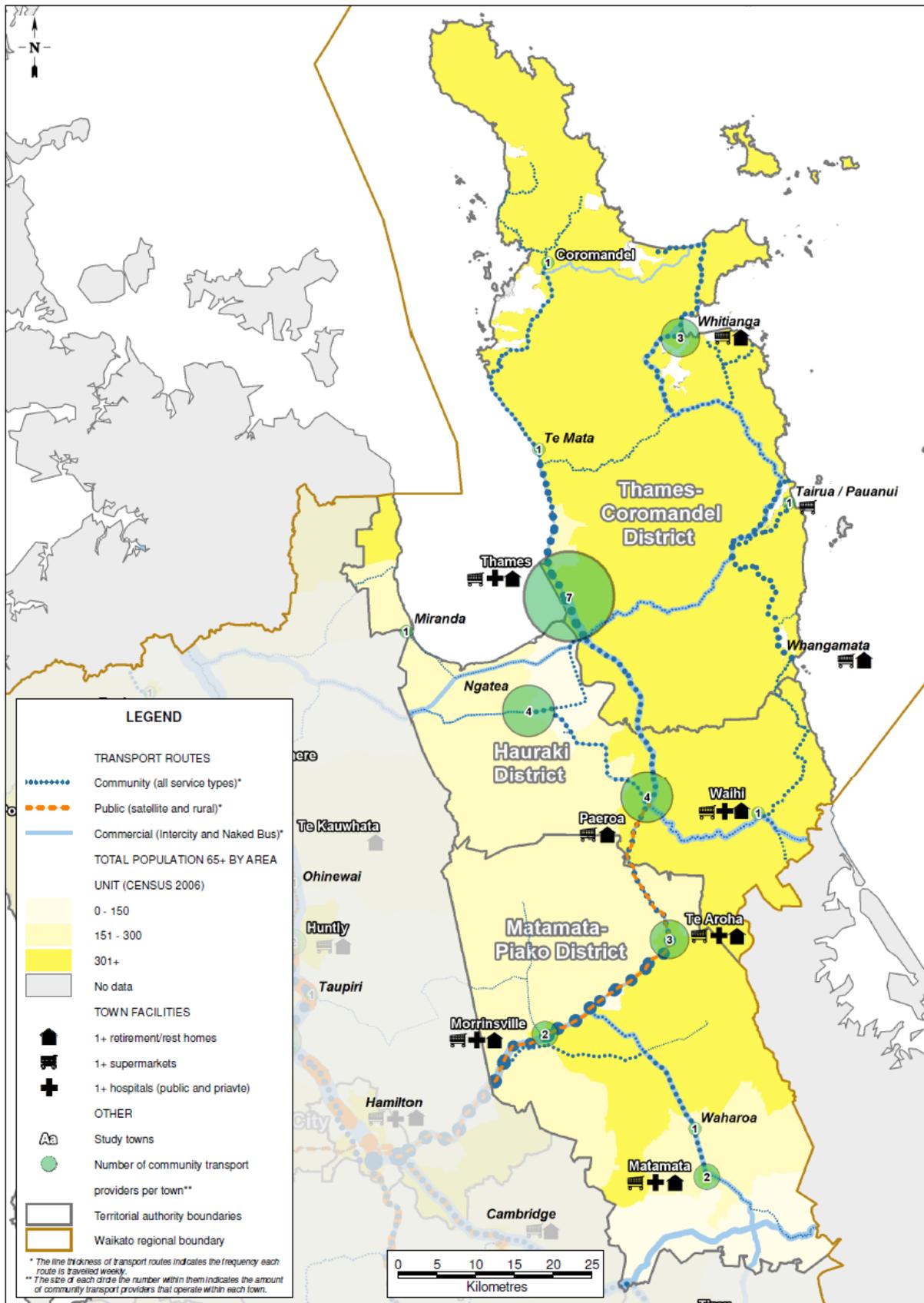


Figure 8: 65+ population distribution in Thames-Coromandel, Hauraki and Matamata-Piako sub-region

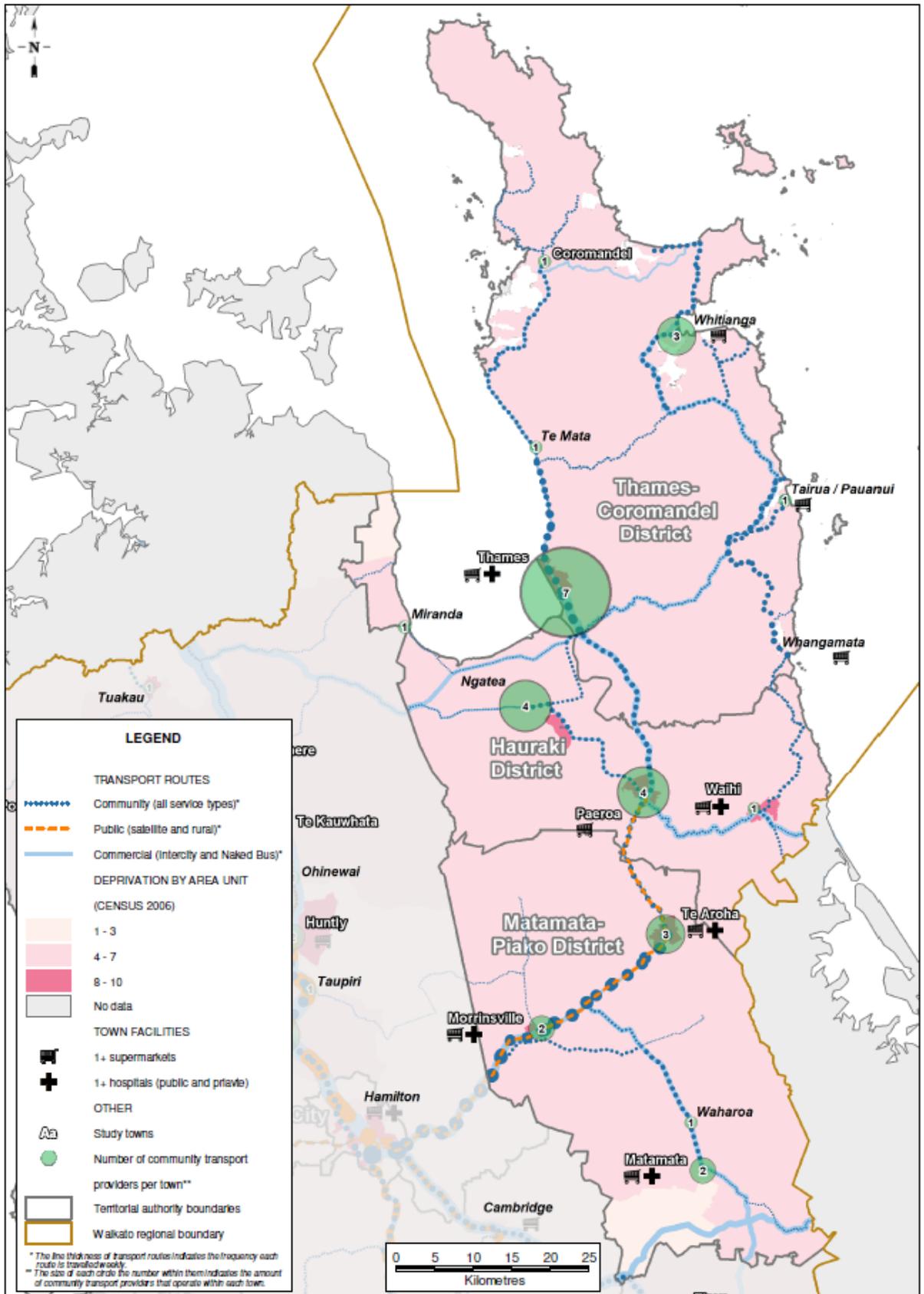


Figure 9: Levels of socio-economic deprivation in Thames-Coromandel, Hauraki and Matamata-Piako sub-region

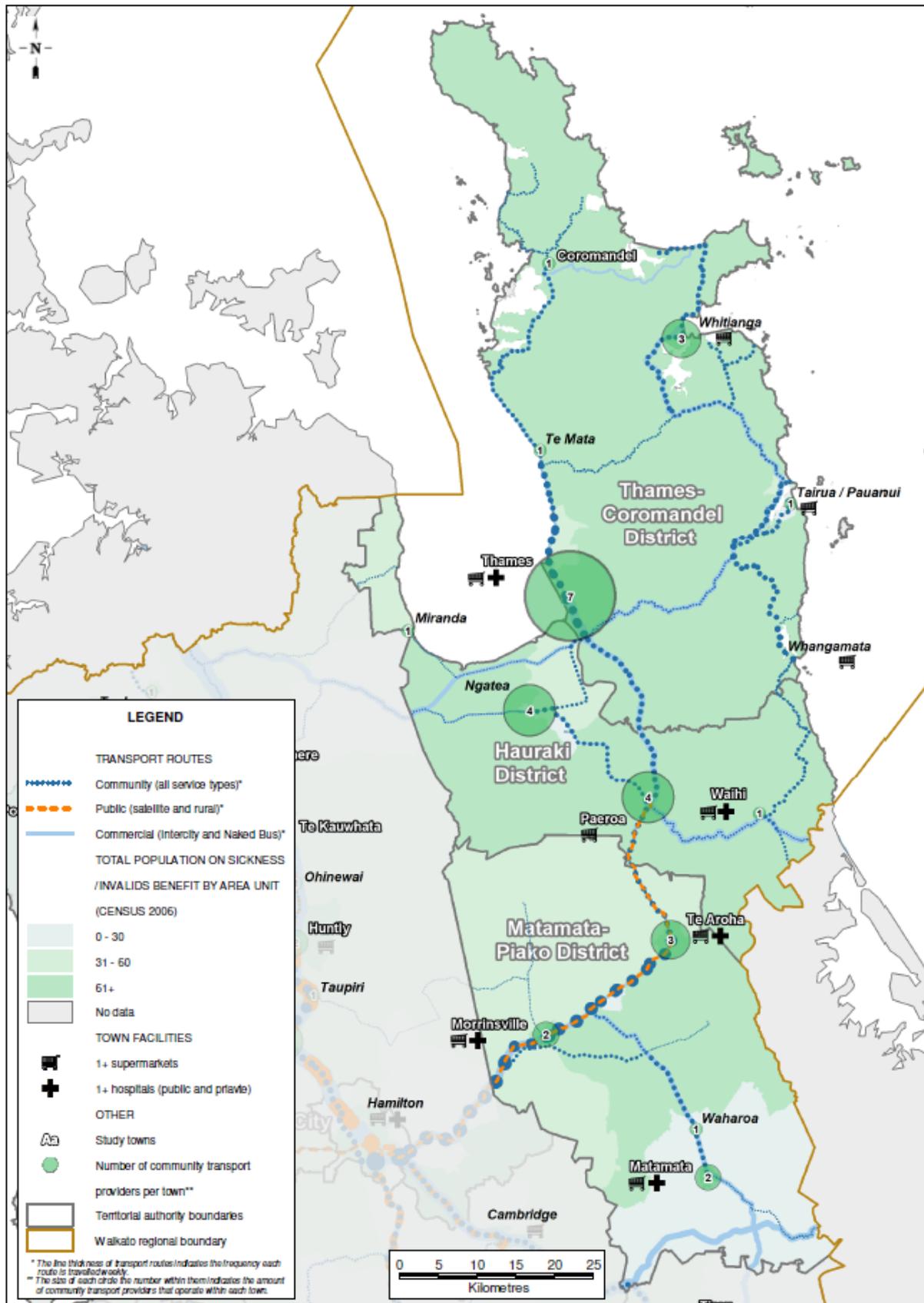


Figure 10: Proportion of population on sickness / invalid benefits in Thames-Coromandel, Hauraki and Matamata-Piako sub-region

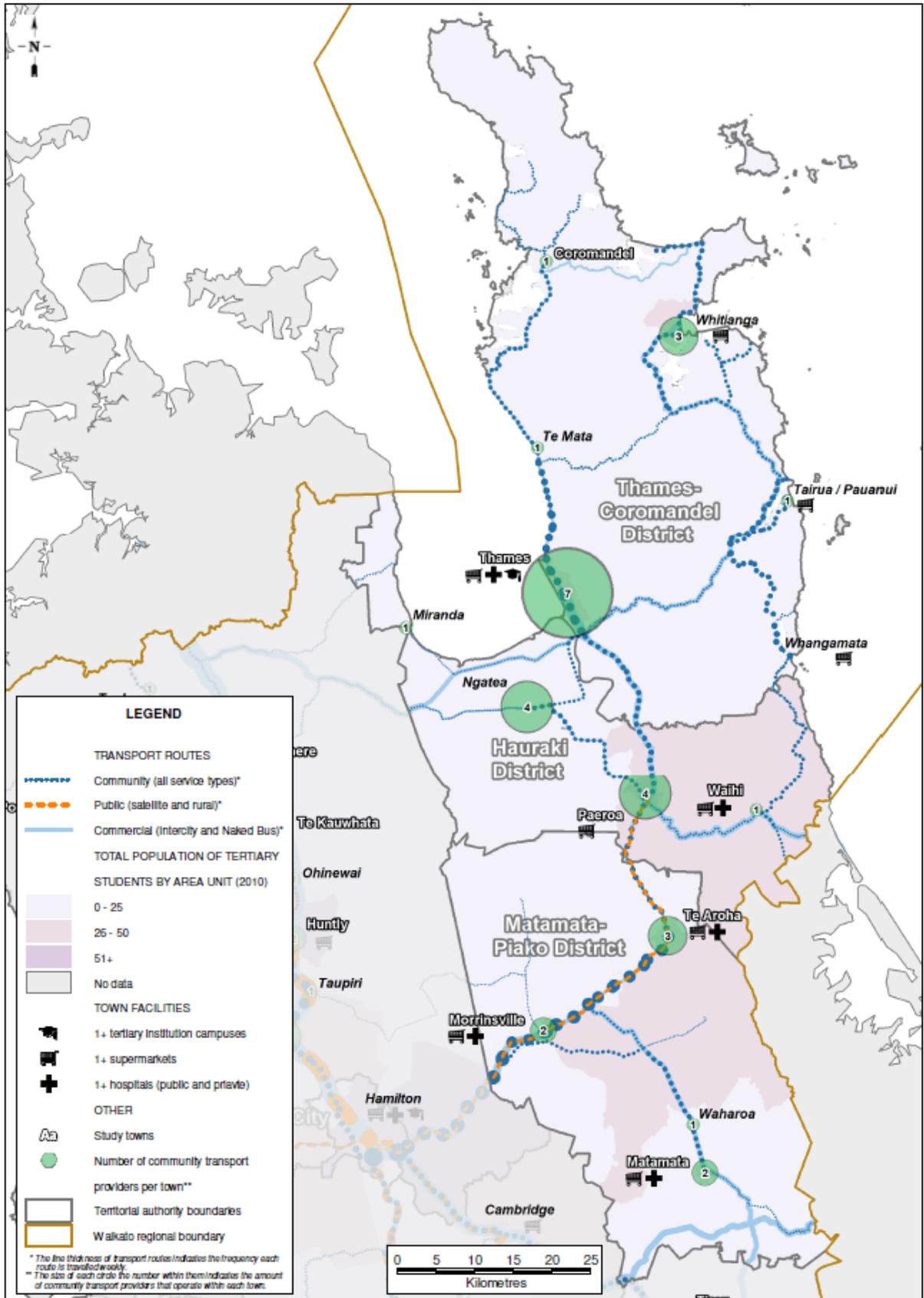


Figure 11: Population of tertiary students in Thames-Coromandel, Hauraki and Matamata-Piako sub-region

4.4 Ōtorohanga and Waitomo districts sub-region

The Ōtorohanga and Waitomo districts sub-region is made up of Waitomo and Ōtorohanga districts. The main towns in this sub-region are Ōtorohanga, Kawhia, Te

Kuiti and Bennydale. In 2006 the population of this sub-region was 19,000¹⁴. Ōtorohanga is the smaller of the two districts (9,300 people) and also has less socio-economic deprivation than the Waitomo district. Forty percent of the population in the Waitomo district live in an area with a deprivation score of 9 or 10 compared with 19 per cent in Ōtorohanga¹⁵.

4.4.1.1 Characteristics of general public community transport providers

Tables 5 and 6 outline the characteristics of the community transport provider for general public in Ōtorohanga and Waitomo sub-region.

Table 5: Characteristics of general public community transport providers in Ōtorohanga and Waitomo sub-region compared with general public providers surveyed

	Ōtorohanga and Waitomo sub-region	All general public providers surveyed
Population	19,000	240,200
Number of providers	4	36
Type of provider		
- Local charitable trusts / community groups (number)	75% (3)	64% (23)
- Health centre (number)	-	19% (7)
- Other (number)	25% (1)	17% (6)
In operation for over four years	100%	86%
Door-to-door services	75%	94%
Days of operation		
- Monday – Friday	25%	44%
- Seven days	75%	42%
- Particular days only	-	14%
Accessibility of vehicles for people with disabilities		
- Fully accessible	25%	42%
- Accessible but no wheelchair access	75%	36%
- Not accessible	-	22%
Vehicles owned rather than leased	100%	86%
Number of provider vehicles	23	84
Number of volunteer vehicles	18	126
Number of seats (volunteer and provider vehicles)	255	1034
Number of passengers per week (volunteer and provider vehicles)	923 ¹⁶	2098

¹⁴ Statistics New Zealand. 2012. Census 2006

¹⁵ Ministry of Health. 2012. NZDep2006 Index of deprivation. <http://www.health.govt.nz/publication/nzdep2006-index-deprivation> [accessed Jan 2012]

¹⁶ Includes 675 passengers transported for training purposes

Table 6: Purpose and payment for general public community transport in Ōtorohanga and Waitomo sub-region compared with all general public providers surveyed

	Ōtorohanga and Waitomo sub-region	All general public providers surveyed
Purpose of transport		
- Health only	50%	53%
- Training only	-	8%
- Recreation only	-	3%
- Shopping only	-	3%
- Multi-purpose including health	50%	31%
- Multi-purpose excluding health	-	3%
Payment for services		
- Service free	50%	28%
- Donation suggested	50%	64%
- Payment compulsory	-	8%
Driver status		
- Volunteer	50%	47%
- Reimbursed petrol	-	22%
- Paid	50%	31%

There are four transport providers for the general public in the Ōtorohanga and Waitomo districts sub-region (see section 4.8 for member only community transport providers' data for this sub-region).

One of the providers in this sub-region is the King Country Hospital Bus. Although this starts in Taumaranui, which is outside the Waikato Council region, it is an important transport link for people in South Waikato and Ōtorohanga coming to Waikato Hospital.

The towns¹⁷ covered by the transport providers based in the Ōtorohanga and Waitomo sub-region are: *Te Kuiti* (three providers), *Waitomo* (two providers), *Bennydale*, *Hangatiki*, *Piopio*, *Ōtorohanga* (three providers), *Kawhia*. Towns that are covered by providers based in the Ōtorohanga and Waitomo sub-region that are outside of the sub-region are: *Tokoroa*, *Putaruru*, *Arapuni* and *Te Awamutu* (two providers).

The provider based in Ōtorohanga covers only Ōtorohanga and provides transport exclusively for health appointments at Waikato Hospital. One of the providers based in Waitomo is a large organisation owning 21 of the 23 vehicles in the area. Much of the transport provided by this organisation is to access training for second-chance learners (see case study). However, they also offer health-related transport in Kawhia and access to essential services and support in and around Te Kuiti.

Forty four percent of the passengers transported by general public community transport providers surveyed within the Waikato are transported by the four providers in this area, servicing an area which has eight per cent of the total Waikato rural and minor urban regional population. However, many of those transported are students attending training courses (675 per week). Only 12 per cent of the passengers transported for reasons other than training (i.e. to attend health and social services) are from this sub-region which has 8 per cent of the population. Although there appears to be congruence between the amount of general public community transport and the population base, there is still limited general public community transport given the high prevalence of people living in the highest levels of social deprivation in this sub-region.

¹⁷ Italicised towns are those in the original sample for this survey (see section 4.3)

4.4.1.2 Concerns and opportunities identified by general public community transport providers

The main concerns identified by providers in the Ōtorohanga and Waitomo districts sub-region were the lack of options for transport. In Te Kuiti there is only a nominal taxi service and people are very spread out and isolated across the area. Providers talked of increasing levels of isolation within their community and acknowledged that there are limited options for commercial operations because there are no economies of scale. In the Ōtorohanga district the main concern identified was that there is not enough transportation to get people to their appointments at Waikato Hospital and that this is a significant reason for people not attending.

Another concern in this sub-region is that there is only one provider that travels to Kawhia and Bennydale. As a result these towns have very limited transportation options.

Another concern was the limited pool of willing and able volunteers. Furthermore, increasing petrol costs make transport more expensive to operate, particularly considering the long distances that providers have to travel to access essential services. As costs increase, fewer volunteers are willing to assist with transport.

Opportunities identified by the providers in this sub-region were the need for a new mobility van.

4.4.1.3 Case study: Ngati Maniapoto Marae Pact Trust

“To provide an adequate service we had to put transport services in” Dennis Astle – General Manager, Ngati Maniapoto Marae Pact Trust.

Ngati Maniapoto Marae Pact Trust (NMMPT) Inc. believes strongly in providing reasons and opportunities for people of all stages to stay in their rural towns throughout the iwi tribal area covering parts of South Waikato, King Country, Ōtorohanga, Waipa and Ruapehu districts. Among other services, they assist kuia, kaumātua and whānau to connect with essential services and support, and provide training opportunities for young people who have left school without qualifications.

Established in 1981, NMMPT has adapted and developed new services to meet the changing needs of their people. One of the services they've developed and maintained is transportation for their students to their six training sites. For many of these students, accessing the training programmes is very challenging and if the transport was not available they would not be able to participate. Students participating in the training become more work-ready and there are many success stories of students whose lives have been turned around because of NMMPT training. People whom, over the course of three years, have gone from not being able to read or write to being in paid employment and starting their own whānau. These students talk about just needing someone to help them get on the right path and provide them with the opportunity. NMMPT provides this opportunity, and the transport is a fundamental component of their attendance at training.

Of the 159 passengers that NMMPT transport each day in their 10 vehicles, approximately 85 per cent are students. The other 15 per cent are kuia and kaumātua who are often very isolated, or whānau without transport who are taken to medical appointments, support services, shopping and other essential services. The biggest challenge that NMMPT faces is continually finding funds to run the transportation services. This challenge is particularly important with many Māori moving to rural towns because they cannot find affordable housing or jobs in the main centres. Dennis, the General Manager says need is rising and NMMPT hopes to remain sustainable and innovative so they can continue to meet the needs of their people.

4.4.1.4 Geospatial mapping of Ōtorohanga and Waitomo sub-region

Figures 12, 13, 14 and 15 offer a spatial representation of the characteristics of the Ōtorohanga and Waitomo sub-region and the community transport for general public that is offered in that region.

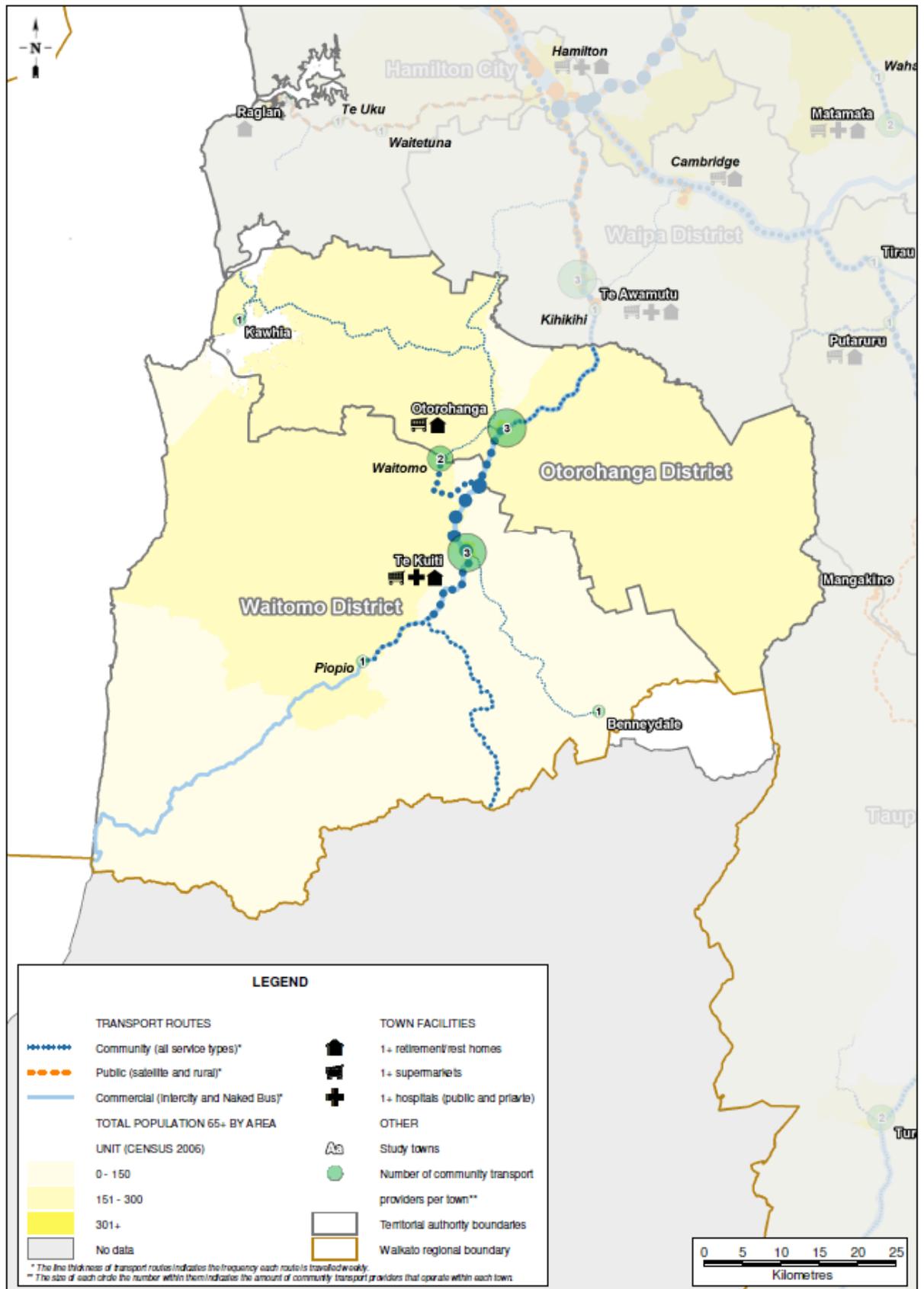


Figure 12: 65+ population distribution in Ōtorohanga and Waitomo sub-region

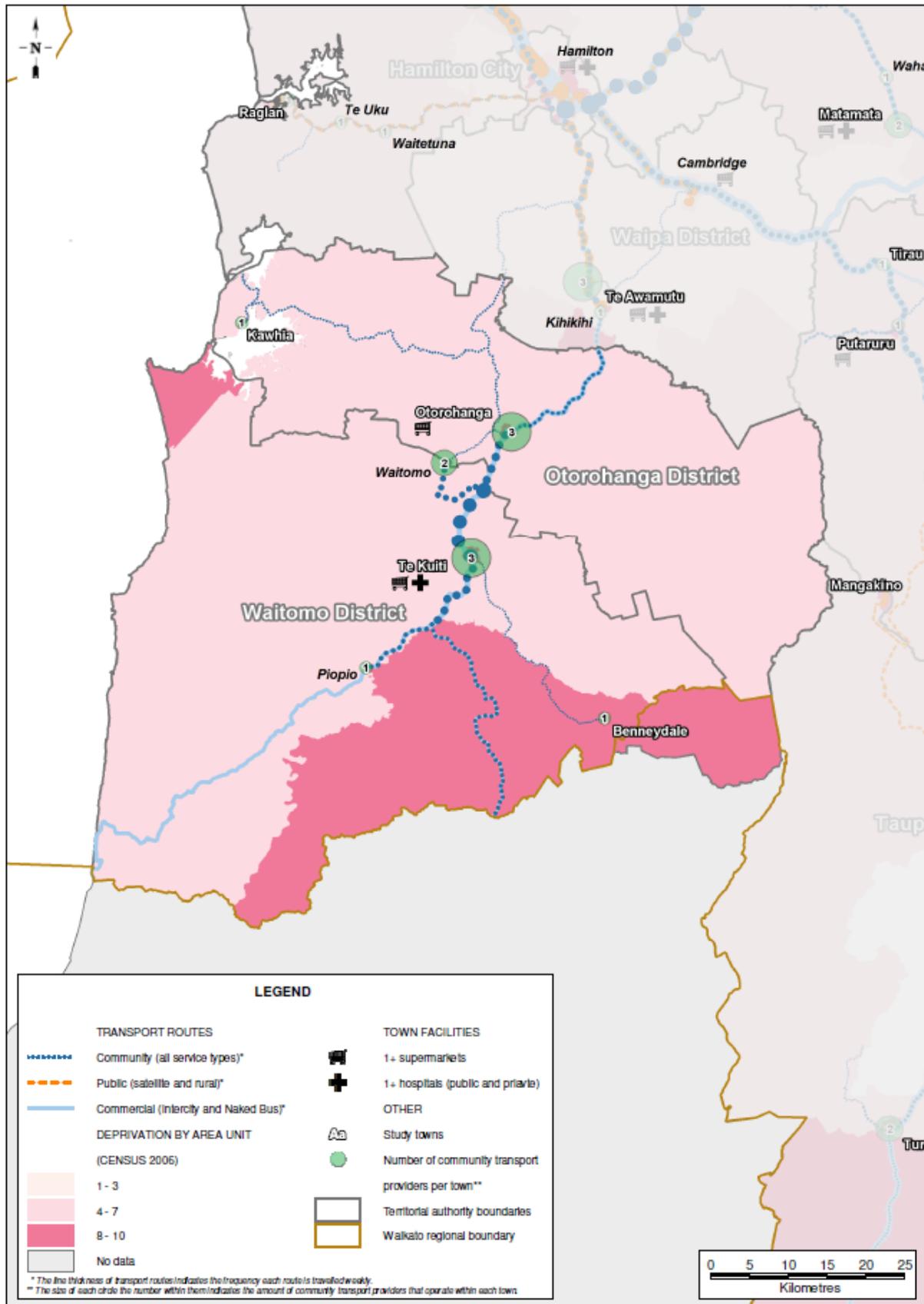


Figure 13: Levels of socio-economic deprivation in Ōtorohanga and Waitomo sub-region

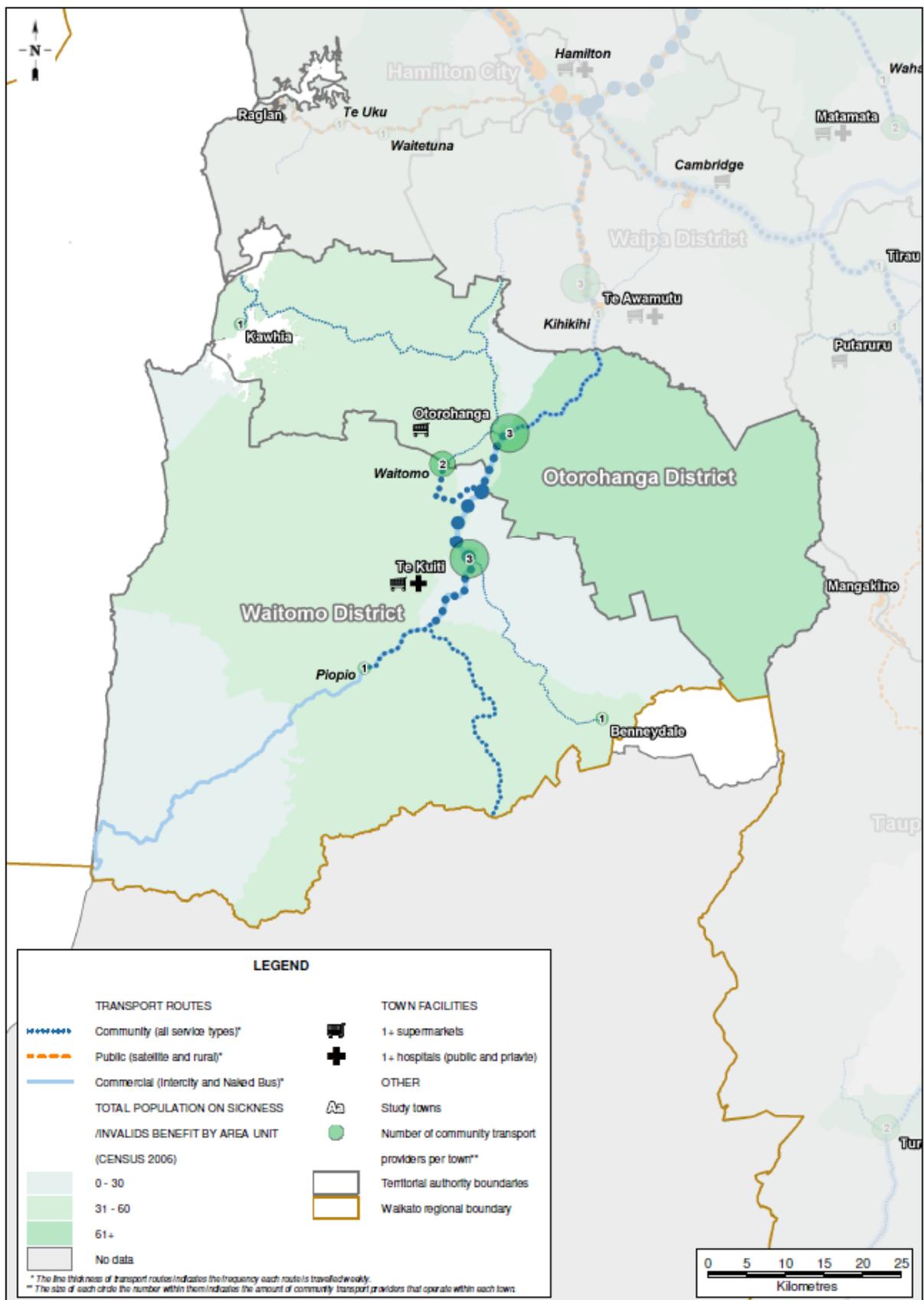


Figure 14: Proportion of population on sickness / invalid benefits in Ōtorohanga and Waitomo sub-region

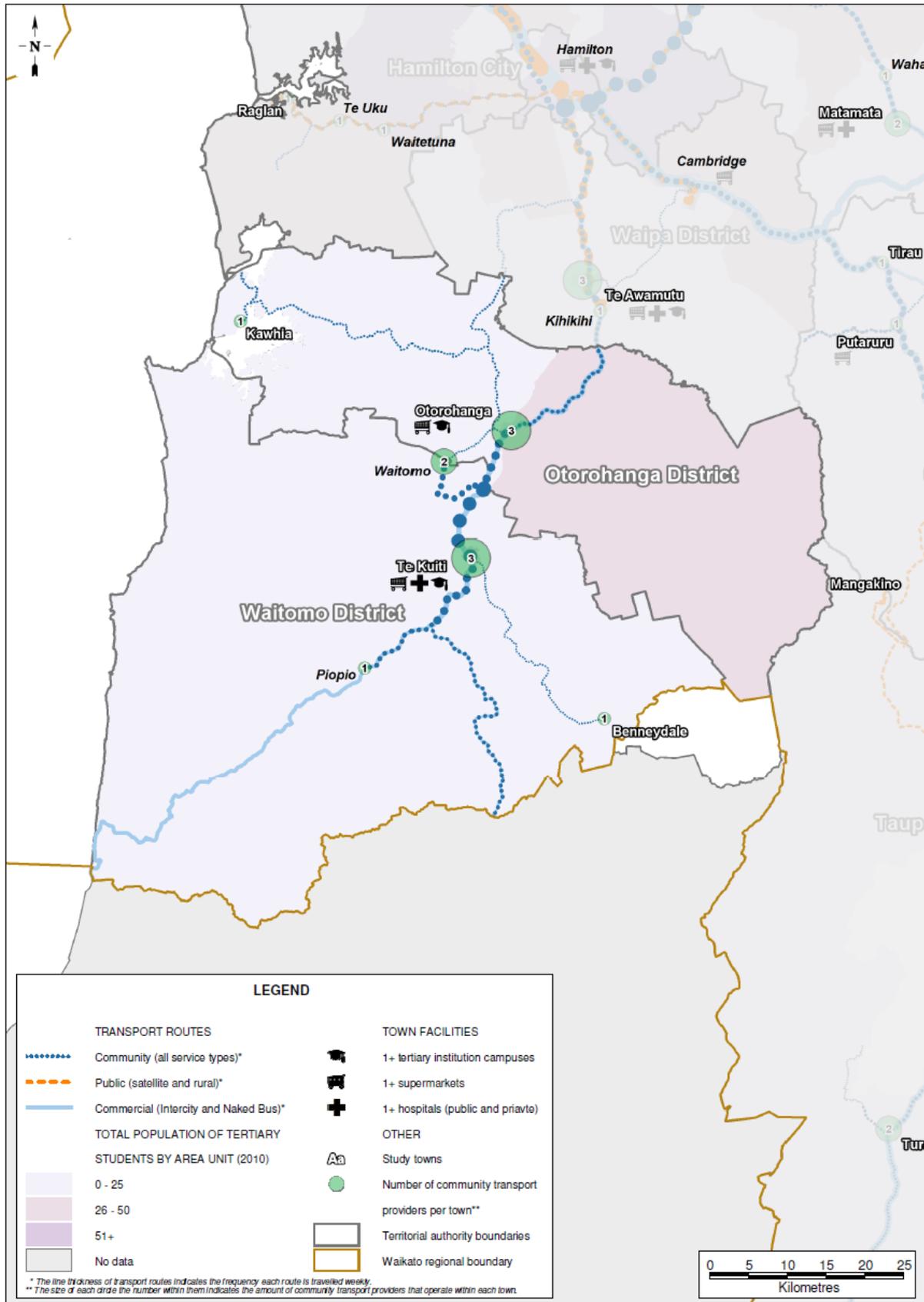


Figure 15: Population of tertiary students in Ōtorohanga and Waitomo sub-region

4.5 South Waikato and Taupō districts sub-region

The South Waikato and Taupō districts sub-region is made up of the South Waikato and Taupō districts. The main towns in this sub-region were: Putaruru, Tokoroa, Tirau, Mangakino and Turangi. Taupō town was excluded from this survey because they have a scheduled public transport system. Much of the Taupō district falls into the Lakes

DHB region. Therefore there is significant pull from this sub-region into Rotorua and Taupō rather than Hamilton for accessing medical and other essential services.

The population of the South Waikato and Taupō districts sub-region was 42,700 in 2006¹⁸ and had the highest levels of socio-economic deprivation with 46 per cent and 25 per cent of the population in South Waikato and Taupō districts respectively living in an area with a NZDep score of 9 or 10¹⁹.

4.5.1.1 Characteristics of general public community transport providers

Tables 7 and 8 outline the characteristics of transport providers and transport provision in South Waikato and Taupō sub-region.

Table 7: Characteristics of general public community transport providers in South Waikato and Taupō sub-region compared with all general public providers surveyed

	South Waikato and Taupō sub-region (excludes Taupō)	All general public providers surveyed
Population	56,600 ²⁰	240,200
Number of providers	6	36
Type of provider		
- Local charitable trusts / community groups (number)	50%	64% (23)
- Health centre (number)	17%	19% (7)
- Other (number)	33%	17% (6)
In operation for >4 years	100%	86%
Door-to-door services	100%	94%
Days of operation		
- Monday – Friday	-	44%
- Seven days	50%	42%
- Particular days only	50%	14%
Accessibility of vehicles for people with disabilities		
- Fully accessible	50%	42%
- Accessible but no wheelchair access	33%	36%
- Not accessible	17%	22%
Vehicles owned rather than leased	100%	86%
Number of provider vehicles	25	84
Number of volunteer vehicles	9	126
Number of seats (volunteer and provider vehicles)	142	1034
Number of passengers per week (volunteer and provider vehicles)	177	2098

¹⁸ Statistics New Zealand. 2012. Census 2006

¹⁹ Ministry of Health 2012. NZDep2006 Index of deprivation. <http://www.health.govt.nz/publication/nzdep2006-index-deprivation> [accessed Jan 2012]

²⁰ This population total includes the population in Taupō township even though Taupō township was excluded from the survey

Table 8: Purpose and payment for general public community transport in South Waikato and Taupō sub-region compared with all general public providers surveyed

	South Waikato and Taupō sub-region	All general public providers surveyed
Purpose of transport		
- Health only	50%	53%
- Training only	-	8%
- Recreation only	17%	3%
- Shopping only	-	3%
- Multi-purpose including health	17%	31%
- Multi-purpose excluding health	17%	3%
Payment for services		
- Service free	-	28%
- Donation suggested	67%	64%
- Payment compulsory	33%	8%
Driver status		
- Volunteer	33%	47%
- Reimbursed petrol	50%	22%
- Paid	17%	31%

There are six providers transporting general public in the South Waikato and Taupō sub-region (see section 4.8 for member only community transport providers' data for this sub-region). There is an additional scheduled public transport service three times a week between Mangakino and Tokoroa and once a fortnight between Mangakino and Taupō. This provider was not included in the survey because they are not a community transport provider as we have defined it for this research. However, because this is the only transport link between Mangakino and Tokoroa and Taupō it has some similarities to community transport for the people in Mangakino.

The transport purpose in the South Waikato and Taupō districts is reasonably diverse compared with the other sub-regions with one provider offering multi-purpose transport without a health focus and one provider offering solely recreation transport.

The towns²¹ covered by the general public providers in the South Waikato and Taupō district sub-region are: *Tokoroa* (four providers), *Putaruru*, *Arapuni* and *Turangi* (two providers). There were no transport services found in Tirau. Three of the four providers providing transport in the South Waikato district only cover Tokoroa so there is only one provider in the South Waikato for most towns. However, there is some crossover with one provider based in Waitomo covering all main towns in the South Waikato.

There are no free community transport services based in this sub-region, two-thirds of the providers have compulsory payment and the other third suggest a donation. One provider does offer free services for some passengers who are DHB funded. However, payment for transport could still be a barrier given the high levels of socio-economic deprivation in the area.

A unique characteristic of this sub-region is that there are fewer large vehicles, although four providers have vans, the average number of seats per vehicle is about four (4.2). This is a possible explanation for the South Waikato and Taupō sub-region having the lowest numbers of passengers transported per week (eight per cent compared with a population of 24 per cent).

²¹ Italicised towns are those in the original sample for this survey (see section 3.3)

4.5.1.2 Concerns and opportunities identified by general public community transport providers

One of the major concerns identified by South Waikato and Taupō sub-region providers was the increasing numbers of older adults who are unable to, or not comfortable driving. For these people, getting to medical appointments is challenging because there are minimal transport options, particularly as many do not qualify for a taxi subsidy. Many of the providers called for more transport because they felt what was available was not at appropriate times (too early for most people) and that the levels of need are too high for current transport provision.

Providers also noted the increasing need overall, and limited funding options available as well as the need to be innovative about providing transport services.

Finally, one provider identified that people do not know about the service they offer, or the criteria for free transport therefore they believe their service is under-utilised.

No opportunities were identified by the providers in this sub-region.

4.5.1.3 Case study: Tongariro Chartered Club

“Our aim is to give back to the community – doing something good for the community has always been important to us” Andrew Thurlow.

When the Tongariro Chartered Club found their replacement van for transporting people to and from the club wasn't big enough they started to think innovatively about what they could do with the van so it would still benefit the community. At that time funding had just been cut to the group who drove people to Taupō for medical appointments so Tongariro Chartered Club decided to fill the gap with their new van.

The Tongariro Chartered Club now has two vans, the first to help people access the club and the second operates as a 'Community van'. The van is mainly used to assist people to get to medical appointments in Taupō. However, demand has grown, and now all sorts of groups use the community van: netball and rugby teams use it for away games, kindergartens use it for day trips and the garden club recently went on a day trip. Any genuine community group can use the van as long as they provide a driver and fill up the diesel when they're done. The cost of running and maintaining the van is covered by the proceeds of the club and has become an integral part of how Tongariro Chartered Club gives back to their community.

The community van aims to help the people who need it most, particularly those who can't afford their own transport, such as older people and those who can't drive. The biggest challenge they see in the future is making sure that they can keep finding the money to provide upkeep for the van. One day, Andrew dreams of having a free bus to help people do their shopping, go to the library or have a day trip out of Turangi. The Tongariro Chartered Club will continue to prioritise providing the community van but are realistic that they can only keep providing the service if the club is successful.

4.5.1.4 Geospatial mapping of South Waikato and Taupō sub-region

Figures 16, 17, 18 and 19 offer a spatial representation of the characteristics of the Ōtorohanga and Waitomo sub-region and the community transport for general public that is offered in that region.

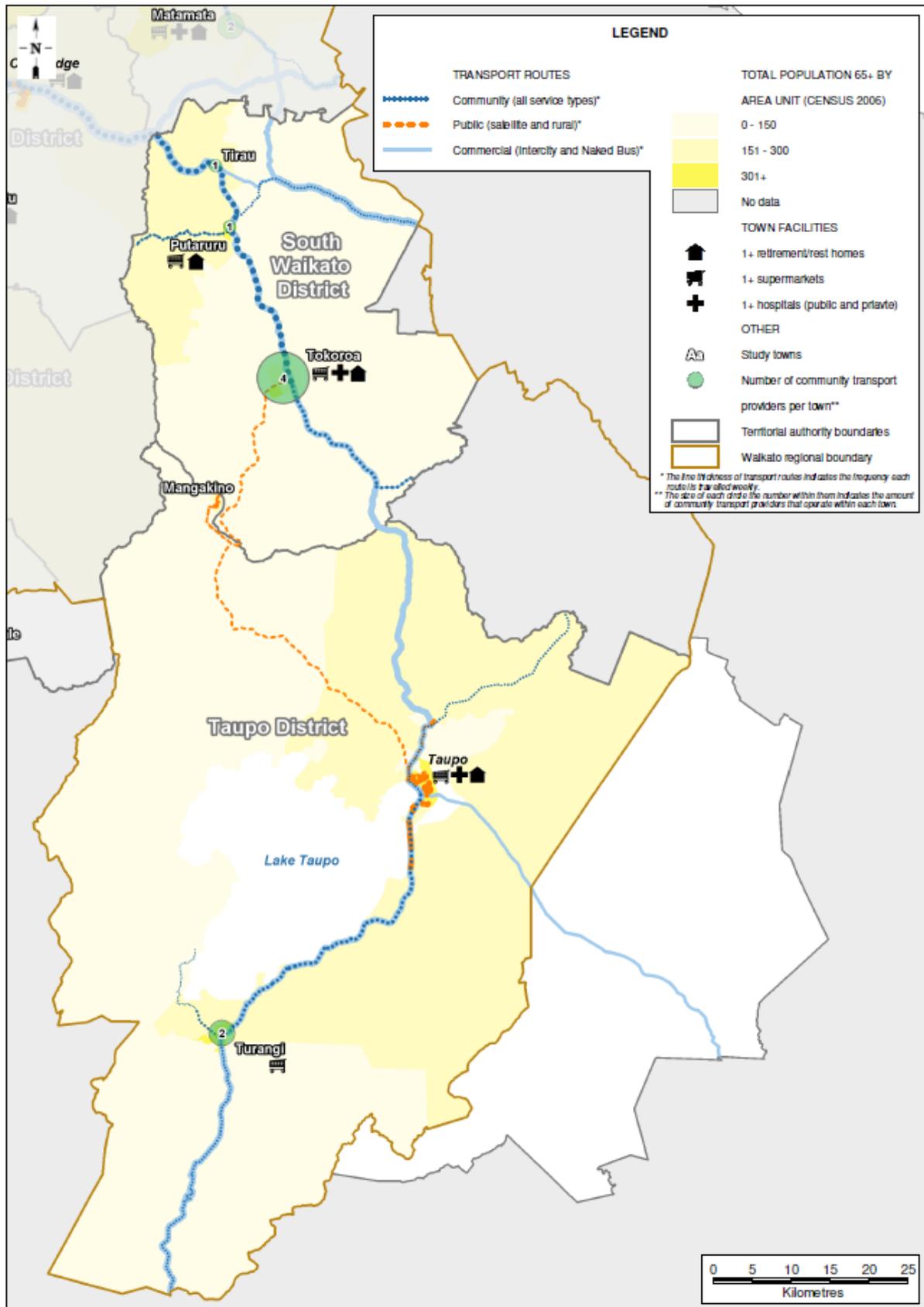


Figure 16: 65+ population distribution in South Waikato and Taupō sub-region

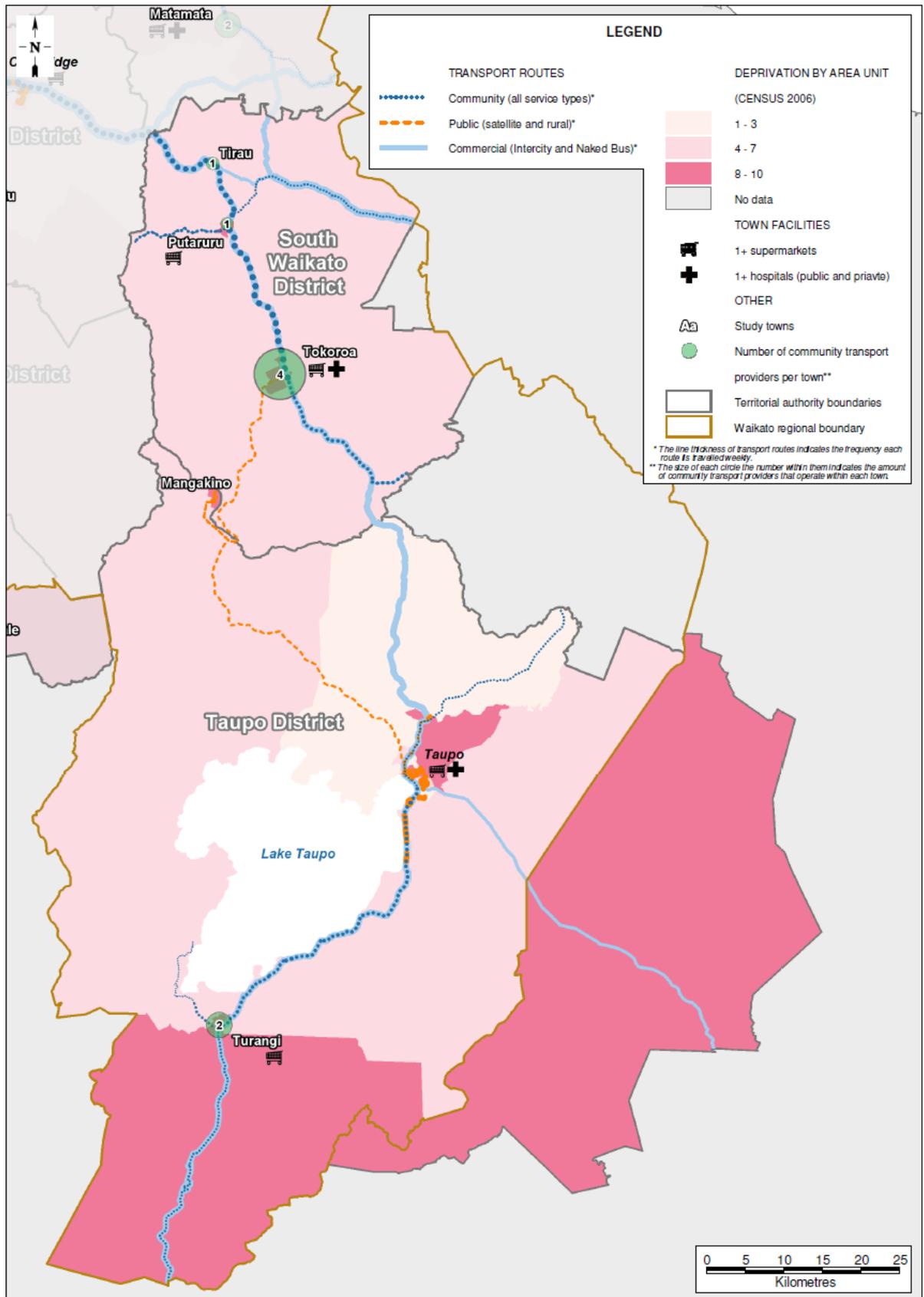


Figure 17: Levels of socio-economic deprivation in South Waikato and Taupō sub-region

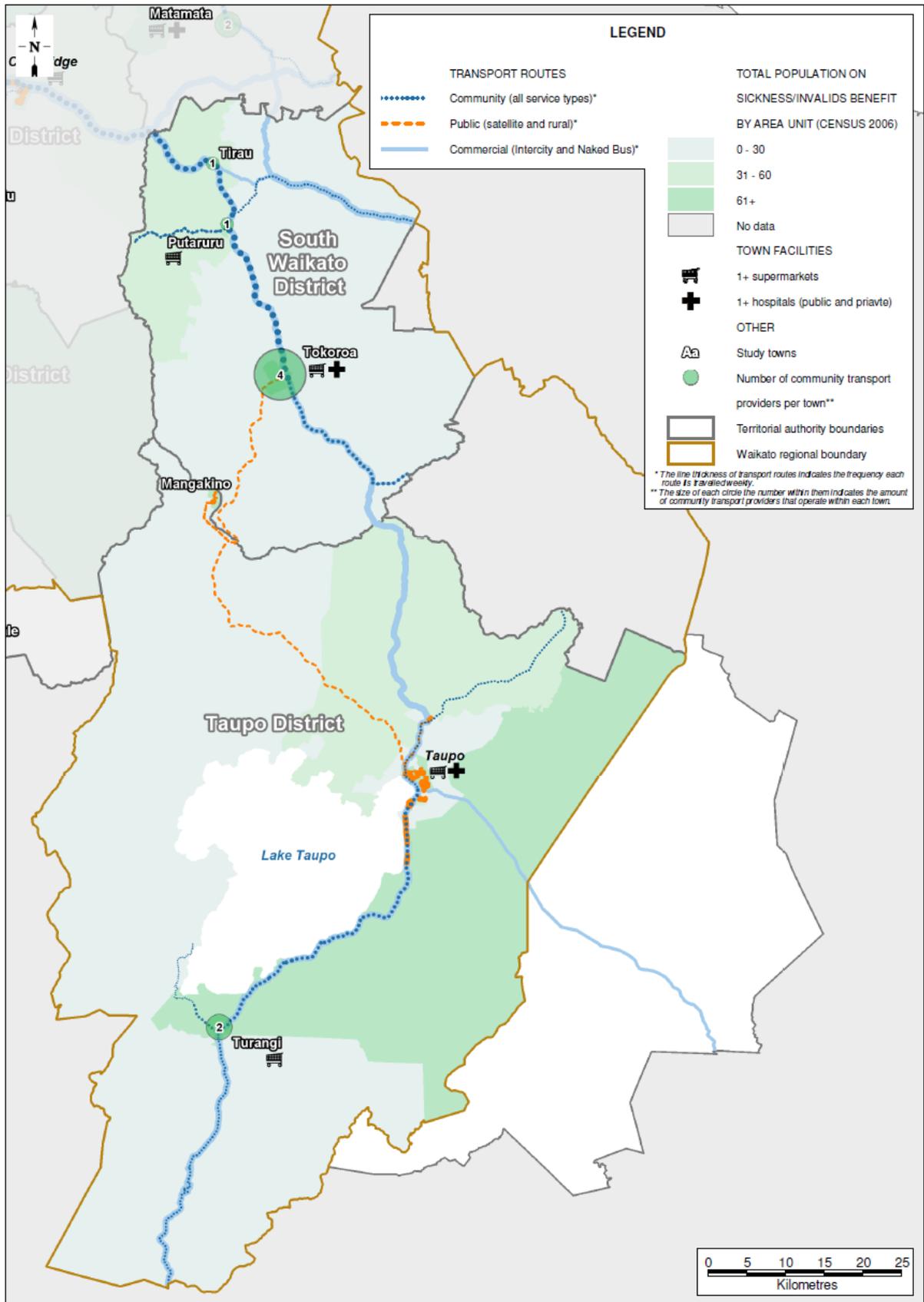


Figure 18: Proportion of population on sickness / invalid benefits in Ōtorohanga and Waitomo sub-region

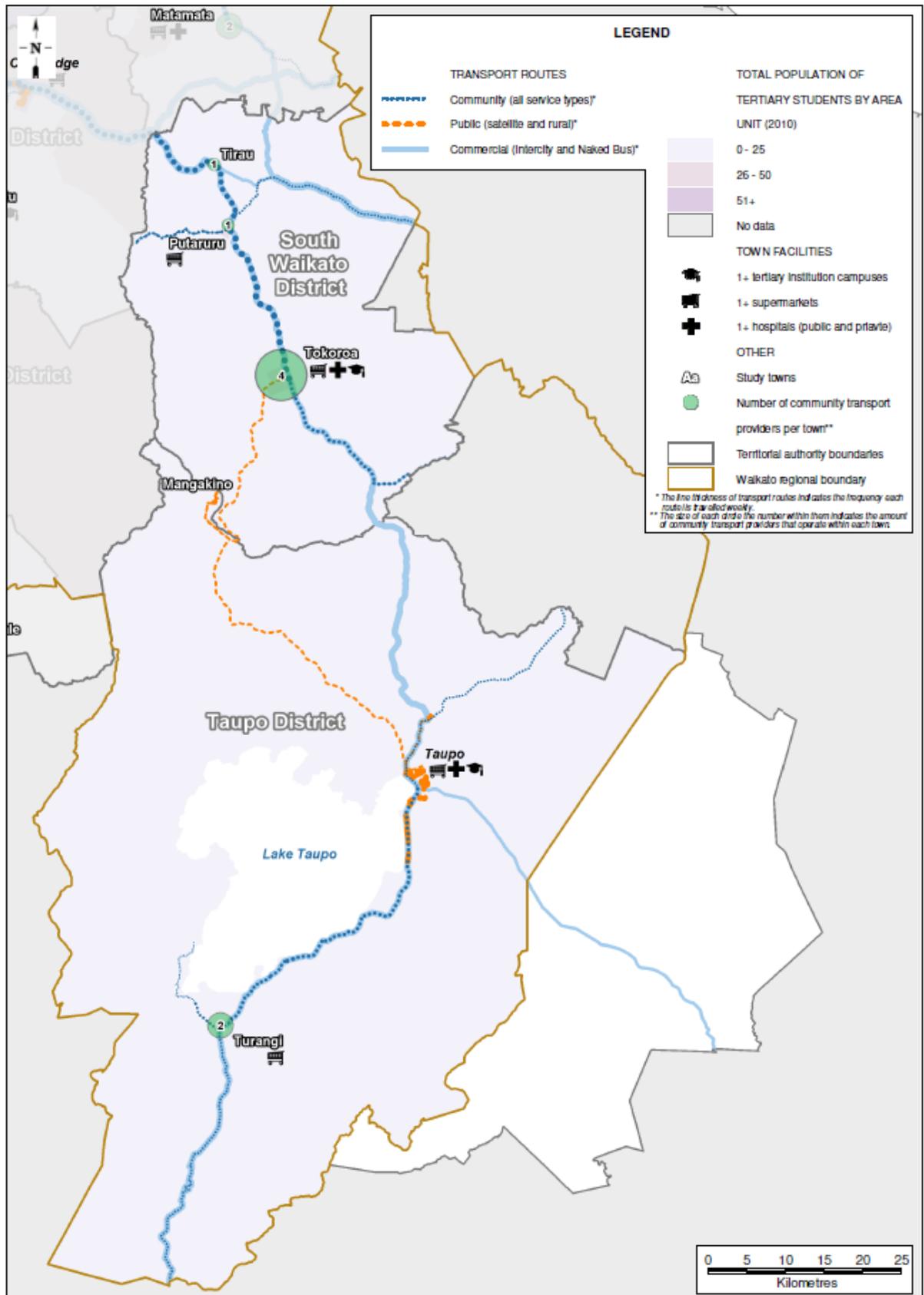


Figure 19: Population of tertiary students in South Waikato and Taupo sub-region

4.6 Regional summary of general public community transport providers

The survey identified 36 general public community transport providers across the Waikato region. Tables 9 and 10 outline the characteristics of general public community transport providers and transport provision within each sub-region.

Table 9: Characteristics of general public community transport providers

	Waikato and Waipa sub-region	Thames-Coromandel , Hauraki and Matamata-Piako sub-region	Ōtorohanga and Waitomo sub-region	South Waikato and Taupō sub-region
Number of providers	8	18	4	6
Type of provider				
- Local charitable trusts / community groups (number)	50% (4)	73% (13)	75% (3)	50% (3)
- Health centre (number)	38% (3)	17% (3)	-	17% (1)
- Other (number)	12% (1)	11% (2)	25% (1)	33% (2)
In operation for >4 years	75%	83%	100%	100%
Door-to-door services	100%	94%	75%	100%
Days of operation				
- Monday – Friday	75%	50%	25%	-
- Seven days	25%	39%	75%	50%
- Particular days only	-	11%	-	50%
Accessibility of vehicles for people with disabilities				
- Fully accessible for wheelchairs	38%	44%	25%	50%
- Accessible but no wheelchair access	38%	28%	75%	33%
- Not accessible	25%	28%	-	17%
Vehicles owned rather than leased	75%	83%	100%	100%
Number of provider vehicles	12	24	23	25
Number of volunteer vehicles	45	54	18	9
Number of seats (volunteer and provider vehicles)	213	424	255	142
Number of passengers per week (volunteer and provider vehicles)	405 ²²	593 ²³	923 ²⁴	177

²² Includes 220 training passengers per week

²³ Includes 215 passengers transported for training purposes

²⁴ Includes 675 passengers transported for training purposes

Table 10: Purpose and payment for general public community transport providers

	Waikato and Waipa sub-region	Thames-Coromandel, Hauraki and Matamata-Piako sub-region	Ōtorohanga and Waitomo sub-region	South Waikato and Taupō sub-region
Purpose of transport				
- Health only	63%	50%	50%	53%
- Training only	12%	-	-	8%
- Recreation only	-	17%	-	3%
- Shopping only	-	6%	-	3%
- Multi-purpose including health	25%	17%	50%	31%
- Multi-purpose excluding health	-	17%	-	3%
Payment for services				
- Service free	50%	22%	28%	-
- Donation suggested	50%	72%	64%	67%
- Payment compulsory	-	6%	8%	33%
Driver status				
- Volunteer	38%	56% ²⁵	47%	33%
- Reimbursed petrol	25%	28% ²⁵	22%	50%
- Paid	38%	17% ²⁵	31%	17%

4.7 Funding characteristics of general public community transport providers

Table 11 outlines the funding information from general public community transport providers surveyed. The funding information has not been divided by district or sub-region to maintain confidentiality for the providers.

Table 11: Funding characteristics of general public community transport providers

	General public providers surveyed
Main funding streams	
- DHB	42%
- Central government (training)	6%
- Self-funded	11%
- Donations and grants	17%
- User pays	0%
- Unsure	22%
- Refused	3%
Cost of operation	
- <\$10,000	11%
- \$10,000 - \$20,000	8%
- \$20,000 - \$30,000	8%
- \$30,000 - \$40,000	6%
- >\$40,000	14%
- Unsure	44%
- Refused	8%

The results for the funding information are somewhat incomplete with 22 per cent of providers surveyed saying they were unsure of their funding streams and 44 per cent of providers indicating they were unsure of the cost of their operation.

The largest proportion of providers (42 per cent) was funded by a DHB, though 84 per cent offered transport for health-related purposes (53 per cent exclusively for health purposes, and another 31 per cent included health-related transport as one of their purposes). Some multi-purpose providers had DHB funding, however not all of them, nor all providers who exclusively offered health transport were funded by a DHB. Some of the providers who were funded by a DHB were unclear whether they could ask for donations as well to help supplement or grow the service.

The next most common source of funding was through grants and donations. Providers who asked, but did not require their passengers to give donations, acknowledged that many people do not pay donations and that they had to look to other philanthropic organisations to receive additional funding to help their operation survive.

Self-funded transport services are those where an organisation utilises non-specific funds to offer a transport service. There was a higher proportion (92 per cent) of member organisations that were self-funded compared to general public providers (11 per cent).

Finally, there were six per cent of the providers surveyed who identified their main funding stream as central government. All providers with central government funding were funded by the Tertiary Education Commission or Ministry of Education.

Of the 48 per cent of providers who told us the cost of their operation, most were evenly spread through the different costing bands. There were slightly more groups operating below \$10,000 (11 per cent) or above \$40,000 (14 per cent). The above \$40,000 operations were mainly training providers, who transported the largest numbers of passengers each week.

4.8 Regional summary of member only community transport providers

Tables 12 and 13 outline the characteristics of member only transport providers and transport provision within each sub-region. Member-only organisations are those that provide transport to members or clients only. The two most common member-only transport providers are RSA clubs and rest homes.

Table 12: Characteristics of member only community transport providers

	Waikato and Waipa sub-region	Thames-Coromandel, Hauraki and Matamata-Piako sub-region	Ōtorohanga and Waitomo sub-region	South Waikato and Taupō sub-region
Number of providers	7	11	3	4
Type of provider				
- Local charitable trusts / community groups (number)	14% (1)	-	-	-
- Resthome (number)	57% (4)	82% (9)	67% (2)	75% (3)
- Other e.g RSA (number)	29% (2)	18% (2)	33% (1)	25% (1)
In operation for >4 years	100%	100%	80%	100%
Door-to-door services	100%	100%	100%	100%
Days of operation				
- Monday – Friday	80%	-	40%	-

- Seven days	20%	100%	20%	100%
- Particular days only	-	-	40%	-
Accessibility of vehicles for people with disabilities				
- Fully accessible for wheelchairs	40%	100%	60%	100%
- Accessible but no wheelchair access	20%	-	20%	-
- Not accessible	40%	-	20%	-
Vehicles owned rather than leased	100%	100%	80%	75%
Number of provider vehicles	5	1	9	3
Number of volunteer vehicles	25	-	-	-
Number of seats (volunteer and provider vehicles)	118	8	14	18
Number of passengers per week (volunteer and provider vehicles)	117	10	41	2

Table 13: Purpose and payment for member only community transport

	Waikato and Waipa sub-region	Thames-Coromandel, Hauraki and Matamata-Piako sub-region	Ōtorohanga and Waitomo sub-region	South Waikato and Taupō sub-region
Purpose of transport				
- Health only	40%	-	20%	25%
- Training only	-	-	-	-
- Recreation only	-	-	20%	25%
- Shopping only	-	-	-	-
- Multi-purpose including health	60%	100%	60%	50%
- Multi-purpose excluding health	-	-	-	-
Payment for services				
- Service free	60%	100%	80%	75%
- Donation suggested	20%	-	20%	-
- Payment compulsory	20%	-	-	25%
Driver status				
- Volunteer	20%	-	20%	-
- Reimbursed petrol	20%	100%	-	-
- Paid	20%	-	80%	75%
- Combination of voluntary and paid	40%	-	-	25%

There are 25 member only transport providers spread throughout the rural and minor urban towns surveyed. These account for more than a third (41 per cent) of all providers surveyed, however, they only accounted for 18 per cent of the provider vehicles used for community transport in all the towns surveyed and only eight per cent of all passengers transported.

Member only services were mostly rest homes (72 per cent), who provide transport to their clients for health appointments and social opportunities. Services that are not rest homes typically have a charge associated with them. One provider uses volunteer vehicles and the others use provider-owned vehicles.

The scope of this survey was limited and therefore does not include other possible transport providers operated by schools, or other community organisations which provide some transport to their members/clients or the general public.

5 Discussion

This research aimed to develop a profile of the community transport options that are available in the rural and minor urban towns in the Waikato region. This survey identified 61 community transport providers in nine of the districts in the Waikato, covering four larger sub-regions. Only 36 (59 per cent) of these providers have services for the general public, the remainder offer transport for members or clients only. The 36 providers offering transport to the general public transport approximately 2100 passengers each week. However, four providers who offer community transport for training account for 53 per cent of the passengers transported each week in the Waikato region and this skews the numbers somewhat.

The providers were largely local charitable groups, with only three national organisations (for example St John) providing transport. Providers also included health centres providing transport to get to medical appointments and other services such as kaumātua / kuia groups. Private training providers transported trainees / students to and from their courses. Social clubs and rest homes provided transport to their members.

Results demonstrated that the majority of providers offered health-related transport and much of the health transport was limited to transport to and from the hospital. In contrast however, the providers with the most vehicles and who transported the most people per week were training institutions who transported students to and from their site of learning.

One-quarter of all general public community transport providers surveyed said they were unsure of their funding stream or refused to answer the question. The most commonly mentioned funding stream was a DHB (42 per cent) followed by donations and grants based providers (17 per cent). However, there were a greater number of providers who offered health-related transport than who are funded by a DHB.

Most health related providers were small with only one or two owned vehicles. The health transport providers with more vehicles typically utilised a pool of privately owned volunteer vehicles. Over half (60 per cent) of the vehicle pool came from volunteer vehicles. However, these volunteer vehicles are not equally distributed between the sub-regions, 79 per cent of the volunteer vehicles are in the Waikato and Waipa and the Thames-Coromandel, Hauraki and Matamata-Piako sub-regions.



Figure 20: St John Health Shuttle staff and users

Although health was the most common transport purpose, other providers focused on providing people with shopping opportunities within and between towns. However, only six per cent of the general public community transport providers offer exclusively shopping or recreation transport. Furthermore, the multi-purpose providers were not asked to quantify how much of their transport is non-health related. Thus, it is challenging to understand how much community transport there is for non-health related purposes. This could be an area for future investigation.

This profile has identified that the coverage of community transport providers is not uniform across all sub-regions in the Waikato. Of the 36 general public community transport providers identified, the proportion of these providers (see figure 21) across the four sub-regions are: Waipa and Waikato sub-region: 22 per cent, Thames-Coromandel, Hauraki and Matamata-Piako sub-region: 50 per cent, Ōtorohanga and Waitomo sub-region: 11 per cent, South Waikato and Taupō sub-region: 17 per cent.

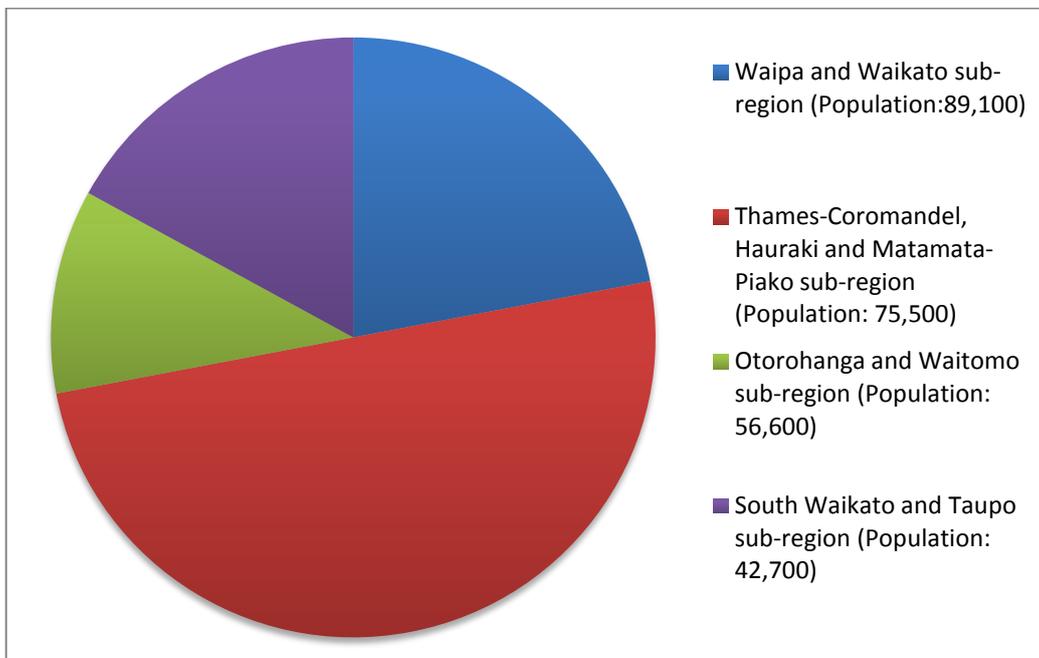


Figure 21: Proportion of all community transport providers in each sub-region

This was somewhat mirrored by the number of passengers from the general public who were transported per week. The only anomaly is the Ōtorohanga and Waitomo sub-region where numbers were much higher due to the significant transportation provided for trainees by one community transport provider.

There appears to be a negative relationship between the number of community transport providers and high socio-economic deprivation in an area. The areas with the lowest numbers of providers are typically the areas with the highest deprivation. This finding may be a cause for concern and worth investigating further given the high incidence of poor social and health outcomes for people living in areas with high levels of deprivation.

This research also found that there was great dedication, effort and passion among many people and organisations, in particular small charitable organisations to provide community transport services. This dedication has been sustained over many years, some as many as 20 years, with very little funding, and a real commitment to their communities. These relatively few organisations have been “plugging” the gaps for over 100,000 people per year.



Figure 22: Raglan Community Vehicle Trust Van and volunteers

Finally, the most common concerns identified by the providers were the increasing need, and complexity of need for health transport in particular. One area of increasing need was the increased numbers of dialysis patients, requiring transport providers to take multiple trips each day and run extra services. Several providers (four) talked about the non-alignment of scheduled public transport services with hospital appointments. However, many also noted that public transport is not necessarily suitable for those who are very unwell or those who have medical equipment to transport. Providers in small towns talked of increasing levels of isolation because of the lack of amenities in small towns. Some providers identified that the pool of volunteers is becoming smaller and less able, and this is impacting the level of service they can provide.

Overall, some aspects of community transport are working well, but there are some aspects that will need to be explored further in the needs assessment and gaps analysis phase.

6 Recommendations

There are a number of areas identified in this survey that would warrant future investigation.

1. Clearly identify and define the general public community transport problem to be addressed in the region, (for example: Is it access, provision, user uptake?) and what roles organisations and communities have in assisting.
2. The scope of this survey was limited to identifying the characteristics of transport providers and community transport provision in the Waikato region. It did not investigate any existing barriers to uptake of transport apart from number of providers in an area. For example, there were providers in the Thames-Coromandel district that do not believe their service is well utilised. It would be beneficial to identify what barriers exist that limit transport uptake from a service user / potential service user perspective.
3. Some areas have transport providers who coordinate and run their services in a more organised manner. An area for future research could be to identify which areas have particularly efficient services and investigate in-depth with them about how they are efficient and whether the principles could be applied to other areas.
4. Another area for investigation could be looking at the opportunities for leveraging transport options from current transport providers who already have vehicle pools or an interest in collaborating services. This investigation could also be extended to other community transport provider groups not included in this survey.
5. This study identified a possible link between the number of providers and the socio-economic deprivation in an area, that is, there appears to be less community transport provision in some areas which have higher deprivation. This correlates with the findings from the 2011 Transport Disadvantaged Study²⁵, which identified areas of high deprivation as being transport disadvantaged. Further investigation is needed in these areas of high socio-economic deprivation that are transport disadvantaged to identify and prioritise the need in these communities.
7. A wider regional analysis is recommended to investigate area(s) of focus for future community transport development according to level of need, deprivation, geographic location and population.

²⁵ Waikato Regional Council. 2011. A study into transport disadvantaged in the Waikato region

7 References

Ministry of Health 2012. NZDep2006 Index of deprivation.

<http://www.health.govt.nz/publication/nzdep2006-index-deprivation>

[accessed 18 July 2012]

Salmond C, Crampton P, Atkinson J 2007. NZDep2006 Index of Deprivation.

<http://www.otago.ac.nz/wellington/research/hirp/projects/otago020194.html>

[accessed 16 August 2012]

Statistics New Zealand. 2012. Census 2006. Wellington, Statistics New Zealand.

Waikato Regional Council. A study into transport disadvantaged in the Waikato region. Internal report completed in 2011. [DM Reference: 2163339].

8 Appendices

8.1 Appendix A: Organisations and providers contacted to identify transport providers

Table A: Contacts in Waikato and Waipa districts sub-region²⁶

Name of provider	Town/area	Code
Auckland CC - Franklin	Auckland	INFO
Health Care NZ	Hamilton	NE
Community Living Trust	Hamilton	INFO
Supported Work	Hamilton	NE
Hamilton Red Cross	Hamilton	INFO
Waikato District Council	Hamilton	INFO
Waikato DHB - Community Health Service	Hamilton	NE
St John rental van (main office in Hamilton, operates in Te Kuiti and Tokoroa)	Hamilton	S
Matua Whangai o Kiririkiroa trust	Huntly	NE
Waahi Whanui Trust	Huntly	NE
Genesis Power Training	Huntly	NE
Huntly I-site	Huntly	INFO
St John Huntly	Huntly	NE
Huntly Community House	Huntly	INFO
Huntly Community Advice Centre Trust	Huntly	NE
Kimihia Home & Hospital	Huntly	S
Huntly RSA	Huntly	S
Raukura Hauora O Tainui	Huntly	S
Te Whangai Trust	Miranda	S
Turangawaewae Trust Board	Ngaruawahia	NE
Ngaruawahia Community House	Ngaruawahia	NE
Ngaruawahia Community Care & Crisis Support	Ngaruawahia	S
Nga Miro Health	Ngaruawahia	S
Te Whare Oranga	Port Waikato	NE
Franklin Mobility Bus Inc	Pukekohe	S
Franklin Family Support Trust	Pukekohe	S
Franklin Hospice	Pukekohe	S
Franklin Resthome	Pukekohe	NE
Raglan Community Support	Raglan	NE
Raglan Community Support Group	Raglan	NE
Raglan Medical Centre	Raglan	NE
High needs Medical	Raglan	NE
Raglan Community House	Raglan	S
Raglan Trust Hospital	Raglan	S
Tairua Care & Friendship Inc	Tairua	S
Train Me Te Awamutu	Te Awamutu	NE
Kainga Aroha Community House	Te Awamutu	NE
Te Awamutu I-site	Te Awamutu	INFO
Te Awamutu Community Health Transport Trust	Te Awamutu	S
Tara Hill Resthome	Te Awamutu	S

²⁶ INFO – Called for information only, NE – Not eligible for survey, S – Surveyed

Name of provider	Town/area	Code
Gracelands	Te Awamutu	S
Te Wananga o Aotearoa	Te Awamutu	S
Te Kauwhata and Districts Information and Support Centre	Te Kauwhata	NE
Te Kauwhata Health Centre	Te Kauwhata	NE
Rural Women NZ Te Kauwhata	Te Kauwhata	S
ATC Training	Waikato region	NE
Waiariki Institute	Waikato region	NE
Waikato Inst. Of Technology	Waikato region	NE

Table B: Contacts in Thames-Coromandel, Hauraki and Matamata-Piako districts sub-region

Provider name	Town/area	Code
Colville Social Service Collective	Colville	NE
Te Ahi Kaa Social Services	Coromandel	NE
Coromandel Independent Living Trust	Coromandel	S
Phoenix House	Coromandel Town	S
Hauraki DC	Hauraki	INFO
Valley Education & Training Ent. Ltd	Kopu	S
Matamata Working Mens Club	Matamata	NE
Te Kohikohinga Trust	Matamata	NE
CAB- Matamata	Matamata	INFO
Bryan & Brenda	Matamata	INFO
Matamata/Piako DC	Matamata	INFO
Railside By the Green	Matamata	NE
Matamata Community Health Van Red Cross	Matamata	S
Rawhiti Home Matamata	Matamata	S
Kingswood Rest Home	Matamata	S
Pohlen Hospital	Matamata	S
Matamata RSA	Matamata	NE
Rhoda Read Hospital	Morrinsville	NE
Morrinsville Community House	Morrinsville	NE
Morrinsville Stroke Club	Morrinsville	NE
CAB - Morrinsville	Morrinsville	INFO
Piako Community Whanau Trust	Morrinsville	NE
Friends of Morrinsville Community Charity Trust	Morrinsville	S
Nga Wairere O Te Ora Clinic	Morrinsville	S
Morrinsville Training Centre	Morrinsville	S
Paeroa Community Support	Paeroa	NE
Hauraki Maori Trust Board	Paeroa	NE
Paeroa Community Bus / Paeroa Community Support Trust / Paeroa voluntary drivers	Paeroa	S
Ohinemuri Rest Home	Paeroa	S
Health Te Aroha	Te Aroha	NE
Te Aroha and District Community Hospital	Te Aroha	NE
Te Aroha Springs Community Trust	Te Aroha	S
Kenwyn Resthome	Te Aroha	S
Te Aroha RSA	Te Aroha	S
Te Aroha Red Cross Community Van	Te Aroha	S
CAB - Te Aroha	Te Aroha	INFO
Thames Workingmens Club	Thames	NE

Provider name	Town/area	Code
Thames Hospital	Thames	INFO
Richmond Villas	Thames	NE
Thames CAB	Thames	INFO
Thames Baptist Com. Ministries	Thames	NE
Thames Community Care and Support	Thames	NE
St John - Opportunity Shop	Thames	NE
Thames Coromandel DC	Thames	INFO
Beneficiary Advocacy Services	Thames	NE
Te Korowai Hauora o Hauraki	Thames	S
Booms Home and Hospital	Thames	S
Thames/ Hauraki Health & Disability Resource Centre Trust	Thames	S
Thames Workingmens Club	Thames	S
Tararu Rest Home	Thames	S
Te Hauora o Ngati Haua	Waharoa	NE
Waihi Community Resource	Waihi	NE
Hauraki CAB	Waihi	INFO
Heatherington House	Waihi	S
Waihi St John	Waihi	S
Whangamata Community Services Trust	Whangamata	S
Mercury Bay Community Bus / Mercury Bay Community Bus Society Inc	Whitianga	S
Whitianga Community Services Trust	Whitianga	S

Table C: Waitomo and Ōtorohanga districts sub-region

Provider name	Town/area	Code
Bennydale police	Bennydale	INFO
Kawhia Health Centre	Kawhia	NE
Ōtorohanga Medical Centre	Ōtorohanga	NE
Ōtorohanga Support House	Ōtorohanga	NE
North King Country Family Support	Ōtorohanga	NE
CAB Ōtorohanga	Ōtorohanga	INFO
Ōtorohanga DC	Ōtorohanga	INFO
Ōtorohanga Budget Advisory	Ōtorohanga	NE
Order of St John Ōtorohanga	Ōtorohanga	NE
Beattie Home	Ōtorohanga	S
Ōtorohanga Community Bus	Ōtorohanga	S
Tiroa E Trust	Te Kuiti	NE
Maniapoto Maori Trust Board	Te Kuiti	NE
Te Kuiti Maori Pa	Te Kuiti	NE
Te Kuiti CAB	Te Kuiti	INFO
Te Kuiti Community Link	Te Kuiti	NE
Te Kuiti Medical Centre	Te Kuiti	NE
Te Kuiti Family Health Centre	Te Kuiti	NE
Hillview Rest Home	Te Kuiti	S
Ngati Maniapoto Marae Pact Trust including Maniapoto Training Agency	Te Kuiti	S
Te Kuiti Community House	Te Kuiti	S
Waitomo Club	Te Kuiti	S
King Country Hospital Bus	Te Kuiti	S
Quota Club	Waitomo	NE
Waitomo DC	Waitomo	INFO

Table D: South Waikato and Taupō districts sub-region

Provider name	Town/area	Code
Tokoroa Go Bus (Mangakino Community Bus)	Tokoroa	NE
Putaruru Resource Centre	Putaruru	NE
Putaruru Information Centre	Putaruru	NE
Overdale Community Centre	Putaruru	NE
Putaruru Council of Social Services	Putaruru	NE
Putaruru Red Cross	Putaruru	S
Cardrona Resthome	Putaruru	S
Putaruru (District Services) Memorial Club	Putaruru	S
Rangiura Rest Home	Putaruru	S
East Bay Connection	Tirau	NE
Tirau Information Centre	Tirau	INFO
Tokoroa Club	Tokoroa	NE
South Waikato Pasific Island Com.	Tokoroa	NE
Train Me Tokoroa	Tokoroa	NE
Tokoroa Activity Centre for Elderly	Tokoroa	NE
Tokoroa Hospital	Tokoroa	NE
Tokoroa Activities Centre for aged	Tokoroa	NE
South Waikato DC	Tokoroa	INFO
Tokoroa Hospice	Tokoroa	NE
Tokoroa Council of Social Services	Tokoroa	NE
Raukawa Charitable Trust Board	Tokoroa	NE
Tokoroa Senior Citizens and Welfare Centre	Tokoroa	S
Tokoroa Taxi Cabs	Tokoroa	S
Tokoroa Cosmopolitan Club	Tokoroa	S
Tokoroa Lifestyle care Rest Home and Hospital Care	Tokoroa	S
Budget Advisory Services	Tokoroa	NE
Medicentre	Tokoroa/ Putaruru	NE
Senior Citizens Club	Turangi	NE
CAB Turangi	Turangi	INFO
Taupō/Turangi DC	Turangi	INFO
Tongariro Charter Club	Turangi	S
Turangi Transport	Turangi	S
Age Concern	Turangi/Taupō	NE

Table D: Taumaranui area (Ruapehu District)

These surveys were not included in the research, but we called to identify if they provide transport to other sub-regions in the Waikato region.

Provider name	Town/area	Code
Hinengakau Maatua Whangai	Taumarunui	NE
Ruapehu DC	Taumarunui	INFO
Avonlea Hospital and Home	Taumarunui	NE
Taumarunui Community Kokiri Trust	Taumarunui	NE
Te Arahina o Arihia Rest Home	Taumarunui	NE

8.2 Appendix B: Survey Questions

1. What sector do you operate in?
 - a. Health
 - b. Social services (e.g. community support)
 - c. Aged care
 - d. Employment
 - e. Other – please state

2. How long has your transport service been established?
 - a. 1 year
 - b. 2 years
 - c. 3 years
 - d. 4 years or more – please state

3. What is the purpose of your transport (select one or more as appropriate)?
 - a. Access to health and disability services
 - b. Access to social support services (e.g. community support)
 - c. Access to other social services (e.g. shopping)
 - d. Access to training and employment
 - e. Other – please state

4. Who uses your service (select one or more as appropriate)?
 - a. General public
 - b. Members, clients, service users only
 - c. Both
 - d. Other? Please state...

5. How many vehicles do you operate? (for transporting service users / others (not staff))

6. How many seats do these vehicles have?

7. How many people on average does your service carry (daily or weekly –please specify)?

8. Are these vehicles accessible for people with disabilities?

9. Do you own these vehicles or are they leased?

10. Is there a fee/donation requirement for the service user? If yes please explain.

11. Are your drivers volunteers or paid?

12. What are the towns you operate in? What are the outer boundaries of your transport service? i.e name boundaries towns (For GIS mapping purposes)

13. Do you have specific regular routes within a town(s)? If so please describe your destinations e.g. supermarket, health clinic,

14. Do you have specific regular routes between towns or between a town and a city? If so, please describe these by naming the towns you pass through and any regular pick up points.

15. Do you operate door-to-door or have central pick up points?
If you have a central pick up point please provide the physical address for GIS mapping purposes)

16. How often do you provide the transport? E.g. daily, twice a week, on demand. Please provide frequency for each specific route if you have specific routes.
17. What are your service operation hours?
18. Is there any local council, DHB or any other organisation involvement in your transport service? If so, how are they involved? E.g. funding, support, coordination etc
19. Do you have a service agreement? If so, what is the length of your service agreement/contract?
 - a. 1 year
 - b. 2 years
 - c. 3 years
 - d. On-going
20. Please tell us the proportion of funding that you get from the following sources to operate your transport. (Read out the sources first?)
 - a. Users (e.g. 10% user pays)
 - b. Grants (e.g. Lotteries)
 - c. Local government
 - d. Central government
 - e. Health providers/DHB
 - f. Private benefactors
 - g. Other
21. Please tell us, in general terms, the amount that this transport service costs your organisation annually (that is, the real costs including people, vehicle and running costs). Is it...
 - a. <\$10,000
 - b. \$10,000 - \$20,000
 - c. \$20,000 - \$30,000
 - d. \$30,000 - \$40,000
 - e. >\$40,000
22. What do you think are the most important gaps in the community transport provision in your area?
23. What do you think are the most important opportunities to help enable community transport development in your area?
24. Who can act as a key contact person if the council wanted to find out more information about your transport service? Email / Phone.
25. Would you like to receive a copy / summary of the report.

Your personal details will be kept confidential to the researchers and will only be used to send you the information sheet and what we have collated about your organisation.

Name of interviewee:
Organisation:

Designation:
Email / Postal Address:

8.3 Appendix C: Information Sheet



Information sheet

Date Information Sheet Produced: 2nd July 2012

Research title: Profiling rural community transport in the Waikato region

What is the purpose of this research?

The purpose of the survey is to profile community transport services in rural Waikato including smaller towns. The survey results will be written into a report for the Waikato Regional Transport Committee to support implementation of the regional land transport strategy - in particular their aim to help improve access for rural communities.

What will happen with my survey answers?

Your survey answers will be recorded by the researchers and help identify what community transport options are available. Any recent trends or developments and opportunities for future development will be noted. Your specific answers about what services you provide e.g. routes will be available to Waikato Regional Council staff that may wish to follow up in future. A summary of key information will be included in the report to the Waikato Regional Transport Committee and be available to the general public. Personal information (name / contact details) will not be used in the report.

Your involvement in this study is voluntary; if you wish to have some or all of your survey answers removed from the research please contact us using the details at the end of this information sheet by July 31st 2012.

What are the discomforts and risks and how will they be alleviated?

There should be no discomforts or risks associated with your participation in this survey. Answers of a sensitive nature e.g. about funding, will be used by the researchers in their analysis and will be presented anonymously in the report. You can withdraw from the research anytime you wish without being disadvantaged in any way.

How will my privacy be protected?

Your survey answers will be analysed collectively with the other transport providers. However, identified basic information about the transport services you provide will be in the report. Any sensitive information will be presented in an anonymous manner.

Will I receive feedback on the results of this research?

If you wish to receive a copy of the final report please contact us to request one.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the researchers Alicia Crocket or Debbie Goodwin, or you may contact Greg Morton, Waikato Regional Council, Senior Transport Planner, Policy and Transport, Waikato Regional Council, P:07 859 2727, email: Greg.Morton@waikatoregion.govt.nz.

Whom do I contact for further information about this research?

Researcher Contact Details:

Alicia Crocket
Evaluation Consultant
Email: alicia.crocket@gmail.com
Phone: (021) 115 18987

Debbie Goodwin
Evaluation Consultant
Email: solutions@debz.org.nz
Phone: (027) 447 0208

8.4 Appendix D: List of minor urban and rural towns surveyed

Waikato and Waipa districts sub-region

- Port Waikato,
- Meremere,
- Te Kauwhata,
- Huntly,
- Ngaruawahia,
- Raglan,
- Te Awamutu,

Thames-Coromandel, Huaraki and Matamata-Piako districts sub-region

- Waihi,
- Paeroa,
- Morrinsville,
- Te Aroha,
- Matamata,
- Thames,
- Coromandel,

Ōtorohanga and Waitomo districts sub-region

- Ōtorohanga,
- Kawhia,
- Te Kuiti,
- Bennydale,

South Waikato and Taupō districts sub-region

- Tirau,
- Putaruru,
- Tokoroa,
- Mangakino
- Turangi.

8.5 Appendix E: Selection criteria for minor urban and rural areas

The following selection criteria were developed by Waikato Regional Council to identify Waikato region urban areas for inclusion in this survey:

- Minor urban areas with a population of less than 15,000 with or without access to a contracted public transport service.
- Minor urban and rural areas identified in the Transport Disadvantaged Study (Waikato Regional Council, 2010) as warranting further local level investigation.
- Minor urban and rural areas where Waikato Regional Council is aware the community(s) and/or an organisation(s) have completed investigations or collaborative cross-sector discussion has occurred in the past three years regarding community transport services and/or public transport development.

8.6 Glossary

Charitable trusts / community groups: Charitable trusts and community groups are loosely defined as non-government organisations that operate on a not-for-profit basis.

Community transport providers: Community transport providers are loosely defined as those providing transport services to the general public and communities to meet specific transport needs such as transport to health and hospital appointments, training or employment, essential shopping and social and recreational purposes. It does not include scheduled public transport such as bus services, Total Mobility, or school transport service providers. For the purposes of this research, community transport providers are further categorised into “general public community transport” and “member only community transport” (see definitions below).

General public community transport: General public community transport providers are those providers who do not require a person to meet criteria as “a member” before they can use the transport. It includes training and health centres because anyone, regardless of their situation are able to enrol in a health or training centre.

Member only community transport: Member only community transport is transport for a specific purpose that is only supplied to members and membership may not be open to anyone regardless of their situation. Typically member only community transport is supplied by residential care homes, RSA's and Cosmopolitan Clubs.

Provider vehicles: Provider vehicles are those used for community transport that are owned or leased by the provider organisation. These vehicles can be cars, vans or buses.

Scheduled public transport: Scheduled public transport includes services that carries passengers for hire or reward and are operated by the regional council or equivalent entity and generally available to the public. Importantly, the definition of a public transport service does *not* include: a taxi service [excepting for water taxis which must be registered], a dial-a-driver service, a shuttle service, an ambulance service, a private hire service, and a service that:

- Ministry of Education has contracted/funded to transport children to and from school;
- operates to transport all its passengers to a predetermined event;
- carries passengers for the primary purpose of providing a tourism experience, rather than transporting people from place to place;
- is not available to the public generally.

Scheduled public transport is subsidised by central and local government and has a user-pays component.

Socio-economic deprivation score / NZDep score: A relative measure identifying the level of socio-economic deprivation in an area. The NZDep score “reflects lack of income, employment, communication, transport, support, qualifications, owned home and living space”²⁷

Total Mobility: Total Mobility is a national transport scheme involving disability support agencies, approved transport providers and local government. The scheme provides door to door on-demand service to approved people with a disability(s) where bus or other travel options are not available or appropriate.

Volunteer vehicles: Volunteer vehicles are vehicles used for community transport that are privately owned by the volunteer driver.

²⁷ Salmond, C., Crampton, P., and Atkinson, J.. 2007. NZDep2006 Index of Deprivation. <http://www.otago.ac.nz/wellington/research/hirp/projects/otago020194.html> [accessed August 2012] p. 21