



Office of Hon Mark Gosche

Minister of Transport
Minister of Housing
Minister of Pacific Island Affairs
MP for Maungakiekie

~~17/4/99~~
T/10/4/11
COPY

14 MAR 2000

Mr Stuart Macaskill,
Chair
Wellington Regional Council
PO Box 11-646
WELLINGTON

Dear Mr. Macaskill,

The Wellington Regional Council has recently sent a letter to a wide variety of groups and individuals announcing that it intends to cap Total Mobility expenditure from July 2000 onwards. The letter makes it clear that this decision would increasingly exclude a number of groups from access to Total Mobility services.

Since it took office this Government has been reviewing two policy areas that are likely to have a major impact on this proposal.

- The Minister of Health is developing a New Zealand Disability Strategy to include goals, targets and priorities to remove the barriers to participation for people with disabilities.
- I am working to develop new policies for funding passenger transport as well as a New Zealand Transport Strategy.

Decisions on all these issues will be made during 2000.

At the Local Government Summit held earlier this month, both the Government and Local Government New Zealand agreed that communication and consultation between the parties was the key to a successful outcome, and that we would both seek to improve our relationship. I believe that it is crucial that we have open communication between us as we develop long term policies for passenger transport in general and Total Mobility in particular.

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In this context, I would ask that the Wellington Regional Council defer its proposed decision to cap funding for Total Mobility until the Government's policies in this area have been decided.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mark Gosche', written in a cursive style.

Hon Mark Gosche
Minister of Transport



Office of Hon Ruth Dyson

Minister for Disability Issues
Associate Minister for Accident Insurance
Associate Minister of Health
Associate Minister of Social Services and Employment
MP for Banks Peninsula

WELLINGTON REGIONAL COUNCIL
30 MAR 2000

29 MAR 2000

Mr Anthony Cross
Manager
Public Transport
Wellington Regional Council
PO Box 1 I-646
WELLINGTON

FILE No.	7110411	
TO NOTE	INIT.	DATE
A. Cross	[Signature]	[Signature]
TO ACTION		

Dear Mr Cross

Thank you for your letter of 28 February 2000 concerning Total Mobility.

I understand that the Minister of Transport, Hon Mark Gosche, has written to your regional council asking you to defer your proposed decision to cap funding for Total Mobility until the Government's policies in this area have been decided.

As you will now be aware, the Government has been reviewing two policy areas that are likely to have a major impact on the Wellington Regional Council and Total Mobility. The New Zealand Disability Strategy is being developed to include goals, targets, and priorities to remove the barriers to participation for people with disabilities. Also, The Minister of Transport is working to develop new policies for funding passenger transport as well as a New Zealand Transport Strategy.

As indicated in my colleague's letter to your regional council, decisions on all these issues will be made during this year.

There are quite complex issues relating to funding and allocation of responsibilities for the transport needs of people with disabilities and mobility impaired older people that will need to be identified and resolved as part of the processes indicated above. For example, Total Mobility schemes currently do not cover all regions of New Zealand. As funding of Total Mobility by regional councils varies greatly even among areas that do have schemes, there are major equity and funding issues to be addressed.

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Thank you for writing.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ruth Dyson', with a long horizontal stroke extending to the right.

Hon Ruth Dyson
MINISTER FOR DISABILITY ISSUES

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TE TĀHUHU O TE MĀTAURANGA
Ministry of Education

WELLINGTON REGIONAL COUNCIL

05 APR 2000

4 April 2000

National Office Special Education
45-47 Pipitea Street
Thorndon
P O Box 1666
Wellington
New Zealand

Phone: 0-4-473 5544
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Anthony Cross
Manager, Public Transport
Wellington Regional Council
P O Box 1 1-646
WELLINGTON

FILE NO.	71101411	
TO NOTE	INIT.	DATE
A Cross	[Signature]	
TO ACTION		

Dear Anthony

Thank you for your letter concerning proposed changes to Total Mobility in the Wellington region.

It is with some concern that you have indicated that the level of funding for Total Mobility will be capped at the current level and identified groups will be excluded. I can only comment in respect of students with special education needs within the education sector.

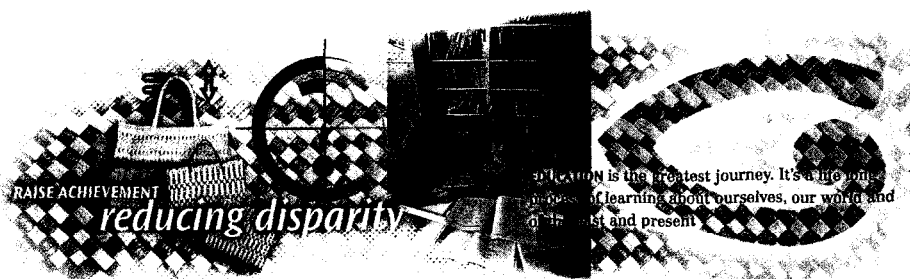
The Ministry supports the clearly stated aims of the Government on transport assistance for people with disabilities. These aims are to :

- Provide on-going support for the total mobility programme
- Support access to transport as a human right
- Work towards the development of accessible public transport
- Develop a national land transport strategy that incorporates public transport issues and is integrated with the national strategic plan for habilitation, rehabilitation and disability support.

The Ministry currently funds assistance for students with special education needs at a annual cost of \$13 million and this cost is expected to increase. It could well be argued that if the Ministry did not provide transport assistance to students with a range of disabilities that the cost to Regional Councils would be considerably more than at present. The Ministry is certainly prepared to continue to meet the transport needs of students but would also have an expectation that the regional councils and Transfund New Zealand continue to meet there obligations.

I understand that this issue may have been raised at Ministerial level and that further consultation will be required before any decisions on the withdrawal or reduction of funding are made.

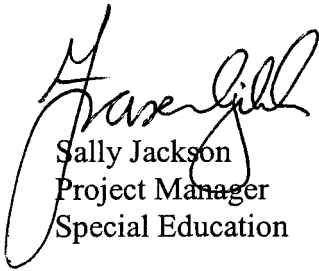
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We would seek an opportunity to discuss this matter further with you as soon as possible because the proposals could have a significant impact on the Ministry and students with special education needs both at the local at national level.

Thank you for the raising this matter with the Ministry and I look forward to meeting with you in the near future.

Yours sincerely



Sally Jackson
Project Manager
Special Education

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FILE No. T/10/4/1		
TO NOTE	INIT.	DATE
A. Cross		
TO ACTION		

WELLINGTON REGIONAL COUNCIL
26 APR 2000
 133 Molesworth St
 P.O. Box 5013
 Wellington
 New Zealand
 Phone (04) 496 2000
 Fax (04) 496 2340
 Ref. No _____

17 April 2000

Mr Anthony Cross
 Manager
 Public Transport
 Wellington Regional Council
 PO Box 1 I-646
 WELLINGTON

Dear Mr Cross

Thank you for your letter of 25 February 2000 giving the Ministry of Health the opportunity to comment on your proposal to change the access criteria for the Total Mobility scheme which operates in the Wellington Regional Council area.

The Ministry is concerned that your proposal would have resulted in certain groups of transport disadvantaged people, who currently derive great benefit from the Total Mobility scheme, eventually being denied access.

Ministry of Transport officials have since informed the Ministry of Health that the Minister of Transport, Hon Mark Gosche, has written to your regional council asking you to defer your proposed decision to cap funding for Total Mobility until the Government's policies in this area have been decided.

As you will now be aware, the Government has been reviewing two policy areas that are likely to have a major impact on the Wellington Regional Council and Total Mobility. The New Zealand Disability Strategy, led by the Ministry of Health, is being developed to include goals, targets, and priorities to remove the barriers to participation for people with disabilities. Also, I understand that the Minister of Transport intends to develop new policies for funding passenger transport as well as a New Zealand Transport Strategy.

There are quite complex issues relating to funding and allocation of responsibilities for the transport needs of people with disabilities and mobility impaired older people that will need to be identified and resolved as part of the processes indicated above. For example, we understand that Total Mobility schemes currently do not cover all regions of New Zealand and that funding of Total Mobility by regional councils varies greatly even among areas that do have schemes. There are therefore major equity and funding issues to be addressed.

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The Ministry would appreciate being notified of the outcome of your submission process.

Yours sincerely

A handwritten signature in black ink, appearing to read 'H. Steffens', with a long horizontal stroke extending to the right.

Harvey Steffens
**Acting Deputy Director-General
Policy Branch**

c.c. Karen O Poutasi (Dr)
Director-General of Health

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WELLINGTON REGIONAL COUNCIL
20 APR 2000



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19 April 2000

Anthony Cross
Manager Public Transport
Wellington Regional Council
PO Box 11-646
WELLINGTON

Ref

785-09	T/10141	
TO NOTE	INIT.	DATE
A. Cross		
TO ACTION		

Dear Anthony

Total Mobility Changes

Thank you for your letter of 25 February 2000 regarding the above changes. We appreciate the opportunity to comment and ask that you take our views into consideration when finalising your proposal.

We regard your proposal to cap total mobility funding at \$1,050,000 as a local issue for your Council to decide.

However we cannot agree that there is a lack of certainty regarding future Transfund financial assistance and, therefore, do not agree that this contention justifies the proposed changes. Transfund has made no decision affecting the likelihood of financial assistance for total mobility, and we expect the existing funding situation to continue for at least the next financial year.

Our current performance agreement with the Minister of Transport requires Transfund to provide financial assistance for total mobility schemes. As you are no doubt aware, Transfund's financial assistance to the Wellington Regional Council for total mobility has increased from \$220,000 to \$420,000 over the past five years. Transfund has been able to approve all total mobility funding requests from the Council over this time, because of savings made in other regions.

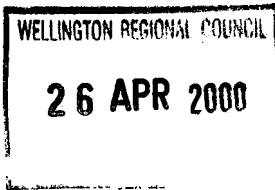
We trust you find these comments helpful. Please contact Bob Alkema, our Central Regional Manager, on 495 7601 should you wish to clarify any of the above points.

Yours sincerely

Martin Gummer
Chief Executive

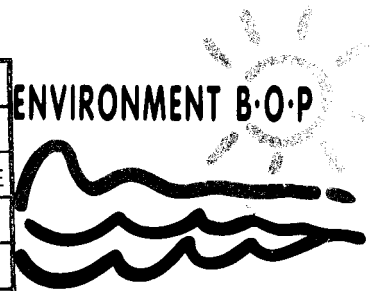
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Your Ref: T/10/4/1
Our Ref: 6890 00



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FILE No.	T/10/4/1	
TO NOTE	INIT.	DATE
A. Cross		
C. Dowland		
TO ACTION		



Bay of Plenty Regional Council
Quay Street, P O Box 364
Whakatane, New Zealand

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19 April 2000

Attention Chrissy Dowland

Public Transport Department
Wellington Regional Council
P O Box 11-646
WELLINGTON

POLLUTION HOTLINE 0800 73 83 93

Dear Chrissy

Total Mobility Changes

I refer to your letter of 25 February 2000 outlining proposed changes to the Total Mobility scheme in the Wellington Region, and inviting comment on these.

Copies of your letter and supporting report were:

- discussed informally with the appointed members on the Total Mobility Management Committee;
- referred to disability support organisations represented on the committee, for comment; and
- considered, together with comments from those local disability support organisations, by my Council's Transport Policy Committee (TPC).

Environment B·O·P opposes the proposed changes on the grounds that they may have an adverse flow-on effect on the operation of the scheme in the Bay of Plenty and may compromise the national consistency of the scheme. In particular the proposed amendments to the eligibility criteria should only be made after consideration at a national level.

The basis for our opposition is covered in more detail below.

Funding

The proposal by Wellington Regional Council to cap Total Mobility expenditure at the 1999/2000 budget of \$1,050,000 is understandable. Most regional councils have had to consider this option at one time or another.

Nevertheless growth should be catered for. There may be a need to dampen the demand for an increase in the number of trips taken by individual users; but provision should be made for the growth in demand arising from an ageing population and an increasing awareness of the scheme within the disability sector.

However unpalatable it may be to the disability sector, reducing the discount from the present 50% appears to be the most equitable option available to manage demand.

Eligibility Criteria

The issues involved in changing the eligibility criteria are not straightforward. There may be room to tighten the criteria for those people living in rest homes, and homes for people with intellectual disabilities, who attract Health Funding Authority (HFA) transport-related financial assistance. But why should private paying rest home residents and those people with intellectual disabilities not living in residential facilities—who are not covered by the HFA Residential Support Subsidy—be denied access to Total Mobility?

The transport component of the generic HFA funding contract for a provider of a rest home, or a home for people with intellectual disabilities, requires them to “...ensure that transport facilities are available to Service Users for reasonable access to social, recreational and person health services.” Does this mean that they have to provide all transport services?

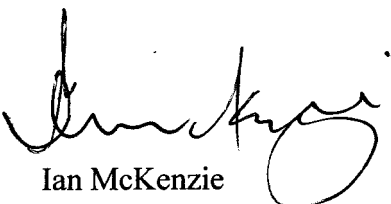
To limit the operation of the Total Mobility scheme to that area covered by regular public transport would severely restrict its availability for (otherwise) eligible people living outside major urban areas. This will continue the marginalisation of people in the disability sector—and those who live outside the main metropolitan areas. Why should people with disabilities be denied a service just because no services have been provided for the general population? I would have thought that providing a service for one sector of the community was better than providing none!

Conclusion

The Wellington Regional Council’s concern about the rapidly increasing demand for Total Mobility is shared by other regional councils. But rather than adopt a regional variation of the eligibility criteria—and compromise the national consistency of the scheme—perhaps it would be more appropriate to convene a national workshop to address the issues in some depth.

Thank you for the opportunity of commenting on your proposals.

Yours sincerely



Ian McKenzie
Land Transport Manager

for Director Resource Planning

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WELLINGTON
01 MAY 2000
DPA

DPA WELLINGTON REGION
PO BOX 1 I-303 WELLINGTON

FILE NO.	T1101411	
TO NOTE	INIT.	DATE
A. Cross		
TO ACTION		

DPA (New Zealand) Inc

**Submission to the Proposed Changes to the Wellington Regional Council
Total Mobility Scheme**

Introduction

DPA, the assembly of people with disabilities, is an umbrella organisation. It is the voice of people across the full range of disability in New Zealand. DPA Wellington the regional assembly in Wellington, Wellington DPA has about 40 individual members who have a disability themselves, or are a family member, guardian, carer, or friend of a person with disabilities.

There are also around 60 corporate members in Wellington DPA from organisations big and small who provide services to or advocate for people with disabilities. Corporate members may be national organisations such as the Deaf Association of New Zealand or an individual agency such as a rest home or residential care facility.

New Zealand is a signatory to the United Nations Standard Rules on the Equalization of Opportunities for people with disabilities which promotes the full participation of people with disabilities in society. Transport is often a barrier that limits many people with disabilities from full participation in society. Accessible transport is essential for the participation of people with disabilities in society. The "Total Mobility" scheme is a way of addressing the transport needs of people with disabilities who cannot access conventional public transport.

Current Proposals outlined in the letter of 25 February 2000

DPA sees Total Mobility as a transport issue, not an issue for health, education or social policy. Many people with disabilities cannot access conventional public transport for a variety of reasons.

Current proposals to increasingly limit Total Mobility on the basis of disability are repugnant to DPA because they go against the whole philosophy of Total Mobility that encourages people with disabilities to participate in society. The disability type is irrelevant for Total Mobility. If someone cannot use conventional public transport because of disability they have a transport need that entitles them to use Total Mobility.

Although people living in rest homes and hospitals have the cost of transport for basic living met by the institutions, people still need access to Total Mobility so they can participate in society eg going to visit friends, relatives or a social event. This is often important to encourage people to still have a small amount of independence.

We can

DPA is the national assembly of people with disabilities

50468.

DPA realises that resources are limited for Total Mobility and would urge the Council to look to other measures such as limiting the number of vouchers, maximum subsidy and asking people to use vouchers sparingly. The current proposals unfairly discriminate against people with particular disabilities rather than seeking ways to reduce expenditure in an equitable way.

The current proposals reveal an inadequate understanding of the principles of Total Mobility we would strongly urge the Regional Council to look at the principles set out in the review of Total Mobility undertaken in 1993, *Total Mobility Scheme Review Working Group Report Transit NZ 1993*. The principles in the review were developed in consultation with Regional Councils to ensure the long-term survival of the scheme. Decisions on Total Mobility should be made in line with the principles laid down in the review taking into account limited financial resources instead of decisions being made purely on financial grounds.

DPA would like to see a report written on the operation of Total Mobility in the Wellington Region measured against the principles set out in the 1993 Review.

We would like to comment on the consultation process. We were unhappy about the use of the Total Mobility Advisory Group in the current process. Two members of DPA are on the Total Mobility Advisory Group. This group was not consulted on the changes before proposals were made public. Any further proposal for changes to Total Mobility scheme should be fully discussed between council officers and the disability community before the changes are **publicised** and come before the Regional Council.

Recommendations:

1. That the proposed changes to the Total Mobility Scheme do not go ahead.
2. That the Transport Committee asks **officers** to prepare a report on the operation of Total Mobility in the Wellington Region measured against the principles set out in the 1993 review.
3. That the process of consultation with the disability community be improved so that any further changes will be worked through before they are made public.

Vicki Terrell
Chairperson
DPA Wellington Region
April 2000

14

18 April 2000

The Manager
Public Transport Department
Wellington Regional Council
142-146 Wakefield Street
P O Box 11 646
WELLINGTON

Dear Anthony Cross

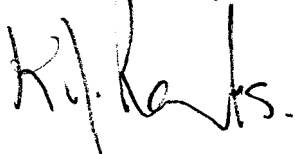
SUBMISSION TO PROPOSED CHANGES FOR TOTAL MOBILITY

I have enclosed two copies of the submission prepared by the Wellington Regional Council Total Mobility Advisory Group.

I wish to advise that representatives from the Total Mobility Advisory Group would like to have the opportunity to speak to the submission.

Please advise me when the arrangements for oral submissions are finalised.

Yours sincerely



Karen Roberts
pp WELLINGTON REGIONAL COUNCIL TOTAL MOBILITY ADVISORY GROUP
P O Box 33 098
PETONE
PH 04 568 2929

Submission to the Proposed Changes to the Wellington Regional Council Total Mobility Scheme

The Wellington Regional Council Total Mobility Advisory Group presents this submission to the Wellington Regional Council's letter dated 25 February 2000, which outlines proposed changes to Total Mobility.

The Advisory Group was established in 1998 to enable close consultation between the Regional Council and the *users* of Total Mobility. The Group consists of representatives of Total Mobility users and service providers.

The Advisory Group has six main points to raise in reference to the proposed changes to Total Mobility;

1. Transport: A Human Right
2. Wellington Regional Council Responsibilities
3. Total Mobility Origins
4. Definitions
5. Assessments
6. Improved Analysis

In addition, the Advisory Group has documented two Case Histories that detail how Total Mobility has enhanced the lives of individuals (refer *Appendix one*). Finally the Advisory Group has outlined its concerns and offered recommendations regarding the purpose and functions of the Advisory Group (refer *Appendix two*).

1. Transport: A Human Right

- 1.1 Accessible transport is a basic human right.
- 1.2 Accessible transport is an essential element of life, which enables participation in society, not a 'social' service.
- 1.3 To provide accessible transport is in accordance with various United Nations Covenants and Conventions on Human Rights, including the Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

2 Wellington Regional Council Responsibility

- 2.1 It is clearly Wellington Regional Council's responsibility to provide funding for public transport.
- 2.2 Demand for the scheme is not being met with an equivalent increase in budget.
- 2.3 The Wellington Regional Council does not have the authority to completely alter the entire objective of Total Mobility by discriminating against groups of people with disabilities by excluding them from the scheme.
- 2.4 For Wellington Regional Council to exclude entire groups of people with disabilities from Total Mobility, would equate to the council not meeting their responsibilities and be a social injustice.

3 Total Mobility Origins

- 3.1 Total Mobility was launched in Wellington, New Zealand in November 1983, as a pilot scheme. The idea for Total Mobility became apparent after the 1981 Telethon for the Disabled, when trustees had requests for \$2.5 million to either assist existing transport services for people with disabilities or to establish new ones. The concept was based on a similar scheme already in existence in New South Wales, Australia.
- 3.2 Total Mobility's objectives was, **“to establish a transport service that will enable persons with physical and mental impairments that preclude their using normal transport services to attend work, social and educational establishments and to participate to the greatest possible degree in the life of the community”** (Disabled Persons Assembly (New Zealand) Inc., p.3).
- 3.3 At the time of Total Mobility conception, it was recognised and documented that there were two key factors which had caused transport services for people with disabilities to fail to keep up with the improvement in community-based services for the wider community:
 - a) **“The lower earning capacity of handicapped people;**
 - b) **The cost of providing services is higher than the cost of providing a similar level of service for the general public”** (ibid, p.4)
- 3.4 It was identified that the service would fall into two broad categories:
 - a) **“Regular trips to school, workshops etc arranged with the agency responsible at a rate based on the taxi fare scheduled; and**
 - b) **Individual hires arranged directly as and when required and carried at normal taxi rates”** (ibid,p.5)
- 3.5 In Total Mobility's early forming phase, two factors were identified that would limit the extent of the service; **“the amount of money available for the subsidy and the capacity of the transport service”** (ibid).

4 Definition

- 4.1 It is necessary to define the words 'access' and 'accessible' as there are different meanings being attached to them. It appears the Wellington Regional Council has over time, reached a restrictive interpretation, which the Advisory Group does not support.
- 4.2 The Advisory Group believes that whenever these words are used, the broadest definition should be referred to. A person can be physically able to get on to public transport but this does not however, necessarily, make public transport accessible. People also need to be able to wait at the correct place, be competent with money, know when to alight and be able to get safely to their destination. Thus accessible does not just mean being physically able to get on and off public transport.

5 Assessment

- 5.1 Wellington Regional Council provides no training for the Assessors who receive applications for entry into Total Mobility.
- 5.2 Assessors who administer the assessment tool work in isolation from each other

6 Improved Analysis

- 6.1 Currently there is no formal data collection which allows the Wellington Regional Council to conclude if Total Mobility is meeting the needs of people with disabilities who are unable to access public transport

RECOMMENDATIONS

- That transport is viewed as a basic human right and an essential service.
- That the proposed changes as outlined in letter date 25 February 2000 be abandoned.
- That the Wellington Regional Council accepts that 'accessible' transport has a wider definition than being physically able to master public transport. Refer 4.1
- That Total Mobility should remain true to its original intention and thus provide transport to people who cannot access regular public transport.

- That the true cost of providing transport to people with disabilities through Total Mobility, be the met by the Wellington Regional Council in the same way as it meets the costs of providing transport to the non-disabled public, without excluding differing groups within the community.
- That Regional Council lobby government for adequate funding to meet the transport needs of people with disabilities who require Total Mobility
- That the Wellington Regional Council initiate and support a regular forum for accredited assessors to meet. This forum would provide an opportunity for assessors to share difficulties regarding eligibility criteria for Total Mobility
Anticipated benefits being;
 - Reduction in the isolation assessors experience.
 - Consistency in the application of the assessment questionnaire.
 - Leading to fairer assessment information, on which to base the eligibility decisions.
 - Associated cost benefit to the scheme with sharing effective management strategies between providers.
- That the Wellington Regional Council initiates a collaborative research project to ascertain the transport needs for people with disabilities. The results could then be analysed and a true and accurate prediction of future funding be determined.
- That regular Advisory Group meetings be scheduled and held.
- That any future difficulties be identified early to the Wellington regional Council Total Mobility Advisory Group, so as to enable a true consultation process

REFERENCES

Disabled Persons Assembly (New Zealand) Inc. *Transport for The Disabled*

Labour Party, (1999). *Labour on Disability Issues*.

*Appendix one***CASE HISTORIES PREPARED AS SUPPORT OF THE SUBMISSION MADE BY
THE WELLINGTON REGIONAL COUNCIL TOTAL MOBILITY ADVISORY
GROUP**

The following are two case histories that detail how the availability of Total Mobility enhances the lives of individuals with disabilities and their families..

CASE A

M is 61 years of age and has Osteoarthritis that affects many of her joints. In addition, M is a Diabetic and has Addisons Disease. Also she is affected by a Brain Stem Tumour and has had a Stroke. As a result of her medical problems, she is very disabled and is on a Disability Benefit and receives a Disability Allowance.

M is unable to walk far – her independent spirit saw her determined to use public transport, but she realised this was not an option for her after she fell off the bus on two separate occasions whilst alighting or dismounting. M has a scooter, which aids her ability to remain independent in the community, but she needs to use a Taxi to take both herself and her scooter to the local Shopping Mall, in order to be able to complete her shopping trips on days when the weather is inclement. Once there she requires the help of no one and is able to continue to maintain her role as a wife and partner, no matter what the circumstances are.

M has continued to remain independent and busy in the community with the aid of help and assistance afforded her through the Total Mobility Scheme. The Scheme also enables her to be the very effective Chairperson of one of the Foundation's largest support groups. She is able to regularly attend Exercise and Hydrotherapy groups, all of which assist her in conserving her joints and maintain the level of mobility she is left with. She is also able to continue to attend her local church and is a valuable member of the Congregation.

M and her husband are not well off financially and the subsidy afforded by the Total Mobility Scheme keeps M independent and effective in the community. As well, it helps to relieve the stress that is placed on the well-being and ability to manage life on a daily basis for those couples who find themselves faced with the difficulties created by one partner becoming physically disabled.

M is just one case of many the Foundation could site when considering the importance and value of the Total Mobility Scheme to people affected by arthritis. Often their arthritis is complicated by other chronic conditions, which often means they simply cannot use public transport even if it should pass their front door. Over a long period of time the Scheme has been welcomed and appreciated by many users like M. Like her they have been able to remain independent in the community making many and varied contributions to it.

Prepared by Marie J Gillies, Chairperson – Wellington Division
Arthritis Foundation of NZ Inc.
174 Hutt Road
PETONE

CASE B

P is a young woman in her twenties who has an intellectual disability and difficulty communicating. While she is physically able to access public transport she requires the use of Total Mobility to get her safely to and from her destination.

P recently acquired part time employment and it was initially thought that P would be able to learn to safely use public transport. IHC Vocational Services staff assisted P with 'Transport Training'.¹ Over a period of time P gained confidence in the training and was assessed as being able to independently use public transport.

Her first day using public transport went without incident. The bus was on time and P arrived safely at her employment and at her home after work. However her second day was somewhat different. The bus was late and P started to become stressed, thinking she had missed it. As time went on, the bus still did not arrive and P become more and more agitated. Finally a bus arrived and P alighted. All the training she had undergone had been temporarily forgotten. She had not sight checked the bus number and route and P had mistakenly got on to a bus that did not go anywhere near the location she required. P ended up miles from her work and extremely distraught. The bus driver, not knowing what else to do, contacted the Police to enlist their assistance for P.

Consequently P lost all her self-confidence around using public transport and is currently utilising Total Mobility to enable her to get to and from work safely. It is essential that she have access to Total Mobility to continue in her part time employment.

People with an intellectual disability like P, can learn new skills based on routine and regularity, however the unpredictable will often be difficult for them. It is impossible to train for every likely scenario that may ever occur therefore people do need to have some personal coping mechanisms themselves that they can call on, when events are not routine, if they are to ensure their personal safety. Often there is a fine balance between allowing the person the 'dignity of risk' and placing the person in a dangerous situation with serious risk to their personal safety.

Total Mobility allows P and others with an intellectual disability the benefits of some level of independence, participation in the community, age appropriateness and self-determination.

Prepared by Cindy Johns, Advocate
MC Advocacy Services.
PO Box 4155
WELLINGTON

¹ 'Transport Training' is an educational programme that provides one to one individual support to people with an intellectual disability to enable them to learn the skills required to safely use public transport systems, There is no fixed timeframe for the programme and it is individually planned to suit the needs of the participant.

TOTAL MOBILITY ADVISORY GROUP

The Wellington Regional Council Total Mobility Advisory Group has several concerns regarding the purpose and function of their existence and the process that led up to the letter dated 25 February outlining the proposed changes.

ORIGIN

Total Mobility Advisory Groups were set up in 1998 to enable close **consultation** of the Total Mobility Scheme between the disability sector and the Regional Councils. The groups consist of representatives from Total Mobility users, service providers and Council staff.

CURRENT ISSUES

It is the feeling of the Wellington Total Mobility Advisory Group that the process in which the proposed changes were announced, was both exclusionary and disempowering. There was no consultation or discussion with the Advisory Group on the proposed changes or the identification of a funding issue.

There are three main issues:

1. **Regular Advisory Group Meetings**

The last Advisory Group meeting, prior to the announcement of the proposed changes, was 2 February 1999. The representatives on the Advisory Group feel they should have been informed of the funding issue and consulted about any proposed alterations to the existing scheme before the letter was disseminated;

2 **Consultation after the Event**

An Advisory Group meeting date was set for 20 March 2000, after the receipt of the letter dated 25 February 2000 (Cross, 2000). This letter outlined the four identified groups of people that will be **“increasingly excluded”** from July 2000. While there is reference in the letter to **“which you may have seen some publicity about late last year”**, **some** of the representatives on the Advisory Group were not aware of any such publicity. There has been no systematic communication to the Advisory Group;

3. Implications for Advisory Group Representatives

By their involvement with Total Mobility in an advisory capacity the members of the Advisory Group are feeling implicated in the proposed changes. It would imply from the name of the group that 'advice' would have been sought from the group **before** a letter suggesting radical changes was distributed widely. While the members know the process that did occur the wider public does not. Some members feel their continued involvement in such a group that is not valued for its expertise and experience, will jeopardise them personally. However they also acknowledge the necessity to be involved in order to put forward the voice of people with disabilities, an often powerless voice.

RECOMMENDATIONS

- That the original intention and the purpose and function of an Advisory Group for the Wellington Regional Council Total Mobility Scheme be reiterated
- That there be clarification as to the role of representatives on the Advisory Group.
- That regular Advisory Group meetings be scheduled and held to enable effectiveness.
- That all decisions be presented to the Advisory Group for consultation **before** distributed to the wider public.

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File Ref: Total Mobility

26 April 2000

The Manager
Public Transport Department
Wellington Regional Council
PO Box 11 646
WELLINGTON

Attention: Anthony Cross

Dear Anthony

SUBMISSION TO PROPOSED CHANGES FOR TOTAL MOBILITY

I have enclosed two copies of the Submission prepared by the IHC Advocacy Services.

I wish to advise that representatives from the IHC Advocacy Services would like to have the opportunity to speak to the Submission.

Please advise me when the arrangements for oral submissions are finalised.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Cindy Johns', written in a cursive style.

Cindy Johns
ADVOCATE

**SUBMISSION TO THE
WELLINGTON REGIONAL COUNCIL
TOTAL MOBILITY PROPOSED CHANGES**

IHC Advocacy Services presents this Submission to the Wellington Regional Council's letter, dated 25 February 2000, which outlines proposed changes to Total Mobility. IHC Advocacy Services is a separate entity within the structure of MC. IHC Advocacy Services is advocating for individuals with an intellectual disability. If the proposed changes proceed people with an intellectual disability will be **"increasingly excluded"** from Total Mobility.

IHC wish to appear before the Wellington Regional Council to present this submission orally. The proposed group is:

- | | |
|---------------|---|
| Cindy Johns | - Advocate, IHC Advocacy Services, Wellington |
| Karen Roberts | - IHC Representative on Total Mobility Advisory Group |

IHC's MISSION STATEMENT

IHC will advocate for the rights, inclusion and welfare of all people
with an intellectual disability and support them to lead satisfying
lives in the community

IHC is a community-based organisation advocating for and providing services to people with an intellectual disability and their families.

IHC was formed in 1949 and is widely acknowledged as advocating on behalf of all people with an intellectual disability and their families.

IHC provides residential support to some 3000 people with an intellectual disability, vocational and day service programmes to some 4000 people and family/Whanau services to around 1500 families.

IHC's mission statement reflects the organization's dual role of advocacy and service provision.

EXECUTIVE SUMMARY

This Submission has four main points in response to the proposed changes. They are as follows:

- 1 Transport: A Human Right
- 2 Total Mobility Origins
- 3 Definitions
- 4 Assessment

In addition two Case Histories are documented to support the Submission. These Case Histories outline how Total Mobility effects people with an intellectual disability (refer *Appendix one*).

Background

To the readers of this submission it is necessary to understand the people to whom a part of the proposed changes are being directed.

Intellectual disability is a relative slowness in learning, in processing ideas and in expressing thoughts.¹ Intellectual disability is not a single entity, but includes a heterogeneous, complex group of individuals with a broad spectrum of levels of functioning, disabilities and strengths.²

Today, the habilitation of people with an intellectual disability is based on principles of Normalisation³ and community-based care. Over the last 50 years there have been significant moves worldwide to bring people with an intellectual disability out of segregated environments on the margins of society, to their local home communities.

Despite this movement people with an intellectual disability in New Zealand continue to be institutionalised, segregated, under educated, socially rejected and unemployed. These outcomes are usually interpreted as a result of their impairment, but actually it is the result of discrimination against people with an intellectual disability.⁴ We would suggest that people with an intellectual disability do not need treatment, rather, recognition of their human rights, and appropriate support.

¹ Ballard, Keith, Ed., (1994), *Disability, Family, Whanau and Society*. Dunmore Press, Palmerston North

² Szymanski, Ludwik, & King, Bryan H. (1999), Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults with Mental Retardation and Comorbid Mental Disorders. *Journal of American Academic Child Adolescent Psychiatry*, 38: 12 Supplement, December

³ Nirje, B (1969), The Normalisation Principle and its human management implications. In: *Changing Patterns in Residential Services for the Mentally Retarded*, Kugel R, Wofensberger W, eds. Washington, DC: President's Committee on Mental Retardation, pp.51-57

⁴ Bicklen, D. (1998), The Myth of Clinical Judgement *Journal of Social Issues*, 44(1) pp. 127-140

GENERAL

1. *Transport: A Human Right*

1.1 Transport is a basic human right

1.2 Transport is an essential service, which enables physical access to the full range of community benefits, and services such as education, health, work and recreation.

1.3 People with an intellectual disability are entitled to support in their daily lives. This support should:

- Promote independence and inclusion
- Maximise strengths and abilities and enhance the self esteem of the individual
- Be at a level appropriate to individual needs
- Eliminate the risk of harm or abuse
- Enhance and strengthen the family group'

2. *Total Mobility Origins*

2.1 IHC does not believe the Wellington Regional Council has the mandate to radically alter the national eligibility criteria of Total Mobility which would prevent the scheme from operating to meet its intended objectives

2.2 Total Mobility's objective was, **“to establish a transport service that will enable persons with physical and mental impairments that preclude their using normal transport services to attend work, social and educational establishments and to participate to the greatest possible degree in the life of the community”**⁶

2.3 At the time of Total Mobility's conception, it was recognised and documented that there are two key factors which have caused transport services for people with disabilities to fail to keep up with the improvement in community-based services for the wider community:

- a) **“The lower earning capacity of handicapped people;**
- b) **The cost of providing services is higher than the cost of providing a similar level of service for the general public”.**⁷

⁵ IHC New Zealand Incorporated, (1996). *Philosophy and Policy*. 2.4 Support. p. 7

⁶ Disabled Persons Assembly (New Zealand) Incorporated. p 3

⁷ *ibid.* p.4

- 2.4 It was identified that the service would fall into two broad categories:
- a) **“Regular trips to school, workshops etc arranged with the agency responsible at a rate based on the taxi fare scheduled;**
 - b) **Individual hires arranged directly as and when required and carried at normal taxi rates”.**⁸
- 2.5 In Total Mobility’s early forming phase, two factors were identified that would limit the extent of the service; **“the amount of money available for the subsidy and the capacity of the transport service”.**⁹

3. *Definition*

- 3.1 It is necessary to define the words ‘**access**’ and ‘**accessible**’ as there are different meanings being attached to them.
- 3.2 IHC Advocacy Services believe that whenever these words are used the broadest definition should be referred to. A person may be physically able to get on and off public transport but this does not however necessarily make public transport **accessible**. People also need to be able to wait at the correct place, be competent with money, know when to alight and be able to get safely to their destination. Thus accessible does not just mean being physically able to get on and off public transport.
- 3.3 It is important that people with an intellectual disability be given the support required to maximise independence. However, it also must be acknowledged that some people with an intellectual disability, whilst they may be physically able, may not ever be competent in the utilisation of public transport, without taking extreme risks to their personal safety.

4. *Assessment*

- 4.1 While many people with an intellectual disability are physically able to alight and dismount from public transport, they still meet the current national eligibility criteria for Total Mobility. Currently the national criteria is as follows:
- “Eligible people are those who for reasons of physical, sensory, intellectual or psychological disability, whether congenital, acquired or age-related, satisfy the following criteria:**
- Cannot unaided (or could not if public transport were available) complete any of the component activities involved in making use of public passenger transport.**

⁸ *ibid.* p.5

⁹ *ibid.*

The component parts of public transport are defined as:

- **Proceeding to the nearest bus stop/railway station**
- **Boarding, riding securely and alighting; and**
- **Proceeding from the destination stop to the trip end”.”**

- 4.2 IHC Advocacy Services believe it is essential for accredited assessors to assess each individual person.
- 4.3 The accredited assessors require support from the Regional Council and opportunities for training and sharing difficulties with other assessors.
- 4.4 IHC Advocacy Services view assessment as an extremely important process. This process must individually assesses each situation, balancing the person with an intellectual disability the opportunity for maximising independence as well as allowing the ‘dignity of risk’, with the potential risks to personal safety.
- 4.5 Service user organizations, such as IHC New Zealand Incorporated, have strict policies and practice that ensure that individuals meet the eligibility criteria and prohibit fraudulent use of Total Mobility

¹⁰ Cross, A. (1999). *Report to the Passenger Transport Committee. Total Mobility. 3 Options.* p. 3

CONCLUSIONS

IHC Advocacy Service strongly advocates for people with an intellectual disability to have equal opportunity to accessible transport that will meet their needs, similar to others in the community.

IHC believes that Total Mobility should continue to provide an essential service to people with disabilities, who cannot access public transport. This is in accordance with the original intentions of the scheme when it was established in 1981.

The Total Mobility scheme enhances and maximises opportunities for people with an intellectual disability to participate in their community. It is an age appropriate essential service, which gives a level of independence, dignity and self-determination.

Family members are often required to undergo life long caring and support roles when they have a family member with an intellectual disability. Access to safe transport enables the family to an often-needed break, while giving the person with an intellectual disability some independence from always relying on others.

For people with an intellectual disability, there is often a balance between maximising independence, by allowing the 'dignity of risk' and jeopardising people's personal safety by letting people take extreme risks. Often, the Total Mobility scheme is only accessed after a fair attempt at utilising the public transport system has been tried.

MC believes accredited assessors require on-going training, support and a forum in which they can discuss any difficulties.

IHC has a representative on the Wellington Regional Council Total Mobility Advisory Group. IHC believes close contact between the Regional Council and the users of the scheme are both vital and essential.

RECOMMENDATIONS

That the Wellington Regional Council:

- abandon the proposed changes to Total Mobility, as identified in the letter dated 25 February 2000
- regard accessible transport as an essential service rather than a social service
- clarify the role of the Wellington Regional Council Total Mobility Advisory Group and strengthen its representativeness
- make a commitment that any changes to Total Mobility will be decided in consultation with the users of the scheme and with the complete knowledge of the Wellington Regional Council Total Mobility Advisory Group
- actively lobbies central Government to adequately fund their contribution to Total Mobility.
- recognises broader definitions of the words **access** and **accessible** rather than narrow definitions that imply that people who are physically able to get off and on public transport have accessible transport.
- provide ongoing training and support for accredited assessors

REFERENCES

- Ballard, K. Ed., (1994). *Disability, Family, Whanau and Society*. Dunmore Press, Palmerston North.
- Bicklen, D., (1998). The Myth of Clinical Judgment. *Journal of Social Issues*, 44(1)
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- MC New Zealand Incorporated (1996). *Philosophy and Policy*.
- Labour Party, (1999). *Labour on Disability Issues*.
- Nirje, B., (1998). The Normalisation Principle and its human management implications. In: Kugel, R., Wolfensberger, W. Eds. *Changing Patterns in Residential Services for the Mentally Retarded*. Washington, DC.
- Szymanski, L. and King B. H., (1999). Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults with Mental Retardation and Comorbid Mental Disorders. *Journal of American Academic Child Adolescent Psychiatry*, 38: 12 Supplement., December.

*Appendix One***CASE HISTORIES PREPARED IN SUPPORT OF THE SUBMISSION
PREPARED BY IHC ADVOCACY SERVICES**

The following case histories document how accessible transport for people with an intellectual disability is an essential service and vital for their participation in the community.

Both families involved have given their permission to IHC Advocacy Services to share their personal stories as an appendix to the submission.

Case A

T is a fifteen-year-old youth with an intellectual disability, communication difficulties and is easily distractible. T attends a Special Needs Unit at a nearby High School. While T is very physically able he requires the use of Total Mobility transport to ensure his safety when participating in recreational events in his community. Approximately once a week T utilises Total Mobility, when his family members are not available to transport him.

Total Mobility is the only alternative option T's family has. It allows the family the flexibility to plan some outings without the constant concern of T's transport needs.

T's mother states, "There are times when it is inappropriate for T to be out with his younger siblings, so he must be able to attend his own (age appropriate) activities. If we don't have the flexibility of Total Mobility we cease to function as a family."

When T uses Total Mobility he is increasing his independence, having the opportunity to have an age appropriate experience (other fifteen year olds get themselves around without always depending on a family member), participating in his community and his safety needs are being met. T's mother needs to feel confident that T is going to get to the right destination safely. While she acknowledges, as T matures and with intensive training, T may be eventually become confident and safe in the use of public transport, she does not see this occurring in the near future, without extreme risk to his personal safety.

Case B

K is a twenty-one year old young woman with an intellectual disability. She has a vision impairment and is non-verbal and therefore has communication difficulties..

Recently K left school and now attends an IHC Vocational Service day programme for four days a week. Currently her parents are providing all her transport requirements while K's application for access to the Total Mobility Scheme is being processed. Her parents are self employed which has allowed them some flexibility to accommodate K's transport needs but at times the twice daily transporting has been very difficult to maintain.

K's father believes K should be as independent as possible and with four other children she has always had to do her share. He states, **"If we thought she could do it (use public transport safely) she would be doing it"**. However he also desires K to be safe and not to be placed in situations that are extremely risky to her personal safety. He believes, **"K will never be able to access public transport unassisted"**. Therefore Total Mobility is the only form of transport, apart from her parents, that is available to K.

Total Mobility will allow K and others with an intellectual disability, the benefits of some level of independence, participation in the community, age appropriateness and self-determination.

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From: Judith Forman [SMTP:judith.forman@xtra.co.nz]
Sent: Thursday, 20 April 2000 22:31
To: total.mobility@wrc.govt.nz
Subject: Total Mobility Changes

Attention Anthony Cross, Manager, Public Transport.

I am writing in my capacity as President of the Hutt Valley Branch of IHC, in response to your letter of 25 February regarding the proposed changes to the Total Mobility scheme.

The views of our Branch Committee, briefly summarised, are:

- 1) When you have budget problems to deal with, it is completely inappropriate to act in ways which discriminate against individuals or groups of people on the basis of their disability, as a way of solving your problem. It is unlawful as well as unethical.
- 2) You are wrong in your assumption, if you think that the transport needs of people with intellectual disabilities are related to their health status. While that may be true of a small minority, the needs of the majority are because of disability, which is quite distinct from their health status.
- 3) Whether the transport needs of people with health needs should be funded by the health system or the transport system, may obviously be the subject of some debate. However it is unacceptable to us, for you to try to preempt that debate by unilateral action to exclude people with health needs, without an arrangement being put in place to pick up that responsibility elsewhere.
- 4) The worst case scenario from your proposals is that people with health or disability support needs are left with no appropriate transport system. That would be completely unacceptable to us.
- 5) If your reference to people with intellectual disabilities being increasingly excluded, when coupled with your reference to people having their transport needs met by the health system, is meant as a reference to people whose living arrangements and day activities are substantially funded by the Disability Support section of the HFA, then you should be aware that there is no specific transport component in the funding of their support. I do not know the situation regarding rest homes, but would caution against any assumption that they can be compared to IHC or other residential service providers for people with disabilities.
- 6) It is our view that it should definitely be the responsibility of the Regional Council to meet the transport needs of those who are unable to use public transport because of their disability, (or their health status for that matter). The basis for our position is found in the principles of inclusion, normalisation, participation, citizenship, human rights, and empowerment of people with disabilities.

Thank you for the opportunity to comment. I am happy to elaborate further if you wish.

John Forman
john.forman@xtra.co.nz <mailto:john.forman@xtra.co.nz>



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WELLINGTON REGIONAL COUNCIL
17 APR 2000

14 April 2000

Royal New Zealand
Foundation for the Blind

~~cc to Ruth Dyson
Minister of Disabilities
Parliament House Wellington.~~

Wellington Regional Council
Transport Committee
P O Box 11646
WELLINGTON

FILE No. T/10/14/1		
TO NOTE	INIT.	DATE
D. Watson	R	17/4
NO ACTION		
ADC [Signature]		

Dear Sir/Madam

The Wellington Advisory Committee at a recent meeting learnt with some concern, suggestions your Council was considering limiting the Total Mobility travel scheme for people with disabilities.

The Wellington Advisory Committee serves around 1200 members in the Wellington City Region and approximately 400 blind or vision impaired are registered with the Council as users of the scheme.

This scheme allows these people to travel independently and participate in community life. Not all blind and vision impaired people require total mobility but those that do are carefully assessed to ascertain and establish the bona fides of their need.

We are aware that in recent years, your Council has attempted to reconcile growing demand for total mobility with shrinking resources. We recognise that numbers needing the transport subsidy are increasing and that Council Funding is capped.

Might we emphasise however that with demand for this subsidy growing, the problem is not to be solved by excluding particular groups of the disabled community. Clearly funding from Government must be

ADVISORY COMMITTEE
Wellington Regional Office, 121 Adelaide Road
PO Box 27177, Wellington 6001, New Zealand
Telephone 0-4-383 1538, Facsimile 0-4-383 5254

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extended as this is a social issue and we intend to raise it with the Minister of Disabilities to whom a copy of this letter will be sent.

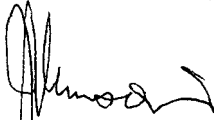
The Blind and Vision Impaired feel threatened by the suggestion that because of a diminishing resource many are to be excluded from being able to travel in safety and have travel independence and convenience.

While Blind and Vision Impaired do use public transport when the route and destination is known to them the total mobility scheme allows them the flexibility they require.

Clearly this is an issue of real concern to a growing number of people and it is apparent it may have to be debated in the public arena if curbs due to expenditure levels already mooted, are to be implemented.

Hopefully your Council will be able to continue this policy without detriment to the individual.

Yours sincerely



J R Stevenson
Secretary Wellington Advisory Committee

18 April 2000

Passenger Transport Department
Wellington Regional Council
PO Box 11 646
WELLINGTON

Email: total.mobility@wrc.govt.nz

**Submission on the Total Mobility Scheme
from the Royal New Zealand Foundation for the Blind**

1.0 Introduction

- 1.1 The Royal New Zealand Foundation for the Blind (hereafter, RNZFB) is a statutory body constituted under the Royal New Zealand Foundation for the Blind Act 1963. It is responsible for the provision of support and services to blind and sight impaired New Zealanders.
- 1.2 Its mission is “to remove the barriers that blind and sight impaired people face”. Wherever possible, the RNZFB seeks to “promote the participation of blind and sight impaired people in aspects of life”, through the provision of advocacy, habilitation and rehabilitation services.
- 1.3 The RNZFB is concerned that the Wellington Regional Council has chosen to consider changes to Total Mobility without stakeholder consultation and whilst the Coalition Government is conducting a transport review as part of the DSS Strategy.
- 1.4 The RNZFB is of the view that any review of the Total Mobility Scheme by the Wellington Regional Council must consider equitable access via national criteria and standard consistency.

2.0 General Information

- 2.1 The New Zealand Department of Statistics' estimates that 702,000 New Zealanders, representing 20 per cent of the population, have a disability. Currently, approximately 20,000 people in New Zealand access the Total Mobility Scheme funded by regional councils and central Government.

¹ Page 37, Disability in New Zealand: Overview of the 1996/97 Surveys, published jointly by the Ministry of Health and the Health Funding Authority.

- 2.2 The RNZFB notes that there is a high and growing demand for the Total Mobility Scheme. We also recognise that funding to support this Scheme has increased over time with part of the cost met by central Government.

3.0 Equitable Access

- 3.1 Rights, supported by legislation show this country that people with disabilities have the same opportunities and responsibilities as other general citizens. On this basis, the Council cannot choose to discriminate against a portion of the disabled community on the basis of a budget overrun, given the rate payer base of this group.
- 3.2 For the Council to consider limiting users of the Total Mobility Scheme, based on a characteristic, is a shift of responsibility from the administrator of the Scheme to the end user. Such an economic and social shift fails to recognise that it is the lack of Assessor training in applying the scheme and the lack of consistent criteria to access that causes continual budget overruns.
- 3.3 The proposed shift in accessing Total Mobility, is a dramatic departure from the original objective of the scheme launched in 1983 and one that the RNZFB cannot support, without investigation into areas of consistent criteria, national standards, monitoring guidelines and ensuring equitable access with sustainable funding paths.

4.0 Consistent Application

- 4.1 To ensure equitable access to services, the Council must invest in applying criteria that is consistent and nationally acceptable. Further, the Council must ensure that those Assessors involved in receiving and processing applications to the Total Mobility Scheme are trained to understand the access needs of the disabled community.
- 4.2 The lack of a nationwide approach to Total Mobility Schemes, has caused considerable confusion among Councils as to their role in providing social service programmes. An investment in a consistent and equitable nationwide approach to Total Mobility would aid in developing sustainable funding paths and in developing a set of criteria that is applied across New Zealand for the benefit of the users of Total Mobility.

Recommendations

The RNZFB encourages the Wellington Regional Council to invest in:

- a. Identifying a national sustainable funding path for Total Mobility, with central Government and in discussion with stakeholders;
- b. Developing a consistent criteria for the equitable access to Total Mobility nationwide, with clear guidelines;

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- c. Building upon a set of national standards which would monitor the running of social responsibility schemes to ensure that equity in access for users is equivalent to the appropriate distribution of resources;
- d. Developing adequate training and support for Assessors involved in Total Mobility to ensure consistency and;
- e. Continuing to monitor possible abuse of the scheme.

Yours sincerely

Magda Buchholz

Orientation and Mobility Instructor
Royal New Zealand Foundation for the Blind



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WELLINGTON REGIONAL COUNCIL
19 APR 2000

ASSOCIATION OF BLIND CITIZENS OF NEW ZEALAND INC.
FOUNDED 1945

ABC Wellington Branch
c/o 5 George Street
Stokes Valley
LOWER HUTT

18 April 2000

Public Transport Department
Wellington Regional Council
142-146 Wakefield Street
PO Box
11 646
WELLINGTON

FILE NO.	T110141	
FOR NOTE	INIT.	DATE
ACross		
TO ACTION		

To:
Wellington Regional Council
Passenger Transport Committee

I make this submission on behalf of the Wellington Branch of the Association of Blind Citizens of New Zealand Inc. ABC NZ is the major consumer group of blind people and advocates on behalf of its members on matters which affect their well being. The population we serve in the Wellington Region covers the lower part of the North Island and numbers about 300, who are blind and vision impaired.

We are very concerned at the current proposals to restrict the groups of people eligible to receive Total Mobility taxi vouchers and also cap the budget. While we understand the endeavours to keep within the budget, with an increasing demand for Total Mobility, these efforts are unrealistic.

Members of our organisation very much appreciate having Total Mobility as it enables them to travel independently and participate in life of the community.

As ratepaying citizens we have a right to accessible transport services. Transport is an essential need for citizens to participate in society.

It is the responsibility of the Wellington Regional Council to meet the needs of the public for accessible ~~transp~~ transport services.

It is clear the demand for accessible transport (Total Mobility) is not being met within the existing budget.

To exclude certain groups from the Total Mobility Scheme is a social injustice and not a viable option.

When the Total Mobility Scheme commenced in 1983 as an initiative of DPA its objectives were:

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"To establish a transport service that would enable persons with mental and physical impairments that preclude their using normal transport services, to attend work social and educational establishments and to participate to the greatest possible degree in the life of the **community**."

It was **recognised** that users of the scheme usually had a lower income than other members of the community.

The Wellington Regional Council is in danger of departing from the original objectives of the scheme.

As it is evident that the Transport Committee cannot continue to meet its obligations in providing the Total Mobility Scheme under the existing budget, solutions need to be sought.

1. A review of the scheme as provided nationally is indicated .
2. Inconsistencies as to the implementation of the scheme nationwide need to be resolved.
3. Adequate funding sources must be identified.
4. Equity to all users must be maintained. 5. The assessment process for users needs to be of a consistent standard. Efforts to avoid abuse of the scheme should be continued.

Conclusion

Blind and vision impaired users are very appreciative of the Total Mobility Scheme and applauds the efforts of the Wellington Regional Council to keep it going. Not all blind people are users of the scheme but those that do are carefully assessed and only those with a genuine need are recommended to receive Total Mobility.

I am prepared to speak to this submission if required.

I may be contacted by telephone on 563 7139.

Please will you send me a copy of the WRC Draft Annual Plan when it is available.

Yours faithfully

Ann Bain
Chairman



Wellington Branch Association of Blind Citizens of New Zealand.

**ABSOLUTELY
POSITIVELY
WELLINGTON**



Secretary
P.O. Box 837
WELLINGTON
Telephone (04) 383-8323

Your ref: T/10/4/1

17 April 2000

The Manager
Public Transport
Wellington Regional Council
PO Box 11-646
WELLINGTON



FILE NO.	T/10/4/11	
TO NOTE	INIT.	DATE
P. Walsby	W	17/4
A. Cross		
TO ACTION		

Dear Sir,

TOTAL MOBILITY CHANGES

I refer to your letter of the 20 February 2000.

Parafed Wellington would be extremely disappointed to see any reduction in the subsidies currently provided to our members, however, we do acknowledge there must be a limit to the amount of funding the Regional Council can provide.

However, the Council needs to recognise that our members are becoming increasingly independent and a lot more acceptable within the general society. This growing independence is in part supported by the provision of subsidised transport including the use of taxis.

Having acknowledged there has to be limits to funding available, Regional Council needs to consider the fact that there is a growth in the use of subsidised taxis and subsequently funding requirements have grown. We cannot accept that Council can put a cap on annual funding without it putting a cap on its own income. Disabled people are living longer and increasingly active in the society. If Council was to recognise this fact, funding should be increasing, not decreasing.

It is difficult for us to comment on excluding certain groups from Total Mobility, however, we generally agree with your proposals in that area.

Wellington Paraplegic and Physically Disabled Association Inc.

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We would not like to see the 50 percent subsidy reduced to a lower percentage. Even a 50 percent taxi fare is a major burden for a number of our members who are either on a benefit or limited wages due to their disability. To reduce the subsidy to 40 percent may assist Regional Council but would place an increasing hardship on our members.

Administratively a 50 percent subsidy is easy for all to work with. A half fare is very easy for all to calculate and understand. I include the taxi drivers in this as well, a 40 percent calculation is not practical.

With regard to taxi drivers, we suggest you should liaise with the taxi companies and ask them to provide some feedback on the use of the taxi vouchers. Is there a possibility of any misuse by the voucher users? How do the drivers feel about the service they are providing?

We also wonder whether there should be a maximum subsidy per ride or a maximum subsidy per individual per month etc, however that would probably disadvantage genuine individuals.

In summary, we accept some changes are likely, however the Regional Council needs to accept its responsibility and maybe accept the fact that increased expenditure may just be a fact of life in the changing society and rather than curtail expenditure, the Regional Council may need to lobby harder for increased budget in this area.

Thank you for giving our organisation the opportunity to share these thoughts.

Yours faithfully,



D.J. PRENDERGAST
Chairman.
Wellington Parafed

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DISABILITY INFORMATION
& EQUIPMENT CENTRE - KAPITI15a Ngahina St
PO Box 23
Paraparaumu
Phone/Fax (04) 298-2914
Email: kapiti.disinfo@xtra.co.nz

17 April 2000

Anthony Cross
Manager
Public Transport
Wellington Regional Council
PO Box 1 1-646
WELLINGTON

Dear Anthony

Total Mobility Changes – Your letter 25 February refers

Our Centre Trust Board discussed at its meeting on 20 March the proposals contained in your letter and as suggested we submit the following feedback.

The Regional Council's intention to cap its Total Mobility expenditure budget is objected to by the Trust Board. We feel that Total Mobility expenditure should allow for growth.

The Regional Council is an elected body and this needs to be acknowledged. **People** with disabilities have exercised their vote **for a** Regional Council that needs to take on board the desires of the electorate.

The Trust Board feels strongly that it is entirely wrong for the Regional Council to consider options for **discrimination** or any form of discrimination, which is what you are proposing for people with intellectual disabilities and people with psychiatric illnesses.

If there have to be any changes to the Total Mobility scheme then we consider it would be better for members to **be** issued with a reduced number of vouchers. This option would ensure members are **empowered** to make their own decisions as to when they **make** use of the Total Mobility scheme.

We trust that the Regional Council's Passenger Transport Committee will consider these submissions.

Yours sincerely

Gerald Boot
Centre **Manager****Supporting people with disabilities to maximise their quality of life**

Wellington Multiple Sclerosis Society Inc.
P.O. Box 15024,
Miramar, ⁴⁵
Wellington,
20 April 2000.

Public Transport Department,
Wellington Regional Council,
P.O. Box 11646
WELLINGTON.

Re: **Total** Mobility.

Due to unforeseen circumstances, and a major change of personal to the Executive Committee of the Wellington **Multiple Sclerosis Society (Inc)** we have been **unable** to prepare detailed submissions for the retention of the **Blue Total Mobility** Vouchers for members of, the Wellington Multiple Sclerosis Society.

We **would** seek either;

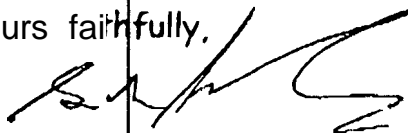
- a) an extension to give the **Committee** time to prepare detailed submissions, or,
- b) the brief following points the **Society** feel **pertain** to our membership be taken into consideration before a **decision** is made.

One of the proposed options is for **the phasing out of the blue voucher scheme**. This would impact on many of our **members** who use the **blue** vouchers to attend MS support groups. If the blue vouchers were no longer available, then the people who **attend** these groups would not **be able to participate**. This would **lead** to a shrinking environment for many **people with multiple sclerosis** and an **increase** in social **isolation**.

Another of the proposals is for **limiting Total Mobility** is the **exclusion of** people living in **rest** homes and hospitals. **As** we have a number of members who live in rest homes and hospitals, this would **affect their monthly outings** to our support groups, **as** well as their other social **activities**. We do not support these proposed changes. **If they are** implemented they would **impact severely on** a large number of our members and result in a lack of **involvement** in the community. The taxi voucher **scheme was** meant to assist people to become more involved in the community.

We would appreciate the time to **expand on these objections** **as** the Society is anxious **not** to miss this opportunity **for further submissions**.

yours faithfully,



Stephen Anderson.
(Committee Member1)

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SUBMISSION TO
THE WELLINGTON REGIONAL COUNCIL
ON
TOTAL MOBILITY CHANGES

**On behalf of the Wellington Religious and Welfare Network of Services for
Older People**

19 April, 2000

The Wellington Religious and Welfare Network of Services for Older People

Every month there is an informal meeting of the not-for-profit providers of services for older people in the Wellington area. These organisations are providers of community support services, home care, independent living accommodation, rest homes, and continuing care hospitals. This grouping links in with the New Zealand Council of Christian Social Services, although not all participants are affiliated to Christian faiths.

These organisations are united in their purpose – to ensure that older people can live in Wellington with the dignity and respect they deserve, with their independence and well-being being supported as much as possible.

The Health of Older People

There are many issues concerning the health status of older people. A key issue for a person's health is the ability of that person to be independent and to participate as they wish in the community they live in. Older people should also be able to live at home as much as possible, for as long as possible. This is the preference of most older people, and this preference is widely supported by health and social policy makers nationally and internationally. (Richmond, p47). Age Concern New Zealand has been actively promoting the concept of Positive Ageing, in which older people are free to choose their level of involvement in work, community service, recreation and education (Age Concern, p19). This concept is supported by the United Nations, which adopted 18 Principles for Older Persons. Principle 17 states: "Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations". Principle 15 states: "Older persons should be able to pursue opportunities for the full development of their potential". (Age Concern, p 20).

Transport is obviously a key issue in enabling an older person to remain active and involved in their community. Without transport, the person is basically trapped in their home. As people become more frail and disabled through the process of ageing, and lose their ability to drive or to cope with public transport such as buses and trains, they need assistance to be able to move around in their communities. The Total Mobility scheme has been and still is a wonderful asset for many older people.

WHO IS RESPONSIBLE?

Anthony Cross, the Manager, Public Transport, Wellington Regional Council, states in a letter dated 25 February, 2000 that people whose use of Total Mobility is largely determined by their health status should have their health needs catered for by the health system, rather than the regional council. He also states that the fact that this may not happen is unfortunately not a matter which the Regional Council believes it should continue to take responsibility for.

We can understand the Regional Council's position. However, the issue for those concerned with the welfare of older people is that stated in the Regional Council's Appendix to Report 99.694 as the test used to determine a person's eligibility for Total Mobility: ***"Would this person reasonably expect to make this journey by public transport if they did not have the disability which qualifies them for Total Mobility?"*** Regardless of who is funding the scheme, older people who have a disability which means that they cannot use public transport which is available to others qualify for the scheme. To deny them access to the scheme is discriminatory.

The Regional Council's proposal, of course, does not seek to discriminate against all older people, just those who live in rest homes and hospitals. We are very pleased that the Council clearly wants to preserve the scheme for those still living at home. We are however disappointed that it is proposed that those living in rest homes and hospitals be excluded. As stated above, the predominant ethos in the care of older people these days is "Ageing in Place". People with very high health needs are now able to stay in their own homes. Sometimes they need to enter rest homes or hospitals for respite for themselves and their carers. For people who do enter a rest home or hospital permanently, the residence becomes their new home. This new home is still part of a community, not a "prison" which aims to prevent its "inmates" from mixing with outsiders. The problem with the Regional Council's proposal is that by denying people in residential care the same access to Total Mobility as those living outside, they increase the risk that these people will lose their connection to the outside world.

From our perspective, we don't care who is responsible for funding this service. We care that the service is available to those who need it. We care that people are not discriminated against because of where they live.

FUNDING

We appreciate that the Regional council has approached the Ministries of Health, Education and Social Policy re funding, without any positive result. We also appreciate that the Regional Council has increased the funding pool steadily since 1994. A simple funding cap may seem like an easy way to control the expenditure. However, we believe it is unacceptable because it is unjust, as outlined above.

We believe that a joint approach by people representing older people, by people working with older people, and by the Regional Council is necessary. The first goal would be to ensure that all agencies concerned with the well-being of older people agree on the forms of transport that need to be available for older people so that they

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can remain actively involved in their communities. A consultation process involving older people's representatives, not-for-profit providers of support for older people, and Government organisations would enable clear statements of principle to be made re what the transport needs of older people are.

The second goal would be to agree on funding mechanisms so that those transport needs can be met.

We ask that the Regional Council agree to postpone any decisions that discriminate against some categories of people for eligibility for the Total Mobility scheme, until a concerted combined approach has been made to find a solution to the funding difficulties the Regional Council is experiencing.

SOURCES

1. Age Concern New Zealand Inc. (1999) *Policy Manifesto: Key Policies to Ensure the Rights, Quality of Life and Well-being of Older People in New Zealand.*
2. Richmond, D et al (1995) *Cure for Older People* in NZ Report to the National Advisory Committee on Core Health and Disability Services.

Contact

If there is a possibility of speaking to this submission, or if there are any queries, please contact: Stephen Jacobs, Manager, WesleyCare. Ph: 04 3853727, Fax 04 3828054, email: sjacobs@methodist-mission.org.nz

REGIONAL COUNCIL
26 APR 2000



Secretary:
 Mrs Robyn Colgan
 PO Box 43007
Wainuiomata
 Phone: 04-970 7401
 Fax: 04-970 7409
 Email: nzview@rnzfb.org.nz

National President:
 Mrs Grace Wheeler
 P O Box 43007
Wainuiomata
 Phone: 06-577-7888

NZ VIEW Inc
 New Zealand Vision Impaired Empowering Women

TO NOTE	INIT.	DATE
A. Cross		1/10/14/11

14 April 2000

Transport Committee
 Regional Council
 WELLINGTON

Ref:
 Submission Total mobility.

New Zealand Vision Impaired Empowering Women, [NZ VIEW] was established in 1989 to;
 Promote in every way the interests and well-being of women who are blind and vision impaired, and in particular advocate for their dignity, self worth and independence;
 Advocate for significant improvements in self-determination and quality of life, promote peer support, advocacy, and accessibility to information;
 Advocate for economic, cultural and social advancement by such means as better education and training facilities, wider opportunities and improved welfare services;
 Encourage full participation and equal opportunity in the community:

SUBMISSION

When the Total Mobility scheme was first established it operated under a fairly broad national criteria and full consultation with Disabled Persons Assembly.
 The subsidised programme has improved the quality of life for many blind and vision impaired women by making it possible for them to participate fully and independantly in their community. Over the years they have become increasingly concerned over the changes to the programme and what would seem to be moral

50251

judgements on when and by whom the programme can be used. There are many reasons why members of VIEW are unable to access public transport: Locating of bus stops, reading destination signs, signalling bus drivers are just a few however, there are safety issues involved. Difficulties can arise when negotiating railway platforms, alighting from transport at the wrong stop and when accompanied by young children all have there problems. Pedestrian crossings along with audible traffic signals are fast disappearing and being replaced by raised threshold crossings, which are not **recognised** as legal pedestrian crossings. We understand that when a motorist and a pedestrian meet at these particular crossings a decision is made as to who has the right of way.

Blind people have no way of making this contact and it becomes quite a nerve racking exercise.

Members of VIEW are very aware that there has been an increasing number of people with disabilities using the total mobility scheme and believe that a meeting should be arranged between the Minister of Disabilities, Representatives from Regional councils and disability groups to set guidelines, arrange increased funding and to bring back some national **consistency** to the programme.

Grace Wheeler

National President

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WELLINGTON REGIONAL COUNCIL
07 APR 2000

5 April 2000

Chrissy Dowland
Public Transport Dept
Wellington Regional Council
PO Box 11 646
Wakefield St
WELLINGTON

FILE NO.			111
			T/10/4/1
TO NOTE	(INIT)	DATE	
A. Cross			
C. Dowland			
TO ACTION			

Dear Chrissy

Re: Upcoming Total Mobility Changes

I have serious concerns regarding the announced proposal that "people with psychiatric illnesses" are likely to be excluded from the Total Mobility Scheme from July 2000.

Of primary concern is the fact that a small minority of our client group, (who use total mobility purely because of their mental illness) are at risk of being isolated and without the means to access the services which ensure their ongoing wellbeing.

Such people are generally on a benefit and it is vital that an affordable means continue to be available to ensure they can remain actually living in the community and access necessary supports.

The risk of the loss of access to the scheme places not just individual lives, but the wellbeing of the greater community at risk.

In addition to this threatened loss to a highly vulnerable group of our society, I would point out that a psychiatric illness or disability may be no less debilitating than a serious physical illness.

Lastly, most of the clients who utilise the Total Mobility Scheme have physical, as well as psychiatric disabilities and/or deficits. I trust that the fact that these people access the Scheme primarily for physical health reasons does not mean their future access is in jeopardy.

I feel compelled to speak out regarding this issue which verges on discrimination, **and** would urge those concerned to carefully reconsider this matter, rather than proceed with what may otherwise be an injustice.

Yours sincerely



Susan Barrett
Occupational Therapist
South Community Mental Health Team

49608

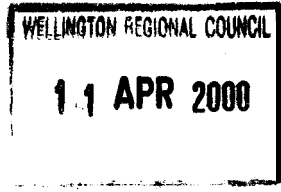
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VINCENTIAN HOME FOR THE ELDERLY

Berhampore Limited

2a Stanley Street
Berhampore
Wellington

Phone 380-0581
Facsimile 3892137
Manager 380-0294



FILE No	T101411	
TO NOTE	INIT	DATE
A Cross	○	
	○	
TO ACTION		

7 April 2000

Anthony Cross
Transport Planning
Regional Council
P O Box 11646
WELLINGTON

Dear Mr Cross

It is with great concern we read in your letter the proposed exclusions from the Total Mobility subsidies.

As a Rest Home we have come to rely heavily on Total Mobility subsidies for residents outings and transport to hospital and other appointments.

We do not have a Vincentian Home vehicle or van as many other rest homes. At least once a month we take our residents out requiring two Total Mobility Taxis travelling within the Wellington area. We mostly go to events, and destinations of interest requiring organisation. On average our outing would cost \$150 for the two vans.

Owning a Vincentian Home vehicle would not solve the problem of transporting twenty or so residents. The purchase and running of a vehicle would not be cost effective for the home. Our dependence will always have to be on the Total Mobility Service. The expectation to provide reasonable transport needs would be extremely difficult for us.

Losing the subsidy on taxi transport would mean these costs would have to be passed on to the individual residents. The elderly lose yet another service.

Can we express how grateful we are for the Total Mobility Service, we would be hugely disadvantaged without it

Yours sincerely
Cathy Liew

Cathy Liew Occupational Therapist
Helen Green Nurse Manager



A company fully owned by the Wellington Catholic Homes Trust

49822.



Aroha Care Centre ⁵³ For The Elderly

6 Cooper St, Taita, tower Hutt. Tel (04) 567-1 026 Fax (04) 567- 6284

Administered by the Taita Home Trust Board, a charitable trust set up by the Presbyterian and Baptist Churches.

WELLINGTON REGIONAL COUNCIL

14 APR 2000

12 April, 2000

Anthony Cross
Public Transport Department
Wellington regional Council
142 - 146 Wakefield Street
P O Box 11 646
WELLINGTON

FILE NO.	71101911	
TO NOTE	INIT	DATE
A. Cross		
TO ACTION		

Dear Anthony

Re: Total Mobility Charges

I am concerned that with the new proposals, residents from rest homes and hospitals will be increasingly excluded from the Total Mobility Scheme.

I presently work as a Total Mobility Assessor at Aroha Care Centre for the Elderly and at present have 40 Residents enrolled in the Total Mobility Scheme.

I can accept that some Residents could be excluded from the scheme but I feel that the following groups of Residents within the Rest Home/Hospital should still be eligible for Total Mobility funding:-

1. Those who are paying for all of or part of their own care in the Rest Home/Hospital.
2. Residents with a spouse in the community whom they would have lived with if it was not for their disability
 - i) to allow them to visit their spouse at home and
 - ii) if appropriate to allow their spouse to visit them at the Rest Home/Hospital.
3. Residents who attend a group/activity in the community to which transport would be provided if they still lived in the community.

I hope this submission helps in your decisions over future finding.

Yours sincerely

Sheryn Rosanowski
Occupational Therapist

49955

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COMPASSION HOSPITAL

Care with Compassion

FILE NO.	7110411	
TO NOTE	INIT.	DATE
A. Cross		
TO ACTION		

COUNCIL

14 APR 2000

12.04.00

Anthony Cross
 Manager
 Public Transport
 Regional Council
 PO Box 11 646
 Wellington

Dear Mr. Cross,

Subject: Total Mobility Changes

Further to copies of the report you have sent to various interested groups, I would like to take the opportunity to respond to the proposed changes. While it appears that the removal of the 40% subsidy from Transfund New Zealand puts the Regional Council in a difficult position, the implications of the proposed changes to Total Mobility have far greater implications for people with disabilities.

In your covering letter you say that the Regional Council "... accepts responsibility for the needs of people whose disability prevents them from using bus and train services, which are available to other members of the community." Yet you go on to say that people outside the areas where regular public transport is provided, people in rest homes, people with intellectual disabilities and people with psychiatric illnesses are more likely to be excluded.

I take this to assume that the Regional Council believes that people in the "increasingly excluded" groups, do not have a disability that "physically" prevents them from using bus and train services. The truth is that many of these people do and are heavily reliant on Total Mobility. I also believe that if Total Mobility is to improve mobility, why is the report effectively discriminating against groups of people whose needs are such, that they are almost totally dependant on Total Mobility to access key services? For many Total Mobility may mean the difference between maintaining individual wellness and enabling a dignified, meaningful life in the community, or being totally dependent on others for their care.

I also sense from the report that there is a half-hearted commitment to meet a "social service", which the Regional Council considers to be outside of its core business. This compartmentalisation of roles, while enabling the Regional Council to more easily justify reducing or exiting some of its services, is also a red herring. Public transport is a "social need" particularly for New Zealand's rural regions, where there are large distances between towns and people (especially people with disabilities) are heavily reliant on what

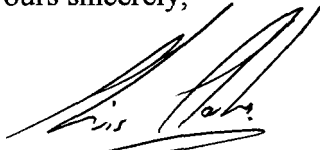
49975

In the spirit of Suzanne Aubert, our founder, we continue the healing ministry of Jesus.

may exist, in terms of public transport. The report effectively fails to adequately acknowledge and address the potential implications for these people.

In summary, I believe the Report fails to address the key issues and implications of its recommendations adequately. The use of more stringent criteria (guidelines) will be difficult to apply. For example, what do you define as an institution? How are you going to apply the guidelines consistently? Some facilities including a number of Rest Homes do not have residents who are totally dependent on “the care of others” for their needs. Are they to be excluded? Even from a financial perspective, with the additional guidelines, the Regional Council will continue to have **difficulties** meeting its budget and not be accused of unfair practices.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Chris Clarke". The signature is stylized with a large, sweeping flourish that extends to the right and then loops back under the name.

Chris Clarke
Manager

FILE No.	T/10/4/1	
TO NOTE	INIT	DATE
A. Cross		
TO ACTION		

WELLINGTON REGIONAL COUNCIL
27 APR 2000

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HUNT HEALTHCARE

Hunt Healthcare Group Ltd
 PO Box 2039
 Wellington

Phone: (04) 472-2772
 Fax: (04) 472 2784

20 April, 2000

EMAILED 20.04.00

Anthony Cross
 Manager
 Public Transport Department
 PO Box 1 I-646
 Wellington.

Dear Mr. Cross

Re: Total Mobility Changes

I write on behalf of the residents and patients residing in:

- Huntleigh Retirement Home and Hospital, Karori
- Hadleigh Retirement Home, Newtown
- Riverleigh Retirement Home and Hospital, Lower Huff
- Churtonleigh Medical Hospital, Churton Park

We are extremely concerned with the assumption made regarding the future payment of transport for residents/ patients at rest homes and hosp.itais.

Many of these people choosing to reside in a purpose built facility are NOT fully dependent on the care provided. They are able to undertake journeys for personal business, shopping and social purposes (as described in the Journey Purpose Test). The fee charged for the residents / patients to reside in the facilities does not include transport costs to undertake these activities and should the regional proposed changes take place many older people will be severely disadvantaged.

It is not sufficient for your paper to make the assumption that the residents are not independent and therefore- would be unable to undertake journeys for personal business, shopping and social purpose as described in "The Journey Purpose Test". Due to the reduced mobility of these

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residents they are unable to make use of the Public Transport System which is paid for through the rates charged.

The Nurse Managers of our homes have expressed extreme concern and anguish with the proposal. They believe however that the system of allocation could be revisited. From their experience some of the vouchers allocated, and hence budgeted for, are not used. They suggest that the homes be allocated a certain number of vouchers, which is managed by the Nurse Manager ensuring fairness and good use of a very valued system.

We do understand the restraints the Council faces, however they are not alone. It cannot be assumed that the retirement homes and hospitals have the funding to "pick up the tab".

We look forward to a more thorough understanding of the elderly and their living needs.

Yours sincerely

A large, flowing handwritten signature in black ink, appearing to read 'Jane Smart', with a long horizontal flourish extending to the right.

Jane Smart
General Manager