

## Case study 11: Linking rural communities to health services

---

*In remote parts of Northland, a grassroots non-profit NGO helps ensure patients turn up at GP, specialist and hospital appointments, while struggling to find funding to keep operating.*

**Linking Hands Inc** struggled to get accepted by funders and officialdom when they began the service. But, after proving its value to the community, its good reputation is starting to be noticed – now a lot of support comes from the communities that it serves.

Linking Hands Inc is a rural health shuttle service covering the mid-Kaipara, Whangarei and Rodney districts – which encompasses a large part of rural Northland. In reality, it is so much more than this – enabling elderly people to stay in their homes and follow the advice of their GPs or other health professionals, and other remote residents to maintain their health and well-being.

Doreen, a resident of Maungaturoto for 50 years and user of the shuttle, describes her experience in this way: “I had a needle in my heel. By the time it was healed, I couldn’t walk. The doctor suggested if I’d like to go swimming, would I like to get in touch with Linking Hands. So Linking Hands took me down to the baths to help me with my walking.

“Linking Hands introduced me to the pool – I did not know the pool existed down there at Te Hana....and they put me in touch with Aqua Swim. It made quite a lot of difference to my quality of life because since I’ve been like this, I haven’t wanted to go out much, and getting my weekly outing down to swimming has enabled me to meet other people and I realise perhaps I’m not so badly off.”

Linking Hands originated from an information service managed by Jayne King in late 2007. Local Maureen Davis broadened her involvement from Homebuilders (a child and family support service) and joined Linking Hands – bringing with her a van loaned from **Kaipara Community Health Trust**. Maureen incorporated the organisation, but still needed funding to get the service up and running.

The Kaipara Community Health Trust had formed in 1996 when local surgical services were greatly reduced and Dargaville Hospital was under threat of closure by Northland District Health Board. As a result, Kaipara residents joined together and formed the Trust, eventually gaining 46% ownership of the Dargaville Hospital – another example of rural people struggling to access services.

Kaipara Trust had been running a health shuttle in Dargaville for many years but, when its own vehicle needed replacing, the Board decided the old 8-seater Hi-Ace still had some ‘life left in her’.

“The Board’s foresight envisioned a community group using this vehicle to provide a similar health-related transport service in the central part of the district, which our Dargaville shuttle couldn’t service,” says Debbie Evans, chief executive of Kaipara Community Health Trust.

Debbie explains that it can be a chicken and egg scenario for groups like Linking Hands, who often need someone to make a leap of faith to help get things going.

“To apply for funding, you usually need statistics to prove yourself – but you can’t get statistics without money to get started. That’s why we were prepared to form a joint venture with Linking Hands Inc,” says Debbie.

With a borrowed van and \$35, Maureen and Jayne got on to the local newspapers and then began: The Linking Hands Inc Health Shuttle service. They started with a team of 12 drivers, all dedicated and committed to help make this service work.

For awhile, Linking Hands was caught in the middle of complex relationships between multiple PHOs and a DHB, but has soldiered on, confident in the knowledge that its services were valued and needed by local people.

Four years on, Linking Hands has three branches and six vehicles, and a core team of 41 volunteers. Thanks to Lotteries, they can also employ an admin person for three days a week at a grand sum of \$195 per week.

Most of Linking Hands' funding comes from Lotteries, but they've also had grants or donations from COGS, ASB Trust, JR McKenzie and Catholic Caring – although some of these have changed their focus or tightened up on funding during the recession. Lions, Rotary and churches also make donations, and signs in the vans read 'Thank you for your donations', but people are not obliged to pay anything for the service.

Maureen says she's a big user of [Fundview](#) (the online directory of funding information) and had a good knowledge of funding sources from her time with Homebuilders.

"We don't seem to fit the criteria for most government funding, so we have to scrape around for money," laments Maureen.

"We are prepared to go wherever we have to, to keep our service running. I seem to spend half my life filling in application forms!"

When things look grim, Maureen contacts the local papers, such as last year when they were low on funds and a few articles generated a much-needed \$12,000 in donations from the community.

"We thought we could run on the smell of an oily rag but at that time, we didn't even have enough to buy the smell," says Maureen.

"Most of our vehicles are 1995, '96 or '97 models," says Maureen, "so they need a lot of upkeep. We have huge bills to pay with insurance, registrations, road user charges, warrant costs, new tyres, general maintenance on the vehicles, as well as petrol and diesel costs.

"We cover a big area," says Maureen, "with scattered little towns such as Ruawai and Tinopai, from the east coast to the west coast, and down as far as Warkworth. A round trip to some places can be 277 kilometres.

"There are no taxis or buses to most of these areas.

"Before our service was here, often people just didn't turn up at Whangarei Hospital.

"We'll take people to any medical appointment," explains Maureen.

"Ears, eyes, nose, toes, GPs, ACC. We don't do alcohol and drug treatment, and we don't do the courts, but we do other appointments related to well-being like WINZ or Inland Revenue, or day care for people with Alzheimer's."

A wide range of people use the service – the elderly, those who can't see, people with broken legs or simply those who don't like to ask family or friends to take them to appointments. Many people only use the service once or twice, but others with chronic conditions may use it over several years.

As Ian Wilson, an elderly user of the shuttle service, explains this is the real value of Linking Hands: “I’d just be a pest to my relations.....the first few times it’s easy. The next few times it gets a bit harder and after three or four years that are still ongoing, it would be a horrible nuisance,” say Ian, who’s a strong advocate for the service and values the sense of independence it gives him.

Maureen says there’s not very good awareness in the medical profession about how difficult it is for people to get to things.

Because shuttle users live remotely, they often have several different appointments in one day, but the health providers’ delays can make things difficult.

“We can drop people off for an appointment, and when the driver comes back hours later, they are still waiting. They can end up missing the other appointment or getting left behind,” says Maureen.

“Hospitals are the worst, ’cos they give everyone the same appointment time and then they all have to wait their turn. It’s badly co-ordinated. We had someone whose appointment was 12 noon, and they finally took her in at 4:30pm.”

An official hospital shuttle is a recent addition to the region, which Linking Hands welcomes, and they work in conjunction with the travel co-ordinator at the hospital to plan trips.

“It’s a good service to have,” says Maureen, who is eligible to use the hospital shuttle herself for regular dialysis treatment.

“In the past, the hospital sometimes used a taxi to transport people from Whangarei to Auckland. That can cost \$200 to \$300 each time.

“We don’t get any money from government – not from the Ministry of Health or DHBs,” says Maureen, “although we did receive a donation of \$2,000 from the PHO in Rodney recently, with a letter saying they were most appreciative of our Linking Hands service.”

Maureen explains that passengers can make claims in some circumstances, such as when a patient has more than six appointments in six months – but it doesn’t cover the costs.

“For example, if we take someone from Tinopai to meet the DHB shuttle, the round trip for us from our base to pick them up and drop them off and return is 240kms, but the DHB will only pay the direct route from the person’s home to the shuttle pick-up, which is 45kms,” says Maureen.

People find out about the service through free columns in the local papers, word-of-mouth and some referrals from **hospitals and medical centres**, although there is scope for greater awareness among health providers.

“We initiated contact with all the **DHB social workers** and this has enabled us to work smarter and in a more timely way with the hospital discharge system. They all know about us on the wards now,” explains Maureen.

Kaipara Trust has continued to take an interest in its ‘sister service’ and receives regular reports on progress and client numbers. It will often write letters of support for Linking Hands’ funding applications – such as when they wanted to extend the service to Mangawhai and surrounding districts in 2010.

“This is a much needed service and we wish to see it succeed for the people of our rural communities. Linking Hands has a passionate team of volunteers and has scoped the community’s needs to identify where its services are required most. They have attracted huge amounts of community support and we fully endorse their vision,” says Kaipara Trust’s Debbie Evans.

Linking Hands has been asked to extend the service to Whangarei, but Maureen says they don’t have the resources at present, so they have to set boundaries – but she recognises that travel issues can be just as difficult for some urban people.

In exceptional cases, they have taken one or two people to Auckland, but that is rare.

The travel time with patients and the relationships that Linking Hands develops with their regular users mean they are privy to reactions and opinions about health changes.

“We get lots of complaints from elderly people about the fact that the medical centre has patients see the nurse before getting an appointment to see the doctor – so now some don’t bother to go. The use of locums is also annoying to many people as they don’t know the patients’ backgrounds and this appears to them as unprofessional,” says Maureen, who perhaps could be a useful ally to help communicate health changes to rural communities.

If Maureen had two messages for the health providers that Linking Hands connects their passengers with, the first would be “keep to appointments”.

The other would be a plea for sustainable funding for services to remote communities.

“People should be entitled to live where they choose without being penalised – they shouldn’t have to move because of travel issues.

“If government can’t fund the services in the communities, it should at least support the services that help people to get there,” she says.

**More information:** [www.youtube.com/watch?v=FuqWeYicZLY](http://www.youtube.com/watch?v=FuqWeYicZLY)

This is one of the 15 case studies profiled in *How NGOs Make a Difference to Health Care in the Community* – a 96-page report from the Health and Disability NGO Working Group, Jan 2012.

The case studies cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

See [www.ngo.health.govt.nz](http://www.ngo.health.govt.nz) for more of the report.