The contribution of community organisations to the health and disability sector

Fran Renton

Community organisations contribute significantly to the health and disability sector by providing direct services, information, education, advocacy and support. The term community is broad and encompasses independent community groups, non-governmental organisations and iwi/M_ori organisations that operate on a not-for-profit basis. An organisation's background and ideology leads it to identify in different ways, for example, as voluntary organisations or third sector organisations.

In Dunedin (population ~120,000), the Dunedin Council of Social Services directory lists 70 community organisations whose work is specifically in the health sector, such as Diabetes Otago and the Otago Asthma Society. Pam Warren, executive officer for the council, estimates that there are another 70 organisations (for example, Age Concern), that contribute to the health and disability sector although it may not be their primary focus. Community organisations in Dunedin range from Presbyterian Support Otago, which has hundreds of paid staff members plus volunteers, to Carers' Society Otago, which in 2004 will employ the equivalent of 1.5 full-time staff.

Many community organisations developed around groups with specific needs or characteristics that were not being met in the public sector. In 1949, a small group of parents dissatisfied with the way their children were treated by health and education professionals formed the Intellectually Handicapped Children's Parents' Association. Now known as IHC, it is the largest provider of services to people with intellectual disabilities and their families in New Zealand.

Health system changes in the 1980s and 90s, such as the overall reduction in funding by central government and a move towards community care for people previously in institutions, prompted a proliferation in community organisations, especially in the areas of disability and mental health. During this time 'self-help' groups also became a popular way of people coming together to support and assist each other. Umbrella organisations such as Health Care Aotearoa (which was formed from union health services, community and Maori groups) developed to provide support and a united voice for the issues of the rapidly growing community sector.

Today community organisations accept a broad range of referrals from other community organisations, health providers and doctors, as well as self-referrals, and they actively seek out people who may need their services. To raise awareness, they run public campaigns, educational presentations and seminars, and liaise with other groups and services. In Dunedin, community groups offer opportunities and resources to the city's many tertiary students. Lynnette Keith, coordinator of Disability Information Services, says that they welcome enquiries from students as an important way of building links between the community and public health sector.

Direct services provided by community organisations range from alcohol and drug withdrawal services provided by the Richmond Fellowship to the emergency response teams of Red Cross. Support services can be one-on-one, or in groups and networks. Support groups bring people together to share, learn from, and gain support from a common experience, and to build support networks. Practical support might also be offered such as assistance with transportation or childcare to facilitate access to services. Many organisations provide support for families affected by a health condition or disability, such as Parent to Parent which runs camps for siblings of children with disabilities. Julie Butler, manager of Alzheimers Otago, says the main advantage of community organisations is that they have more time to spend with people in this support role than those working in the public sector. Butler also believes because of their specific focuses, community organisations can keep up-to-date with rapidly changing areas and become familiar with information that is commonly asked for, or found to be useful, by their clients.

Direct and support services may be complimented by assessment, referrals and advocacy so that clients can access appropriate care from the other community organisations, or the private and public health systems.

Arthritis New Zealand, a national organisation with 22 service centres, has educators whose roles include education, one-on-one support, and an assessment and referral service. Otago Arthritis educator Julie Pickford says that a typical visit and assessment for an older person living in their own home can result in referrals to community occupational therapists and physiotherapists, to government-contracted home support providers, to other community organisations for activities programmes, and to exercise and support groups run by Arthritis New Zealand. The assessment may also result in vouchers for half-price taxis administered by Arthritis New Zealand in conjunction with the Regional Council. Additionally, educators can offer more in-depth information, or clarify information that may not have been understood or taken in during doctors' appointments.

Such organisations let citizens become involved in their community's wellbeing. Other advantages are their ability to change direction quickly, the provision of culturally appropriate services, their insights into their community's needs, and their flexibility to meet changing demands. Peter Glensor of Health Care Aotearoa says that the type of integrated care offered by community health agencies is driving the strategic directions in primary health, such as the development of Primary Health Organisations. PHOs are required to work with those parts of their population that have poor health or are missing out on services, and to address their needs. They are also to be not-for–profit bodies with accountability for the use of public funds.

The two main difficulties facing community organisations are ensuring adequate funding and co-ordinating services between the public and community sector. Some services, especially access to emergency support and community support workers, are free. Organisations may attract some government funding but this rarely covers the full cost of the services offered. The shortfall is made up by volunteers, grants, donations, fundraising, corporate sponsorship, and membership fees.

In 2000, the government established a Community and Voluntary Sector Working Party in response to disillusionment about the relationship between the government and community organisations. Community organisations' feedback was that they felt as though they were not listened to, or recognised as legitimate contributors to health policy and decision-making. This isolation combined with a lack of funding contributed to the lack of co-ordination of their services with those offered by the public sector. In response, the government signed a *Statement of Government Intentions for an Improved Community-Government Relationship* in December 2001. This committed the government to improving relationships with the community sector. The Ministry of Health has also committed itself to strengthen its relationship with community groups providing health and disability services.

Community organisations offer many health and disability services and have proved able to respond to the needs of their particular client groups. Ongoing support from the government and public sector will ensure that community organisations continue to play an important role in improving the quality of health for the people of New Zealand. ■

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