



Community Transport Accountability Reporting

Funding period 1 July 2024 to 30 June 2025



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Executive summary

The Community Transport Fund provided \$300,000 to 29 Waikato community transport initiatives in 2024/25.

The most common reason was to access medical and health services, followed by social and leisure opportunities. In total, **78,133 trips were taken by 20,919 passengers covering 1.7 million kilometres.**

Ongoing challenges for community transport providers include a lack of consistent and secure funding and maintaining a pool of volunteers. These issues do not present an immediate risk for community transport in the Waikato region, but they do raise concerns for the longevity and sustainability of community transport over the next few years.

Nevertheless, community transport continues to improve community wellbeing. The direct investment of \$300,000 by Waikato Regional Council, and the significant volunteer contribution it enabled, contributed **an estimated \$6.17 million to the regional economy through direct and induced spending**, and led to **\$472,944 in reduced healthcare costs**. Passengers reported increased confidence, wellbeing and connection as a result of having access to community transport.



Introduction

What is community transport?

Community transport describes transport initiatives that provide flexible and accessible community-led solutions in response to unmet local transport needs.

Community transport complements the wider ecosystem of regional transport initiatives, including public transport and Total Mobility, by providing an alternative transportation option for Waikato residents who:

- may have travel needs that are not served by the public transport timetable
- cannot afford private taxi fares
- have mobility needs that are not well managed by other operators.

It often **represents the only means of transport for many vulnerable and isolated people**, including residents in rural and isolated areas, older people, or people with disabilities. Community transport typically:

- relies on volunteers and fundraising
- has low operating costs compared to contracted public transport services
- can generate significant benefits for communities and support wellbeing by reducing isolation, enabling access to healthcare, education and social opportunities
- is an effective transport solution in smaller towns and rural areas and complements the public transport network.

Community transport service providers do not impose fares on passengers, but they do welcome a koha (gift or donation) if passengers can afford it. Often, these contributions fall short of covering a trip's petrol and running costs, prompting the providers to engage in fundraising activities and seek funding or sponsorship to bridge the financial gap.

Unlike public transport and Total Mobility, community transport providers are not contracted by Waikato Regional Council to provide transport services. Instead, Waikato Regional Council is one funder of many, providing fixed funding to cover operational costs associated with delivering community transport.

Waikato Regional Council established a contestable \$200,000 per annum community transport fund through its 2022/23 Annual Plan to support community transport providers in the region. The fund was formed through a flat charge per property of approximately \$1 through the existing uniform annual general rate charge. As a result of growing demand, the council increased the fund to \$300,000 in 2024, then to \$500,000 in 2025. The fund is now collected through the public transport rate.

More than 30 providers are known to operate across the region. This report highlights outcomes achieved by the 29 recipients of the Community Transport Fund in the period from 1 July 2024 to 30 June 2025.



Snapshot of community transport

29



providers
Across the network*



\$1,825,025
labour equivalent
of volunteer hours

3,229



trips by wheelchair users
(8% increase from previous year)



Total operating budget
\$1,494,638



1,725,931 km
distance travelled
(48% increase from previous year)



73,001

Total volunteer hours

(20% increase from previous year)



78,133
trips taken

(52% increase from previous year)



15

providers with
wheelchair access

Amount granted

\$300,000

(17% of total operating budgets)

20% Amount granted as percentage of total operating budget

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Organisation	Amount granted	Total trips	Total wheelchair trips	Total passengers	Total wheelchair passengers	Total distance travelled (kilometres)	Total volunteer hours	Total volunteers
Cambridge Community House Trust	\$5,000	1,660	128	274	14	18,750	1,199	24
Coromandel Community Services Trust	\$8,000	118	4	295	2	10,542	150	11
Coromandel Independent Living Trust	\$16,500	1,508	0	250	0	150,161	340	15
Eastern Coromandel Community Services Trust	\$16,500	454	26	114	1	28,179	464	12
Matamata Community Health Shuttle Trust	\$15,000	3,480	10	2,800	3	119,928	14,500	35
North Waikato Transport Trust	\$16,500	14,085	614	2,842	21	273,033	4,120	21
Ōtorohanga Support House Whare Āwhina Trust	\$10,000	265	0	140	0	13,744	340	5
Paeroa Community Support Trust	\$16,500	1,132	141	144	17	59,317	2,247	20
South Waikato Community Health Transport Inc	\$8,000	4,477	120	2,247	8	139,364	5,747	47
Tairua Care and Friendship Club Incorporated	\$15,000	296	20	691	10	33,124	2,040	22
Te Ahi Kaa Training and Social Services Centre Inc	\$16,500	66	0	249	0	1,832	65	3
Te Aroha Community Support Incorporated	\$5,000	2,947	34	4,320	17	84,000	7,470	27
Te Aroha Springs Community Trust	\$4,400	64	0	15	0	760	192	6
Te Awamutu Community Health Transport Trust	\$16,500	2,248	126	1,187	40	50,166	3,830	57
Te Kuiti 4H Community Trust Board	\$4,500	8,100	170	58	4	11,921	2,225	9
The Ngāti Maniapoto Marae PACT Trust	\$10,000	966	966	110	0	10,889	6	2
The Order of St John Central Region Trust Board (Cambridge Waka Ora Health Shuttle)	\$14,000	4,860	0	456	2	54,765	3,139	13
The Order of St John Central Region Trust Board (Hamilton Waka Ora Health Shuttle)	\$16,500	9,326	384	730	384	55,496	6,321	25
The Order of St John Central Region Trust Board (Ōtorohanga Waka Ora Health Shuttle)	\$6,000	1,287	20	101	20	29,947	948	14

The Order of St John Central Region Trust Board (Taupō Waka Ora Health Shuttle)	\$6,000	825	0	133	0	37,048	1,741	14
The Order of St John Central Region Trust Board (Tokoroa Waka Ora Health Shuttle)	\$4,000	398	0	72	0	17,252	337	7
The Order of St John Northern Region Trust Board (Mercury Bay Waka Ora Health Shuttle)	\$6,000	663	77	96	39	44,332	1,243	13
The Order of St John Northern Region Trust Board (Thames Waka Ora Health Shuttle)	\$5,000	6,000	356	702	139	144,499	2,946	23
The Order of St John Northern Region Trust Board (Waihi Waka Ora Health Shuttle)	\$5,000	2,587	6	299	3	75,453	2,381	15
The Order of St John Northern Region Trust Board (Whangamatā Waka Ora Health Shuttle)	\$10,000	1,789	0	183	0	66,276	1,605	8
The Raglan District Community Vehicle Trust	\$7,000	431	27	0	0	26,459	1,022	18
The Te Kauwhata & Districts Information & Support Centre	\$10,000	863	0	129	0	34,122	1,306	26
Waikato Bay of Plenty Cancer Society	\$10,100	6,602	0	282	0	52,028	3,216	125
Whitianga Community Services Trust	\$16,500	636	0	2,000	0	82,544	1,862	11
	\$300,000.00	78,133	3,229	20,919	724	1,725,930	101,999	628

NB: These statistics were submitted by fund recipients through their end-of-year reporting

Community outcomes

Who used community transport, and why?

There were 78,133 trips taken by community transport users during this funding period – an increase of 52 per cent from the previous year (noting the increase in the size of the fund from \$200,000 to \$300,000). A trip is a journey taken on community transport. The trip may be for one person, not including the driver, or more than one person. A return journey is counted as two trips. This means that one-way trips (where a passenger is only picked up or dropped off rather than picked up and dropped off) are not overcounted.

For reporting purposes, this was the second time we asked community transport providers to provide the purpose of each trip taken. The result showed **the majority of trips (more than 90 per cent) were for accessing medical and health appointments**. Of the remaining trips, almost 3000 were taken to access social and leisure activities, such as social visits, community events and day trips, and slightly more than 1000 were to access support services, such as caregiver respite services. The remaining trips were to access essential, personal, education and other transport services.

This understanding highlights the critical role that community transport plays in connecting people and communities with essential services for good living.

Trip Purpose	Total trips	Total trips (%)
Medical appointments	71,400	92.07%
Social and leisure	2,873	3.70%
Support services	1,253	1.62%
Essential services	982	1.27%
Personal services	446	0.58%
Education	304	0.39%
Other	292	0.38%

In 2024/25, 15 providers used wheelchair accessible vehicles and undertook 3229 trips with at least one wheelchair user. This is an increase of 8 per cent from the previous year. In total, **there were 724 passengers who used wheelchairs among 20,919 passengers**. Some providers have regular passengers with ongoing transportation needs. This is reflected in Table 1, where the trip counts of a provider are higher than their passenger numbers. The type of vehicle, frequency of trips and vehicle occupancy by a provider depends on the specific needs of their community.

Many providers report that demand for community transport trips is rising, but capacity is not keeping pace – particularly as operating costs continue to increase. This imbalance presents a potential challenge to the long-term sustainability of community transport services.



Where did community transport go?

We asked providers to tell us about popular destinations to help us identify gaps in the overall transportation network. We intend to continue building a picture of this.

As in previous year, many of the trips were along the state highway from Thames through to Paeroa, Te Aroha, Matamata and Tokoroa, and even through to Taupō. There were more trips between townships in the Coromandel Peninsula, and between North Waikato and Coromandel Peninsula communities. There are currently limited public transport options along these transport corridors, with all existing services requiring a lengthy transit through Hamilton city centre.

Many community transport organisations bring passengers to Waikato Hospital, but many also bring passengers to appointments at Te Kūiti Hospital, Thames Hospital, Tokoroa Hospital, and specialist medical centres.

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Rivers

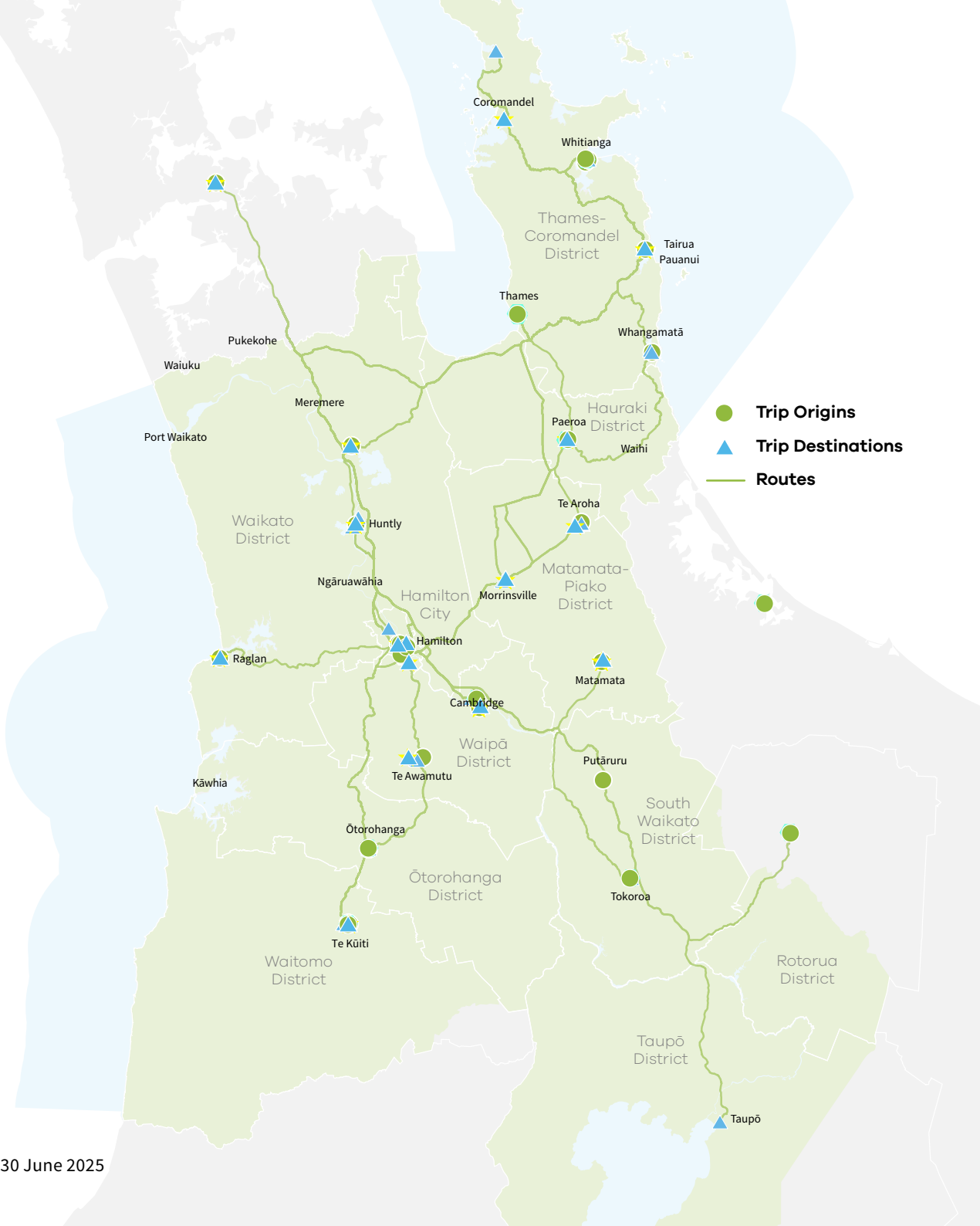
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Who delivered community transport?

Volunteers

A distinguishing feature of community transport is it is delivered by volunteers, and providers do not charge a fare for transport – although they may accept koha (gift/donation) to help cover operating costs. During this funding period, **628 volunteers donated 73,001 hours of their time in driving, administration and coordination roles**. We estimate the value¹ of time to be \$1.83 million.

Volunteers are an invaluable part of community transport. We hear from both providers and passengers alike that volunteers play a pivotal role in making community transport possible and they provide connection and support during what can be a challenging time for users.

“[He] has benefited greatly from the social connection provided through the Shopping Bus Programme. Living alone and having limited transport options, he says the trips are about more than just shopping – they are an opportunity to get out of the house, meet people, and remain active within the community. [He] enjoys the friendly atmosphere created by the volunteers and passengers and says the programme has had a positive impact on his wellbeing and independence.”

“One of our passengers is an elderly woman who lives alone, with no access to transport. Our volunteer drivers take her to Waikato Hospital for ongoing specialist appointments. She often shares that the trip is the only time she leaves her home each week. The conversations with drivers, the reassurance, and simply being accompanied make a noticeable difference to her confidence and emotional wellbeing.”



¹ We estimate the value by using the median wage for a driver or administrator which is in the range of \$25 p/h. See: <https://tahatu.govt.nz/work/explore-career-ideas>

Vehicles

Community transport providers deliver their service in various ways: their own vehicles, rented vehicles and private vehicles owned by volunteers. Some providers use only their own vehicles, while others rely fully on private vehicles.

Of the 88 vehicles owned directly by community transport providers, the vast majority are vans and small passenger vehicles (80 per cent). Overall, 20 per cent are wheelchair accessible vehicles². This is a similar profile to the last reporting period; however, more providers were using private vehicles.

Vehicle type	Number of vehicles	Number of vehicles (%)
Vans seating 12 or fewer	38	43.18%
Smaller passenger vehicles	32	36.36%
Wheelchair accessible vehicles	17	19.32%
Other	1	1.14%

Many community transport providers told us they intend to purchase a new vehicle in the near future to supplement their fleet or replace aging vehicles. In some cases, this has been delayed due to a lack of available funding³ or insufficient volunteer workforce.

“ [Our] ability to expand is limited by the lack of long-term financial security. Now that we have purchased another vehicle, we are available to provide more trips to Waikato appointments, but the question is: ‘Can [we] sustain the additional costs long term?’ The needs of our community are greater than the service can provide. ”

² This does not include organisations that rent a wheelchair accessible vehicle on an as-needed basis
³ The Community Transport fund currently supports only operational spending and not capital spending, meaning that providers cannot use the funds provided by Waikato Regional Council to purchase new vehicles or other assets.



What limitations did we encounter?

Constrained funding environment

Many providers identified constrained funding as a key challenge in this reporting period.

Due to a change in government priorities, there is less funding available for community groups. This, together with increasing fuel costs and an increasing demand for services, means providers are struggling with costs. Many providers told us they had to make decisions about which trips and passengers to prioritise, or they grouped passengers together to reduce the overall number of trips.

Also, most funding schemes, including the Community Transport Fund, are applied for and allocated annually. This creates uncertainty, limits long-term financial planning, and requires significant time from staff or volunteers to reapply each year.

“We have lost three major government contracts in the last few years through changes in government priorities, so now we spend considerable staff resource on contestable funding and fundraising to stay afloat. We used to cover our core staffing by spreading the overhead over multiple services, but with so few services funded now we find our core programmes are tagged with a greater portion of our overheads and we will post a loss for the 2026 financial year. The [next financial year] looks to be the hardest yet...”

Community transport organisations are particularly vulnerable to changes in funding schemes due to their reliance on external funding. Community transport, unlike commercial or public transport, does not collect fares and does not recoup costs from passengers.

A constrained funding environment is a structural challenge that could impact the sustainability of the programme over time.



Declined and cancelled trips

Due to limited resources, community transport providers cannot always provide every passenger with a trip every time. We asked providers to tell us the common reasons why trip requests were declined or cancelled, so can provide better support and understand the resource constraints in the sector.

In general, trip requests were **declined due to the unavailability of resources or operational constraints**, while trips were **cancelled due to the reason for travel, for example, a health appointment being rescheduled**. Cancelled trips were usually not within the control of either the provider or the passenger.

Over the funding period, 827 requests for trips were declined. Almost half of these requests (45 per cent) were because the vehicle was already full (25 per cent) or volunteers were unavailable to drive (30 per cent). The unavailability of a volunteer grew ten-fold as a constraint compared to the previous year (3 per cent). Other operational constraints that prevented providers from fulfilling trip requests were insufficient notice from the passenger (10 per cent) and the requested transport being unavailable (6.5 per cent), for example, if the passenger required wheelchair access or child car seats.

Other reasons to decline a trip request included extraordinary weather conditions or road closures, and in these instances the trips were rescheduled.

Decline reason	Total declined trips	Total declined trips (%)
Volunteers unavailable	254	30.71%
Vehicles unavailable	200	24.18%
Other	124	14.99%
Insufficient notice	87	10.52%
Origin/destination outside operational area/time	85	10.28%
Requested transportation unavailable (i.e., wheelchair enabled)	54	6.53%
Behavioural or safety concerns	23	2.78%

Overall, approximately 3240 scheduled trips were cancelled. The most common reasons for cancellation were medical appointments being rescheduled (prompted by the medical provider or the passenger), passengers being sick on the day of travel or unable to travel, and passengers having arranged alternative transport.

Available volunteers

Given the dependence of community transport on volunteer labour, we are interested in understanding the dynamic of volunteers and how that may be changing. Volunteers support community transport by driving vehicles, managing bookings, coordinating shifts, applying for funding, organising reporting and more, although some organisations have paid staff to undertake their administration functions.

There were **628 volunteers supporting the 29 community transport providers** from 1 July 2024 to 30 June 2025 period. Over the funding period, there was a net gain of 37 volunteers, although some providers did report a loss in volunteers.

Availability and retention of volunteers was identified as a key challenge by several providers. Many of the volunteers were elderly and retired, which means they have free time to donate to community transport but they're also getting to a time where they may require the service as a passenger themselves. For some organisations, engaging new or younger volunteers is difficult. An aging demographic presents risk to the longevity of community transport services.

What is the impact of community transport?

Closing the transport accessibility gap

Public transport services are still limited in regional and rural areas. For those who do not have a car, cannot drive, or cannot afford private options (for example, taxis), access to services (health appointments, social and leisure opportunities, support and essential services) can be almost impossible. Community transport fills this gap, offering a lifeline for those who have no other options.

“A middle-aged client in a wheelchair faces significant challenges due to not being able to access the bathroom in their rental home. Government funding does not cover modifications, leaving her with no choice but to travel to Te Kūiti Hospital several times a week to shower. [Community transport] is her only means of transport – not just for medical appointments in Te Kūiti and Hamilton, but also for social gatherings and exercise classes that help her stay engaged with her community and, most importantly, at home with her whānau.”

“[As part of] a transplant programme, I cannot drive myself to or from appointments. In order to stay in the programme, I need to meet certain criteria, [and] being strict and regimented in attending all appointments is one of those requirements. [Without community transport, I am] not sure how long I would last ... I would truly not be able to do it on my own. Everybody makes the whole process so easy, [and] we are truly blessed to have this service in our community.”

“[One of our passengers] is an amputee [and] relies entirely on our service to attend his medical appointments. The reliability of the transport and the assistance provided allow him to access healthcare that would otherwise be very difficult or impossible to reach independently.”

Community transport is deeply valued by the communities being served. **Community groups, passengers and whānau and friends collectively donated more than \$450,000 to community transport organisations during the 2024/25 funding period.**

More donations were reported in this funding period compared to the previous year (\$17,000). This is due in part to an increase in the size of the fund (from \$200,000 to \$300,000), as it enabled more organisations to participate in the fund and be included in the reporting. Donations to providers included residual funds from the wind-up of other organisations, vehicles and business contributions.



Contributing to the local economy

Research on community transport services in countries comparable to New Zealand shows that investment in subsidised transportation benefits the wider economy by increasing access to local shops, services and activities.

“[The passenger] uses the Shopping Bus Programme to access a wider variety of affordable shops and services in Morrinsville that are not available locally in Te Aroha. She appreciates having reliable transport available, especially on pension days when budgeting and shopping are most important. [She] has shared that the service provides peace of mind and reduces stress, knowing she has dependable support to help her access what she needs. She also values the kindness and support shown by the volunteer drivers.”

“One of our regular services is a weekly Wednesday supermarket trip for a group of elderly passengers. Many of these individuals no longer drive and do not have family nearby who can assist them. Passengers have described this service as a ‘life-saver’, as without it they would struggle to access groceries consistently or maintain their independence.”

In addition to the volunteer labour, some community transport organisations employ administrators to manage bookings and coordinate volunteer shifts. The value of wages reported for paid staff was \$519,387 across all 29 providers. Volunteer labour was valued at \$1.83 million. Considering the direct, indirect, and induced effects of this money invested in community transport, we estimate the gross value added⁴ to the Waikato regional economy to be \$6,165,738.

Every dollar invested in community transport delivers strong social and economic returns, benefiting not just those who use the service but the region as a whole. We all benefit when more people can access our cities and towns

⁴ Calculated by multiplying the value of paid and volunteer labour by the Input-Output Type II Multiplier – 2.63 (in the category “Health and Social Services”). Output multipliers relate a unit of spending to an increase in output in the economy, with Type II multipliers representing the sum of direct, indirect, and induced spending in the economy.
See Table 4.4, McDonald G., & Patterson M. (2008). *Auckland Economy and its Interactions with the Environment: Insights from Input-Output Analysis*. New Zealand Centre for Ecological Economics.

Enabling independence and good health

In the Waikato region, community transport services are used mostly to attend medical appointments and access other health services, which includes but is not limited to regular GP appointments, chemotherapy and dialysis treatments, dentist appointments, physiotherapy, appointments at specialist clinics, and trips to pharmacies.

Community transport users tend to have limited access to alternative transport, but report that the services allow them to maintain independence and keep living at home, especially later in life. An older person who is able to manage their health at home reduces burden on the public healthcare system through deferred admission to residential care homes or long-stay hospitals.

“ [A passenger recovering from surgery] recently needed multiple follow-up appointments and said the service allowed him to stay independent and avoid burdening family who work full time. ”

“ A [passenger and his wife] live 26 kilometres from their town centre (and most treatment locations). [His wife says] ‘We may as well be 100 kilometres out. I have to work or we might lose the house. He cannot drive and is stuck at home during the day. I can’t afford to come home for lunch’. [The passenger says] ‘The driving service has been a lifeline, and [the volunteer driver] is a great bloke. We can chat and have a laugh. It’s a highlight of my week’. ”

Based on the expected utilisation of residential care among community transport users and the proportion of users who may be able to defer this care due to access to community transport, we estimate the value⁵ of these services to be \$472,944: \$1.63 for each dollar invested into the fund.

This value is in addition to improved health outcomes in general due to access to health services, which also reduces burden and ongoing demand for health services.

⁵ The proportion of community transport users that are older than 75 years is approximately 43%, and the percentage of users that agree with the statement “The service helps me keep living in my own home” is 47% (Nelson et al., 2017).
The average annual cost of residential care per person to the Ministry of Health is \$2,672 in 2026 NZD (Scott et al., 2021).
The long-term residential care utilisation rate of 4.19% (Health New Zealand | Te Whatu Ora, 2025).
See: Table 3 & 8, Nelson, J. D., Wright, S., Thomas, R., & Canning, S. (2017). Case Studies on Transport Policy 5, pp. 286-298. The social and economic benefits of community transport in Scotland.
See Table 1, Scott O. W., Gott M., Edlin R., Moyes S. A., Muru-Lanning M., & Kerse N. (2021). BMC Geriatrics 21. Costs of inpatient hospitalisations in the last year of life in older New Zealanders: a cohort study.
Health New Zealand | Te Whatu Ora (2025). Aged care resident projection model. <https://www.tewhatuora.govt.nz/for-health-providers/aged-residential-care/aged-care-resident-projection-model> [Dataset]

Improving community wellbeing

Many passengers and volunteers reflect on the role of community transport as improving community wellbeing, reducing isolation and maintaining access to essential services.

“Transport was provided for an older resident to attend his regular hospital and GP appointments. The client is unsteady on his feet, has limited eyesight, is hard of hearing and has a speech impediment, making independent travel challenging. However, his mind is sharp and he enjoys conversation, values remaining active and independent, and likes getting out and about when possible. At times his mood is low when attending GP appointments, but having reliable, supportive transport has reduced his stress and increased his confidence to continue accessing essential healthcare.”

“[My son] receives regular transport assistance each week and has done so for the past 14 months. For me personally, this assistance has helped [me] regain time and energy that I would otherwise be using to transport [my son] from Huntly to Hamilton East return [three days per week]. The service has allowed me to focus on the specialised needs of [my son] and my family as a whole. Overall, the service has made a very positive impact, and [we are] very grateful for [community transport].”

“[My husband and I] would like to let you know that without [community transport], we would not be able to get to our hospital appointments. The drivers are always on time, very supportive [and] friendly, and we wouldn't get about without [them].”



“ [The passenger] is a regular user of the Shopping Bus Programme and says the service has become an important part of her routine. As she no longer drives, accessing supermarkets, pharmacies and banking services independently had become increasingly difficult. The fortnightly shopping trips allow [her] to complete essential errands safely while also enjoying the company and conversation of other passengers. She says the programme has helped her feel more connected to the community and less isolated. ”

Community transport enables residents to maintain independence and remain at home while managing long-term or chronic illness.

“ One of our clients served Te Kūiti for over 45 years before losing 80 per cent of her sight. With no taxi services available, our van is the only way for her to remain in the town she loves. We take her to the medical centre and hospital and assist with shopping, choosing clothes and everyday tasks that would otherwise be overwhelming when she is out of her home. Without our support, she would have to move to Hamilton, where services are available but at the cost of losing her independence, church and close-knit community. ”

“ A 70-year-old widowed woman living alone in Te Kūiti relies on the [community transport] to maintain her health, independence and social connection. Living with Parkinson’s disease, she travels weekly to Ōtorohanga for specialised Parkinson’s rehabilitation physiotherapy – services not available locally – alongside other clients with similar conditions. The van also enables her to attend essential medical appointments, including regular GP visits in Te Kūiti and specialist care at Waikato Hospital. With no immediate family remaining in Te Kūiti, and her children having moved away for work opportunities (a common reality in rural communities), the service plays a critical role in preventing isolation. It allows her to remain safely in her own home, stay physically active, and continue participating in her community. ”



Access to community transport provides opportunity to connection – to other members of the community and to cultural heritage.

“ [The community transport service] provided opportunities for elders to reconnect with their whānau, whenua and heritage – connections that are not easily maintained without reliable transport in these rural communities. Whānau members also expressed gratitude for the peace of mind the service provides, knowing their kaumātua and kuia can travel safely and with dignity. ”

“ We love the [community transport] outings because it caters to all ages in the community, giving everyone an excuse to get out of the house and go to places that we have never thought of. It is well planned and organised. [It is] great to socialise with people from different parts of the community that we never get to meet. This is the best initiative in the community [and one] we have thoroughly enjoyed, having fun. We already looking forward to the next [outing]. ”

“ [The community transport outings] help reduce isolation, build confidence and give everyone something to look forward to ... I can see the positive impact each outing has, and continued funding would ensure these meaningful experiences can carry on benefiting the group. [I] would love to see this be an ongoing thing as it is beautiful to see the community together even if it's for a couple of hours. ”

“ [Our passenger] came in this morning to tell us how much she thoroughly enjoyed her outing to Chartwell with us last week. She said she was well outside her comfort zone to attend this, and she nearly pulled out twice. Her family are very proud of her for attending, as she is at home all day every day and speaks to no one. She has booked in for every future outing. ”



Volunteers provide an exceptional, friendly and welcoming environment. The service provides a vital lifeline for passengers, above and beyond transportation.

“I am grateful for all the help I receive from [the volunteer drivers] and the cheerful way the help is given.”

“This young mum is a new migrant to New Zealand and new to our town. Her husband works away from the home during the day, and we were able to take her to hospital appointments for her epilepsy and post-natal care. We learnt that she didn't know any other mums so also offered to drive her to our six-week New Parents Group where she and her baby were able to build their support network in our area.”

“I have had to use the [community transport] service multiple times in the last several months, and all the times I have found it to be efficient and timely, with the drivers always courteous and knowledgeable about where they have to go. I cannot recommend this vital service too highly; it is a veritable lifeline for rural patients.”

“The staff I interacted with were friendly, helpful and consistently went out of their way to assist. It [feels] like dealing with people who genuinely care, not just a service. I have already recommended the service to others.”

“The level of assistance provided was exceptional. This included help boarding and exiting the vehicle, checking on my wellbeing during the appointment, assistance with mobility aids and belongings, and ensuring I was safe and comfortable throughout the journey. The professionalism and care shown fully reflected a strong code of conduct and deserved acknowledgement.”

“ [The client] was booked to go to Waikato Hospital for chemo treatment as a result of working with asbestos. After his appointment, he was also driven to the Pathlab for a blood test. During the ride, the volunteer driver was told that his wife was in Kimihia Hospital, and he hadn’t been able to visit because neither of them can drive anymore. As Kimihia Rest Home/Hospital was on the way back to Te Kauwhata, [the] driver allowed him to visit his wife and also stop for groceries. ”

“ [This passenger had been in a car accident, which prevented him for working in his business and his income was greatly reduced.] We drove him to Waikato Hospital for ongoing medical work ... While he was waiting on a payment from ACC, our driver recognised his need and arranged a food parcel via our food bank. This was gratefully received. We have since assisted this client with a visit to the supermarket as he lives rurally, has no family nearby, and has no other way of getting to the shops while he recovers. ”

“ This elderly gentleman has had heart surgery. He came to see us, along with his sister who lives in Australia. He was new to the area and lives in a rural home. She helped him book medical transport so that he could go to appointments in Hamilton after she had returned to Australia. We helped him with the names of local home help businesses and made a welfare check to him a couple of weeks later. He was so happy we had called and grateful for the help. ”



Conclusions and acknowledgments

Since its introduction, the Community Transport Fund has made significant and increasing contributions to the social, economic and wellbeing needs of communities around the Waikato region that have limited access to transport services.

The 2024/25 funding period has seen 78,133 trips made for 20,919 people, enabled by 628 volunteers donating 73,001 hours of time – connecting people and critical services, enabling independence and dignity, and supporting community wellbeing.

Community transport continues to be a critical community service, particularly in areas where few alternative options are practicable or affordable. Without these volunteer-led services, many Waikato residents would face significant barriers to accessing healthcare appointments, essential services and social opportunities.

We would like to thank the teams of Communications and Marketing, Spatial Information and Management, and Regional Transport Connections, for their assistance in preparing this report and acknowledge the support of Waikato Regional Councillors in making this fund possible. We would like to particularly thank the work of Amantha Bowen who shepherded this fund for three years and grew it to what it is today.

Most importantly, we extend our heartfelt thanks to the volunteers, providers and community groups who make community transport a reality. Your dedication and generosity are invaluable, and the impact of your work is felt throughout our region every day.





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