

Putting Partnering in Practice: Collaboration on Complex Issues – Healthy Homes

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Foreword

The Department of Internal Affairs actively supports collaboration between local authorities, central government agencies, iwi/Māori and a wide range of other organisations, to enable effective planning and better use of resources.

This resource was developed with the Interface Facilitation Team, which is part of the Local Government and Community Branch of the Department. The team has a role collecting and sharing good practice examples and experiences of collaboration.

'Putting Partnering in Practice: Collaboration on Complex Issues – Healthy Homes' joins already published resources, 'Putting Pen to Paper' and 'Putting Pen to Paper: Profiles' on www.communityoutcomes.govt.nz.

Author Megan Courtney is a recognised expert in the field of interagency partnering and has many years of experience actively involved in brokering and sustaining relationships. She has again worked with us on producing this third partnering report that focuses on the partnering experience of multiple agencies working together to achieve healthy homes outcomes across New Zealand. Putting Partnering in Practice provides useful ideas for strengthening partnering practice.

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While this report has been funded by the Local Government and Community Branch of the Department of Internal Affairs, the views contained in this report are not necessarily those of the Department. This Report is based on the views of a selected range of stakeholders within the healthy homes sector and may not be representative of the sector as a whole.

Introduction

Partnering covers a broad range of working together arrangements, the essential factor being the relationships between people and organisations. Partnering approaches are recognised as critical for addressing complex problems that have multiple root causes and impact on multiple sectors and stakeholders. Solutions to complex problems require many organisations working effectively together rather than any one agency working alone.

This report provides a summary of themes, experiences and learning about collaboration on a specific complex issue: healthy homes.¹ In this report, the term healthy homes is used to include a wide variety of initiatives that seek to make homes warmer, drier and healthier.

The purpose of the report is to reflect on, and help inform and strengthen working together within the healthy homes sector and beyond. It covers:

- why healthy homes is a complex issue requiring partnering
- different experiences of partnering
- enablers and barriers to partnering within the healthy homes sector
- emerging challenges
- thoughts on the future for healthy homes collaborations.

The report is not intended to be a comprehensive review of the progress and achievements of healthy homes initiatives to date, or to provide detailed case studies of current practice.

The content is based on the observations of selected individuals and agencies working at central, regional and local levels within the healthy homes sector.² These people were interviewed over a two week period in March-April 2009. The information and quotes in this report are individuals' opinions; they do not reflect the views of any specific organisation.

Healthy homes was identified as a potential subject for a report looking at 'partnering in practice' at the 'Healthy Homes Heats Up' Hui in 2008³ because of the multiple agencies involved.

Healthy homes is a complex and emerging issue in New Zealand. The aim of those working in the sector is to make New Zealand's housing stock warmer, leading to multi-sectoral benefits including:

- improved health outcomes
- increased local employment opportunities
- cleaner air and a healthier environment
- economic gains from a healthier and more productive workforce
- reduced energy use
- improved social outcomes⁴

¹ See section 3 for more detailed discussion.

² Those interviewed for this report are from a range of agencies and sectors including central government agencies (e.g. EECA, HNZC), a regional Council, a District Health Board, a Primary Health Organisation, housing research organisations, community based insulation providers, public health agencies and a local housing collaboration.

³ The second annual Hui of those working in Healthy Homes related fields across the country. The 2008 Hui was held in Rotorua, with the 2009 Hui tentatively planned for Taranaki in November.

⁴ For example, social assessments are conducted in the Hutt Valley as part of the healthy homes health assessment. This enables families and individuals to connect to the services they need.

- people feeling more positive about their housing, community and life in general.

A wide range of government, community and private sector agencies are working together on healthy homes initiatives with significant success. The Hui highlighted the desire to improve coordination and partnering, to learn and work in ways that support each other and the wellbeing of communities.

It was felt that a resource reflecting on real collaborative experiences would be useful for others engaged in inter-agency partnering in the healthy homes sector and beyond.

1. Main Messages

- Partnering is essential for solving complex problems. Central government, local government, iwi, private sector, community and voluntary sector organisations and local communities of place need to proactively work together to generate community specific solutions.
- Around 860,000 New Zealand houses are under-insulated. These houses are often cold, damp and expensive to heat. This creates a range of negative impacts for occupants and the wider community. More than \$5 billion may be required to upgrade insulation and add clean heating to the nation's housing stock.
- Healthy homes initiatives, which focus on making homes warmer, drier and healthier, have the potential to achieve multiple benefits across multiple sectors. Outcomes are dependent upon many different agencies and sectors continuing to work together at national, regional and local levels.
- While partnering terminology is used interchangeably (e.g. collaboration, partnership, cooperation), there is a growing shared understanding of the importance of working together.
- There are many committed and passionate people working within the healthy homes sector who strongly value partnering and collaborative ways of working. There are now many examples of successful multi-agency healthy homes collaborations happening across Aotearoa New Zealand.
- Experience and know how about the best ways to work together within the healthy homes sector is still developing. There is consensus among contributors to this report that the sector needs to focus more attention on strengthening partnering practices.
- Healthy homes needs to be seen as a complex issue. Successful outcomes will be reliant on a shared national vision and a framework that supports and enables diverse local partnering models to be created that suit the needs and context of local communities, and other stakeholders.
- Shared visions and values, a flexible approach and establishing supportive respectful relationships were seen as the keys for successful intersectoral partnering by contributors to this report.
- One of the main barriers and challenges for interagency partnering in the healthy homes sector is the quantity and certainty of funding streams for housing retrofits and the often short timeframes in which monies need to be spent.

Other issues highlighted were:

- gaps in national and regional leadership for cross sector collaboration. This in turn leads to uneven buy-in, participation and investment in healthy homes initiatives
 - sufficient time, capacity and established co-ordination mechanisms to effectively reflect on what is working and what could be done better and how to feed this through to relevant strategic and operational policy processes within the sector
 - well-developed partnering skill sets and know how, especially among those in key leadership positions
 - local need for flexibility and autonomy not being sufficiently recognised or supported.
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- Both commercial and community sector insulation service providers were valued and recognised as having different strengths. Contributors to this report thought it was essential that both models continue to co-exist. However, tensions are rising, with genuine fears that many community sector providers may be pushed out of the market by larger commercial providers. A robust and transparent debate is required to discuss the relative merits of community sector providers and commercial providers and how the healthy homes sector can best accommodate and support those strengths.
 - Community sector organisations and enterprises are a much valued part of the healthy homes sector. However there is a need for additional resourcing and purposeful capacity building to strengthen their ability to deliver services and participate more meaningfully within collaborative sector initiatives.⁵ The community sector is keen to creatively explore more options for ‘self help’ and peer support. More certainty around future funding streams would enable community sector organisations to more confidently invest in organisational development and training.
 - There is still considerable work to be done to better engage with both low income/high health-need communities and the rental sector in the benefits and pathways into healthy homes. While local social networking and connections are seen as beneficial, more experimentation and talking together with various low income/high health needs communities about ‘what works for them’ is still required.
 - A new, national, intersectoral framework for healthy homes should be supported by additional mechanisms to improve local, regional and national communication and co-ordination. Potential synergies around learning, effective programme

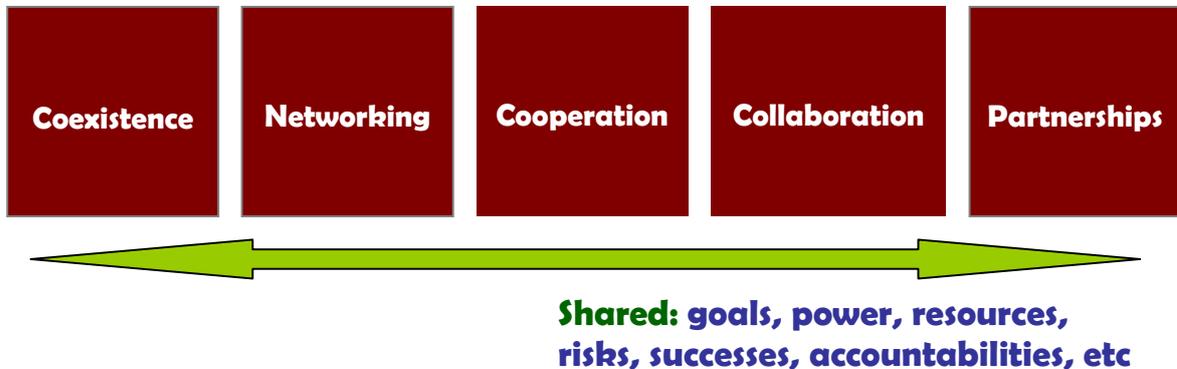
⁵ The same arguments could also likely be made for the commercial sector.

establishment and sector capacity building are unlikely to be fully realised without attention to resourcing.

- Considerable potential exists to extend healthy homes initiatives beyond core retrofit measures. In some areas, additional services and interventions include a health check (for houses and households), curtains, heating, and social checks that link people to services. However, some contributors to this report warn of potential overload on individual households if too much is added too fast.
- Incorporating more community-led development approaches into the way that local healthy homes initiatives are designed, resourced and delivered could result in considerable gains to community wellbeing at the local level.
- Validating and enabling greater local participation of local residents in healthy homes initiatives could lead to greater ownership of housing, and potentially broader wellbeing solutions, at a neighbourhood level.
- Rather than be seen as stand alone interventions, there is potential for healthy homes to be integrated into comprehensive 'place based' community-led development initiatives that build on community strengths and assets to address other identified community needs such as safety, pride and identity, local economic development, and support for children and families.

2. About Partnering

Partnering can be usefully thought of as working together across a broad range of relational arrangements⁶, as expressed in the continuum below. The further right along the continuum you move, the more interaction, commitment and sharing is required.



The partnership box, however, isn't nirvana! As discussed in previous *Putting Pen to Paper* resources,⁷ you can also work in more than one "continuum box" at the same time and aspire or move to a different "box" over time. What matters is knowing where you are on the continuum and what kind of working relationship best suits your current purpose and context for coming together. It's also important to understand that working in a partnering way takes more time, requires more resourcing, is more complex and has a greater element of risk.

Interagency partnering approaches are now seen as the most effective way to address the hard cross-cutting issues facing our communities. Over the last decade interagency partnering has continued to grow and develop across the country. While partnering is increasingly acknowledged as critical and important, it should be noted that individuals and organisations continue to interchangeably use collaboration, partnership and co-operation to describe the working together arrangements⁸ they are involved with. However, while language may differ, the working together intent remains the same.

Similarly, the practice of interagency partnering in Aotearoa New Zealand has also been evolving and developing. Given previous paradigms of competition, neo-liberal economics and funder-provider splits, the process of changing organisational cultures and systems to support partnering practices is taking time and continues to be a 'work in progress'. This makes actively reflecting and documenting what and how we are doing, as we are doing it, even more important.

To plan effectively and achieve community outcomes at local, regional and national levels, different sectors (e.g. health, education, environment, transport) and parts of government (central, regional and local) need to find new ways of working together. While the focus is often on joining up government (both central and local), what is increasingly important is how business, Iwi/Maori and communities are included in the mix.

Over the past few years, there has been increasing reference to, and acknowledgement of, the importance of intersectoral partnering. While national-level policy development and

⁶ For further information about key elements on the partnering continuum see Appendix i.

⁷ See Appendix i and [http://www.communityoutcomes.govt.nz/web/coutcomes.nsf/files/pptp/\\$file/pentopaper.pdf](http://www.communityoutcomes.govt.nz/web/coutcomes.nsf/files/pptp/$file/pentopaper.pdf)

⁸ Readers will note that contributors to this report use partnering terminology interchangeably and no attempt has been made to 'standardise' terminology quoted.

support for cross agency working is essential, differences in individual communities mean that national commitments to partnering need to be complemented by localised frameworks and applications for thinking and doing. This means **both** national and local ways of working need to be respected and better understood.

When it works well, a ‘top down meets bottom up’⁹ approach enables communities and regions (and ultimately New Zealand) to maximise and leverage off a variety of contributions. These may include policy, financial resources, local assets, knowledge, staff time, research, relationships, networks, mandates, aspirations and practical know how. Partnering is not easy, nor does it come without tension. In fact, tension should be seen as healthy and understood as a normal part of collaborative working.

As discussed in section four, partnering is essential for making long-term changes to the complex problems facing local communities, and the country as a whole. The healthy homes partnering journey, which is the focus of this report, reminds us of the many challenges entailed in putting partnering into practice.

⁹ ‘Top down’ vs ‘bottom up’ refers to the inherent tension between those wanting central control (top down) and those wanting local autonomy (bottom up).

3. About Healthy Homes

- **What is it?**
- **Background**
- **Key milestones**
- **Roles of local and central government**
- **A complex sector and issue**

What is Healthy Homes?

“Warm houses make lives better. It’s about people taking control of their lives, communities taking control of their assets and infrastructure and making their communities work well. Bad housing is symptomatic of other things that are wrong in people’s lives and across whole communities.”

Healthy homes is an overarching term that can be used to describe strategies and actions that focus on making residential houses warmer, drier and healthier.

Healthy homes initiatives often focus on retrofitting houses. Depending upon programme budgets, retrofit programmes generally include a mix of the following interventions:

- ceiling and under-floor insulation
- house design improvements
- hot water cylinder wraps
- draft stopping
- ventilation
- curtains
- clean heating products, such as heat pumps, pellet burners, flued gas heaters
- education and advice.¹⁰

“We insulated a bungalow for an older lady that she had been living in for 50 years. When she returned to the house she noticed a difference immediately. Now she does not need to get up in the middle of the night to keep the fire going.”

Warmer houses are now recognised as providing a wide range of benefits both for individuals, neighbourhoods and communities, with research¹¹ showing warmer retrofitted houses bring about:

- **Health benefits** - for example:
 - significant improvements in the self-reported health of adults and children
 - fewer visits to the GP
 - reduced admissions to hospital for respiratory conditions.
- **Economic benefits** - for example:
 - fewer reported sick days off work for those living in insulated houses
 - increased local employment opportunities
 - savings from reduced energy bills.
- **Energy benefits** - for example:
 - a small but significant drop in energy usage.¹²

¹⁰ To address household overcrowding issues, the Healthy Housing programme also includes house extensions within its intervention scope. A partnership between Housing New Zealand and district health boards in Counties Manukau, Auckland, Northland and Hutt Valley, the Healthy Housing programme operates in selected localities where there are very high health and housing needs.

¹¹ For more see <http://www.otago.ac.nz/wsmhs/academic/dph/research/housing/insulation.html> and <http://www.wnmeds.ac.nz/academic/dph/research/housing/publications/HeatingStudyOnePager.pdf>

¹² <http://www.wnmeds.ac.nz/academic/dph/research/housing/publications/Insulationprelimresults.pdf>.

- **Housing benefits** - for example:
 - drier and warmer housing
 - less mould and dampness.
- **Social benefits and community participation** - for example:
 - people enjoy living in warmer houses and as a result report feeling more positive about themselves and the community they live in.

Facts

Around 50% of New Zealand homes have no, or insufficient, insulation.¹³

The World Health Organisation recommended indoor average temperature is 18° for adults - in 2001 at least one third of New Zealand homes fell below this level.¹⁴

Indoor temperatures below 16° increase the risk of respiratory disease.¹⁵

On average, winter living room temperature in a pre-1979 New Zealand house is 13.2°.¹⁶

There are 1600 unexplained deaths in New Zealand in winter months compared to summer months.¹⁷

The cost to insulate a house is the same as one night's stay in hospital – approximately \$2000-\$3000.¹⁸

About 1.3 million of the 1.5 million private, occupied dwellings in New Zealand were built before 2000. These houses are often damp, cold, unhealthy and expensive to heat. Heating typically accounts for around one third of total household energy use.¹⁹

Evidence suggests a 1°c rise in inside temperatures has a significant impact on hospital admissions for respiratory illness.²⁰

Background

In New Zealand, the concept of healthy homes originated in the health and energy sectors.

In 1998, a landmark report by the National Health Committee²¹ highlighted housing as one of the key determinants in achieving improved health and wellbeing status. The importance of warm housing was translated into national and local health strategies, with a call for healthier homes to 'reduce overcrowding and the number of cold-related respiratory hospitalisations' in New Zealand each year.

In 2001, the Government's National Energy Efficiency Conservation Strategy noted a more energy efficient housing stock as key to helping achieve a more sustainable energy future

¹³ From presentation by Mike Underhill, EECA Chief Executive at the Healthy Homes Heats up Hui, Rotorua November 2008.

¹⁴ Cited in Chapman and Housing Research and Heating Research Team - He Kainga Oranga - Housing, Heating and Health Study 2005/6 Report Two: Home heating systems- preferences and tradeoffs.

¹⁵ EECA website www.eeca.govt.nz.

¹⁶ From presentation by Nick Collins, Chief Executive Beacon Research Consortium to Healthy Homes Heats up Hui, Rotorua November 2008

¹⁷ Ibid. It should be noted that while the cause of death can be explained eg. heart disease or respiratory failure, the part that is not known is exactly what the range of reasons are that could cause the excess of deaths in winter compared with non-winter months. While low temperatures in New Zealand houses is most likely explanation, there could also be others.

¹⁸ From presentation by Mike Underhill, EECA Chief Executive at the Healthy Homes Heats up Hui, Rotorua November 2008

¹⁹ From the EECA website www.eeca.govt.nz

²⁰ Personal communication Phillipa Howden-Chapman, based on key findings from "He Kainga Oranga - Housing, Heating and Health Study"

²¹ "The Social, Cultural and Economic Determinants of Health in New Zealand" see <http://www.nhc.health.govt.nz/moh.nsf/0/BC21C8CFF2D8D5DFCC2572AC0016BBC7>

for New Zealand.²² The Strategy provided a platform for the Energy Efficiency and Conservation Authority²³ (EECA) to extend funding for pre-1978²⁴ home insulation retrofits around the country through EnergyWise home grants.

Key Milestones in the Development of Healthy Homes

Those interviewed for this project pointed to some other major milestones in the national development of the healthy homes sector over the past decade. These include (in no particular order)

- Early retrofitting projects in Opotiki (Eastern Bay of Plenty) and Christchurch saw EECA, local government, economic development agencies, energy companies, energy trusts and community organisations become involved in retrofit projects. See
 - http://www.energyoptions.org.nz/case_studies_faq/media/pdfs/case_study_community_project.pdf
 - <http://www.ccc.govt.nz/energyefficiency/energyawareness/CommunityEnergyAction.pdf>
- Research led by Phillipa Howden-Chapman at the Otago University School of Medicine (Wellington) clearly showed the links between poor housing and poor health and began quantifying the various benefits gained from insulating and heating houses. This research has had a major impact on increasing funding for housing retrofit programmes throughout the country. See <http://www.wnmeds.ac.nz/academic/dph/research/housing/newsevents.html>
- Healthy Housing Programme led by Housing New Zealand Corporation (HNZC) and the Counties Manukau, Auckland, Northland and Hutt Valley District Health Boards (DHBs). This joint initiative began in 2001 and is focused in areas with high health-needs and high concentrations of Housing New Zealand stock. The programme, a winner of the NZ Health Innovation Award in 2005, aims to reduce risk of housing related health problems, increase awareness of infectious diseases and improve tenant access to health and social services. The programme goes beyond insulation retrofits. Tenants with health and housing issues are identified through a joint assessment process conducted by HNZC staff and a public health nurse from the partner DHB. The scope of housing issues includes:
 - the physical health of the house (identifying retrofit requirements)
 - broader housing interventions such as design modifications, extensions, transfers to other houses so that issues such as over crowding and disability are effectively addressed.
 - See <http://www.hnzc.co.nz/hnzc/web/housing-improvements-&-development/property-improvement/healthy-housing.htm>
- Major funding investment and leadership by EECA. Following on from the Energy Saver Fund, which helped develop a retrofit industry in New Zealand, the EECA policy of co-funding²⁵ was instrumental in encouraging other funders to become part of a collaborative housing retrofit movement. EECA's leadership role within

²² Note this strategy has now been superseded by the 2007 New Zealand Energy Efficiency Conservation Strategy

²³ EECA is a New Zealand Government Crown Entity. The first EECA subsidized energy efficiency retrofits began in 1996 though not initially with a health focus.

²⁴ Mandatory insulation requirements for new houses were introduced in 1978. Recent research has shown that a number of houses built post 1978 and pre 2000 have no, or inadequate insulation. As a result, EECA has amended its funding criteria to include all houses built before 2000. Insulation specifications within the Building Code have also been upgraded.

²⁵ This policy change saw EECA providing 60% of funding for local retrofit initiatives if other local funding sources covered the remaining 40% of project costs.

the healthy homes sector is acknowledged more broadly. EECA has taken on a variety of roles ranging from policy development, to standards for insulation products, and installation processes.

- The health sector linking local housing inequalities and health outcomes and investing, leading and becoming part of local collaborative initiatives.
- Small and often environmentally-focused community organisations taking on initial insulation retrofit processes, often alongside other projects such as improving water supply or waste disposal. Community organisations have also played key roles in framing healthy homes initiatives and continuing policy / funding advocacy over many years.
- Development of new building regulations in New Zealand in response to various health related issues such as indoor air temperature and mould.
- The Green Party bringing the need for increased government investment and leadership in healthy housing to the political table.
- Implementation on the National Environmental Standards for air quality resulting in 'cleaner' heating solutions²⁶ being sought.
- EECA's net benefit model, which enables the benefits that result from installing insulation or draught proofing to be calculated and communicated.²⁷

Roles of central and local government

In the area of healthy homes, central and local government agencies take on a variety of roles.

At a national level, the major funding for insulation retrofits currently comes from government budgets.²⁸

- Vote: Energy funding is allocated to EECA.
- Vote: Environment funding is allocated to the Ministry for the Environment for clean heating programmes.
- Vote: Health funding is distributed via the Ministry of Health, District Health Boards and Primary Health Organisations.

Upgrades to the nation's state housing stock are also made via funding allocated to Housing New Zealand Corporation. Other government agencies are resourced to participate in healthy homes-related work streams and fund related activities.²⁹

Government agencies also play a role in developing policy frameworks and strategies, with a number involved in collaborative programme planning and delivery at regional and local levels.

²⁶ For example the Ministry for the Environment has funded clean heat retrofits since 1 July 2007, delivered via EECA's EnergyWise Clean Heat Programme. See <http://www.eeca.govt.nz/eeca-programmes-and-funding/programmes/homes> .

²⁷ EECA is currently updating its model to enable benefits from a wider range of products types and energy efficiency measures to be incorporated into the analysis framework. This work is expected to be completed in 2009.

²⁸ This is not to infer that central government is the only significant funder. Nationally, community trusts, energy trusts and energy companies have also made significant financial investments in healthy homes retrofits.

²⁹ For example in Christchurch, the Ministry of Social Development piloted heating payments for single mothers over the three months of winter and also gave access to curtains and bedroom heaters.

“People need to see that housing upgrades generate community benefit not just personal ones. Healthy homes is about better housing infrastructure for a whole community - that is why local government should be involved.”

“Many local authorities still do not get the key links between health and housing. There is so much more that they could be doing; from warrants of fitness for housing, to linking and coordinating across sectors and organisations involved in healthy homes and also having some budget for retrofits in their LTCCPs.”

Local authorities determine their involvement and investment in healthy homes independently. Contributors to this report reflected that the role of local government in healthy homes differs considerably across the country. In some areas, local government is a funder and keen participant in supporting local retrofit initiatives. Elsewhere, the role is one of ‘gluing’ – helping bring parties together to look at strategies, opportunities and programme coordination at regional and local levels. In other parts of the country, local politicians have been wary about supporting and investing in local healthy homes initiatives.

“For some Councillors there is an issue about what rates revenue is used for and whether or not it’s appropriate for Council to target benefits to a small number of residents.”

“Not all Councils in the region are involved, some just say it is [central] government’s problem, not ours.”

4. A Complex Sector and Implications for Getting to Outcomes

Many of today's difficult or complex issues, like poverty, family violence and climate change, cannot be solved by one agency or department working alone. Success in resolving complex issues is dependent upon working together across boundaries and sectors. It requires shared vision, common purpose and an agreed plan of action that is flexible, and has the ability to respond and adapt (both centrally and locally) in ongoing ways. This section looks at complex issues in more depth and discusses implications for the healthy homes sector.

What are complex issues?

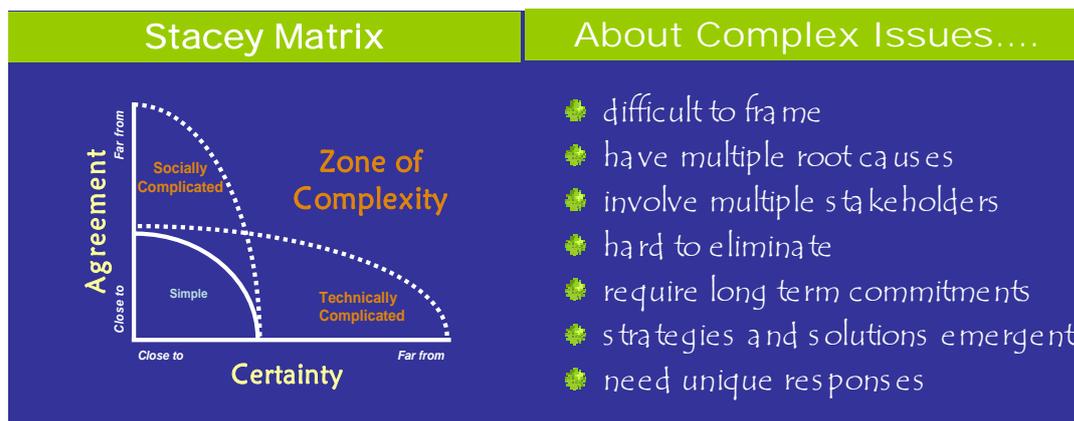
Issues can be thought of as simple, complicated or complex.³⁰

- **Simple issues** - there is broad general agreement on the issue and how to address it, with the same 'generic solution' easily replicated many times over with a high degree of certainty (e.g. baking a cake by following a recipe).
- **Complicated issues** - solutions can be found with some specialist technical assistance (e.g. flying to the moon).
- **Complex issues** - outcomes are far less certain, as is the agreed pathway to success. An analogy often used to describe complex issues is raising a child. Children are distinct individuals with very different personalities. Strategies successfully used to raise your first child guarantee no success of automatically working for your second or subsequent children!

What makes an issue complex?

The Stacey Matrix in Diagram 1 is one of a number of tools for thinking about and understanding complex or wicked issues.³¹

Diagram 1 – The Stacey Matrix



From Tamarack adaptation of Ralph Stacey Matrix – for more detail see http://www.plexusinstitute.org/edgeware/archive/think/main_aides3.html

³⁰ For more on complexity theory see Frances Westley, Brenda Zimmerman, and Michael Quinn Patton. 2006. Getting to Maybe: How the World has Changed and Tamarack Institute of Community Engagement www.tamarackcommunity.ca.

³¹ For a useful discussion on tackling wicked issues from a public policy perspective see <http://www.apsc.gov.au/publications07/wickedproblems.htm>.

Why Healthy Homes is a Complex Issue

Using the framework presented in diagram 1, healthy homes can be viewed as a complex issue or sector. Over the last decade, many millions of dollars has been spent on insulation retrofits around the country. Significant investment is still required to 'retrofit' the nation's cold and damp housing stock. There are multiple players are involved³², with large differences across New Zealand in terms of

- communities
- climates
- housing typologies
- households needing to be reached.

Extending diagram 1 (above), healthy homes has **been difficult to frame**, often seen as being about energy reduction, air quality, economic development, community infrastructure development and health gain – or a combination of these at various times.

Many root causes can be attributed to the unhealthy nature of New Zealand's housing stock including:

- poverty
- culture of putting up with cold in New Zealand
- un-insulated older housing stock
- housing construction and design
- historically low cost of energy
- poorly maintained housing stock
- shame
- mistrust of people who retrofit homes
- lack of appropriate building regulations
- apathy
- weak understanding of investment benefits and tradeoffs
- energy poverty.

As alluded to above, making homes healthier involves **multiple stakeholders** including:

- landlords
- house owners
- renters
- central and local government
- community organisations
- philanthropic and energy funders
- health, energy, housing and social development sectors

The best ways to tackle the retrofit problem are **emergent**, with most effective and resource efficient strategies still being developed. Connecting with landlords and New Zealand's poorest and coldest households is proving easier said than done, meaning different kinds of engagement and incentive strategies continue to be tested.

The diversity of climates, communities, houses and households across New Zealand means that a one-size-fits-all approach does not work for all communities - **unique solutions** need to be developed. The way healthy homes outcomes are visioned and

³² These include: philanthropic funders e.g. energy and community trusts, energy companies, community social service agencies, community sector enterprises, health agencies such as District Health Boards, Primary Health Organisations and Regional Public Health Units, local housing sector round tables, academic researchers, evaluators and advocates, private sector insulation companies, landlords, home owners, property developers and investors, local and regional councils, central government agencies such as EECA, Ministry for Environment, Department of Housing and Building, HNZC, Ministry of Social Development, Ministry of Health etc.

delivered locally need to reflect the partners, context and cultures of each different community. This is why initiatives in the Far North are different to those in the Hutt Valley and Christchurch. A successful healthy homes retrofit model used in one community is not automatically guaranteed to succeed in another.

The problems that healthy homes initiatives address are **difficult to eliminate** - the scale of the problem in New Zealand requires a potential \$5 billion or more long-term investment and a complex analysis of private and public costs and benefits. The magnitude of the problem also means there are no short-term, quick fixes.

Healthy homes is also **technically complicated** - with the funding available, there is still discussion as to the 'right' standard to insulate to, with which products, and for what level of net benefit. Perceptions and understandings of what constitutes a healthy home are also evolving over time.

Healthy homes is socially complicated, with many diverse stakeholder opinions and ideas on how to best:

- get landlords to buy in
- change the culture of putting up with cold temperatures inside homes
- get multiple agencies across multiple sectors to collaborate effectively
- more effectively engage with communities that are hard to reach.

In a nutshell, complex issues mean different situations require different solutions.

Implications for Achieving Healthy Homes Outcomes

As outlined above, with simple problems or issues, you can define the problem and strategically develop actions, timeframes and milestones along your path to success. However, the same cannot be said for complex issues like healthy homes.

In the complex space, action planning and problem solving are generally non-linear and outcomes far from certain.³³ Strategic plans, while useful to undertake, provide no definite recipe for success and should be viewed as guides rather than rule books. Cause and effect of individual interventions are difficult to predict, with unanticipated effects from new policy and programmes frequently arising. This requires those working together to be proactive and responsive to what they see changing and/or working/not working – and adapt accordingly.

In addition, positive changes to complex problems generally flow from a range of innovative and organic actions rather than increased funding for “more of the same.”

Finally, working on complex issues means that communities and agencies have to keep talking and working together in an ongoing way. Future visions and common goals need to be openly discussed and agreed, and pathways charted. While some actions will be taken by individual agencies working alone, new layers of creative partnering arrangements will need to emerge – increasingly at the collaboration and partnership end of the partnering continuum (see Appendix i). In turn, this will require government and non-governmental agencies to continually re-evaluate the way they operate and inter-relate if power, resources, risks, rewards and accountabilities for positive change are to meaningfully be shared and outcomes achieved.

³³ For further discussion on integrated systems thinking to help solve complex problems see <http://www.communityoutcomes.govt.nz/web/coutcomes.nsf/unid/TCAO-7LB3R3?openDocument>

These points are revisited again in the following sections as contributors from diverse perspectives reflect on their experiences of partnering and complex problem solving within the healthy homes sector to date.

“The government of the future will need to find better ways to meet the needs of kiwis. This will mean new ways of working. It will mean taking an ‘outside in’ viewpoint – starting with more engagement of citizens and business in the design of services – in order to achieve outcomes more effectively. Inevitably this will mean addressing hard issues and solving problems that span agency boundaries.”

Better Connected Services for Kiwis – Institute of Policy Studies Discussion Document July 2008

5. Healthy Homes: Where Partnering Fits

As previously noted, interagency partnering is essential if multiple wellbeing outcomes from diverse warmer housing initiatives are to be achieved. Many contributors talked about the growth in relationships and the momentum of working together that has been successfully building within and across the healthy homes sector over the last few years.

“Partnering is what makes healthy homes projects work.”

“Having partnerships that are mutually understanding and respectful is not just a good idea, it is crucial and necessary.”

“Collaboration has been part of the DNA of Community Energy Action since its inception. Small community groups cannot survive or be effective without a culture of collaboration and partnership.”

“Without collaboration, we would not have been able to get the funding we needed – but it has also been a partnership of the right people.”

A common understanding or expectation across the sector of what partnering is and what this means for how agencies need to work differently is still evolving. For example, one contributor reflected that their agency loosely uses the term ‘partnership’ generically to cover the various relationships they have. Others see relationships as (and should be!) in an ever evolving state, adapting to meet various needs, circumstances and contexts.

“Our organisation has all sorts of relationships and where they are at is constantly fluid.”

While some people spoke passionately about well developed partnering arrangements, others reflected on ‘patchy’ partnering practice throughout the country. Given the relative newness of interagency thinking and action on housing issues in New Zealand, a diversity of views and ‘readiness’ to collaborate, is to be expected.

“We need to remember that the housing sector in New Zealand is in its infancy. Traditionally it has largely been the domain of Housing NZ or the private sector – no one has taken responsibility for sector planning and joining up.”

In relation to the partnering continuum (page 8 above), some contributors described their working relationships as co-operative – passing on referrals and clients, and consulting with agencies as programmes developed. In other places (e.g. Northland, Taranaki, Hutt Valley and Tokoroa) more formalised partnering processes and structures were apparent, enabling more shared decision-making and ownership.

As reflected in *Putting Pen to Paper- Profiles*,³⁴ healthy homes initiatives seen as successfully operating at the collaboration/partnership end of the continuum acknowledged the importance of long-standing relationships and trust that had built up over time and the importance of people in the process. They also acknowledged the long-term nature of the collaboration journey, the tensions and conflicts that naturally arise, and the frequent ups and downs that are part of healthy partnering processes and projects.

“Today’s Taranaki [Healthy Homes] Steering group is much the same as the original multi- agency group from 2002. They developed a ten-year strategy and business plan to get 10,000 homes retrofitted by 2012 and the key people have stayed involved.”

³⁴ See <http://www.communityoutcomes.govt.nz/web/coutcomes.nsf/unid/CFIN-7FG7HT?openDocument>

“It takes three years to establish quality relationships and acceptance within a new community; it takes that long to build a shared understanding and local commitment, engagement and ownership of what is going on.”

“The openness and trust in Christchurch is evident and it has taken years to build. This has led to a level of honesty and the ability to persevere and challenge each other.”

“The Hutt Housing Forum took four years to evolve into what it is now. There are 26 organisations actively involved. Along the way there have been changes of leadership and styles. Building relationships and having common values are the key components in the success of the Hutt Housing Forum.”

“Front end investment in the collaboration process matters. We have regularly ‘showed up at their place’ and a lot of work has gone into building relationships within the Tokoroa initiative. It was often hard work and challenging, but a wonderful experience.”

Some contributors reflected that having multiple stakeholders planning and working collectively on healthy homes enabled funders to have greater confidence in what was happening, helping also to reduce their perceived risk in co-investing. Other contributors talked about the leveraging benefits that collaboration brought for their agency and community.

“Having the Taranaki Electricity Trust and the DHB come on board was significant. The organisations collaborating in Taranaki represented real strength for potential funders and also provided collective strength for those involved.”

“Because our collaboration is seen as successful and positive, others have come on board and contribute where they can. For example, including information about healthy homes in their mail outs or using some of their own unspent communications budget to fund some radio sound bites about healthy homes.”

“Housing New Zealand Corporation is very happy with the leverage opportunities that have been provided by collaboration in Northland. Having central project administration creates more efficiencies and the ability to harness resources from other funders like ASB Community Trust has added significant value and beneficial outcomes.”

Many different models and initiatives

Different local drivers and contexts mean that not all the same agencies are involved in healthy homes projects around the country. Similarly, interagency healthy homes models and projects all work quite differently. For example, in the Waikato clean air is a regional issue. Environment Waikato (the regional council) has been quite involved in healthy homes initiatives. However, in the Bay of Plenty, where the air quality issues are not as important, the regional council is not an active player.

In some cases, like Northland, community providers sit around regional interagency tables alongside funders. Elsewhere, collaborations are still working out how communities can be more meaningfully involved in planning and decision-making.

“At the moment the community is connected to the project as distributors and collectors of information and targeting those they know are in most need.”

“There’s a lot of value having community providers at the collaboration table. It means local advice and ‘how to’ knowledge gets directly input into learning and decision-making processes. From the community’s side it makes us feel valued and what we are doing makes a real difference.”

“Sometimes having a community service provider as part of the collaboration means things can speed up in the implementation phase, as they have been with you from the start and know what is

required to practically align and deliver in often short time frames. But it also means the collaboration is unable to 'shop around' for best value."

Elsewhere, collaborations are still working out how communities can be more meaningfully involved in planning and decision-making.

"At the moment the community is connected to the project as distributors and collectors of information and targeting those they know are in most need."

"There's a lot of value having community providers at the collaboration table. It means local advice and 'how to' knowledge gets directly input into learning and decision-making processes. From the community's side it makes us feel valued and what we are doing makes a real difference."

New public / private arrangements are also emerging throughout the country. For example, there are now EECA initiatives to encourage moderate to upper income households to participate in energy audits and the retrofitting of their dwellings. This involves joint arrangements between commercial insulation and heating service providers such as Right House and Eco Insulation, financial institutions who provide loans to enable heating and insulation upgrades, and EECA itself.

EECA is targeting 4,000 households in 2008-09. EECA undertakes overall programme marketing and provides financial incentives that act as 'sweeteners' for households to co-invest in making their houses warmer, drier and healthier.³⁵

Many contributors to this report noted that, because of the newness of the healthy homes sector, it is 'early days' in parts of the country and for some agencies. Contributors felt that the 'talk' of partnership has not yet broken through hard-to-move areas like shared funding and goals, in a comprehensive way.

Other contributors noted that there were relationships that had not yet made it onto the partnering continuum – with trust still lacking in some quarters. Others remained hopeful and realistic about the time and stepping stone journey that 'real' partnerships involve.

"Our history of working together is still building – we need to grow capacity to collaborate across the range of community, government and private sector organisations before getting to real partnership. You have to start at one end of the continuum before moving to the other."

³⁵ For more see <http://www.eeca.govt.nz/eeca-programmes-and-funding/programmes/homes>

6. Learning from Doing - Experiences of Partnering to Date

- **What's working well and what helps**
- **What gets in the way and why**

Partnering is a constant theme for those involved in healthy homes initiatives. As to be expected, people contributing to this report reflected on a range of partnering experiences – some positive and some negative. The general consensus is that more attention needs to be paid to strengthening partnering practices if healthy homes outcomes are to be realised.

“The journey of healthy homes to date is characterised by constant change and uncertainty.”

“While partnering is essential, we need better structures for how we ‘do’ the working together.”

What's working well & what helps

Shared visions, values and mutually supportive relationships are key for partnering to work. Having the right people at the table also matters, with some collaborations also involving insulation service providers as part of the ongoing planning and development processes.

“The trick is having a common vision, shared values and good relationships – this is what makes it work. You cannot manufacture them overnight if you suddenly need them.”

“It was really empowering for everyone when we as community providers won the contract and were asked to sit as part of the governance table. In Tai Tokerau, there is a shared vision about how to make this programme work. The added value that everyone brings to the table is huge; you cannot put a monetary value on this.”

Within the context of strong relationships, respectful engagement was a phrase that was used by several contributors. This means honest, open dialogue, being responsive, and being committed to dealing with issues as they arise and working constructively together to achieve shared outcomes.

“We have a focus on open communication and the real strength here is the relationships within the Steering Group and with the community.”

“Up North, there is a real openness and trust. If people do not like something they will quickly tell you. You know where you stand, and it's great.”

“Because of strong relationships and trust our governance group is about shared accountability – there are often fiery emails sent to hold each other to account for our shared vision and pathways. When things get tricky, there is now joint ownership to deal with the hard stuff.”

“Goodwill is actually a key bargaining tool – it enables one partner to stand up to another.”

The need for relationships and flexibility was noted by many contributors, with people voicing appreciation for key organisations and leaders who are willing to change tack to support local collaborative aspirations and ways of working.

“It is fair to say that in the past, as the main government partner, EECA was too focused on rules and getting people to conform.”

“EECA is now more conscious of the need to be flexible and adapt to local situations so we don't create barriers to full partnership.”

“You can have contracts on paper but it takes people to make collaboration happen.”

The ability to self-organise with many sectors and partners at a regional level also appears to make a significant difference to the growth, strength and ownership of healthy homes initiatives at the local level.

“Having a Northland regional collaboration where all the main agencies sit and work through issues and opportunities together is great. I think the Healthy Homes Tai Tokerau collaboration should be held up as a model for others to learn from.”

“Healthy Homes Taranaki is very much a Taranaki regional project controlled by the region. EECA is involved and engaged because of the strength of those [agencies and individuals] involved at our governance table.”

While the need for a shared vision and goals was seen as key, some contributors to this report were keen to point out the importance of separating out specific benefits in order to more effectively ‘pitch’ to diverse potential co-funders of local healthy homes initiatives. They saw the same principle applying when it came to engaging and valuing other partners.

“In Taranaki, working out how to fit into each funder’s requirements was key. We developed a ‘what could be in it for you strategy’ – for MSD it was about jobs, for Health it was focusing on serious asthma, and for ACC it was about home safety.”

“You have got to find something in it for both sides. Using your networks is one thing but they’ve got to get something out of it too. In Whangarei, we used whānau connections and also offered to train some of the guys from the marae to be part of the [insulation] installation team.”

Having relationships in place and leaders prepared to make courageous calls was seen by contributors to this report as important. The following examples from Northland and the Hutt Valley show partners around the table using their leadership skills in different ways.

“The crunch point came when the co-chair made it clear that if the funders wouldn’t commit, then the Hutt Housing Forum would scrap the project. Taking a decisive stand was a major step. After that everything changed, the central government bosses came to the next meeting and committed well in excess of the budget we first put up. This, in turn, stabilised all of the participants and we had a much greater buy-in from government once the money was committed.”

“Having managers on the governance group who really understand partnering was key. They too began with ‘who I am, where I live’ and then got to ‘who I work for’. They also proactively brought others to the table. It has felt like a combination of the right people, the right time, with the right approach and some time and money to do something locally meaningful.”

Contributors to this report reflected on how important co-ordination and relationship brokering roles are, and what a difference they can make to the pace at which partnering happens.

“Having an individual or organisation tasked with co-ordination would have made our collaboration move so much faster – and by this I mean someone to co-ordinate the funders, someone to prepare a long term-funding strategy and then another strategy for service delivery.”

What gets in the way and why

As is often the case, issues around funding models and processes were highlighted by contributors to this report as barriers to effective partnering.

In some cases, the key issues were quantity and certainty of funding. In others, criticisms were levelled at the timeframes within which monies needed to be spent, and the impact

this has on service providers and the sector as a whole. Issues around funding were raised at both national and local levels.

“Funding streams are unpredictable – some is unspent money at the end of the financial year which can be fraught in terms of the speed with which work has to be committed to and carried out.”

“Having pressure to deliver tangible changes on the ground before funding disappears is very real. It is forcing the sector to grow very quickly – but I wonder if it is too fast?”

“There is no national model for effective, ongoing funding for cross agency work in healthy homes. The wider, constant uncertainty over funding for the sector has a huge impact on everyone.”

A number of other barriers to effective interagency partnering were raised, including:

- an absence of regional commitment and leadership for partnering. This leads to the potential loss of synergies from shared learning and aligned funding, planning, programmes, communications and priorities across geographic communities
- tensions and uneasiness within parts of the sector due to competition for insulation retrofit contracts (e.g. community sector versus commercial providers). In terms of agencies that are best placed to reach hard-to-reach target groups, there are provider tensions between mainstream community versus Māori and Pacific provider organisations
- missing partners and sectors due to some organisations still not understanding their role, or that they have a role, in healthy homes
- tender timeframes not including sufficient time to enable meaningful new collaborations to come together
- a lack of people in key leadership and project management roles with a well-developed understanding of collaborative processes, timeframes, structures, funding and relationships
- a myriad of different funding streams and criteria causing confusion at the community level³⁶
- high turnover of people at local collaboration tables requiring new people to be brought up to speed
- misunderstandings about how much influence and power government officials have to make change
- community organisations and local collaborations failing to fully understand the context, parameters and constraints within which Government and government agencies operate. For example, achieving equity, quality, value for money, and balancing flexibility with risk minimisation and accountability for public money
- difficulties in marrying desires for fluid and evolving processes with more top-down structured approaches and expectations
- changing political goal posts.

“Some people still believe in the infinite wisdom of government and believe that infinite pools of money are available – neither is actually the case.”

“Currently there’s a lack of political capacity and cross- sectoral interest and ownership at the top.”

“The medical model can be a block. The determinants of health are still not fully understood or given good recognition and our General Practitioners are not yet fully on board.”

³⁶ This was especially of concern in Auckland Region where a number of initiatives were happening with different names, different entry criteria and different cost structures for similar households i.e. in some suburbs low income earning home owners could have their house retrofitted for free, whereas in other areas a co-payment was required.

Rather than seen as negatives or unexpected surprises, many of the tensions noted above are inevitable and should be seen as part of the normal course of partnership development. Some of these are explored more fully in the next section.

“Dissatisfaction with a partnership does not necessarily mean it is ineffective or inefficient. Partnership tensions are to some extent beneficial as they can illustrate points that need redressing, plus provide some impetus for innovation and change.”

7. Emerging Challenges for Healthy Homes Initiatives

- **Reflection, learning and feedback loops**
- **Leadership and collaboration**
- **Top down meets bottom up – one size does not fit all**
- **Competition between community and commercial delivery models**
- **Community sector capacity**
- **Reaching out**

Bringing together diverse partners, sectors and ways of working is never easy. As noted earlier in this report, getting to the outcome of healthy homes requires supported interagency work at both national and local levels. This section summarises some of the emerging challenges for healthy homes initiatives.

Reflection, learning and feedback loops

Complex issues require innovative solutions – many come from trials and experiments rather than pre-determined or heavily evidence-based strategic plans. In the complex space (see diagram 1 on page 14), models that are more organic and emergent are generally viewed as more appropriate, with collaborations often “developing the road as they walk upon it.”

Best practice in working with complex issues suggests that collaborations that build in an ‘act, reflect, adapt’ approach have a better chance of reaching visions and outcomes.³⁷ Given this, time for reflection needs to be valued and proactively built into collaborative processes.

Getting, compiling and sharing the right information and research from a range of academic and grassroots organisations is essential. This enhances current and future phases of healthy homes policy, investment and programme development. Sharing experiences of what is and is not working and why, need to be seen as a continuous loop, working concurrently at operational (planning, doing, delivery) and strategic levels (policy, funding, enabling frameworks).

As the healthy homes sector continues to grow and develop, many contributors to this report felt that there is room for more reflective thinking, better local information to help reach those in need, and shared learning of what works, how and why.

“We need to build in more capacity to think innovatively. Innovation often comes at the fringes – it is not Government who always has the best ideas.”

“We need more local information about where there are uninsulated homes and occupants who have the highest respiratory health needs.”

“There is not nearly enough reflection within the sector and we need it at regional and national levels.”

“At the first Healthy Homes National Hui, we had the opportunity for shared dialogue and learning. At the 2008 Hui, it was much more about being ‘presented at’ – we actually need more opportunities for both.”

³⁷ This is also a key conclusion of Better Connected Services for Kiwis project (<http://ips.ac.nz/events/completed-activities/joiningup.html>) which concluded that “learning is at the heart of joining up the vertical and the horizontal through collaboration” – see section on learning, sharing and reflecting pages 34-36.

“There is more potential to identify relevant information and knowledge in the various organisations that are collaborating - things like deprivation, pollution levels, hospital admissions, and tenure. We could then tailor it to a coherent local picture of housing, which would really help with targeting.”

“The community providers’ industry network has been really helpful nationally. It has meant that more policy feedback is getting through than ever before. Personal ideas and networks have a huge effect in New Zealand which makes key messages sometimes easier to get through the channel.”

Some talked of the importance of reflecting on why things were not working as early as possible and how involving others in that process can add value straight away.

“We have had some spectacular failures. We realised we were not getting forms back from Māori and Māori organisations – we contacted key Māori service providers for their advice and they agreed that direct contact with families was needed, they took forms out and got them filled in on the spot.”

“There has been a lot of learning along the way. EECA’s policy of requiring 1 - 1 funding matches was about maximising returns but it did not work so well. The 60 - 40 funding policy they went to next though has had a really positive impact all round.”

Other contributors to this report were upfront about the time and resource constraints that local initiatives face. This has an impact on the ability to think, reflect and elevate wider systems and policy issues.

“There are real capacity issues with community sector organisations that need to be acknowledged. Many small organisations have issues and concerns but have no capacity and power to lift them to influence policy and systems change.”

“The issue for providers is that they are so involved in doing the work that they do not put enough time into helping close policy / feedback loops.”

“We see the real gaps at the whare end of the process – hearing people’s stories of the difference being made for them, how things are going and how we could grow and get all the houses in our area healthy.”

Some contributors also made a connection between reflective story-telling and communication with funders.

“Sometimes it feels like we are not doing enough to give back to our funders, who are often one step removed from what happens on the ground. We are currently doing a story-telling DVD so they can hear about the impact on the ground and be better able to promote healthy homes within their organisations”.

Other contributors expressed a desire for research to improve local programme implementation and targeting. However, access to information is not the only problem in helping the sector move forward.

“The real problem is that government is not acting on the research they have. In this case, the problem is not a research gap, it is that conceptually they have not gotten their heads around what it is they really want to achieve.”

“I would argue we do not have a proper outcomes focus yet. Rather we have had a fixation on isolation as the solution rather than standing back and asking what multiple actions are needed if we are to address the outcomes we seek”.

Leadership and collaboration

Visible and effective leadership is identified as a key aspect of successful healthy homes collaborations.

Leadership in the context of collaboration is about inclusively and proactively growing movements of people and organisations with shared intent. It is a style that focuses on the good of the collective, actively listening and responding to the ideas and needs of the group and finding ways to achieve shared visions.

Leadership is more than just mandate, it's also about skilful collaboration 'know how.' Bringing and keeping partners inside the collaboration tent, and growing broader movements for change, is a key ability.

Many contributors were concerned about the impact of a strong intersectoral leadership gap at the national level. Collaborative leadership at the national level is important for enabling:

- mandate
- resourcing certainty
- supportive frameworks for local-level partnering action.

"No agency has the overarching sector development as one of its core funded goals – if we are to move forward together we need to address this quickly."

"What is clearly needed in some areas is strong leadership – someone or some organisation needs to offer leadership and be the linking force between agencies both nationally and locally."

"Having national leadership for the healthy homes concept would take away the need for local project groups to always have to push it so hard at the local level."

These comments reflect on the importance of leadership to support intersectoral collaboration and also the challenges. Sometimes, when multiple sectors are involved, there can be reluctance for one sector to take the lead because they:

- may be seen as dominating, especially if they are larger or more powerful
- may be fearful of being seen as responsible for outcomes and funding of the sector
- are concerned others may opt out of shared responsibilities
- fear brand association and communications may become too tightly coupled with their particular agency or sector.

"We need champions for growing the healthy homes movement at the local level but also nationally more now than ever. We need the new Government to see that healthy homes is very much about infrastructure development and practical employment outcomes."

"The name healthy housing or healthy homes runs the risk of reducing benefits – they are so much wider than just health. There is a risk that the health sector will see it as theirs and that is not helpful for growing a shared movement."

"Many of the environmental agencies who started insulating houses had no social sector connections so only thought with an environmental hat on. The same happened with groups who got involved for training and employment reasons; they didn't get the environmental benefits. It means cross sector connections and leadership is still only happening slowly across the board."

Many contributors to this project reflected that different kinds of leadership and leaders are required at different stages of partnering processes.

“In the beginning of Warm Homes Clean Air Tokoroa, research and planning roles were prominent with generally DHB or Council staff taking the lead. During the implementation phase the community partners were at the helm as they were the ones who could best identify the highest need areas, broker relationships within the community and enlist participants. Without our community partners endorsing the project and fronting it with the community we would not have achieved what we did.”

‘Top down meets bottom up’ - one size does not fit all

Achieving healthy homes outcomes requires many sectors, agencies and levels of government to work together.

Given the extent of damp, cold housing in New Zealand, leadership and funding for retrofits by government is essential. However, success is dependent upon careful balancing between ‘top down’ and ‘bottom up’ needs and aspirations for change.

Contributors to this report agree that there is a clear need for national (and/or regional) outcomes to be delivered in a way that strengthens goals and capacities of local places, communities and locally based organisations. ‘Sideways’ tensions – within communities, within large organisations playing a variety of roles,³⁸ and between government agencies - were also acknowledged.

“What we really need is a national framework with localised approaches to delivery – things like climate, geography, where houses were built and the nature of communities means that healthy homes needs to look different in different parts of the country.”

“It now feels like decision-makers are becoming more aware of the potential from healthy homes, it is not just stuck at the local level any more.”

“It is tricky working with other agencies given our strict key performance indicators and where the money must be spent – it potentially imposes restrictions on a wider group of agencies and what we might do together locally.”

While strong national leadership and direction for healthy homes was supported, the need for local solutions for local communities, rather than top heavy governmental control, was emphasised by contributors.

A number of interviewees reinforced the need for timely and respectful processes for introducing national policy changes that impact directly on what happens at the local level. Early dialogue is important to ensure potential impacts could be worked through ahead of time, and potentially unworkable changes identified ahead of implementation phases.

“‘Top down’ and ‘bottom up’ dialogues during decision making processes can save a lot of angst.”

“There needs to be better understanding about local collaborations and not-for-profit community providers and their place in the healthy homes landscape. We want to see engagement not control.”

“As a government agency, it is sometimes hard to commit to projects given timeframes for making bids and budget processes and when the money comes in. I acknowledge that available funding can limit and vary the areas of coverage and how we might extend our healthy housing work.”

³⁸ For example some large organisations may be concurrently involved in any combination of funding, delivery, regulatory, referral, policy or strategy roles.

As noted in section six, conflict needs to be expected in the 'top down' / 'bottom up' space, with processes put in place for dealing with conflict ahead of time.

In Northland, the tension around process and decision-making was tested when it came to deciding who would be funded to deliver local insulation retrofits and what weightings to use in the tender process. In the end, conflict was resolved and the experience in Northland is seen as positive learning for EECA, local agencies and community providers.

"Trying to improve the attitude within EECA towards healthy homes partnerships is important. We need to be working with people and listening. A flexible principles-based approach, which makes time for relationships and local contexts, is ultimately more helpful than a rule-based one."

"In the end, the fact that the tender process included criteria around local track record and local employment outcomes gave us confidence that it was worth putting in a tender. We got loads of help from other community-based providers. The tender process also gave us a reason to forge a closer connection with another community organisation in the area that we had always had a relationship with, but had no real excuse to work with before now."

Commercial delivery models versus community sector delivery models

Within the healthy homes sector, the growing tension between commercial and community sector-based models³⁹ of delivery was highlighted by almost everyone who contributed to this report. The unease was also evident at the 2008 Healthy Homes Hui.

At the heart of the debate is:

- which kind of service provider or partner is best to deliver on outcomes
- whether decisions on provider selection should be made on lowest unit price or weightings should also include other factors, such as
 - local employment generation
 - community connections and networks
 - potential to 'add-on' other interventions within the same visit
 - willingness and ability to actively participate in sector development discussions.

Some contributors to this report suggested community sector providers are more effective in providing retrofit services to lower income families and/or healthy homes initiatives that have a targeted locality focus, especially those servicing more rural communities. This is because community based service providers are more likely to have existing local networks and relationships to leverage from and are more focused on concurrent achievement of household and community outcomes, rather than profit for personal gain.

"We saw the slim margins and still went for it. As long as we covered our costs, we knew there would be many wider benefits for our community including warmer, healthier houses and local employment."

³⁹ Here this term refers both to not-for-profit community organisations and community enterprises. Community or social enterprises can be described as "...a business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximize profit for shareholders and owners." The United Kingdom Department of Trade and Industry (2002). Community enterprises can also be seen as part of a community economic development approach which is defined as a process by which communities actively work to nurture opportunities to grow their local economy while producing social, cultural, environmental and/or employment benefits." Lancaster Sue (2006) *Innovative Communities*, Master of Business Administration Project, University of Canterbury.

Insulation retrofits also tend to be one of a range of services and activities community based providers are involved with, strengthening the ability of community service providers to link across multiple initiatives and services to support lower income families and whānau. It is also recognized that healthy homes retrofit connections with lower income/high needs families tend to be made via local networking, word of mouth and personal referrals from trusted helpers or friends rather than broader marketing campaigns.

“A lot of referrals in rural communities are about whānau networks and connections, knowing all the local key referral people and building up trust with them over a long time –they call and know we’ll be there to help.”

In contrast, middle to higher income families were said to prefer to engage with commercial providers rather than community based ones. Some felt this was because these households wanted a more professional transactional service and saw commercial companies better able to deliver this. Others commented that higher income households are more likely to connect with healthy homes via large scale marketing and promotional campaigns that larger commercial companies are able to invest in.

“In the big cities, it makes sense for private companies to do big mass marketing because there are so many people to reach. Higher income people read newspapers and use the internet and will respond more readily to these kinds of approaches.”

At a national level, an EECA review of the EnergyWise Home Grants in 2007 noted the benefit of commercial and community sector providers delivering retrofits, with EECA itself continuing to fund both types of organisations.

The clear view from contributors to this report is that there is room for both models to co-exist and that both models need to be part of the future healthy homes landscape.

However, a lack of robust, open and transparent public debate about which type of delivery agent is preferred, when, and why, continues to cause significant nervousness and scare-mongering within the sector. This debate needs to be brought to the forefront and resolved.

Key issues within the debate that were raised by contributors to this report include:

- lack of clarity and transparency within EECA and other large funders as to how they interpret and value the differing benefits of both community based and commercial models in different situations
- perceptions that commercial providers are cheaper and therefore the preferred supplier of Government
- perceptions that some commercial providers are currently intentionally undercutting prices, pushing not-for-profit community providers out of the market place, therefore becoming the preferred supplier (or the only supplier)
- fears that in the long-term, commercial providers will significantly increase the price of installing insulation after they have a monopoly in the market place
- lack of shared understanding of the added-value that community enterprises delivering retrofit services can have within local communities (i.e. income generated from retrofit contracts enables delivery on other local social, cultural, environmental and economic goals as profits are reinvested directly back into local communities)
- the potential negative effects within communities if community delivery models are forced out of the market, as they have been already in some localities
- time pressures for delivery that hinder effective dialogue and relationship building processes between commercial and community sectors

- inconsistent information and direction about best quality and best value insulation products to use across the country.⁴⁰

Many of the challenges currently faced by community sector providers will also be true for private sector providers. It should be noted that commercial insulation installers were not interviewed in the preparation of this report. It will be important for their views and voices to be incorporated as the community sector / commercial model debate progresses.

Comments for a community sector model include:

“Funders need to understand that it is not just about the gain of one entity – contracting with a community-based organisation means local people are employed, we use local support services and if there is any profit it is used to support other community projects.”

“It could be argued that the main benefit of ‘community based delivery’ is actually at the front end of projects – the conceptualisation of what is needed, partnership development, co-ordination across sectors, individual house and household scoping, and ongoing project management at a locality level.”

“The advantage community-based providers have over commercial ones is networks. We have never had to spend money on marketing because of the networks and relationships we have in place. Word of mouth is everything – if you do a good job then others in the whānau network will come on board.”

Comments for a commercial sector model, and finding room for both to coexist, include:

“There are issues of scale that matter here – competing on price and volume, being able to resource large scale social marketing campaigns, having the capacity to network and collaborate with other potential partners – the reality is that many small agencies do not have that breadth and depth of in-house capacity.”

“There are some very good private operators working in the community, mostly with people who can afford that level of service.”

“There is and needs to be, room for both commercial and community-based methods of delivery. I’d hate to see just one large commercial company left. We need to have lots of mid-sized firms and work on how we share and define our strengths and spaces together.”

“There is scope for both models to work side by side. It is always good to look at what private sector businesses are doing and learn from (and potentially partner with them) too.”

“We need some transparency around standard costs and prices. That would stop competition and rumour mills and provide some certainty to the sector. We also need to work out how to strike a subsidy rate nationally to allow for higher delivery costs in rural areas. It can be done. In the health sector, transparent population based health formulas have made things much fairer.”

“I do wonder that when it comes down to just installing the retrofits, does it really matter whether installers are employed by an NGO or a private company? In some ways the current funding model might be enhancing the tensions?”

Community sector capacity

The need to have viable and sustainable commercial and community sectors working in complementary ways is essential for achieving healthy homes outcomes. While the important role of community sector enterprises is valued and acknowledged, there are key

⁴⁰ The opportunity to further maximise employment benefits for New Zealand by sourcing all product locally (rather than installing overseas imports) was also noted by some contributors.

issues of capacity and support that need to be addressed if community sector partners are to sit as equals around healthy homes partnering tables. Issues around community sector capacity to effectively participate in partnering have also been noted in previous *Putting Pen to Paper*⁴¹ reports.

“It is hard for small community organisations to grow and build capacity while still focusing on the core work of retrofitting.”

“Smaller community trusts have lower capacity to deliver in big numbers but what they do have is hugely supportive organisational philosophies and visions.”

“It’s been a bit of a struggle to improve the capacity of the not-for-profit sector. It was hard for them to move from a target of 200 to 2000 homes - that requires a different kind of growth and investment strategy.”

“EECA would like more capacity in the field but the funding is not there to support community organisations to grow and develop.”

Underpinning the issue of sector capacity is uncertainty about long-term funding. This was seen as the most pressing issue effecting the ongoing growth and development of community sector service providers and their potential ability to both deliver larger volumes and a larger range of complementary services and added benefits.

“The reality is that the community sector either has a feast or a famine – one minute they are gearing up to do \$1 billion worth of retrofits, the next they are gearing down to only a few thousand. You cannot build a strong sector with that kind of uncertainty.”

“We cannot think about growing our sector and add-ons until there is some security and certainty about funding. You cannot grow volume and organisational capacity without certainty around funding.”

“With so much uncertainty around funding, there is not much scope to innovate. Having security of funding means that we can look at other things like borrowing against a five-year contract.”

“If there was certainty of funding then community sector capacity could be stretched to invest in training and professional development, new plant and the like. With the current shifting of sands, there is no incentive to make that long term investment.”

Recent announcements of an agreement by the National Party and Green Party that they will work together to implement a nationwide home insulation programme and update New Zealand’s energy efficiency strategy was welcome news for all in the healthy homes sector.⁴²

Funding for home insulation was announced in the May 2009 Budget.⁴³ This greater certainty around future funding streams is likely to generate renewed confidence and enthusiasm within the sector.

Reaching out to specific groups

It is generally recognised that those living in the coldest houses frequently earn lower incomes. These households also tend to have the highest health needs.

Despite insulation retrofits often being free for low income households, the incentive of no cost is not always able to entice these households to apply to have their home insulated.

⁴¹ See [http://www.communityoutcomes.govt.nz/web/coutcomes.nsf/files/pptp/\\$file/pentopaper.pdf](http://www.communityoutcomes.govt.nz/web/coutcomes.nsf/files/pptp/$file/pentopaper.pdf)

⁴² Green Party Press Release 8 April 2009 – see <http://www.greens.org.nz/node/20921>

⁴³ See <http://www.beehive.govt.nz/release/boost+warmier+drier+healthier+kiwi+homes>

Some contributors reflected that New Zealand's prevalent culture of cold was one of a number of barriers that need to be addressed collectively.

"There is still a huge culture of whakamā (shame) for Māori families in coming forward and saying my house is not up to scratch or that we are poor. Many families distrust mainstream agencies who may recommend home insulation schemes – just because it is free is not enough."

"Evidence from the Bay of Plenty shows that self-referral models tend to attract more resourced, predominantly Pakeha participants."

Contributors to this report strongly support the existing policies that target free or reduced-cost⁴⁴ retrofits to certain households. Targeting is judged as an appropriate way of ensuring best value from available resources. There is still debate as to whether it is better to provide a wider range of interventions to fewer selected houses, or a smaller number of interventions to a larger number of households.

"From the health sector's point of view, we need to be sure our effort is firmly focused on meeting the targeted need population of high deprivation and poor health."

"If we fix the substandard houses, over time, they will be lived in mostly by the poorest populations and people. These are the houses we should focus on first."

"We have got to peel off households and dwellings to get the biggest bang for our bucks. There are different levels of expenditure that bring different returns. In the warmer areas, do a bit of upgrading and target low-income earners – this brings a big return for a small investment. You get a big return for a small investment with a subsidy that is pitched right to medium income households. The reality is that there are also dwellings that need substantial retrofits because they are poorly maintained cold houses that need heating as well as insulation."

Some contributors to this report emphasised the need to better understand what kind of approaches work best for which type of communities (e.g. rural, migrant, lower income, renters etc). Other contributors pointed out that priority also needs to be given to developing new, creative ways to more effectively engage.

"Spread out rural communities are very different to urban ones, there are different factors at play. A lot of referrals up here come out of whānau networks and connections, we know all the key referral people and have built up trust with them over a long period of time. I imagine it is quite different in the cities."

"The biggest impact for us comes from word of mouth referrals and people who have seen or heard about the programme three or four times before – then they might ring up to apply. The other major influence is when the agency working with a family is really trusted – then what they recommend actually has some impact too."

"We need more staff capacity to assist Māori, Pacific and refugee and migrant families – these communities do not respond to flyers and social marketing in the same way."

"Contracting community based organisations to deliver locally to hard to target groups like Māori helps. In our case we work within a Māori cultural context, 90% of our staff are Māori. Contracting a Māori health provider who then sub-contracts to a large commercial firm to do the installations is not the same thing."

"What it meant in practice was that Raukawa Trust Board and the South Waikato Pacific Health Committee contracted community liaison officers to interface between the community and the service provider Energy Options. With clearly defined criteria, they recruited priority groups and

⁴⁴ Low income households (usually those with community services cards) living in pre-2000 rental properties are also encouraged to apply for installation retrofits, with landlords receiving up to a 60% subsidy on the insulation upgrade.

referred them to Energy Options. The usual 'phone 0800 to see if you're eligible' would never have worked in Tokoroa."

"In the first year anyone who fitted the criteria and applied was eligible, even though they did not necessarily meet the specified target group of Māori and Pacific. However in the second year, we are now exceeding our targets for these population groups. It is best to take a long-term view and not get hung up too early on the detail."

It is not just low-income, high health-needs homeowners who were seen as hard to reach. Contributors to this report saw an even bigger challenge in engaging the rental or landlord sector.

"I wonder if we should be focusing on incentives for people to insulate rather than just give subsidies. It would require some more policy thought but it is something we should be exploring."

"Landlords, both private and public, do not see healthy homes as a good long-term investment yet. We have got a lot to do to hook them in."

"There are subsidies available to landlords but more effort is needed to convince them and encourage take up. EECA is building relationships with developers' associations and accountants to reach landlords, but it all takes time."

"It has been very hard to convince individuals that retrofitting is a good idea, let alone landlords. Insulation is not a visual thing so it does not compare to spending the same amount on a big screen TV that you see every day."

On a positive note, EECA reports a considerable increase in landlord uptake of EECA's retrofit scheme, with all 2008-09 funding committed.

8. The Future for Healthy Homes Initiatives

- **Developing a shared vision and way forward**
- **National, regional and local co-ordination**
- **Adding further value**
- **Building community sector capacity**
- **Enabling community-led development**

This section builds on the hopes and aspirations for the future of the healthy homes movement in Aotearoa New Zealand and focuses on some key areas for further discussion and potential action.

“What matters for me is that insulating houses has a real tangible and long lasting impact beyond individual families – whoever lives in that house will benefit.”

“People need to have purpose, energy, persistence and vision to keep driving and bringing people together within our sector.”

“It is great to see people looking at performance and quality of housing rather than just homelessness as the key issues. Getting community engagement and notions that community themselves can address housing problems is a huge step forward but there is still so much more to do.”

Developing a shared vision and way forward

Many interviewees reinforced the need for a politically-mandated national framework that engages all relevant sectors (e.g. energy, health, housing, economic development etc) and develops a collaborative long term plan for healthy homes in New Zealand.

“Because there is no shared vision and joint buy-in across government at a national level, it means that synergies from investments are not made and it is so much harder for us to get buy-in and joint plans at a local level.”

Having agencies build a shared vision for the future is seen as critical. This framework is seen as the overarching platform upon which regional and local visions and plans should continue to be negotiated and linked.

“To really join up and grow partnering, we need multiple agency buy-in that is led from the top. We need people to value talking, connecting and growing the sector in a shared way.”

A shared vision across sectors, leaders and agencies with a major stake in healthy homes outcomes was also seen as a prerequisite to securing more certain and longer term funding for the sector.

The important leadership role of government was acknowledged by many contributors, with an appropriate role in:

- funding
- quality assurance – through validating technical specifications of insulation products approved for installation and testing to ensure that quality outcomes are being maintained
- setting ground rules – providing clear guidance and parameters around the age of homes to be retrofitted, types of products to be used, and areas and households where funding is to be targeted

- auditing – providing financial and physical quality standard checks of retrofitted houses⁴⁵ so that all funders (government and non-government) can be assured that accountabilities are being met.

“We also need to make sure that local iwi are part of sector discussions about strategy and outcomes moving forward, as with many settlements pending, they are another potential investment partner with a real stake in the quality of existing and future homes.”

“National standards are appropriate and important and need not be limiting. But they need to be matched with locally designed approaches to suit local situations. I see relationships developed and strengthened through prioritising local needs together and designing best local options.”

“What, too, if we could have regionally pooled funding that then gets allocated on the basis of agreed regional priorities?”

“In New Zealand we are very different and parochial – we like to be big fish in a small pond which lends weight to strengthening regional models. However, there are things that could be done better nationally like national procurement of insulation materials, which could then be used by regional providers.”

National, regional and local co-ordination

Along with a national healthy homes framework that enables and supports local action, contributors to this report mentioned the need for improved local, regional and national communication and co-ordination mechanisms.

“We are all trying a range of different things and the need to share information and reflect as a sector is really important – it is all still at such an early stage.”

“At an Auckland level, we need to bring all the main players like the DHBs, territorial authorities, philanthropic funders, HNZC and MSD together to develop a regional approach, vision and plan of action. Someone needs to take on the facilitation and collaboration champion role and own it for the long-term – I’m talking more than just one or two meetings.”

“Nationally, we need to get together as a sector but regional co-operation is still critical. Multilayered levels of co-ordination are the way forward.”

“There are a number of private insulation providers operating in the city but no relationship exists yet between the community and private sector groups.”

Informal mentoring and networking is happening across the country. Contributors to this report felt this could be improved by resourcing a dedicated national co-ordination and support function.⁴⁶

“A small number of projects around the country have begun to link people who are openly sharing processes and information. But we need a way of collecting and imparting knowledge in a much more comprehensive way.”

Those involved in set-up phases of new healthy homes initiatives mention having to contact people right across the country to find out what was happening and how. One

⁴⁵ Some community providers noted that attention needs to be paid to audit style so that relationships are respected, ethical issues addressed and scope and process of audits are well communicated.

⁴⁶ Potential benefits noted were speeding up establishment phases of new place based healthy homes initiatives, less reinventing of wheels by sharing and adapting successful tools and approaches, improving the quality and speed of information flows, and connecting key people in a more timely way. It should be noted that there are some national bodies that exist for specific purposes e.g. the HCNZ/DHB Healthy Housing programme has a national steering group, EECA has six monthly meetings with up to 100 stakeholder organisations where opportunities to improve the delivery of EECA funded retrofits are discussed, and the Energy Efficiency Community Network comprises independent non-profit energy trusts and is establishing a national network of energy advice centres.

contributor noted the quality of information depends upon who you know and how much time they have to help show you how to get set up.

“The fact that there is no body of central knowledge and advice makes it hard to look at common issues and develop new solutions.”

“There is a huge collective goodwill and resource among people and communities involved in healthy homes – the two national hui were a manifestation of that generosity and eagerness to share and learn.”

Many contributors see value in a new national co-ordination and linking function. This could include:

- a central point of contact for advice, tools, campaigns, resources and need-to-know information for those getting started or needing extra help in planning and implementation
- a partnering broker and mentor
- providing a research clearing house for the sector⁴⁷ and being a transmission point for new healthy homes-related research, evaluation and reflective thinking
- organising workshops on focused topics such as
 - national policy and funding changes
 - health and safety for installers
 - financial planning for community providers
 - strategic sector planning
 - engaging landlords and renters
- facilitating sector-wide newsletters, communications, shared web links and other resources
- providing hands on consultancy services to local initiatives, depending on skill sets and capacities of those involved
- being an advocate for sector needs and issues.

“We could be looking at things like corporate sponsorship models too – like vehicles, transporting product and phones for the teams on the road. On a national scale it might be a better proposition than just here in the north.”

Broad discussion is needed as to where a co-ordination function might best sit, with several suggestions made as to potential new homes.

Some suggested grafting onto existing structures like the EECN network, others saw potential for agencies such as He Kainga Oranga / Housing and Health Research Institute at the Otago School of Medicine (Wellington) to grow new roles. Others contributors preferred to see a new, purpose-built organisation created.

EECA is seen by contributors as a key part of any national network, and a likely key funder. However, any new co-ordination function needs to have independence and neutrality from government. Some contributors mention that increased networking and sharing shouldn't just be for the sake of it. It needs to deliver real and tangible improvements for “clients on the ground.”

“The Energy Efficiency Community Network (EECN) that exists is about linking people to EECA funded insulation providers in their patch. It also provides some useful support and linking between provider organisations but not everyone is involved. Maybe we can build on this?”

⁴⁷ Centre for Housing Research in Aotearoa New Zealand (CRANZ) is currently undertaking work on a potential central web-based register for housing research.

“Any new co-ordination within the sector needs to have buy-in and mandate from the sector.”

Adding further value

Healthy homes initiatives have the potential to add-on a range of elements to a typical insulation retrofit. Contributors saw both potential positives and negatives from creating more comprehensive interventions.

Healthy homes initiatives throughout the country can be quite different, and currently include a variety of service combinations. For example the HNZC / DHB-led Healthy Housing Programme includes both housing and family health and wellbeing assessments.⁴⁸ The Healthy Homes Healthy People model operating in the Hutt Valley has trialled other additions such as home maintenance and health and community support assessments.⁴⁹

“What ever add-ons we explore locally need to done so in conjunction with the local community – they need to be the ones to tell us what else could be done.”

Many contributors to this report are excited by the potential to add further elements into existing housing insulation retrofit programmes to achieve wider wellbeing gains.

Most common additions mentioned were:

- curtains
- clean heating options
- cost effective solar heating
- double glazing windows
- safely equipment
- home maintenance
- broader approaches and advice on household sustainability (e.g. water, waste)
- health and social assessments
- neighbourhood planning and approaches to sustainability.

“We could devolve some activities such as curtain making to refugee and migrant communities and allow them to develop community enterprises.”

“I would love to see us extend into distributed energy generation. I would love to build on what has been done, and with local residents look at neighbourhood power generation models with communities owning their own power. Local food generation, too. Child safety programmes could be a good idea. But beyond that the social stuff is too hard as most people round here all know each other.”

“If we are looking to add value what we need is more multi-skilled providers rather than deliverers of single interventions.”

Others contributors warn against making programmes too big and complex.

“There is a balance that needs to be kept here. We have got to be careful about weighing families down with too much stuff.”

“I would love to see EECA specifying New Zealand made insulation product in their tender specifications. That way there is an even bigger local impact on jobs and added value.”

⁴⁸ The Warm 'n Well Programme initiated by the Waitemata District Health Board also includes free home insulation and a free home visit with a registered nurse see <http://www.warmnwell.org.nz/AboutWarmnWell/tabid/1336/Default.aspx>

⁴⁹ For more see Hutt Valley Housing Forum presentation to Healthy Homes Hui at <http://www.eecn.org.nz/media/Hutt%20Housing%20Forum-Nov%202008%20V02.ppt#7>

“We would love to explore heating and home maintenance, especially for older people. I am also keen to see if insulation could be an add-on into someone else’s programme too.”

Building community sector capacity

It is apparent that focused attention needs to be given to enhancing community sector participation and capacity to collaborate. As seen in section four, a strong community sector is seen as critical to the future of healthy homes and reaching specific communities of need.

Because they have higher levels of local trust and grassroots connections, community sector partners frequently provide critical links to communities of place and to local resident voices.

“The community sector’s strength is located in community of place – lower income communities respond best to local community providers so we need them to be in there for the long-term.”

Some of the issues highlighted in section four are also about growing and smartening the business model context within which community-based organisations sit. This means local organisations would be financially prepared and able to deliver on much larger volumes of work.

“Working closely with another community provider has been great, we have learnt a lot from them and the way they operate their business. They have much better breakdowns on volumes and prices so they have helped us grow our business model as well.”

“New Zealand has so much to learn about community enterprise. Profit is not a bad thing – that alone does not automatically make us a commercial provider. It is what you do with your profit that makes us different. Ours gets directly invested back into our local community – that means everyone actually benefits.”

Community sector organisations interviewed for this report point out that while a lot of the development potential is within the sector itself, it could be strongly assisted by other collaboration partners.

“I would really love to see more joint dialogue on capacity, innovation and added value at the grassroots level – we need to learn and build off each other more, leaning on each others’ various strengths and assets for the betterment of us all.”

“The advantage of working collaboratively round the table in Northland is that agencies can provide a lot of support and capacity building to community organisations as part of their operational work.”

“People in the sector need to be able to influence how the sector grows and develops. We need to better utilise the knowledge that’s already on the ground – EECA does not need to drive it all but they are a key player.”

It goes without saying that any further dialogue on strengthening community sector participation and capacity in healthy homes needs to take place with community sector organisations and enterprises themselves, perhaps as part of future national healthy homes hui.

Incorporating healthy homes into broader community-led development approaches

During the past three years there has been growing interest in focusing on achieving community outcomes from a community-led development⁵⁰ perspective. Local residents, businesses, schools, community groups, iwi/Maori organisations, and central and local government agencies have been developing local visions and plans for positive changes they'd like to see in their communities.

Housing frequently comes to the forefront as a key local driver of community wellbeing. As noted in appendix ii, principles of community-led development focus on encouraging communities of place to collectively and collaboratively plan together, building from a strengths based approach and tapping into the assets and resources within a community. This is sometimes referred to as comprehensive or place based community planning.

Some passionate people interviewed for this report mention community development approaches being paramount but often not recognised, valued or resourced within the current frameworks of many healthy homes initiatives.

"I still believe we need to do more than just look at houses and households but also at neighbourhoods and communities. It has got to be the total package."

"Healthy homes could be a really effective influence on neighbourhood growth but a lack of community workers to lead and facilitate initiatives in lower socio-economic areas is a real block to this."

"If people do want to go down the route of making a difference to the hardest hit families, things have to be planned and delivered in quite a different way to what they are now. Look at Otara and Glen Innes, there are hundreds of service agencies involved but what real difference are they actually making?"

According to some contributors, including healthy homes within a framework of community-led development would require reviewing the processes and systems supporting current healthy homes programmes and initiatives to see where additional value could be added. For example; door knocking to inform households about healthy home retrofit opportunities could also elicit and collate information around broader local needs and ideas for community change.

"While community participation is seen as optimal, funders often determine by their funding outcomes and process what the extent of community involvement will be."

"I would love to see more community based surveys and conversations to gather more information from people about what would help them to take next steps to not just healthier housing but towards healthier communities."

"I really see the importance of valuing community collaboration skills and recognising the important role community plays. A change in policy or funding does not automatically bring about a change in community behaviour – there needs to be a link / connector between the policy and reality. Collaboration and working both with and within the community, can provide that link and also be a catalyst for further actions."

"Insulating houses should be seen the start point not the end point. By just fixing individual cold houses we're missing out on opportunities to build and strengthen neighbourhoods."

⁵⁰ See Appendix ii for Community-led Development Framework and Principles.

As well as the community becoming more involved in existing healthy homes initiatives, healthy homes collaborations may look to reinvent the next phase of their development by participating within a wider programme of community-led action.

For example, in Dunedin last year a local school principal had concerns about depressed students and families. This led to conversations that unearthed underlying drivers of cold damp houses, poverty and distress. A local interagency collaboration was initiated, with housing solutions as one of five key areas for community-led action. The Northeast Valley Community Development Project⁵¹ was born.

“There are no quick fixes. Relationship building and working collaboratively is hard work and takes time. Finding local solutions to local challenges is what builds communities.”

⁵¹ For more see <http://www.odt.co.nz/your-town/dunedin/35694/nev-community-project-gains-traction>

9. References and links

The list below includes:

- links to initiatives, research, organisations and groups mentioned in this report
- links providing further information about the background and growth of the healthy homes sector and individual initiatives.

Auckland Regional Public Health Service

http://www.arphs.govt.nz/Healthy_Environments/healthy_housing.asp

Bay of Plenty District Health Board

<http://www.bopdhb.govt.nz/default.aspx>

Beacon

<http://www.nowhome.co.nz/>

Better Connected Services for Kiwis: A discussion document for managers and front line staff on better joining up the horizontal and the vertical. Institute of Policy Studies July 2008, School of Government, Victoria University.

<http://ips.ac.nz/events/completed-activities/joiningup.html>

The Centre for Research Evaluation and Social Assessment (CRESA)

<http://www.cresa.co.nz/>

Community Business and Environment Centre (CBEC)

<http://www.cbec.co.nz/>

Community Energy Action Charitable Trust

<http://www.cea.co.nz/>

Community and Public Health – Canterbury

<http://www.cph.co.nz/default.asp>

Energy Efficiency and Conservation Authority (EECA)

<http://www.eeca.govt.nz/>

Energy Efficiency Community Network (EECN)

<http://www.eecn.org.nz/index.html>

Energy Options

<http://www.energyoptions.org.nz/>

EnergySmart.co.nz

www.energysmart.co.nz

Environment Waikato

<http://www.ew.govt.nz/>

He Iwi Kotahi Tatou Trust

<http://www.heiwi.co.nz/Pages/Housing.htm>

Healthy Homes Hui Presentations

<http://www.eecn.org.nz/hui-review.html>

Healthy Homes Taranaki

<http://www.healthyhomestaranaki.co.nz/>

Healthy Housing Programme

<http://www.hnzc.co.nz/hnzc/web/housing-improvements-&-development/property-improvement/healthy-housing.htm>

- Information leaflet
http://www.arphs.govt.nz/Healthy_Environments/downloads/healthy_housing.pdf

Housing, Heating and Health Study – He Kainga Oranga

<http://www.otago.ac.nz/wsmhs/academic/dph/research/housing/heating.html>

Housing New Zealand Corporation

<http://www.hnzc.co.nz/hnzc/web/home.htm>

**Housing New Zealand Healthy Housing Programme Outcomes Evaluation
October 2007**

http://www.hnzc.co.nz/hnzc/web/research-&-policy/housing-research-&-evaluation/summaries-of-reports/healthy-housing-programme-outcomes-evaluation/healthy-housing-programme-outcomes-evaluation_home.htm

- pdf version of this report
<http://www.hnzc.co.nz/utis/downloads/94A76C4ABCB39FED972CEF9E09DCF445.pdf>

Housing and Health - A summary of selected research for Auckland Regional Public Health services

December 2004

http://www.arphs.govt.nz/Publications_Reports/archive/HealthyHousing/Healthy_Housing.asp

Hutt Valley Housing Forum

Presentation to Healthy Homes Hui November 2008

<http://www.eecn.org.nz/media/Hutt%20Housing%20Forum-Nov%202008%20V02.ppt>

Local Government Act 2002

http://www.legislation.govt.nz/act/public/2002/0084/latest/DLM170873.html?search=ts_act_local+government+act+2002_resel&sr=1

New Zealand Energy Efficiency and Conservation Strategy

<http://www.eeca.govt.nz/node/2639>

Peak Health Taranaki

<http://www.peakhealth.org.nz/ptpho/pmwiki.php?n=Main.HealthyHomes>

Putting Pen to Paper (pdf 1.56mb)

[http://www.communityoutcomes.govt.nz/web/coutcomes.nsf/files/pptp/\\$file/pentopaper.pdf](http://www.communityoutcomes.govt.nz/web/coutcomes.nsf/files/pptp/$file/pentopaper.pdf)

Putting Pen to Paper: Profiles

<http://www.communityoutcomes.govt.nz/web/coutcomes.nsf/unid/CFIN-7FG7HT?openDocument#pptpp>

**The Social, Cultural and Economic Determinants of Health in New Zealand
June 1998**

<http://www.nhc.health.govt.nz/moh.nsf/indexcm/nhc-social-cultural-economic?Open>

**University of Otago (Wellington) School of Medicine and Health Science – Housing
and Health Department**

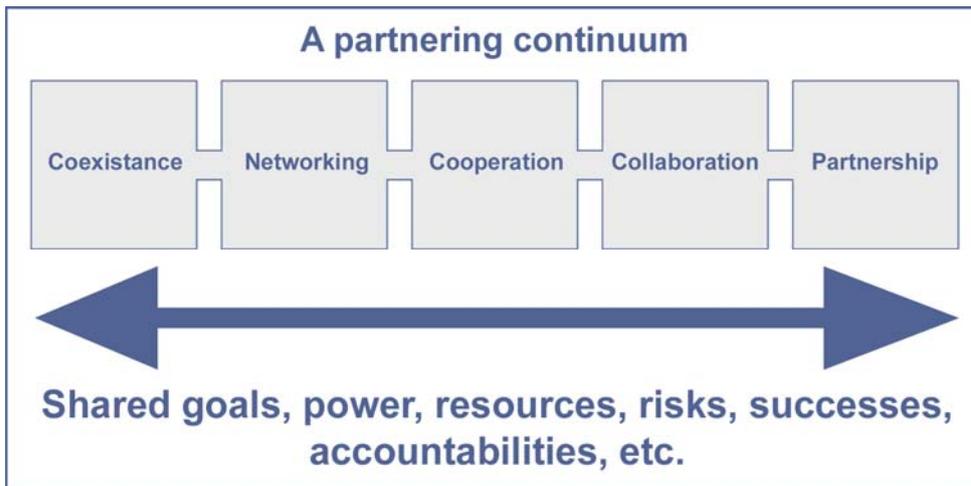
<http://www.otago.ac.nz/wsmhs/academic/dph/research/housing/index.html>

- Housing, Heating and Health Study
<http://www.otago.ac.nz/wsmhs/academic/dph/research/housing/heating.html>
- Publications
<http://www.otago.ac.nz/wsmhs/academic/dph/research/housing/publications.html>
- Current research
<http://www.otago.ac.nz/wsmhs/academic/dph/research/housing/currentresearch.html>
- Past research
<http://www.otago.ac.nz/wsmhs/academic/dph/research/housing/pastresearch.html>
- Healthy Housing Websites
<http://www.otago.ac.nz/wsmhs/academic/dph/research/housing/Relevant%20Internet%20links.html>

Warm 'n Well Programme

<http://www.warmnwell.org.nz/>

Appendix i: Partnering Continuum



(Source: [Potential of Partnership](#). Craig & Courtney 2004 p.38)

Co-existence

- Know about each other but don't need to come together
- No direct relationships with other agencies
- No dependency or need to collaborate.

Networking

- Informal discussions
- Information sharing is the basis
- No formal collective agreement on visions, tasks etc
- Lower level of co-operation
- Not about shared decision making
- Establishing and maintaining relationships
- About knowing and understanding who's doing what.

Cooperation

- Lower level of collaboration
- No fixed term or long term relationship implied
- Acknowledgement of common issues/interests/agendas
- Could involve helping another organisation to achieve their project/task etc
- Could involve documentation such as a Memorandum of Understanding (MOU) that notes what will be worked on together
- No ongoing or formal commitment to each other.

Collaboration

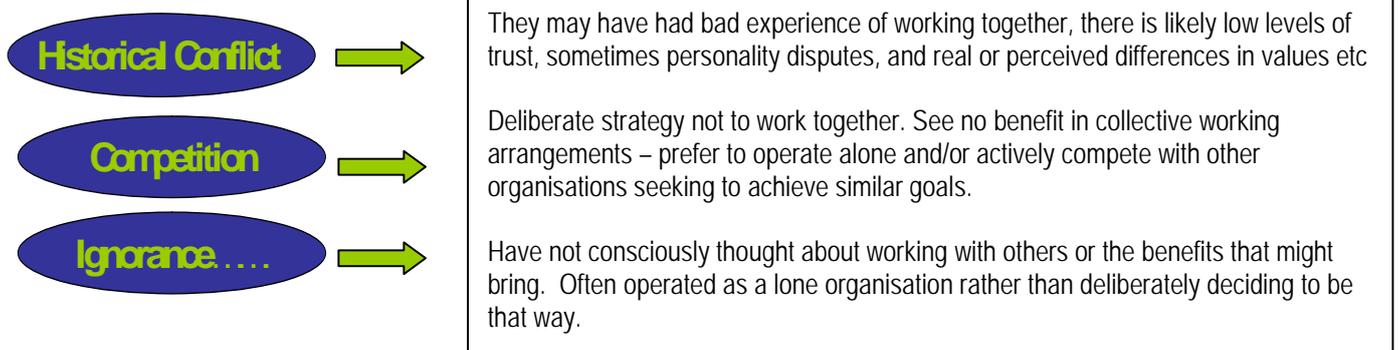
- Trust is implicit
- Is based on negotiated and agreed actions
- Don't have to share same base values but have an agreed set of principles for working together

- Has shared decision making
- Means giving up some things (i.e. power and control)
- Provides an opportunity to add value to other organisations as well as yours
- Sometimes documentation is prepared to support different types of collaborative effort.

Partnership

- Work from an agreed shared values base e.g. trust, honesty, openness
- Sharing
 - Risks and rewards
 - Resources
 - Accountability
 - Visions and ideas
 - Decision making
- Has a degree of formality and two/multi way contractual and relational obligations
- Processes, systems and mechanisms are developed to support the partnership e.g. structures contracts, principles and visions, plans, conflict resolution etc
- About shared power but not 50/50 notion of equality
- About the way things are done rather than the evenness (or not) of power, control and resources
- Resourcing and contributions about equitable rather than equal contributions, they may be in kind as well as monetary
- Emotional and spiritual awareness of each other, that is, involves hearts, minds, passion.

But what about those organisations which are not into partnering? It is often because of...



Getting these organisations onto the continuum means:

- Investing heavily in people, processes and time to get them to think about other potential ways of working.
- Being aware of the 'politics' and who might be your best 'bridge builders' to discuss and negotiate with them.
- Finding the right incentives and pitch: what's in it for them, as well as us.

Appendix ii: Community-led development principles

Community-led: local resident driven

- priorities determined and visioned by those who live, work, care, connect and invest in local communities of place – the principle of 'ahi ka'
- communities see themselves as actors rather than recipients
- residents given rightful place
- a community of place focus, place-based

Work Together– across boundaries and silos

- deliberately developing the 'strength of loose ties' or 'loose links' among people and sectors that don't normally connect with each other
- creating purposeful conversations and ways of working together to build new opportunities, ways of seeing and doing things
- unleashing creative solutions and unexpected resources
- fostering greater understanding of each other's perspectives by residents, business, government, iwi and NGOs working together within a community

Asset/strength-based

- working from the strengths and assets of the people and the place in each neighbourhood and community – not dwelling on, or being overshadowed by, deficits and difficulties
- releasing local resources and finding ways to tap new resources
- supporting catalytic individual leaders or organisations to foster community-led development

Demonstrating Change and Developments - results and solutions oriented

- creating and celebrating specific and tangible improvements within each community – identified by each community
- increasing connection and the participation of multiple sectors acting together in a community of place

Learning and adapting

- adapting as each community learns what is most or least effective and being open to new and unexpected developments
- reflecting, sharing experiences and developing case stories
- using processes that allow us to notice, learn and adapt – both seeing and understanding complexity
- understanding that change in one area impacts on other areas – it is organic and emergent
- practicing new ways of creating and co-creating

Whole Systems Change

- influencing policy and legislative change, commercial systems and organisational practice, personal, cultural and institutional relationships for lasting impact
- nurturing non-linear and continuous action/reflection and change - change is not one-off

Source: Inspiring Communities <http://www.inspiringcommunities.org.nz>