

# ***Everyone in the Wellington Region Lives in Warm, Dry and Safe Housing by 2025***

## **Memorandum of Understanding**

### **Regional Healthy Housing Response Group**

**August 2018 to July 2025**

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#### **Background**

A warm dry home is the foundation of health and wellbeing throughout life. Housing is an important underlying determinant of health, with housing quality and household crowding playing a major role in health outcomes<sup>1</sup>. Poor living conditions, including dampness and crowding, are significant risk factors for acute rheumatic fever. Housing is contributing to hospitalisation and re-hospitalisation rates for children in New Zealand, notably for respiratory infections<sup>2</sup>. These conditions increase their risk of future ill health and poorer performance across a range of social indicators. The burden of disease associated with housing conditions is particularly high for Māori and Pacific whānau<sup>3</sup>.

This MoU confirms the commitment of key organisations, decision-makers and implementers in the healthy housing space in the greater Wellington region. We commit to joined-up action on improving housing for better health outcomes and to achieve our vision that *Everyone in the Wellington Region Lives in Warm, Dry and Safe Housing by 2025*.

#### **Role**

The policy and legislative environment that spans housing is complex – from homelessness (supply and demand) to tenancy/landlord relationships, fuel poverty, housing/health literacy (quality). Given that policy and legislation significantly affect housing quality and housing supply, a coherent approach among all the agencies involved in the housing space will have better impact and avoid duplication. The role of the Regional Healthy Housing Response Group (The Group) is to support a collaborative regional approach to healthy housing in the Wellington region. The Group will provide advice and leadership to develop an effective work plan and ensure implementation.

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<sup>1</sup> Krieger, J. and D.L. Higgins, *Housing and health: time again for public health action*. American Journal of Public Health, 2002. **92**(5): p. 758-768.

<sup>2</sup> 87.3% re-hospitalised at 5502 days following the initial admission (compared to 56% of children admitted with 'non-preventable hospitalisation' conditions)

<sup>3</sup> "Housing is a health issue too" Dr. Bryn Jones, <https://thespinoff.co.nz/atea/01-03-2018/housing-is-a-health-issue-too/>

## **Responsibilities**

Signatories to this MoU agree to:

- Uphold Te Tiriti o Waitangi principles with a view to reducing inequities and improving health outcomes for Māori, upholding the partnership relationship and working together in a spirit of collaboration and collective responsibility.
- Attend quarterly meetings and receive reports of working groups as required, providing high level monitoring of agreed measures.
- Support a core sub-group of organisations to consult on and coordinate a regional work plan (including Annual Plan and 3- year Plan).
- Commit to supporting administration of The Group (through a backbone organisation) and items detailed in the Annual Plan.
- Commit to a joint approach to action across government, health, social and housing sectors in the Wellington region;
- Engage in regional and national dialogue and information exchange to, provide learning, and identify challenges/opportunities to influence strategic decision-making for local, regional and national policy development, regulations and legislation.
- Ensure inclusive engagement that privileges the voice of those directly affected by poor housing, and reflects community aspiration in collaborative housing work. This especially includes representation from Māori, Pacific and other groups overrepresented in poor health outcomes.
- Develop cross-sector partnerships within the Wellington region to design and deliver integrated effective healthy housing services that meet the needs of individuals, whānau and communities.
- Ensure the planning, delivery and evaluation of work-plans meets the needs of Māori and Pacific communities, including the collection of specific data and frameworks for evaluation that are meaningful to Māori and Pacific communities.
- Create an enabling environment that allows the work of The Group to succeed. This includes providing or planning for resources as well as delegation of responsibility for implementation and administrative support of The Group.
- Identify success criteria to deliver and measure impact and facilitate strategic learning.

## **Vision**

*Everyone in the Wellington Region Lives in Warm, Dry and Safe Housing by 2025*

## **Scope**

In order to realise our vision and achieve measureable change, we commit to focussing our work in a number of key areas. These are:

- Housing quality
- Energy hardship
- Healthy housing literacy

The Group seeks to influence the following areas where they intersect with the provision of healthy housing:

- Homelessness
- Location and supply of housing
- Behaviour change and cultural awareness
- Urban design and planning process
- Policy development in local and central government.
- Social connectedness

To guide our work our baseline standards for a healthy home are:

- It is warm and affordable to heat, and has adequate ventilation to support good air quality and thermal comfort even in extreme conditions;
- It is free from hazards, safe from harm and promotes a sense of security;
- Its occupants have security of tenure

## **Meetings**

- Meetings will be held on a quarterly basis for 2 hours. Teleconferencing will be available.
- Meetings will be chaired by Greater Wellington Regional Council
- The agenda and papers will be circulated at least 4 days before each meeting.
- Secretariat arrangements will be determined by the core sub-group:
  - Secretary will work with Chair to confirm the agenda, set up the meeting schedule, venue and invitations
  - Chair sets up a roster for meeting minutes among the membership
- If required, subgroup meetings will be arranged outside of these times at a time convenient to subgroup members.

## **Minutes and actions**

The draft minutes and actions will be circulated to The Group within seven days of the meeting.

## **Signatories**

A list of current MoU signatories and contact details will be kept by the Secretary.

**This Memorandum of Understanding is signed by the following authorised representative on behalf of their organisation:**

**Signature:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**On behalf of:** \_\_\_\_\_ **(Organisation)**

**Date:** \_\_\_\_\_

*Notes:*

*Non-Binding:*

*The Group recognises that this MoU is non-binding. Local councils and Government departments and ministries have existing work programmes addressing issues the Group will focus on and prescribed processes for changing those. The Group understands that changes to those work programmes and areas of focus would be through these processes and by agreement with the organisations.*

*Confidentiality and Storage of Information:*

*Information shared within the Group including minutes and information related to members' programmes is understood to be shared in confidence with the Group i.e. it should not be shared in the public domain unless specifically authorised by the member sharing that information. Information such as minutes, member lists and other documents will be stored securely by the Secretary.*

*The core sub-group is explicitly empowered to make public statements on behalf of the Group.*

*Disputes:*

*Any disputes between members on the direction or programmes being delivered by the Group that are not able to be resolved by consensus will be adjudicated by the core sub-group. The core sub-group's decision will be final.*

*Membership:*

*Membership of the Group is open to any organisation who shares the vision of the Group. Formal membership is signified by signing of the MoU. A current list of members will be held by the Secretary. Any member may request to leave the Group by sending a request to Secretary and the Secretary will remove the member's name from the list.*