



Entry category: Commitment to reducing inequities

Māori and Pacific people living in Hawke’s Bay tend to have worse health outcomes than non-Māori, non-Pacific people. Reducing inequities requires us to improve access, reduce barriers and design services that better meet the needs of patients, their family and whānau.

Entrants must complete all sections	
Title of entry	Warm dry affordable homes reduce the equity gap for children’s health and well-being.
About your organisation	<ul style="list-style-type: none"> • Child Healthy Housing team, is exceptionally run by 3 Social Workers and 3 Kaiawhina who are part of the Child Health Team, HBDHB. • Alice Peacock, Gayleen Waho, Rose Tuhiwai, Verbena Hillman, Mel West, Marama Te Kowhai. • The Child Healthy Housing Programme is funded via the Ministry of Health, Healthy Homes Initiative (HHI). • The HHI programme aims: to reduce preventable illness among low income families/whanau who are living in cold damp and unhealthy homes.
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SIGN OFF	
Your organisation’s CEO, GM, Service Director or Manager who has reviewed and endorsed this entry into the 2018 HB Health Awards	Name: Wietske Cloo Signature:  Date: 14 September 2018

Commitment to reducing inequities

Māori and Pacific people living in Hawke’s Bay tend to have worse health outcomes than non-Māori, non-Pacific people. Reducing inequities requires us to improve access, reduce barriers and design services that better meet the needs of patients, their family and whānau.

Background

Until 2015 Hawkes Bay District Health Board did not have any dedicated service to reduce the equity gap for children living in cold damp homes. Cold, damp, crowded, unaffordable housing that causes health issues is unfair and unjust. The Child Healthy Housing Programme (CHHP) aims to support low income, families to live in affordable, warm dry homes so their children can thrive and maintain good health outcomes.

Children living in high deprivation areas, are disproportionately affected with avoidable poor health outcomes through their housing. Cold, damp homes are strongly associated with increased incidence of rheumatic fever, communicable diseases and respiratory diseases in children. The CHHP is reducing preventable illness among Māori and Pacific Island, low income families/ whānau who were living in cold, damp and therefore unhealthy homes.

We know that an unequal distribution of material resources – income, education, employment and housing creates health inequalities (Howden-Chapman et al 2000).

The reasons for health inequalities are complex and generally beyond the control of the groups most affected. This distribution is inherently unjust when it perpetuates the cycle of creating wealth and good health for many but poverty and ill health for some. Affordable housing contributes to people’s well-being. For lower-income households especially, a high cost of housing relative to income is often associated with severe financial difficulty. It may mean households don’t have enough money to meet other basic needs. This flows into wider social costs, including overcrowding and homelessness, health problems, and poor educational and labour market outcomes.

Child Healthy Housing Programme Actions	
	Improving the quality of the house i.e. repairs, insulation, ventilation
	Improving the things in the house i.e. curtains, beds/bedding, heating
	Improving how families live in the house (including affordability) i.e. effective use of power, mould removal, budgeting
	Getting another house if required

**Summarise
the
approach
and process**

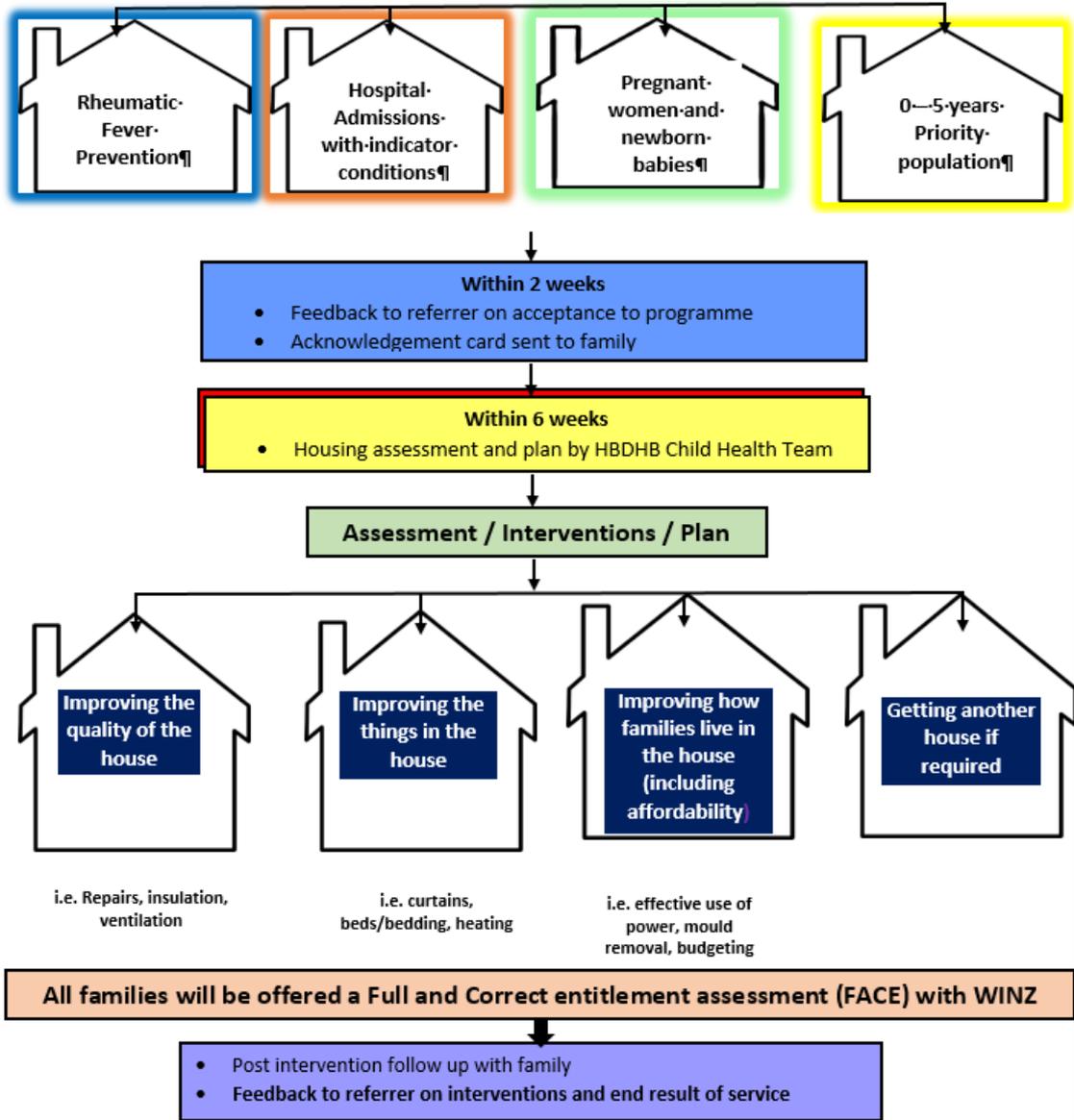
- The CHHP has been underpinned and built on ‘principles, and interventions that are likely to reduce inequalities in health’: (Reducing Inequities in Health, Ministry of Health 2002)
- an explicit commitment to implementing Treaty of Waitangi principles – participation, partnership and active protection – CHHP YES With 5 out of the 6 staff identifying themselves as Māori and /or Pacific Island ethnicity the CHHP has a strong understanding of the Treaty of Waitangi and how honouring its’ principles is invaluable to achieving equity for Māori. The combination of Māori Models of Health and Relationship Centred Practice enables CHHP to work in partnership with whānau empowering them to make informed choices about their tāonga, such as whānau homes and importantly the health of their children. The CHHP team strive for the vision ‘Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.’ All plans and actions are made in partnership with the whanau.
- a recognition that all New Zealanders should have timely and equitable access to an affordable range of health and disability services – CHHP YES. Eligibility is targeted to those most in need; including respiratory paediatric inpatient and emergency admissions are triaged for referral, if eligible are offered CHHP support. The services offered are a ‘hand up’ as the team walk alongside the whānau. The CHHP is a free service through the Child Health Team, HBDHB. All families have contact from the team within 10 days of receiving the referral and home visits are made within 6 weeks. Referrals to the CHHP come from many Government and Non-Government services. We have also seen an increase in families self-referring. Through innovation and perseverance the team have established many support interventions that enhance housing, a home and whānau wellbeing. i.e. Firewood bank, housing minor repair service with Habitat for Humanity, support of the Ready to Rent service. The soon to be launched Hawkes Bay Cot bank has been instigated and supported through the CHHP. Educating Paediatric and Primary Care towards mandatory questioning shouldn’t be overlooked!
- a focus on early intervention and ensuring that all groups have access to effective treatment services – CHHP YES CHHP believes in prevention strategies, with aims to reduce (and ideally prevent!) housing related avoidable hospital admissions. Reducing barriers to access services is a key with the programme. Many of the families, when supported by the CHHP have received significant increase in their MSD entitlements. Having intimate knowledge of the family’s needs and situation allows the team to advocate strongly on their client’s behalf with Government health and welfare services. All housing interventions provided or promoted are researched and evidence based. The team have completed many workforce development opportunities to ensure all interventions and advice is evidence based.

Any intervention should:

- not make inequalities worse – CHHP YES advocacy by the CHHP team is key to supporting families to achieve warmer, dryer affordable housing. The skills and knowledge of the CHHP team is vital when advocating with private rental landlords who may be reluctant to undertake home improvements, want to increase the rents or evict tenants.

- increase people's control over their own lives– CHHP YES educating families about Tenancy Rights and responsibilities, and teaching them how to warm and dry their homes efficiently and practically, empowers families to gain more knowledge and greater control over their lives.
- Actively involve users of health services and communities – CHHP YES being situated within public health and the community allows CHHP to link in with Early Childhood centres, Primary and secondary schools, General Practices, Paediatricians, Kaitakawaenga and the pacific navigators. Public health's community outlook enables the CHHP to navigate whanau through a wide range of community services. Regular feedback meetings are held to review collaboration and practices after interventions are complete.
- favour the least advantaged – CHHP YES the CHHP is targeted; and only works with low income families who have 'risk factors' for housing related health outcomes.
- take a comprehensive approach, targeting individuals, whanau, population groups and the environment– CHHP YES the team have provided family centred support to 100's of families in Hawkes Bay. The CHHP team also takes a Population health approach to improving housing and reducing inequities through participating on inter sectorial housing forums and working groups.
- be effective both in the short- and long-term – CHHP YES. Housing interventions provided and promoted are evidence based to be effective short and long-term in reducing poor health outcomes for children.
- adapt to changing circumstances – CHHP YES. The Hawkes Bay and New Zealand housing market has significantly changes within the last 5 years. The CHHP have adapted their services to address a portion of this. The team have an 'advocacy voice' within the Hawkes Bay Housing Coalition, in a bid to reduce household crowding. CHHP have provided many families with bunk beds to reduce infection transmission, knowing that the family would be unlikely to obtain a new home with more bedrooms in this current climate. The team have worked alongside the HB property investors, local tenancy tribunal and MBIE to support families and their rights.
- work with and build the capacity of local organisations and community networks – CHHP
- An Example: The CHHP and HBDHB have taken a proactive approach to up skilling many community organisations regarding key messages to maintaining a warm dry healthy home. Consistent evidence based messages add weight to supporting families to live in warm dry homes.

Child-Healthy-Housing-Referral-flowchart



Outline the benefits and results

- an explicit commitment to implementing Treaty of Waitangi principles – participation, partnership and active protection – CHHP YES Through family partnership and engagement the CHHP have achieved many successes – including 71 families supported to relocate to an affordable house, families regularly undertaking key tips to keep the home warmer and dryer, assisting with the improvement of whānau owned homes, and fighting for whānau to remain in their homes. 98 % of referred families participate and engage with CHHP services. Many positive feedback compliments received from families who have received support. No complaints received. Feedback through a formal evaluation* of the programme demonstrated all families interviewed reported that they felt comfortable discussing their situation with the assessor, that they felt the assessor understood their whānau needs and their needs were addressed. All families interviewed stated the programme was culturally responsive. 2017/18 data demonstrates 67% of families referred to the CHHP identify as Māori and 17% identify as Pacific island.
- a recognition that all New Zealanders should have timely and equitable access to an

affordable range of health and disability services – CHHP YES. Example: Health Care Practitioner behaviours and knowledge changes have increased access and early intervention of the CHHP. “What is your housing situation?” is becoming a routine paediatric assessment question. This change has been instigated through CHHP team providing education regarding the health impacts of housing on health, and regular feedback to Health Care Practitioners on referral outcomes. Data to date demonstrates a total of 3758 housing related interventions have been supported.

- a focus on early intervention and ensuring that all groups have access to effective treatment services – CHHP YES Example: Documentation from a Health Care Practitioner, secondary care: “It was a pleasure to see T and M in clinic this morning. M is very appreciative of the involvement of the Child Healthy Housing Programme as there has been big progress in the warming their home, which is now much warmer and drier. All of these things combined have helped all the children stay well and M feels this has also improved T's chest. The addition of firewood has also helped make it easier to manage the children in the morning and is keeping the house warm. T has mild occasional cough at night-time though this is not persistent. He is able to be very active throughout the day though does get a mild cough on heavy exertion. There have been no further GP visits.”

Any intervention should:

- Increase people’s control over their own lives– CHHP YES Example: Families are supported to increase their health literacy regarding how to maintain a warmer dryer home. Recent feedback from a CHHP team member who was promoting the “key tips for a warmer drier home” in a group training situation, found that families who had in the past been supported by the CHHP ‘took over’ the presentation to explain how good the ‘key tips’ were and what they had learnt through the CHHP. What a fantastic endorsement of increased knowledge and empowerment.

- actively involve users of health services and communities – CHHP YES 2017/18 feedback data demonstrates:

100% of the whānau interviewed, after receiving support from the programme, reported:

- their home felt warmer, drier and healthier
- they had increased knowledge about how to keep their home warm, dry and healthy
- they felt more confident about engaging with health and social agencies.

Feedback is sought regarding improvements to the CHHP these are followed by quality initiatives instigated.

- foster social inclusion and minimise stigmatisation – CHHP YES Referrals are inclusive of all cultures and from every sector of the community. The strong relationships CHHP has with both government and non-government agencies has created doors for client whānau to receive quicker interventions in their homes and to meet financial and social burdens. CHHP advocate particularly with whānau at MSD to receive Full and Correct entitlements. Advocating for and walking alongside whānau provides education and develops confidence for them to enter agencies they once feared, to

ring Tenancy Services 0800 number, or asking for support accessing health services. Housing NZ referrals receive prompt interventions and strong relationships with Tenancy Managers allows CHHP to not only educate whānau about Housing NZ processes, but also to receive the mandatory interventions required for a warm, dry home within 3 months.

- be effective both in the short and long-term – CHHP YES. The Hawke’s Bay Child Healthy Housing Programme Evaluation Report found a decrease in hospital admissions for children who had received support through the CHHP. To date there has been no new diagnosis of acute rheumatic fever in children referred and supported through the CHHP. Evaluation data both locally and nationally** has demonstrated long and short term outcome benefits.
- work with and build the capacity of local organisations and community networks – CHHP
- CHHP whānau often receive interventions from Curtainbank and Christian Lovelink. The impact of homelessness has forced families to get rid of their household wares; whereas recently CHHP families have donated to these charitable organisations, who in return are able to supply their needs when they find homes.

Relationships with other services in CHHP homes encourages collaboration and clarity of roles in the homes. Services include Public Health Nurses, Plunket, SWiS workers, and Social Service agencies between Takapau and Wairoa.

**In summary
what were
the lessons
learned**

While the influence of a national Housing crisis continues to have significant impact on housing tenure; the CHHP interventions, advocacy and services do benefit 100’s of low income, vulnerable families to achieve more affordable warmer dryer homes. Child health outcomes do and will continue to improve for these families.

The CHHP team will be influential within the HBDHB MBIE submission into the Reform of the Residential Tenancies act 1986. The CHHP team are strong advocates for low income families, they know the realities of housing inequity and use this to ‘fight for better’.

The Ministry of Health funding for the programme does not include any supply of interventions and it has taken time to build up innovative ways to obtain interventions needed. –A lesson learned it would have been beneficial earlier in the programme to have a dedicated position to establish intervention funding.

CHHP will only go from strength to strength. The team are innovative and through feedback from clients, stakeholders and other organisations new and innovative interventions happen. The CHHP is looked on nationally as a service of excellence amongst other Healthy Homes (HHI) services. The team have been and are sought out to provide advice and support to other HHI providers or other areas trying to establish a healthy homes programme.