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**WELLINGTON REGIONAL
HEALTHY HOUSING GROUP**

How to Talk About Healthy Homes: A Narrative Communications Toolkit

April 2024

Purpose of this document

A decent home is a healthy home. A decent home is warm, dry, accessible, and offers security of tenure. Decent homes allow people to contribute to and participate in our communities. They allow people to get work and get to work and to keep kids in school. Decent homes keep people healthy. By ensuring that everyone can live in a decent home, we can ensure connected, healthy and thriving communities that work for us all.

Yet our homes do not look after us all equally, some people are warm and dry and safe in their homes while others are not. Poorly performing, insecure housing gets in the way of people connecting and contributing and results in record numbers of New Zealanders ending up in hospital with housing-sensitive health issues.

How we build our homes and communities, and how well we design for the variety of people who will live in them over their lifetime affects how well our homes do their job. It determines whether all, or only some of us get to live in a healthy home enabling contribution, care and connection. Making sure homes are built or renovated for optimum health and energy efficiency, and making sure that decent homes are accessible for all New Zealanders is important work for all our wellbeing. The purpose of this document is to provide communicators with evidence-based tools to support public understanding of the value of decent healthy homes that are accessible to all New Zealanders, and what action is needed to make this happen.

Acknowledgements

The **Wellington Regional Healthy Housing (WRHHG) Communications Working Group** with support of specialists at The Workshop have developed and tested messages, frames and metaphors included as examples this Toolkit.

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About this guide

This guide is for communicators, educators and advocates communicating about the impact of homes on our individual and collective health. Its purpose is to provide effective communication strategies to:

- improve people's understanding of the effects unhealthy homes on our individual and collective health and wellbeing
- motivate people to act in support of policies and practices that ensure and enable healthy homes
- help people designing policies and practices that ensure all New Zealanders live in healthy homes to have better conversations with the public.

This toolkit was developed by the Wellington Regional Healthy Housing Group (WRHHG) with support from The Workshop, as part of the Healthy Homes Communications Action Research project. We thank BRANZ Building Research Levy and Todd Foundation for funding this project.

WRHHG is a cross-sectoral collective impact group working toward a vision of: *“Healthy safe homes for the wellbeing of everyone in the Wellington region.”* Though WRHHG has a Wellington region focus, it shares goals with similar groups throughout the country. WRHHG connects central government departments, local councils, Health NZ - Te Whatu Ora, and industry bodies, as well as research, social outreach, health, and community organisations.

This Toolkit is informed by research into public and political discourse around home health carried out during 2022-2023, as well as the experience of numerous communicators, educators, researchers, policy-makers, building industry actors, housing providers, and people who live in homes across the WRHHG network. We expect to review and update the Toolkit as we continue to practice, learn and navigate the changing narrative environment around home health.

Why we need a guide on how to talk about healthy homes

As with many complex and technical issues, homes as a fundamental determinant of health and wellbeing is not well understood by the general public. Why? The theory of change that informs the work of The Workshop and this Toolkit can be summarised as:

- All of us use mental shortcuts that help protect what we already know and believe. For example, confirmation bias means we look for information to support what we already know so we don't have to relearn everything.
- These mental short cuts interact with dominant public narratives (stories and explanations that are dominant in media, politics, communities, and everyday conversations).
- Often the dominant public narratives, especially about complex issues, are too shallow or even false where powerful interests want to keep the status quo.

- Together, mental shortcuts and shallow but repetitive public narratives mean people have mental models (an unconscious internal story or explanation) that are unhelpful to understanding homes' impact on wellbeing as experts understand it.
- All this can make it hard to communicate complex issues and undermine support for evidence-based policies and action.

As experts and advocates for the issue, we often communicate in default ways. We:

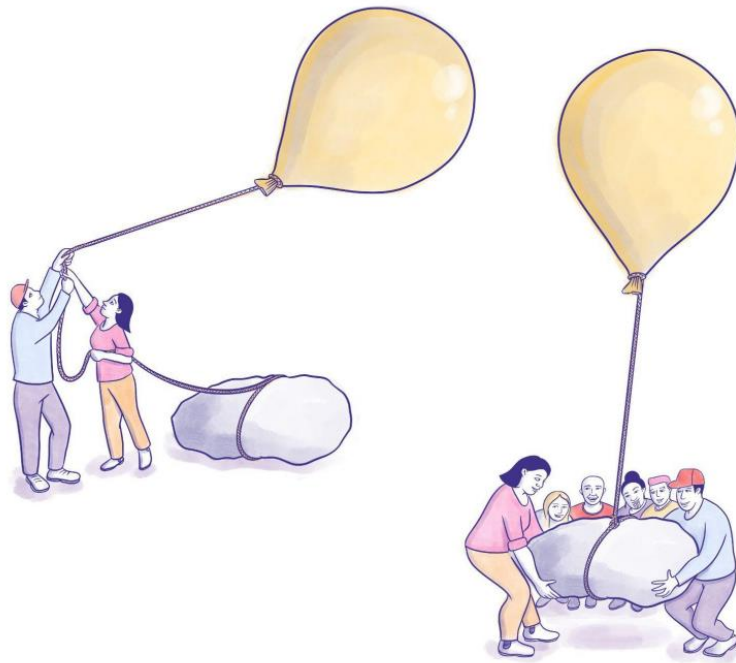
- use facts
- correct incorrect beliefs and stories (bust myths)
- lead with problems – costs to society or risks to people
- use technical language
- rely on individual emotive stories.

These default ways of communicating can:

- backfire as people work harder to protect their shallow beliefs
- inadvertently draw upon and reinforce some of the shallow public narratives instead of building new public narratives
- undermine our work to deepen thinking
- fail to create a landscape with better stories and explanations that help people develop new deeper mental models.

To find out more about mental models and public narratives see **Appendix 3**.

Decision makers are like a balloon tied to the rock of public support. To get big, sustained change we need to move the rock – build public understanding and support. We don't necessarily talk directly to decision-makers, as we are focused on shifting the public narrative environment.



**We acknowledge Daniel Hunter Strategy and Soul as the originators of the 'rock and balloon' metaphor.*

Effective communication strategies to deepen thinking require us to:

1. Understand the landscape of narratives and thinking we are talking into (to avoid reinforcing the unhelpful ones).
2. **Create and repeat** new effective communication strategies to foster new ways of talking and thinking about your issue.

Effective communication to deepen thinking means avoiding narratives that surface unhelpful thinking and instead focusing on narratives that surface more helpful thinking.

How to use this Guide

Particularly if you are new to the narrative communications approach, we recommend that you read through the whole guide initially to get an introduction to the theory behind the suggestions here. For some, especially those trained in conventional communications, some of the guidance here may initially feel counter-intuitive. However, all the guidance here is based on well-tested evidence of what has worked in New Zealand and elsewhere, so we encourage you to give it a go!

You may find it helpful to watch these two introductory videos (25mins total) specific to our healthy homes communications work and presented by a specialist from The Workshop to get a quick introduction before you read the guide – or alongside it:

[Part 1: Narrative, Mindsets and Frames \(the theory\)](#)

[Part 2: Switching on helpful ways of thinking and talking \(the practice\)](#)

Feel free to pass on the links to these videos to others – we developed as a tool to introduce people to this work and why we are doing it. If you have any difficulty with the links, you can find these videos on our **YouTube channel: Wellington Healthy Housing**

The examples in this guide are primarily designed for communications to the public and to those able to influence system change (eg. changes in laws and regulation, resourcing, standards etc). If your work is more about 1:1 advice and education for homeowners and dwellers you may find that the theory resonates but some of the examples are less useful – especially where these are recommending avoiding a focus on individual actions.

With a group of WRHHG network members who are 1:1 advice and education providers, we are working on a brief add-on guide to address how the narrative communications approach and system change focus can be applied in 1:1 advice work, and provide examples specific to this. We are planning to have this add-on available for circulation by September 2024. Once ready, it will be available for download from WRHHG website (see details below).

Throughout the guide we have offered concrete ‘real world’ examples of how to apply the theory – what to do and what to avoid, and examples of phrases, metaphors and frames that you can use. We welcome and encourage you to use these examples in your communications.

We particularly welcome and encourage you to use the ‘high-level messages’ that appear in Appendix 2. Repetition and consistency across messengers is key to shifting narratives and mindsets so using and repeating these common messages as much as possible helps us together to shift the public narrative.

Once you have read through the Toolkit, Appendix 1 provides a 2-page Checklist for a handy reference as you work through developing communications strategies, tactics or outputs.

For more help in applying the Toolkit guidance in your work:

WRHHG under the Healthy Homes Communications Action Research programme that has produced this guide is also funded to deliver a series of Community of Practice ‘Applied Narrative Communications’ workshops where a specialist from The Workshop and a small group of practitioners working on applying the approach in the healthy housing space do some initial preparation for then spend 90-120 minutes workshopping application of the approach to a specific strategy, tactic or output. If your organisation or group has something that you would like to get help on via a workshopping session you may be able to participate in this.

For more information contact WRHHG Executive Officer at:

amanda.scothern@sustaintrust.org.nz. You will also find regularly updated information (including downloadable files of this guide and related documents) on the WRHHG website at: wrhhg.org.nz.

The theory outlined in this Toolkit is based on training in framing and narratives offered by The Workshop. We encourage you to consider doing this training to deepen understand of the approach and how to apply it. The Workshop offers scholarship places in their regular training for those for whom finances might otherwise be a barrier. You can find out more about training opportunities with The Workshop at: <https://www.theworkshop.org.nz/training>.

Part 1: The landscape of thinking and narratives on home health

- These are some of the unhelpful ways the public thinks about home health.
- These ways of thinking are brought to the surface (*surfaced*) by how healthy homes is talked about in public (*public narratives*).*
- As communicators you want to avoid surfacing this thinking, and therefore avoid drawing on such narratives.
- Think of them as traps to navigate around.

* See Glossary for definitions of italicised terms

Unhelpful thinking about healthy homes	Examples of public narratives that surface this unhelpful thinking	Why is this way of talking unhelpful?
Health individualism – our health is determined (primarily) by individual behaviour and choices (rather than by homes being fit for purpose)	“People just need to prioritise heating their homes” Or “the problem is people don’t know how to look after their homes – they just need to open the windows each day”	When individual behavioural solutions are offered as the only/ main answer, this can reinforce the idea that these are the PRIMARY cause of ill-health and obscure systemic causes (eg. homes built to an inadequate standard so don’t hold heat/ unaffordable power/ the way the system keeps people in poverty).
Health (and ill-health) become an issue once people turn up at the GP or hospital and that is when we start intervening	“On average 1 in 80 children are hospitalised every year for housing-related illnesses.”	This emphasises thinking that health is something that happens in hospitals, and not something that can be built before people become ill.
Housing is largely defined as an asset class vs homes that are a social good and human right.	“Warmer and drier homes are less likely to have issues with mould or mildew damage, which better protects a landlord’s investment.”	Frames home health as an economic issue rather than a social issue. This is likely to activate an economic framing that then leads people to solutions focused on the economic outcome (eg. landlord can clean/ repair/ paint over mould when a new tenant/buyer is needed so that fixes the problem)

<p>The idea that cold, damp homes are ‘normal’, a ‘rite of passage’.</p>	<p>“We all coped with cold houses growing up – we just knew how to manage them. It’s going to be impossible to make every home warm enough to fit some abstract standard. We just can’t afford it.”</p>	<p>An example of fatalism, i.e. it is too big/ has always been this way – which makes it hard for people to see solutions (and obscures the facts around how the problem DID impact people in the past, we just didn’t talk about it).</p>
<p>The idea that ours is a special case and therefore too big or special a problem to solve.</p>	<p>“We have so many old homes that are just not heatable, and New Zealand is cold and wet for 6 months of the year.”</p>	<p>Activates an unhelpful ‘exceptionalist’ narrative (solutions that have worked elsewhere won’t work here because our case is so different) as well as fatalism (too big to fix).</p>
<p>Legislating / regulating for homes that are healthy is in competition with enabling housing supply</p>	<p>“If we regulate landlords to ensure rental homes are healthy, this will reduce supply of rental homes as landlords will stop being landlords”</p>	<p>Activates unhelpful ‘Us vs Them’, Zero-sum game narratives</p>

Helpful thinking you want to surface:

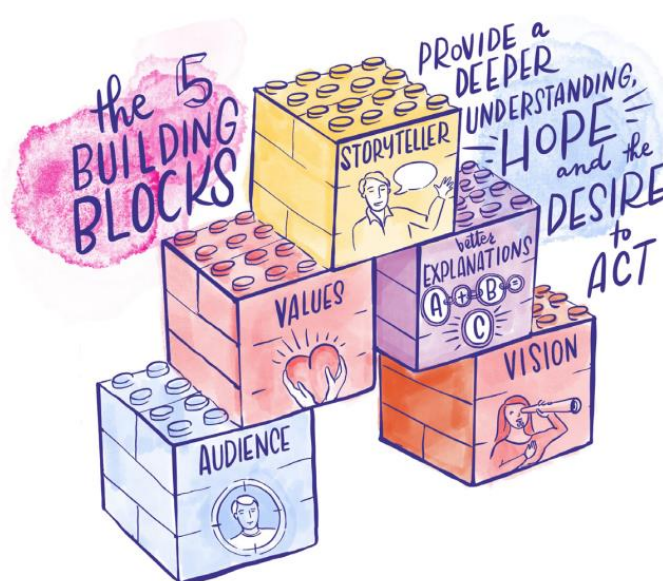
- Our built environment determines our health.
- Better systems can overcome the significant harm that living in cold, damp homes does to many New Zealanders.
- Differences in home performance lead to differences in health in different communities.
- We can create homes and policies and practices that keep people warm and dry, use energy efficiently, and actively create good health and connected communities.
- We already have the knowledge and capabilities to do this.
- Building industry professionals, regulators, community educators, health and social service-providers, researchers, policy-makers and housing providers are part of an integrated system to build and protect people’s health and wellbeing.

Now you know what thinking and narratives you want to avoid, and the thinking you want to surface. How do you do that? How do you redirect people’s thinking? This is what the five building blocks are for.

Part 2: The five building blocks of narratives for change

The Workshop have developed a framework from research across disciplines to redirect our communications to more helpful thinking. This framework will:

1. Help you build new narratives (or surface quieter ones)
2. Help you communicate your evidence – whether that be from science, mātauranga Māori or lived experience – and deepen people’s thinking.



Building Block 1. Audience: who you should communicate with

To help build new, more effective narratives, and avoiding defaulting to narratives that surface unhelpful thinking, who you direct your communications to makes a difference.

- If you talk mainly to those who are firmly opposed (often loud and demanding of your attention), you will reinforce dominant narratives and unhelpful thinking.
- Talking to those firmly opposed lends itself to myth busting and negating false arguments. This amplifies the narrative and unhelpful thinking for others and is ineffective.

- Treat this small noisy opposition as an inevitable and fundamental part of shifting thinking and systems.
- If you talk only to those who already understand your issues (your base), you won't develop new communication strategies, new narratives or deeper understandings.
- Instead, look to communicate with people who don't have a fixed view or who have mixed and sometimes competing views on the issue (persuadables or fence-sitters). These tend to be the majority of people.

Effective strategic communications will activate your base and convince people who are open to persuasion

Special topic: Listening and building relationships with your audience when communicating about healthy homes

- Find out what matters most to the people affected. Ask communities what they want for housing-related health then make sure your communications align with their vision for healthier homes.
- Use two-way communications developed in collaboration with communities and those with health vulnerabilities that are most affected by unhealthy homes. This means you will include important aspects of local knowledge and behaviours. You will also build support in the community for necessary policy and behaviour changes.



Building Block 2. Lead with a concrete vision for a better world

- A vision builds hope – useful when people swim in a sea of problems being communicated to them.
- A vision creates an invitation for people to consider the issue as important to them.
- It opens a side door for your evidence to be listened to.

Key principles of vision-making:

- Be concrete, believable and specific.
 - > What does it look and feel like for people’s day-to-day lives as a result of improved home health.
 - > Lead with people-centred outcomes, not economic outcomes. Describe homes, communities that are calm and pleasant where people can connect with others, participate in work, school and community and be in good health.
 - > Envision the entire community. Do not talk about building or housing policy in isolation. Include energy, transport, access to employment and services, food, green spaces etc.

Experiential proof and vision-making

- Seeing and experiencing what the change feels like in small ways can help build understanding and support for longer term changes, and form part of effective vision-making.
- Prototypes and experiments like existing high-performance housing are one way to do this. Some developers and builders have demonstrated ways to build better performing homes without blowing budgets.
- Having lived in better performing homes overseas or in New Zealand has given some people an experience of the difference.
- These experiences could form the basis of a hopeful vision.
- For example: Superhomes Tours, Kāinga Ora demonstrative projects, Beacon Pathway’s ‘Now’ and ‘Next’ homes.

- Sell the cake, not the ingredients.
- > Don't mistake talking about the changes that are needed, the solutions that will work or the removal of a problem as a vision for people.
- > Avoid leading with technological solutions – these become distracting or exclusionary.



Your vision is the 'cake' = the end result. Describe what it looks, smells, feels, sounds, tastes like. The policy/ system/ behaviour changes needed to get there are the ingredients.

- Ensure your vision is inclusive of all people and their needs.
 - > Create inclusive visions in partnership with those most negatively impacted by current unhealthy homes. This is likely to improve long-term engagement also.
- Show credible human-driven pathways to achieving the vision.
 - > Name/identify the steps to achieve the vision. These may be smaller local level changes such as councils offering Voluntary Targeted Rates financing for healthy homes improvements.
 - > Put people in the picture. You can increase people's sense of control and agency if you identify the people in a system who can act to achieve the vision, e.g., people in our local government, the local community, a particular industry.
 - > Without clear agents, people default to thinking home health is about individual choice or that poorly performing housing is inevitable.

Special topic: Defining ‘decent homes’

WRHHG research in 2022-23 highlighted that though ‘healthy homes’ and ‘warm, dry homes’ are talked about by public and politicians in Aotearoa New Zealand, there is rarely an active definition of what this means. This perhaps reflects an assumption that everyone already knows but research indicates this is not the case. This is a great opportunity for us to proactively define and create a positive vision of where we want to be in the future, and back that up with better explanations.

Here is an example:

“A decent home is warm, dry, accessible, and offers security of tenure. Decent homes allow people to contribute to and participate in our communities. They allow people to get work and get to work and to keep kids in school. Decent homes keep people healthy.”

>> This example is taken from language developed by WRHHG organisations for a 2023 Briefing to Incoming Ministers. We settled on using ‘decent homes’ as a key phrase because this resonates with existing pro-social NZ public narratives (eg. a ‘decent bloke’), and also ties in to the language used to talk about housing as a human right. Further detail about why this paragraph is constructed the way it is can be found in **Appendix 2**



Building Block 3. Connecting with what matters to people: values that motivate

Values are what matters most to us in life. They are at the heart of human motivations. Engaging with people's values is shown to help better communicate science.

- Dominant public narratives that tell us money, personal success, our public image is most important, are known as extrinsic and individual values.
- Many public narratives also surface fears for our own health and safety or that of our loved ones.
- Research shows that what matters most to most people is taking care of each other and the planet, discovery, creativity and reaching our own goals, known as intrinsic and collective values. *(See special topic below regarding a te ao Māori and values research)*
- These intrinsic values are the ones most likely to engage people in deeper thinking about complex issues and improving systems for collective wellbeing.
- Use intrinsic and collective values to communicate about issues of collective wellbeing.

Special topic: Te ao Māori and values research

The Schwartz research reflected in the Values Map in Appendix 4 is broad but does not specifically include te ao Māori perspectives. The Workshop have used the values work in collaboration with Māori organisations and people and found broad agreement between te ao Māori perspectives and the intrinsic values. Kaupapa Māori organisations have been part of the WRHHG Communications Working Group that developed our key messages and have tested elements of the approach, and that work informs this toolkit. However, we believe that there is ongoing work to do in ensuring that messaging reflects and respects a te ao Māori perspective.

We recommend taking the Schwartz work (Values Map) as a starting point and tool to use in thinking about values, but always consulting with tangata whenua and others affected by the work to make sure that the implementation and framing feel true and accessible to their cultural context and lived experience.

Values for homes that support health and wellbeing

Talk about public good and everybody getting what they need to thrive

This connects to the value of **equity** and encourages helpful thinking about collective responsibility and the importance of everyone having conditions in place for good health and wellbeing. It helps people understand that working to improve home health can help solve inequality across communities. It can also surface values of **self-direction** and choice.

What does this sound like?

“Our homes need to look after us at every stage and circumstance of life: from newborn babies to grandparents/ kaumatua; when we are well and when we are sick. Homes can be the safe haven everyone deserves.”

Talk about homes and housing as a system that we have the knowledge and tools to improve

This surfaces values of **self-direction** and **wisdom**. It draws attention to the systemic causes of unhealthy homes and reminds us that we have the means and ability to address problems. It avoids surfacing individualism (the problem is due to individual actions and can be addressed at the individual level) and fatalism (this problem is too big for us to solve).

What does this sound like?

“We have the knowledge and capabilities to ensure every New Zealander can feel at home in their home. When researchers, government policy-makers, local council advisors, housing providers, the building industry and community organisations work together we can ensure homes can do their job and look after people’s health.”

Talk about responsible management and pragmatism

Talking about **responsible management and pragmatism** reminds people that responsible care for our communities and planet is the sensible, pragmatic choice. Often people use cost-effectiveness arguments when they would be better to lead with responsible management and pragmatism which surfaces collective thinking over zero-sum (win-lose) thinking, i.e., more for you means less for me (which discussions of money and allocation of funding tend to do).

What does this sound like?

“A decent home is warm, dry, accessible, and offers security of tenure. Decent homes allow people to contribute to and participate in our communities. They allow people to get

work and get to work and to keep kids in school. Decent homes keep people healthy. Ensuring all New Zealanders live in a decent home is the responsible and the pragmatic thing to do.”

Key values to surface helpful thinking about home health include:

- Care (love)
- Responsibility
- Social Justice
- Mana (particularly when communicating in a te ao Māori context)
- Equality (Fairness)
- Self-direction
- Wisdom

Avoid	Embrace
<p>Fear and security values. This is when communicators imply that what matters most in the context of the issue is keeping safe.</p> <p>E.g., don't lead your communications with how unhealthy homes may impact people's material wellbeing, or damage their health. It is possible to describe health effects in a story that explains how home health affects us. Leading with fear increases a desire for simple behavioural solutions to big problems. In complex, systemic problems these solutions don't exist so people disengage from supporting other actions.</p>	<p>Care for people and communities. E.g., “It's important that governments and businesses act to improve liveability of homes to protect people and places”</p>
<p>Economic values. Leading with economic values like cost-effectiveness or value to the economy when discussing home health should be avoided. This triggers individualistic thinking and action (what's in for me vs. what is in it for us)</p> <p>E.g., “This policy to improve homes will save us x amount of money each year”.</p>	<p>Responsible management. More effective than leading with cost-effectiveness or cost is leading with values about responsibility, responsible management, and pragmatism. E.g., “Responsible management of our housing infrastructure means thinking long-term for future generations. This means taking practical steps, relying on common sense and all the evidence we have, to look after our communities and our planet”.</p>

<p>Leading with security values, as it may surface individualism.</p> <p>Note that talking about health in an explanation is fine, just avoid leading with security-focused ideas of health.</p>	<p>Fairness across places for all people to live in healthy homes and have good health and wellbeing.</p> <p>E.g., “No matter where we live, all of us deserve decent homes that keep us warm, dry, safe and connected”.</p>
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See **Appendix 1: ‘Values Map’** for more on values that encourage choices for the collective good – they are those in the ‘Self-direction’, ‘Universalism’, and ‘Benevolence’ clusters.

WRHHG have developed five ‘high-level messages’ that surface helpful values. Our high-level messages will be reviewed and developed periodically. The high-level messages finalised in June 2023 are included in ‘**Appendix 2: High-Level Messages to support Home Health Narrative Change in New Zealand**’, with explanations of why we have chosen these messages and the values and deep helpful narratives that they work to surface.



Building block 4. Provide better explanatory pathways

- Explaining how a problem happens, who is responsible, the effects and what to do, is different from just describing a problem.
- To surface better understandings for people about home health, we also need to provide better explanations.
- In strategic communication a good explanation:
 1. provides an entire new story about home health and why it matters
 2. avoids repackaging unhelpful thinking and narratives
 3. includes an intentional and helpful way of framing the issue
 4. is solutions driven
 5. uses facts as a character in a complete story about causes, effects and solutions.

Under this Building Block we will talk about five elements to consider in building better explanations: frames, metaphors, facts, explanatory chains, agents.

BB 4.1: Frames

- Frames are pre-packaged explanations about how the world works.
- Frames surface particular ways of thinking about an issue. For example, health is often ‘framed’ as an individual responsibility, through the language, metaphors, and images we see.
- Frames are one of many cognitive shortcuts we take to make the mental effort of information processing easier.
- Frames are employed unconsciously and are often shared across a culture.
- We cannot avoid frames or negate or myth bust unhelpful ones, but we can replace them with better ones.



Avoid	Embrace
<p>Framing home health problems and solutions as an issue of individual choice. E.g., “People not turning on the heater is causing health issues”. This frames the solution as an individual consumer one not a structural one.</p>	<p>» Framing our collective capability to do something about home health. This encourages helpful thinking that we can work together to solve the problem as we have done with other problems before. E.g., “We have the knowledge and capabilities to ensure every New Zealander can feel at home in their home. The Warmer Kiwi Homes programme has shown how when researchers, government policy-makers, local council advisors and community organisations work together we can improve childrens’ health by improving homes.”</p>
<p>» Talking about individual responsibility for managing exposure to unhealthy homes. E.g., “Mothers are responsible for making sure their children are not exposed to mould”</p>	<p>» Framing the specific systems and structures that need to be improved. E.g., “People in government can legislate and resource to ensure all homes are affordable to heat and ventilate.”</p>
<p>» Framing unhealthy homes as normal and living in them as a choice/ rite of passage. It taps into unhelpful thinking that the problem is too challenging to solve. It also</p>	<p>» Using health and wellbeing frames, and talking about public health as a common good. E.g., “People in government can ensure</p>

surfaces individualistic thinking (I will lose something). E.g., “it is just a New Zealand rite of passage to live in a cold damp home when you’re young – we’ve all done it”.

that we all live in homes that do their job, and deliver health and wellbeing for us all”

BB 4.2: Metaphors

- Metaphors are a simplifying strategy that can help people quickly grasp a more accurate, deeper explanation.
- A metaphor takes something we understand on a practical everyday level and connects it to the abstract or complex to help redirect thinking.
- Avoid untested and unhelpful metaphors where possible or consider what explanations they might surface.
- Images often contain metaphors – test images before use.

We have identified three metaphors that can help explain both what healthy homes work is and why healthy homes are important. All redirect unhelpful thinking.

Healthy housing as infrastructure

It works to highlight the systemic nature of housing and it’s function as a fundamental determinant of wellbeing. What does this sound like? *“Decent housing provides the infrastructure of care, connection, and contribution. Decent homes allow people to contribute to and participate in our communities. They allow people to get work and get to work and to keep kids in school. Decent homes keep people healthy.”*

Homes have a job to do – to keep us all warm, dry, safe, healthy – enable us all to care, connect and contribute.

This metaphor helps focus attention on the active role of homes in providing basic human needs and rights – shelter, warmth, security etc. Eg. *“With at least a third of New Zealand homes still not performing well enough to do their job of keeping people warm and dry, and with housing costs increasingly unaffordable for many New Zealanders, many have no option but to live in unhealthy homes.”*

Upstream environments, downstream health

This metaphor works to get people to think more helpfully about the connections between environmental factors and human health and wellbeing and the need for intervention and prevention. What does this sound like? *“The way in which we resource and regulate housing creates the conditions for human health and wellbeing. The cold, damp homes we experience ‘downstream’ is a consequence of poor upstream regulation. We need to work together upstream to create positive housing conditions for human health. This will make sure that what flows downstream offers a healthy and safe environment for all of us.”*

Avoid	Embrace
Housing market	Healthy housing as infrastructure for care, connection and contribution
House as an asset	Homes have a job to do – keep us all warm or cool, dry, safe, healthy – enable us all to care, connect and contribute
Healthy housing as a trade-off or a financial/ social preference (or ‘high standard’)	Healthy homes lead to downstream improvements in health, education, employment, community engagement

Special topic: Making home health tangible

The issue of home health does, by its nature mean we are communicating about something that is often invisible/ intangible to people. The challenge is to make the issue more visible and physical. One way to do this is to describe the physical aspects of healthy home performance such as smell, taste, feel and how it can be seen. This can be done by talking about the discomfort of unhealthy homes – cold and damp, overheating etc - and about what we see/ experience – mould, condensation, high power use, noise, kids with runny noses all the time, worry.

Replace:

- ‘healthy homes’ with ‘warm, dry homes’, or ‘comfortable, dry homes’ (taking account of the increasing prevalence of overheating as an issue in summer).
- ‘energy efficient homes’ with ‘homes that use less power to heat and cool’

BB 4.3: Using facts

- Facts are a character in the story you want to tell about what the problem is, who it affects and how, the need to act, who made it happen and who can change it and how.
- Facts are not the entire story. To help talk about facts more effectively use explanatory chains and make sure facts are ‘fluent’ (see below for what this means).

Make facts fluent

To help tell your story, choose a few limited facts and talk about them in a way that makes them more fluent for people (they can understand and recall them better).

- Use fewer facts.

- Present the facts so people have an everyday context for them, e.g., “This is equivalent to 1 in 80 children in our region being hospitalised for preventable housing-related illness every year,”
- Depict facts visually as a preference, e.g., depict how many hours childrens’ bedroom temperatures are below the WHO healthy minimum, what area is covered by mould, proportion of Māori vs non-Māori children are hospitalised.
- Use strategies such as guess and reveal. e.g., ask people to make a guess at the fact and then reveal the answer.

BB 4.4: Putting facts into a story - Using explanatory chains

Explanations make up one part of a story. People’s mental models about issues are constructed in a chain, so we need to replace that chain of explanation with another, more helpful one. This means placing our facts in the context of an explanation, rather than relying on them to stand alone.



Explanatory chains:

- ‘foreground the issue positively with intrinsic values (why it matters). You can also use a vision here (what it will look like)
- identify the cause or origin of the problem upfront
- explain the impact of that problem using facts
- offer a solution (related to the cause identified initially)
- end by reminding people of why this matters, using a vision and intrinsic values

An example of an explanatory chain for healthy homes:

Foreground the issue, using intrinsic values	We have the knowledge and capabilities to ensure every Kiwi can feel at home in their home. But currently those most vulnerable in our communities are those most likely to be locked out of the option to live in a healthy home.
Identify the cause of the problem	New Zealand is cold and damp for over half the year, but inadequate building standards and lack of knowledge in

	the past have resulted in many homes today that are not fit-for-purpose.
Explain the impact of that problem, using facts	Close to half of the population currently live in homes that are expensive or impossible to keep warm and dry. Breathing cold, damp air causes respiratory illness, impacts on school and work participation, and affects mental health. Excessive energy costs contribute to poverty and energy hardship.
Solutions	By working together we can build on good work already being done to retrofit and build homes that are cost-effective and easy to heat, cool and ventilate. People in government can ensure energy performance measures are required for all homes at point of sale and rent, and resource retrofits to bring old homes up to standard.
End with why it matters	A healthy thriving community depends on healthy homes for all of us. When we work together, using the tools at our disposal, we can make this a reality.

BB 4.5: Use agentive language

We want people to understand that there are things they can do to change systems to fix issues. Headlines such as “we’re making progress toward warmer homes” fail to name a person or agent involved in the problem. This makes it hard for people to see who needs to act and what needs to be done.

One way to help people lift their gaze and see what needs to happen is to name the specific agents of change within the system. For example, we can talk about members of an ‘healthy housing team’ that includes public health experts, as well as people in government who can make decisions that have a positive effect on systems and structures. It may sound like, “I can access a healthier home if people in government make changes to building and rental standards”. This helps to draw people’s focus to aspects of home health that people do have control over and gives them a sense of competence.

Avoid	Embrace
Describing the problem with a lot of facts about home health.	Explanatory chains that start with a cause, lead people through effects and end with solutions, wrapped up in a vision and intrinsic values.
Using hard to understand facts in written format.	Presenting fewer facts, presenting them visually and giving them everyday context.

<p>Passive sentences without an agent named, eg. “cold, damp homes are harming people”.</p>	<p>Naming human agents, eg. “people in government must work to ensure all homes are built to keep people warm and dry”.</p>
<p>Labelling politicians or institutions as corrupt, evil or broken.</p>	<p>Naming the problematic behaviour and/or naming the new behaviour required.</p>



Building Block 5. Storytellers

- We use credibility and trust as one mental shortcut – it's less work to take a trusted person's advice than assess all the information ourselves (credibility mental shortcut).
- We also use mental shortcuts in deciding who to trust or who is credible, i.e., how someone looks, the institutions they come from, past experience with similar people or institutions.
- Expertise is about perception not technical expertise.

BB 5.1: Three principles on Storytellers

1. Use trusted others to provide positive social proof and improve credibility of a message
 - » We move to accept beliefs and positions that we see frequently repeated in order to fit in.
 - » Repetition from trusted others confers credibility to the information you are trying to get across.
 - » This cuts both ways – repeating unhelpful information gives it credibility.
2. Use messengers with shared values
 - » It is important to find messengers that people can see represent their values.
 - » Use surprising messengers – for example, people seen as focused on 'houses as assets' talking about decent homes being the infrastructure for collective wellbeing.
3. Pair the right messenger with the right message
 - » Pair effective narratives with a messenger that is trusted/credible to your audience.
 - » Choose messengers who will bring with them trust and credibility for your persuadable audience and who are in a position to transition/slide your audience into your helpful message

BB 5.2: What is social proof?

Showing people that others they consider trustworthy are willing to make or support changes is a more effective strategy to garner support for things like government investment in home health than presenting people with negative facts about the problem.

Putting it all together – an example message for healthy homes

Steps 1 & 2: Articulate a positive and inclusive vision and identify helpful intrinsic values: the why

“A healthy thriving community depends on decent homes for all of us. When our homes are healthy, warm, dry and comfortable, we can live full lives and give back to our communities.”

Step 3: What is preventing the realisation of this vision?

[Here is the opportunity to provide better explanations about home health effects: the who, the how, the where.]

“People in successive governments [of all parties] have allowed homes to be built that are inadequate for New Zealand’s cold, damp climate. Close to half [quote current stats] of the population currently live in homes that are damp or cold. Breathing cold, damp air causes respiratory illness, impacts on school and work participation, and affects mental health and wellbeing.”

Step 4. Present solutions

Attribute better outcomes (better performing homes and improved health outcomes) based on evidence of the cause.

“People in government can legislate minimum acceptable performance for all homes, and resource improvements to the worst performing homes so that we all are able to thrive in our communities.”

Step 5: Present action/resolution (the what now?)

“We have an opportunity right now to improve the quality of our homes so everyone has a decent place to live. We can hold people in politics and industry accountable for the health of our homes by demanding better building standards.”

Glossary

Agents	Our fast thinking system makes it difficult for people to see the actors or human agents who make decisions and affect outcomes in complex systems like the economy or environmental health system. The solution is to show the humans that made this problem and the humans that can fix this problem. This is called naming agents.
Extrinsic/ individual values	Extrinsic values are when what matters most, or the principles that guide our decisions are centered on external approval or rewards and losses. For example, social power, money, or concern about image.
Frames	Frames are both a) ‘prepackaged’ mental models that help us to make sense of ideas and b) communication tools that evoke these mental models. Frames act as guides directing people where to look and interpret what they see. Every message or communication is presented through a frame.
Intrinsic/ collective values	Intrinsic values are when what matters most, or the principles that guide our decisions, are centered on internal or collective rewards and losses, for example, care for others or connection with nature.
Metaphors	Metaphors are a simplifying explanatory strategy that connects an abstract concept to a concrete or known concept. They help people quickly grasp a better, deeper explanation for complex issues. For example “unlocking poverty”.
Narratives	Narratives are stories found across our culture and communications that capture preexisting or shared understandings about the world and influence our thinking. For example Individualism is a narrative that is embedded in many different communications that explains problems as resulting from a lack of individual effort and solutions as about individual effort or choice.
Surfacing	The process by which mental models, helpful/unhelpful thinking, or values are brought to the fore of people’s thinking.
Values	Values are what matters most to us in life, guiding principles. They are at the heart of our human motivations. They guide our behaviours, attitudes and how we understand the world.
Zero-sum game	This is a narrative in which people understand, often at a subconscious level, that more for one group means less for me and mine.

Appendix 1: A checklist for your communications about healthy homes

Use this checklist, based on the 'How to talk about home health' guide above, to write and check your communications.

Step 1. Understand how people think about home health

Identify the unhelpful thinking you need to avoid and the helpful thinking you want to surface

- » Check. pp. 9-10 in the guide for current thinking about healthy homes to avoid and embrace

Step 2. Decide who to talk to. Identify your persuadable audience

- » Check. Don't construct communications for the already convinced or the noisy opposition. Identify your agents. Be clear on who needs to do what
- » Check. Focus on agents with the most influence. Emphasise collective action, avoid individual behaviour

Step 3. Build the structure of your communications using vision, values, barriers, solutions formula

First > Articulate the better world we want. Flip the problem to an inclusive vision

- » Check. Your vision is not the removal of something bad
- » Check. Your vision uses concrete language and is about people's lives not processes or policies

Then > Identify the helpful collective values to connect with your audience

- » Check. pp. 16-19 and Appendix 4 for helpful values to embrace and unhelpful values to avoid

Then > Name the barriers and problems that are in the way of the vision and solutions

- » Check. You have named the agents responsible for removing these barriers

Finally > Present solutions. Include an action proportionate to the problem

Step 4. Use language that deepens people's understanding

Identify helpful frames to use. See p20-21 for helpful frames

- » Check. Avoid economic and fear frames. Plan your metaphors
- » Check. Do not use war or disaster metaphors. Use ‘home health team’, ‘homes as infrastructure for care, connection and contribution’, ‘homes that do their job’ and ‘upstream environments, downstream health’ metaphors, see pp. 21-22 for more on helpful metaphors to embrace and unhelpful metaphors to avoid

Use clear and concrete language

- » Check. Can I draw a picture of this? How much black mould you can see vs damp air. Use an explanatory chain where you need to explain complex science or cause and effects, see pp. 23-24.

Step 5. Check for common errors that surface unhelpful thinking

- Lead with the cake not ingredients. Do not lead with facts, problems or policy solutions.
- Tell your story, not theirs. Don’t myth bust or negate. Avoid phrases like “you may have heard” or “it is NOT true”.
- People and planet, over money and fear. Don't use money, safety or fear as the ‘why’. Avoid phrases like “how can we afford not too”, “it will cost more in the long run if we don’t”.
- People do things. Turn passive language into agentive language, and check you have the correct agents. Use “people in government set new rules that made thousands of homes healthier” not “how we made homes healthier”.

Step 6. Test your communications

- » Check. Test with your persuadable audience, not the convinced or the opposition

Appendix 2: High-level Messages to Support Home Health Narrative Change in New Zealand

These high-level messages have been developed as part of work by the WRHHG Communications Sub-Group with support of The Workshop over 2022 and 2023. The intention in developing high-level messages is that these can be used by actors across a wide variety of organisations, with widespread repetition being key to shifting the dominant narratives.

They therefore focus on surfacing helpful underlying narratives and values that research has shown to be effective. The explanations (explanatory chains) that they become part of will vary depending on the aspect of the system that a particular organisation or group is focused on achieving change in (eg. use of effective curtains, better legislated minimum standards, appropriate data to understand how homes perform)

High-level message	Why we chose this	Deep helpful narratives and values this surfaces
Our homes need to look after us at every stage and circumstance of life: from newborn babies to grandparents/ kaumatua; when we are well and when we are sick. Homes can be the safe haven everyone deserves.	<i>This message imagines homes as caring friend/partner who take care of us. Emphasise a home needs to be easy to 'operate' for people with different needs and abilities. Evoke family connection, the people we need to care for.</i>	This is a public good / equity narrative, that surfaces values to do with <u>care</u> and <u>responsibility</u> .
Imagine if... everyone in New Zealand had a place to come home to where they could be comfortable and warm and breathe easy.	<i>In this message we wanted to pick up on vision/hope, public good and equity narratives. We also wanted to engage the idea of a healthy home being about how we 'feel' in it - particularly comfort, stress-free/relaxed as this language came through strongly in the WRHHG Narratives Survey findings.</i>	This is an equity narrative. It could be paired with a better together or a systems narrative, which would sound like: 'the way to this is through collective action' / 'the way to this is through systems change.' It surfaces values to do with <u>social justice</u> , and <u>equality</u> , and it encourages feelings of hope.
We have the knowledge and capabilities to ensure every New Zealander can feel at home in their home.	<i>This message focuses on 'social proof' (many are already doing it) and engages 'strengths-based' (we have the tools, capabilities, knowledge to do this). We used 'at home' which we believe evokes comfort, ease, as well as choice/agency.</i>	This is a strengths-based / equity narrative which surfaces values to do with <u>self-direction</u> and <u>wisdom</u> .
When our homes are healthy, dry and comfortable, we can live	<i>We are addressing homes as foundation for broader wellbeing ('care', 'connection',</i>	This is another public good / systems narrative, that surfaces values to do with

<p>full lives and give back to our communities.</p>	<p><i>'community' are shared values research demonstrates as effective in engaging NZ public). It speaks to broader public good and holistic idea of wellbeing (hauora) - an idea that came through strongly in public responses to Public Narratives Survey.</i></p>	<p><u>responsibility, care, and equality</u></p>
<p>As New Zealanders we value fairness and the opportunity for everyone to live in a decent home. The current state of our housing means many - usually the most vulnerable - are locked out of those choices.</p>	<p><i>With this message we want to directly name (and therefore 'activate') some of the shared values that will help people understand homes as a public good, and the need for equity in our housing system.</i></p>	<p>This is an equity / systems narrative, which surfaces values to do with <u>equality, self-direction, and social justice</u>.</p>

Briefing to Incoming Ministers 2023 framing paragraph:

<p>High-level message</p>	<p>Why we've chosen this</p>	<p>Deep helpful narratives and values this surfaces</p>
<p>A decent home is warm, dry, accessible, and offers security of tenure. Decent homes allow people to contribute to and participate in our communities. They allow people to get work and get to work and to keep kids in school. Decent homes keep people healthy.</p> <p>(We paired this with the infrastructure metaphor: "Decent housing provides the infrastructure of care, connection and contribution.")</p>	<p><i>Our intention with this message was to clearly define a healthy home as a 'decent home' in relatable and evidence-based terms, identifying what a healthy home looks and feels like and why it matters.</i></p> <p><i>We identified 'decent homes' as a key phrase as it resonates with existing pro-social public narratives in NZ (eg. 'decent bloke'), and also ties in to the language used to talk about housing in human rights framing.</i></p> <p><i>Our research identified a need and opportunity to actively define what a healthy home means in terms of how a home performs and how this impacts people who live in it. Our 2022 Public Narratives Survey showed that people experience health impacts from their homes in terms of physical, mental, and social health. People being able to participate and feeling secure are key end-impacts of healthy homes identified by research.</i></p>	<p>This is a public good narrative.</p> <p>It surfaces values to do with <u>social justice, self-direction, responsibility and care</u>.</p>

Appendix 3: Cognitive bias, public narratives and mental models. Understanding how and why public things as they do on complex issues

Home health and other social and structural determinants of health are mostly unseen by the general public. People may hold shallow ideas about home health (mental models). These mental models can make it very difficult to communicate some of the complexities of home health issues, and actions that need to be taken to improve it. We may assume that when we lead with technical details, evidence, or corrections of misunderstandings, people will develop a deeper understanding of the issues (new mental models) and make decisions in the context of this new information. This is the information deficit model of information assimilation: people will support a solution when they are filled up with sufficient detail and facts. Unfortunately, this strategy has been shown by scientists to be ineffective for building deeper understandings of complex issues, especially when working with the wider public.

Where do these shallow or incorrect mental models come from and why do they endure?

- Daniel Kahneman coined the term “thinking fast” to explain the many mental shortcuts we use to reduce the work of assessing the vast amount of information we are exposed to. These mental shortcuts:
 - » protect our existing beliefs and knowledge
 - » encourage us to grasp the concrete (what we see, touch, smell and hear) and shy away from the abstract (unseen systems and structures, that impact our day-today lives).
- At the same time, there exists in our culture many stories or explanations about the world, and how it works. These can be shallow and dominant. Or more productive and recessive. The digital age has brought new, faster and more targeted ways for us to be exposed to unproductive and shallow explanations.
- People acquire mental models that both inform the stories we tell and are informed by the dominant stories in our culture. If thinking and stories that are dominant are too shallow, our fast-thinking system defaults to protect unhelpful thinking. This makes it hard to have productive public conversations about complex issues.
- As knowledge holders and communicators on home health, we also play our part:
 - » We draw on the information deficit model of communication, or we focus on compelling personal stories.
 - » In doing so we can inadvertently surface existing unproductive narratives, instead of navigating around them and developing new narratives.

What shall we do?

People process, think, and make meaning from information in narratives and stories. To replace shallow or incorrect thinking about the way homes influence health requires not only new facts, but also new stories to help develop deeper understandings on how our health is built, the role homes play in that, what is happening in our homes, how it is affecting us, and what needs to be done. We also need to avoid existing problematic or unproductive stories that we are surrounded by in our culture. Stories that come from traditional media, social media, advertising, our friends, families, politicians inform and reinforce unhelpful mental models about homes and health. So we use tested communication strategies to navigate around the problematic understandings, and tell new more accurate and complex ones that deepen understanding and improve decision making.

What does this mean for building public understanding about the importance of decent homes for individual and collective wellbeing?

- Building understanding and support for complex scientific issues involves dealing with often invisible public narratives and mental models.
- While dominant narratives in our culture and the mental models they feed into may be unhelpful, other narratives and mental models exist (or can be developed) that can be built upon with well researched strategies.
- Rebalancing public narratives and the mental models they inform has been proven to deepen people's understandings on complex issues.
- This change happens over time when strategic communication is used across a field of practice.



Appendix 4: Values Map

