

Māori Specific Preventing and Minimising Gambling Harm Evaluation

Stage One: Review of the Procurement Phase

Prepared by Kōkiri Consultancy

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Mihi

E ngā mana e ngā reo e ngā karangatanga o te motu tēnā koutou

Ki ngā tīni mate o te wā, moe mai, haere atu ra, kua ea!

Ka huri atu ki te hūnga ora, tēnā tātou katoa

He mihi tēnei ki ngā tāngata i whakahoahoa i ō rātou whakaaro, hei tautoko ake i tēnei kaupapa whakahirahira. Ara kia whakapakari, kia whakanikoniko ai, i ngā kōrero o roto. Nō reira kei te mihi atu ki a koutou.

Kī ngā kaimahi o Te Aka Whai Ora, he mihi nui ki a kōutou. Nā koutou i tautoko mai i a mātou, i roto i ēnei mahi hirahira. Anei te hua ō ngā mahi kua mahia e tātou. Ko te tumanako, kia whakapai ai ngā hua mō ngā whānau Māori katoa.

We want to acknowledge the people we spoke to which helped inform this important kaupapa and report. Your kōrero provided insight and wisdom and has enhanced this report. To the Oranga Hinengaro Team at Te Aka Whai Ora we appreciate your support and openness to our feedback and suggestions. We trust this report and the findings will assist in improving the outcomes for whānau Māori affected by gambling harm.

Report Information

Prepared for Te Aka Whai Ora

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Disclaimer

We developed this report in good faith using the information available to us at the time. We provide it on the basis that the authors of the report are not liable to any person or organisation for any damage or loss which may occur from acting or not acting to any information or advice in this report.

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Executive summary

Background

Te Aka Whai Ora – Māori Health Authority, Te Whatu Ora - Health New Zealand, and Manatū Hauora - Ministry of Health have been working collaboratively to implement the Prevention and Minimisation Gambling Harm Strategy, 2022–2025. This strategy marks a significant shift towards an equity-focused approach that aims to mitigate health disparities caused by gambling harm among priority groups, including Māori, Pacific peoples, Asian communities, and young people (rangatahi). The strategy recognises that services and support are needed that occur in direct collaboration with affected communities and people with lived-experienced of gambling harm.

On July 26, 2023, Te Aka Whai Ora released a Registration of Interest (ROI) for Māori Specific Preventing and Minimising Gambling Harm Local Clinical and Regional Public Health Services (MSPMGH). The ROI was part of a transparent two-stage open market competitive process aimed at identifying suitable Hauora Māori providers to deliver these critical services.

In addition to the ROI process, Te Aka Whai Ora commissioned Kōkiri Consultants Limited, a kaupapa Māori evaluation team of experienced senior evaluators, to undertake a two-stage evaluation. Stage One includes an external review of the Māori-specific Preventing and Minimising Gambling Harm Local Clinical and Regional Public Health Services procurement process, while Stage Two is a review of the establishment and progression of local clinical and regional public health services.

This report covers Stage One: Review of the Māori-specific Preventing and Minimising Gambling Harm Local Clinical and Regional Public Health Services procurement process.

The overarching findings in this report were informed by feedback from 33 participants providing a deep dive exploration into the procurement process. The fieldwork took place in March. Participants included:

- 25 successful Hauora Māori partners (22 online, 3 ā tinana)
- 4 unsuccessful Hauora Māori partners (online)
- 2 ROI Evaluation Panel Members (online)
- 2 Te Aka Whai Ora (Oranga Hinengaro Commissioning Team) (online)

The key evaluation questions that guided the kōrero were:

1. What did the procurement process entail and in what ways did it support contracting of MSPMGH services?
2. What has worked well, and what were the challenges?

3. To what extent did the procurement approach make a difference to designing and contracting MSPMGH services?
4. To what extent did the procurement process support the Hauora Māori partners to design services that reflect te ao Māori, lived experience and whānau?

Kaupapa Māori methodology guided the evaluation approach by drawing on uara (values), tikanga (practices), te reo Māori and Māori practice models. Kaupapa kōrero, or narrative inquiry, served as the main data collection method, which was complemented by including other relevant documentation and information for review.

For analysis, all interviews were recorded and transcribed. Synthesis occurred through thematic analysis and two sensemaking workshops, including presentation of preliminary findings to Te Aka Whai Ora.

Key Findings

The procurement process was mana-enhancing and positive

The evaluation of the procurement process garnered predominantly positive feedback from participants, who viewed it as a more effective means of procurement. Hauora Māori partners (Partners) expressed satisfaction with the approach, describing it as mana-enhancing, fair, and supportive. This sentiment aligns with recent research advocating for embedding principles such as prioritising relationships, community-led initiatives, continuous learning, and investment in people in commissioning of services. These principles were reflected in the approach of Te Aka Whai Ora. Partners appreciated the integrity and openness throughout the process, emphasising the importance of positive relationships between funders and providers for future successful service delivery.

Additionally, partners valued the strategic move of commissioning an evaluation, seeing it as an opportunity for sector-wide learning and improvement. Partners regarded the procurement process as an improvement over traditional approaches, expressing optimism for its potential to lay a culturally grounded foundation for service implementation and delivery, integration of mātauranga Māori knowledge, adding cultural value to regional and clinical services in the gambling harm sector.

The procurement process made a significant difference for Hauora Māori partners

The procurement process underscored the importance of lived experience representation, recognising its pivotal role in tailoring services effectively to address gambling-related issues within communities. Throughout the process, Hauora Māori partners were tasked with demonstrating meaningful engagement with lived experience, encompassing leadership, service delivery, and improvement initiatives. This emphasis extended to external evaluation panel representation and the co-design phase, aligning with te ao Māori and kaupapa Māori principles of relationship-building, affirmation, and respect.

Evaluation participants shared that the procurement process was a significant improvement, offering a better means to support the development of whānau-centred services to address gambling harm. The following standards were embedded in the process:

- Whānau centred – grounded in improving the wellbeing of people with lived experiences and whānau, addressing individual needs in a whānau context
- Culturally anchored – privileged cultural expertise, te ao Māori and mātauranga Māori
- Capability and capacity – supported the development and growth of equitable services
- Reciprocal accountabilities – provided opportunities to develop shared vision and partnerships
- Trusted relationships – engaged people of lived experience and fostered new relationships
- Commissioning – enabled local and innovative solutions (FEM, Moana Research & Ihi, 2020).

The approach facilitated closer collaboration between partners and the Te Aka Whai Ora procurement process, aligning contracting and purchasing with the needs and aspirations of lived experience, whānau, and hapori. This approach not only enabled a focus on improving regional service provision but also encouraged innovative solutions and facilitated organic relationships, thus fostering stronger partnerships among Hauora Māori partners and paving the way for further collaboration. Moreover, the procurement process prioritised the integration of te ao Māori and kaupapa Māori principles, ensuring whakawhanaungatanga, manaakitanga, and kua e takahia te mana o te tangata were upheld. The process was actively engaged partners in delivering holistic, whānau-centred services, integrating the narratives of people with lived experience and whānau into service design and development. This fostered transparency and trust, empowering partners to adopt a 'for, by, with, and as Māori' approach to service design.

Key learnings

Government agencies such as Te Aka Whai Ora play a crucial role in commissioning services for whānau Māori, focusing on supporting innovation, outcomes, and service integration to empower whānau in determining the services needed for their wellbeing. Feedback from evaluation participants highlighted the key areas for improving future procurement processes, including the need for partner involvement at all stages, clear communication regarding collaboration intentions, and adequate provision of public health resources, especially for addressing hidden addictions like gambling. It is essential for procurement to empower people with lived experience and whānau to be involved in the co-design process toward whānau-centred approaches, while maintaining transparency around funding and considering individual partner needs and

constraints. Procurement approaches that work prioritise relational engagement, which also emphasises the importance of resource allocation, timing considerations, and clear communication to ensure effective collaboration. Simplifying language, standardising processes, and addressing timing constraints also emerged as crucial factors for enhancing future procurement effectiveness and minimising pressure on partners during co-design and implementation.

Conclusion

The procurement process was guided by a kaupapa Māori framework and embodied the values of kaitiakitanga, manaakitanga, whanaungatanga, tika, and pono. With unwavering support from Te Aka Whai Ora the process has culminated in a resoundingly positive outcome. The Hauora Māori partners have leveraged existing models and relationships, despite resource constraints and tight deadlines. The procurement process has invigorated the gambling prevention and harm sector. Partners, both experienced and new to the kaupapa are now in the stages of establishing innovative services informed by people with lived experience.

Background to the report

Introduction

The harm caused from gambling is a significant public health, social and economic issue for whānau and communities in Aotearoa. The harm it causes is not the same for everyone. Māori, Pacific, some Asian peoples, rangatahi/young people, and people from lower socio-economic backgrounds experience significantly more harm than others.¹

In a concerted effort to address the detrimental impacts of gambling, Te Aka Whai Ora, Te Whatu Ora - Health New Zealand, and Manatū Hauora - Ministry of Health have been working collaboratively to implement the Strategy to Prevent and Minimise Gambling Harm 2022–2025. The strategy marks a significant shift towards an equity-focused approach, primarily aiming to mitigate health disparities caused by gambling harm among priority groups, including Māori, Pacific peoples, Asian communities, and young people (rangatahi).

The strategy underscores the necessity for enhanced accessibility to culturally tailored services that meet the unique needs of diverse populations. Therefore, development of services and support needed to occur in direct collaboration with affected communities and people with lived-experienced of gambling harm.

A Registration of Interest (ROI) for Māori Specific Preventing and Minimising Gambling Harm Local Clinical and Regional Public Health Services (MSPMGH) went live on July 26, 2023, and concluded September 8, 2023. This ROI was part of a transparent two-stage open market competitive process aimed at identifying suitable hauora providers to deliver these critical services.

The evaluation

In addition to the ROI process, Te Aka Whai Ora commissioned an external, comprehensive, culturally informed evaluation. Specifically, the evaluation needed to reflect a te ao Māori world view and be cognisant of the diverse realities for tangata whaiora, their whānau, hapū, iwi and hapori/communities.

Kōkiri Consultants Limited were engaged in December 2023 to undertake a two-stage evaluation and report. Stage One commenced in January 2023 and entailed an impartial, external review of the Māori-Specific Preventing and Minimising Gambling Harm Local Clinical and Regional Public Health Services procurement process (Stage One).

¹ <https://www.health.govt.nz/publication/draft-strategy-prevent-and-minimise-gambling-harm-2022-23-2024-25>

Stage Two is due to commence in June 2024 and will evaluate the establishment and progression of local clinical and regional public health services. It will also include the co-design and creation of a Māori Gambling Harm Outcomes Framework to guide and support service development and implementation; and explore outcomes as defined throughout the kaupapa.

This report covers Stage One: Review of the Māori-Specific Preventing and Minimising Gambling Harm Local Clinical and Regional Public Health Services procurement process.

Evaluation approach and methodology

Evaluation purpose

Te Aka Whai Ora engaged the evaluation team to undertake an external review of the MSPMGH procurement process to understand the partners experience of the procurement process and identify areas of success and opportunities for improvement.

Evaluation questions guided the kōrero and included:

1. What did the procurement process entail and in what ways did it support contracting of MSPMGH services?
2. What has worked well, and what were the challenges?
3. To what extent did the procurement approach make a difference to designing and contracting MSPMGH services?
4. To what extent did the procurement process support the Hauora Māori partners to design services that reflect te ao Māori, lived experience and whānau? (see Appendix 1: Guiding Discussion Pātai)

Information sheets and consent forms were provided to all participants (see Appendix 2).

Evaluation methodology

A whānau-centred evaluation approach and kaupapa Māori methodology guided our evaluation approach by drawing on te ao Māori lens for the design, implementation, data collection, analysis, sense-making and reporting process.

Whānau-centred approach:

Whānau-centred in the context of a Māori specific approach to preventing and minimising gambling harm, acknowledges the importance of whanaungatanga – relationships within whakapapa (kinship) whānau and kaupapa (non-kin) whānau i.e., programme whānau, including funders and community partners working collaboratively for impact. A whānau-centred approach ensured that our evaluation was culturally grounded, holistic, focused on equity and:

- Understood lived experience and whānau aspirations were at the centre of the procurement process
- Applied Māori principles such as manaaki, aroha and whanaungatanga to promote evaluation participant engagement
- Supported a strengths-based process and affirmed the capability of Hauora Māori partners to design and lead their own development to achieve rangatiratanga.

Kaupapa Māori Principles

Kaupapa Māori methodology guided our research approach by drawing on uara (values), tikanga (practices), te reo Māori and Māori practice models. Kaupapa Māori means a 'Māori way' of doing things, and the concept of kaupapa implies a way of framing and structuring how we think about and do research with Māori. Kaupapa Māori, in the context of research, is concerned with both methodology (a process of enquiry that determines the methods used) and method (the tools to produce and analyse data). In the context of this research, this means ensuring both the appropriateness of methods for Māori and a critical analysis of the findings for Māori (Cram, 2009; Smith, 1999).

Our practice was underpinned by the following ngā uara (values):

- aroha ki te tangata - a respect for people
- kanohi kitea - being a face that is known in the community
- titiro, whakarongo kōrero - looking and listening before speaking
- ngākau māhaki being humble
- kia tūpato - being careful in our conduct
- kua e takahia te mana o te tangata - ensuring we uphold the mana of all people (Cram, 2009; Smith, 1999).

We utilised a kaupapa kōrero or narrative inquiry, as it is sometimes called, to explain, explore, and describe the procurement, to gain in-depth understanding of partner experiences (Crowe et al., 2011; Yin, 2003). Through kaupapa kōrero the use of story or narrative as a tool, helped us to explore and express experiences as Māori (Ware et al., 2017). It also supported the participants to reflect on their experiences consciously, what was important to them, and the difference it was making.

Evaluation design and delivery

Setting the tikanga

The first action for the evaluation team was to come together and to initiate the process of building relationships with each other as a team (whakawhanaungatanga). The evaluation team members whakapapa to many different iwi across the motu and reside in various rohe across the North Island. The whakawhanaungatanga hui took place in Tāmaki Makaurau (Auckland) and was an opportunity to agree on the evaluation framework, plan, and approach, including how the team would work with TAWO, Hauora Partners and other stakeholders.

Authentic engagement required a face to face engagement process (ā kanohi) between the evaluation team, Te Aka Whai Ora and the Hauora Māori partners. Initial engagement took place through a facilitated online whakawhanaungatanga process, ensuring the evaluation met the expectations of a tikanga-based, Māori-led process from the outset. These occurred across the four regions; Northern, Te Manawa Taki, Central, and Te Waipounamu, with Te Aka Whai Ora introducing the evaluation team to

the Hauora Māori partners. Due to the constrained timeframe to complete the review of the procurement process, it was agreed during hui in collaboration with Partners, that online interviews would be the most effective approach. Where evaluators were located close to Partners, e.g., Rotorua and Te Puke in-person (ā tinana) interviews would occur.

We also worked closely with Te Aka Whai Ora to build positive working relationships, openness, and transparency. This also facilitated access to partners, relevant information, and support more generally. Te Aka Whai Ora provided the evaluation team with a range of information for review, including background documents, Preventing and Minimising Gambling Harm strategy, commissioning, procurement and contracting documentation, Hauora Māori partner profiles (both successful and unsuccessful) and contact information. In addition, Te Aka Whai also formed a kaitiaki rōpū consisting of lived experience and clinical expertise to help guide the evaluation.

Evaluation participant information

We were privileged to speak with 33 participants who generously shared their experiences of Procurement. Interviews undertaken as follows:

- 25 successful Hauora Māori partners (22 online, 3 ā tinana)
- 4 unsuccessful Hauora Māori Partners (online)
- 2 ROI Evaluation Panel Members (online)
- 2 Te Aka Whai Ora (Oranga Hinengaro Commissioning Team) (online)

Interviews were conducted between the 4th and 21st of March. Where possible, two members of the evaluation team conducted the interviews, so that the team could provide individual feedback, engage in sense checking, and limit bias.

All interviews were recorded and transcribed. Key information was transferred to a feedback template designed to answer the key evaluation questions (KEQs).

Analysis and reporting

All interviews were transcribed though Otter AI and downloaded into Dedoose, a cross platform application for analysing qualitative and mixed methods research. Members of the evaluation team also completed a summary analysis of each evaluation participant interview.

The evaluation team undertook a full day analysis and sensemaking process. Evaluators presented the feedback from each partner interview. The team then undertook thematic analysis and synthesis using a pattern spotting method (i.e., in general what are we noticing, what are the exceptions, contradictions, surprises, and what is still puzzling us).

A comprehensive synthesis of information was then presented in a sensemaking session with Te Aka Whai Ora and the Kaitiaki Rōpū. Working together we made sense

of the findings and further developed the ideas. Partners then had the opportunity to attend an online presentation of findings for comment and review.

Findings then formed the basis of the draft summary report, which was then reviewed by Te Aka Whai Ora before final changes were made.

Strengths and Limitations

A strength of this evaluation is that we are a kaupapa Māori team. As such we have been able to facilitate an authentic approach, utilising tikanga and mātauranga Māori. A 'by, for, with and as' Māori design also helped to foster ready trust and openness amongst participants, whilst providing for a high level of cultural safety and responsiveness. The kaupapa kōrero approach facilitated relaxed engagement between the evaluation team and participants leading to rich, open dialogue.

Limitations were mainly because of tight timeframes, and a busy end of year cycle. Review of the procurement process was originally planned for late January/early February 2024 but did not start until March 2024. Therefore, there was a shortened timeframe from three months to six weeks to whakawhanaungatanga with successful partners across the four regions; interview successful partners (16), unsuccessful partners (4), panellists (2) and Te Aka Whai Ora (2); and complete analysis, sensemaking and reporting.

This was also at a time when partners were focused on establishing their services, including the employment of kaimahi.

Key findings

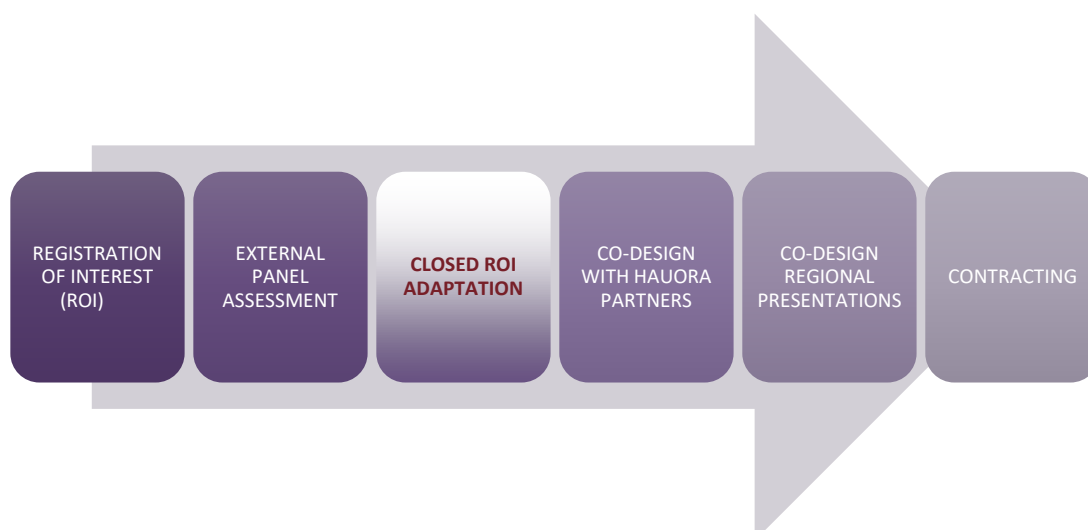
Given the small number of participants and to ensure confidentiality throughout this report the term ‘evaluation participants’ refer to partners, ROI evaluation panel members and Te Aka Whai Ora – Oranga Hinengaro Commissioning Team kaimahi; and the term Partner refers to feedback from successful and unsuccessful Hauora Māori partners.

Stage One: Review of the MSPMGH procurement process

The procurement process was designed to address gambling harm prevalence and need across Aotearoa, by contracting Hauora Māori partners within an equitable funding model based on factors like Māori population, rurality and access to health and social services in the regions.

The MSPMGH procurement process began in July 2023 and originally encompassed five phases from the ROI to the contracting of services. After the ROI evaluation panel assessment, a closed ROI process was introduced to ensure national coverage across Aotearoa (Figure 1).

FIGURE 1: TE AKA WHAI ORA MĀORI SPECIFIC PREVENTING AND MINIMISING GAMBLING HARM SERVICES PROCUREMENT PROCESS



Fundamental to the procurement process was lived experience representation. Individuals with lived experience can offer unique insights into the needs and challenges faced by those affected by gambling-related issues. Their insight is invaluable to tailoring services, identifying gaps and leading to more inclusive and effective services that truly meet the needs of community. Therefore, in the ROI phase Hauora Māori partners were asked to demonstrate how they engaged and involved people with lived experience within their organisations, including their leadership, service delivery and service improvement. The Te Aka Whai Ora external evaluation panel had lived experience representation. Further, a non-negotiable of the co-design phase was involvement of lived experience and whānau.

It was also critical that the procurement reflected te ao Māori and kaupapa Māori principles of whakawhanaungatanga (building relationships), manaakitanga (affirming and looking after people), and kua e takahia te mana o te tangata (mana-enhancing and respectful).

Oranga Hinengaro (the mental health and addictions team within Te Aka Whai Ora) were responsible for the MSPMGH procurement process along with five other procurement processes that were running concurrently. This workload was intense and contrasts with other government agencies that have larger dedicated teams focused on one procurement process. There were also several challenges during the procurement process, including end of year deadlines and the 2023 election.

Stages of the procurement process

Each stage of the procurement process is described below with experiences from the evaluation participants presented in Tables 1 to 4.

ROI

Prior to the ROI going live, Te Aka Whai Ora held an initial online briefing for partners to explain the process. The overarching intent of the ROI was to provide an opportunity for Hauora Māori Partners to demonstrate who they are and their:

- connectedness to their communities, available and responsive approaches communities across Aotearoa
- dedication and commitment to working in partnership
- ways of working, models and system of care, values and principles.

Partners were required to evidence engagement with whānau and community. The ROI was distinctly different from a Request for Proposal (RFP) as it was not focused on delivery of a MSPMGH service.

Funding has been allocated to each region for public health services and to geographical local areas for clinical services. The available funding for each area/region

was published in the ROI documentation for transparency. Partners were able to register for both regional and clinical services.

Twenty-three partners submitted ROIs and then attended a panel interview.

TABLE 1: FEEDBACK FROM EVALUATION PARTICIPANTS SPECIFIC TO THE ROI STAGE OF THE PROCUREMENT PROCESS

Procurement stages	Feedback from evaluation participants
Registration of Interest (ROI)	<p>Simpler and easier to complete, with less information needed than Request for Proposal (RFP) documents.</p> <p>All partners felt supported by Te Aka Whai Ora, they could easily “pick up the phone” ask questions and get responses.</p> <p>On the other hand:</p> <ul style="list-style-type: none"> • A few providers felt that a lot of information was required, not just in the ROI stage but throughout the entire process. • For example, Partners were responsible for drafting their own service specifications based on the co-design process. While this was seen as a positive change to procurement as services were not being dictated by Te Aka Whai Ora, several partners commented that the amount of information required was excessive relative to the funding available.

External panel assessment

Five evaluation panel members were contracted to provide external review of the ROIs. Evaluation panel members were all Māori and had experience either in the Gambling Harm sector, with kaupapa Māori health and social service delivery, government procurement and contracting, as well as lived experience. The Oranga Hinengaro team facilitated a process to ensure that individuals with lived experience of gambling were included in the panel. It was important to ensure their recovery from gambling was at a level that guaranteed their safety and well-being (to avoid triggering), ensuring manaakitanga – a caring, compassionate and empathic approach.

The evaluation panel virtual interview was a ‘Q&A’ format. It was a chance for the evaluation panel members to seek further clarification from the partners, and another chance for partners to discuss their capability, capacity and mātauranga. As in the ROI, the question and answer hui were not designed for partners to focus on how they would deliver a MSPMGH service but rather to demonstrate what they could bring to the kaupapa as an organisation.

All 23 shortlisted partners that submitted an ROI were invited to attend an evaluation panel virtual interview. Evaluation panel members used a weighted criteria scoring system. Te Aka Whai Ora made the final decision according to the evaluation scoring result and subsequent reference checking. Twelve Hauora Partners were selected for the co-design phase.

Closed ROI

To ensure national coverage, a second closed ROI process which involved regional teams from Te Aka Whai Ora, reaching out to Hauora Māori partners and inviting them to complete an ROI. Partners within the regions decided amongst themselves who was best positioned to undertake the co-design process. Partners on this pathway were not required to attend an evaluation panel interview and were invited to the co-design stage.

Four partners completed the closed ROI, with four selected for co-design.

TABLE 2: FEEDBACK FROM EVALUATION PARTICIPANTS SPECIFIC TO THE EVALUATION PANEL ASSESSMENT

Procurement stages	Feedback from evaluation participants
The Panel Assessment	<p>The evaluation panel interview was relaxed and straightforward for most. It was a good space to whakawhiti kōrero. It was seen as a critical part of the procurement process, and an important mechanism to ensure the partners could speak to their ways of working.</p> <p>All shortlisted ROI participants felt that evaluation panel members held the right level of expertise across tikanga, cultural practice, and clinical practice within gambling harm-specific services. Evaluation panel members were all Māori and there was lived experience representation. Partners had confidence in the process because of the expert external review.</p> <p>On the other hand:</p> <ul style="list-style-type: none">• Evaluation participants felt that a better process would have been to bring people together within the regions, in wānanga at marae. They felt the 20-minute timeframe for the panel interview impacted the opportunity to experience a tikanga Māori response to procurement, however, given the time constraints this was not possible.• Although the evaluation panel assessment was set up so further information could be elicited, confirmed or clarified, a few partners questioned the preparedness of evaluation panel members. They felt that their ROI documentation contained the information.• A few partners requested and received feedback from Te Aka Whai Ora after contracting decisions had been made. However, several partners who received clinical contracts only, despite applying for both regional and clinical contracts, expressed uncertainty about the decision-making process across the panel and Te Aka Whai Ora.

Co-design

A total of 15 partners progressed to the clinical co-design stage. One Hauora Māori partner only applied for a regional contract. Three partners who applied for both regional public health and local clinical services were also chosen to co-design regional services.

To socialise the co-design stage the Oranga Hinengaro team travelled to the four regions – Northern, Te Manawa Taki, Te Upoko O Te Ika/Central and Te Waipounamu. Wānanga were held with partners who were able to attend.

Partners were reminded of the importance of involving lived experience in the co-design of their service. They were provided with a workbook which included “the bones of service specification” which was used to guide their co-design process.

Prior to co-design, partners needed to submit a project plan that outlined how they intended to undertake the process, including the ways they were going to engage people with lived experience and whānau.

Partners received a co-design contract of \$30k to support the process and engage lived experience and whānau. Partners co-designing regional and clinical services received funds to reflect the two individual design processes.

Co-design regional presentations

Once the co-design process was complete, partners attended a regional wānanga. It was a shared learning opportunity. Partners were encouraged to reflect on their co-design approach and then share their service delivery approach.

TABLE 3: FEEDBACK FROM EVALUATION PARTICIPANTS SPECIFIC TO THE CO-DESIGN PROCESS

Procurement stages	Feedback from evaluation participants
Co-design	<p>Co-design was seen as “whānau centred” and “provider led”. Partners felt they could act with agency and authority and co-design in a way that reflected whānau, hapori, and themselves. Co-design provided an important platform for the Partners to whakawhanaunga, reduce competitiveness, build trust and improve or increase their collaboration.</p> <p>Co-design with lived experience and whānau was non-negotiable. This approach was viewed positively by all evaluation participants. They talked about being able to connect, re-connect and affirm with whānau and hapori. They valued the time to reflect on positive ways of working with whānau and explore creative ways to work more effectively. Partners undertook lived experience/whānau focus groups and surveys, reviewed pre-existing research, spoke with other providers in their rohe and canvassed kaimahi experiences and mātauranga.</p> <p>Partners were grateful for the \$30k to achieve the co-design component. They could access facilitation support for the co-design if required. The workbook was seen as a useful guide and although it prescribed some steps it did not dictate how or what partners included as part of service delivery. Bringing Hauora partners together provided a critical opportunity for whanaungatanga with the potential for further collaboration during service implementation.</p> <p>On the other hand:</p> <ul style="list-style-type: none"> • Most partners commented on needing more time for co-design. In a couple of cases, particularly when partners were new to the kaupapa, the timeframe was a major constraint to engaging with whānau and co-design was not completed. (Te Aka Whai Ora acknowledged the challenges and the contracts include an establishment phase to canvass lived experience/whānau voice).

	<ul style="list-style-type: none"> • Some partners seemed clear about the amount of funding available for service delivery, whereas others shared they did not know the amount of funding. • Some providers wanted clearer guidelines around presenting their service models, i.e., what was expected in terms of method of delivery etc • While co-design provided a platform for the partners to mahitahi, not all partners clearly understood the intention of working together or who they could potentially be working with post co-design. Comments ranged from, “we knew who we would be partnering with or working with”, to “we were surprised then that we would be working with [them].
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Contracting

Partners submitted their workbooks which were then drafted into service specifications. Draft service specifications were sent to partners for review in mid-December. Contracts were sent to partners on the 22nd December 2023 for signing. Across 16 providers there are 19 contracts in total – 15 clinical and 4 regional public health contracts.

TABLE 1: FEEDBACK FROM EVALUATION PARTICIPANTS SPECIFIC ON EACH STAGE OF THE PROCUREMENT PROCESS

Procurement stages	Feedback from evaluation participants
Contracting	<p>All partners appreciated the opportunity to design their own service specifications. Because of the co-design process contracting was “hassle free”. Partners were “gob-smacked” that the contracts represented exactly what was co-designed with whānau. Contracts align with whānau needs, what is happening on the ground, and will require less workarounds. While there is an expectation that clinical FTE are employed to deliver the local clinical services, partners can report on outcome domains from their models and systems of care, and fulfil the contract in a way that reflects their ways of working</p> <p>On the other hand:</p> <ul style="list-style-type: none"> • The Te Whatu Ora procurement resulted in longstanding providers losing contracts with now only three all-of-population providers contracted. While in the MSPMGH procurement process, existing and new partners received contracts, albeit with less funding. One existing partner also chose not to enter the procurement process. • Now as MSPMGH partners are establishing their contracts they are being approached for support by the all-of-population providers, particularly around engagement with whānau Māori. This could have significant impact on the partners if the demand becomes too much, as they have limited funds and capacity (FTE). • Although feedback was provided to those partners who requested it those partners who did not request feedback are still wanting clarification around selection criteria particularly decisions around regional public health vs clinical contracts.

General reflections of the procurement process

Across the evaluation participant feedback was generally positive. The consensus was that the process was a more effective way to engage with government. Procuring in this

way was seen as a good mechanism to bring funders and providers closer together and ensure the voice of whānau is heard and amplified.

The partners had a positive and meaningful experience, typically describing the process as mana-enhancing, fair, gentle, genuine, tika and pono. and supportive. When partners compared this procurement approach by Te Aka Whai Ora – Oranga Hinengaro and more traditional procurement approaches such as the Request for Proposal Te Whatu Ora process, they felt there was generally more communication, and that support was more easily accessible. In short, they expressed that they felt heard, affirmed, and valued. There was a sense that Te Aka Whai Ora – Oranga Hinengaro wanted the partners to be successful; with a genuine intent and desire to support better services for whānau.

Partners positive experiences throughout the procurement process are supported by recent research. Riboldi et al, 2021, contend there are four principles for better commissioning in the public sector, including:

Principle 1: Putting relationships first - relational approaches that build and strengthen connection and relationships, develop trust and social capital.

Principle 2: Letting communities lead - engagement of community members in commissioning practice, developing partnerships and anchoring local solutions in community needs and aspiration.

Principle 3: Embedding learning – a focus on continual learning and improvement within a flexible environment aligned with context-specific and localised solutions.

Principle 4: Investing in people – strategic and collaborative funding activities that align with whānau-led and community-orientated approaches, and strengths-based approaches to service delivery.

These principles reflect the insights from evaluation participants who shared that Te Aka Whai Ora was responsive and engaging throughout the process. Partners commented on the way Te Aka Whai Ora – Oranga Hinengaro acted with integrity throughout the process, always upfront about what they could and could not do. As explained by partners, the procurement process was not a set and forget procedure, it was a strategic approach that helped to develop positive relationships between the funder and themselves. As they implement their services these relationships are important and will support future successful service delivery.

Partners also discussed how commissioning an evaluation was another well placed strategic move that would support learning in the Gambling Harm sector. They appreciated how the evaluation was broken into two phases with Phase 1 focused on the procurement process. This phase reiterates the intent of Te Aka Whai Ora – Oranga Hinengaro to shift the locus of power and control by being open to scrutiny and

feedback from their partners. Partners also felt that they “were all in this kaupapa together” alongside other partners, whānau, hapori and Te Aka Whai Ora.

The majority of partners saw this procurement process an improvement on other commissioning services they had experienced, “it was positive and gave hope”. Partners also felt that the procurement set a good foundation for service implementation, based on mātauranga Māori, adding cultural capacity and value to clinical services within the Gambling Prevention sector.

“Easy, beautiful process, clear, felt supported by [TAWO], questions answered, easy flow, better for Māori, whakawhanaungatanga through all the process.”

“... even within the timeframe that tikanga we have as Māori, the whakawhanaungatanga, the aroha, the whitiwhiti kōrero, the pono and tika ... all of those were in the procurement.”

“This is a standout in the procurement processes that I have experienced. If they were setting a level of best practice around how people should be engaged our experience for me was the best I've ever had with a funder”

Although the process was considered more inclusive and engaging, varying points of views did exist. Given the differences in the procurement approach, around a third of the partners felt that more communication was needed to ensure that each stage was understood within the wider process. Many partners were surprised with the outcome of the procurement and expressed a desire for more information around decision-making.

Challenging timeframes and limited funding were frequently mentioned by the partners. Short times to complete ROI and co-design stages, and an end of year deadline was a pressure cooker situation for all partners. As a result, a few partners chose not to respond to the ROI. However, to ensure national coverage and to support more equitable outcomes, partners in the geographical areas with no coverage were approached and asked if they would be interested in submitting an ROI through a closed process. This process was more collaborative with partners in each of the four rohe deciding who would be best placed to submit an ROI. Across all partners, at least a quarter, also spoke about receiving a mandate from iwi or collegial community to apply for the MSPMGH contract.

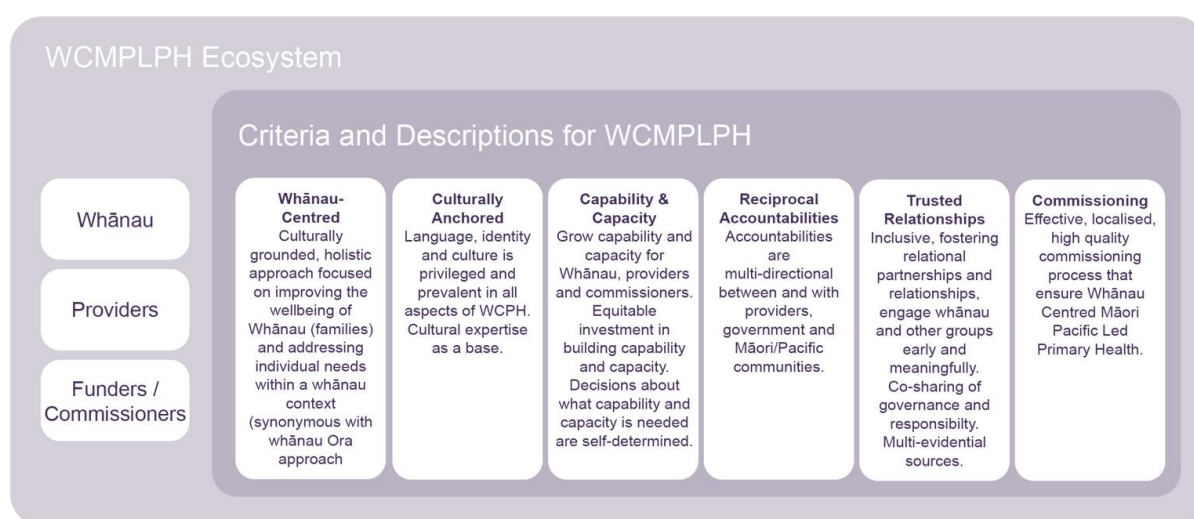
Despite a briefing by the Oranga Hinengaro team, prior to the ROI going live and then four regional wānanga to inform and assist the partners in the co-design phase, a third of the partners highlighted they would have liked an opportunity prior to the kaupapa being developed to explore regional needs, ascertain mātauranga and expertise within the sector, and understand current ways of working across Hauora Māori providers. They felt that this would have provided another opportunity to wānanga, develop a shared understanding of the gambling harm kaupapa, the intent and objectives of

commissioning, including criteria around decision making, and collaborative approaches.

What difference did the procurement process make

To determine how the procurement process made a difference for partners we drew on research by FEM, Moana Research and Ihi, (2020) and their criteria framework for the commissioning and procurement of Whānau centred Māori and Pacific Led Primary Health (WCMPLPH), for whānau, providers and funders/commissioners (Figure 2).

FIGURE 2: WHĀNAU CENTERED MĀORI AND PACIFIC LED PRIMARY CRITERIA AND DESCRIPTIONS (ADAPTED FROM FEM, MOANA RESEARCH & IHI, 2020).



Applying the WCMPLPH criteria retrospectively to the feedback of evaluation participants we found that the procurement process:

Engaged with partners delivering **whānau centred**, holistic and integrated services. The narratives of people with lived experience and whānau, as experts in their own lives, were integral to service design and development. It was relational and more transparent. The partners felt trusted to undertake a ‘for, by, with and as Māori’ approach to service design.

“The ability to have open, honest conversations but also to have our whānau voice included as a core part of the process ... not as additional to the process ... that’s what made it really Māori specific, was getting that whānau voice and community voice.”

Prioritised cultural capital and aligned to tikanga Māori principles that supported mana-enhancing and strengths-based practices, including manaakitanga, whanaungtanga, tino rangatiratanga, and kotahitanga. The process started from a place of familiarity and knowing and was **culturally anchored** in te ao Māori. Partners did not have to rationalise or justify their approaches and models of care as legitimate ways of working with whānau.

“This approach valued Māori knowledge and providers – thinking, ideas and testing of ways of doing.”

Provided financial support through the contracts to build and maintain “cultural” **capability and capacity** amongst partners. The investment affirms cultural knowledge and skills alongside clinical practices. The partners felt the process privileged mātauranga Māori and they were able to express themselves as Māori, showcasing their ways of working and who they are as hauora Māori providers, iwi-based services. Contracted partners are experienced and focused on integrated service delivery. They provide a breadth and depth of services within their rohe and are well connected to whānau, hapū, iwi and hapori. Longstanding kaimahi are holders of institutional knowledge about their organisations and other community services.

“We have more trust and confidence in having a funder that is wanting to work with and listen to us ... we feel more validated.”

“In terms of supporting and being supportive of tikanga Māori and ngā āhuatanga Māori to achieve an outcome for Māori, Te Aka Whai Ora has done a fantastic job. Comparatively across government partners, they're one of the better groups to work with in terms of relational dynamics.”

Supported **reciprocal accountabilities** between partners and whānau. Partners engaged people with lived experience, whānau and others with knowledge and expertise in the gambling harm sector. Across all parties involved in the process there was shared vision and values which enabled honest, open, and at times difficult conversations to occur. The procurement process better reflected Te Tiriti-based partnership arrangements with Crown through increasing access to kaupapa Māori and whānau centred services.

“We were able to maintain mana, mauri and tapu amongst each other and Te Aka Whai Ora.”

Fostered **trust** and goodwill between Te Aka Whai Ora and partners. Multiple opportunities to whakawhanaungatanga, share learning and information with one another, helped to strengthen relational partnerships and provide a platform for further collaboration. There is potential for more joined up approaches through the work of the regional partners.

“[TAWO] gave us a platform, kaupapa Māori to work together in respectful ways. It was about coming together and being innovative, sharing ideas as collectives... working creatively to cover the gaps.”

“It uplifted all of us ... it gave a platform to drive those respectful relationships with each other.”

Enabled the contracting of **local, innovative solutions** that involved lived experience, whānau and community in the service design. Contracts are based on Māori models of

care and are outcomes based. The process encouraged mana motuhake while organically facilitating whanaungatanga between the partners. The procurement process enabled a focus on improving service provision (regionally) in the gambling harm space. Partners had the opportunity to discuss gaps in resource, geographical coverage, specialist supports and design their service model and delivery plan accordingly, i.e., how they can work together or share resources to ensure whānau can access what they need, where and when they need it, etc. Selection of Impacts of procurement

“They want good outcomes for whānau, they have a better understanding of Pae Ora, Whānau Ora; an innate understanding of that individually and collectively within the workforce. Procurement reflects that.”

“What it’s done is it’s driven the collective partnerships across Hauora Providers ... where Hauora Providers were so used to working in competition with each other. ... it’s put the priority back on what is needed within services ... it’s a big culture shift.”

In summary the procurement process was seen by partners as a better way to support Hauora Māori partners to develop whānau centred services and achieve greater traction. The approach by Te Aka Whai Ora – Oranga Hinengaro helped to bring the partners closer to the procuring process, support a greater use of whānau-directed design, and align contracting and purchasing with needs and aspirations of lived experience, whānau and hapori.

“[This process] should be standard not just kaupapa Māori. [It is] much more connected to real people and relational [with] regular communication and more personal.”

“More accessible for Māori to participate than any other [procurement processes] we’ve been involved in. We felt that we knew the people, we could have a relationship and it was easier. So different from ones that we’ve been involved in before which were a bit more structured and less personal. They [have] shifted the needle in the right direction.”

Lessons learned

Government agencies, including Te Aka Whai Ora play a critical role in the commissioning of services for whānau Māori. As previous research has shown indigenous commissioning approaches need to support innovation, outcomes and service integration, and enable whānau to determine the services and support they need to achieve wellbeing (Boulton et al, 2018). Commissioners and funders can organise systems and processes to support shared learning and break down barriers that impact on service delivery (Oakden, et al, 2020).

Although the feedback from the evaluation participants was overwhelmingly positive, it did highlight areas that could be improved, including:

1. Involve partners in all stages of commissioning/procurement by initiating conversations to foster a mutual understanding of the kaupapa, the intent and objectives of commissioning, including criteria around contracting and funding. There was a sense from at least half the partners that the process was not localised enough when determining funding allocation/coverage for Māori. Partners noted that regional commissioning boundaries do not align with tribal boundaries - i.e., Tāmaki Makaurau provider expected to deliver in the Kaipara and Tai Tokerau rohe. Involving and trusting in the knowledge and experience of partners throughout the process will help to ground services and initiatives in what works for whānau.
2. If collaboration or partnerships are intended outcomes of the procurement process, ensure clear and explicit communication of this intention. At least half of Hauora Māori partners expressed concern about the “*undesired result*” of “*tension/fracturing of relationships*”, instead of the intended “*weaving together*” of partners. Although, the majority of partners expected to work with their regional public health partner there are some concerns about how this will eventuate. A few providers stated that collaborating is resource intensive and this will cause some challenges due to their limited pūtea and FTE capacity. Looking towards future procurement processes, when a desired outcome of procurement is partners working together to implement services, this may require support to help partners determine ways of working, identify what success looks like as a collective, and participate in opportunities to co-design shared models across their organisations.
3. All clinically contracted providers mentioned the need for public health and promotion resources to deliver clinical services to whānau. This is particularly pertinent as gambling is a hidden addiction kaupapa and health promotion, communication and messaging is needed to encourage whānau to access support. The regional public health partners understand their role in the development of public health gambling harm and prevention resources and ensuring that all partners have access to the resources.
4. In principle, successful procurement occurs when people with lived experience, whānau and partners feel empowered to lead, guide and progress the co-design

process towards whānau centred approaches that reflect whānau aspirations and needs. It is essential to remain mindful of the funding and contractual requirements that will effectively allow the providers to deliver services for whānau. Te Aka Whai Ora maintained a level of transparency around funding throughout the process, e.g., in the ROI documentation. This was important as the amount of funding that was available was less than what had been available via the all of population services.

5. While upfront funding to facilitate co-design was beneficial, providing a standard amount to all partners, it did not necessarily acknowledge individual provider needs or constraints. Initial conversations aimed at developing a shared understanding of co-design and needs of each partner could have supported a more equitable response. Some partners had larger geographical areas to cover to complete the co-design phase and new partners often did not hold direct relationships with lived experience people to be able to engage them in co-design easily. Some partners had existing resources and experience within their services to undertake a robust co-design process; while some needed to outsource a facilitator.
6. Use simple, easy to understand language to communicate with partners. This would help to standardise the stages of procurement so that everyone understands and knows the process and criteria for negotiation of funding offered, who would be involved in co-design, decision points and how these would be communicated and when.
7. This procurement approach effectively engaged partners and fostered a relational rather than transactional approach. However, this approach requires more resource - time, money and energy – to carry out. Therefore, it is crucial to carefully consider the timing of procurement taking into account the time of year and the necessary duration.. All evaluation partners highlighted the pressures of timeframes, the challenges of co-designing, compounded by end of year deadlines and multiple procurement processes operating at the same time across government.

As partners begin to implement their services, they also reflected how working together, nationally and regionally would support the sector to:

- Provide continuity of service for whānau within and across rohe
- Integration of services and measuring impact on a national scale
- Create spaces for adopting, sharing and learning best practices.²

² These areas will be further explored in Phase 2 of the evaluation and inform the development of the MSPMGH outcomes framework.

Conclusions

The MSPMGH procurement process proved to be a highly positive journey, marked by a kaupapa Māori approach championed by Te Aka Whai Ora, and rooted in the principles of kaitiakitanga, manaakitanga, whanaungatanga, tika, and pono.

Te Aka Whai Ora support for Hauora Māori Partners emphasised the utilisation of existing models and systems of care, fostering service integration, and capitalising on established relationships.

Partners embraced all aspects of the procurement process despite the challenges of a more resource intensive process, tight timeframes, competing priorities and end of year deadlines. Providers new to the kaupapa demonstrated resolve and courage as they ventured into uncharted territory often with limited resource.

The prevailing political climate facilitated constructive dialogue and fostered a collective desire among partners to rally behind the innovative approach and overarching vision Te Aka Whai Ora.

This process has injected fresh vigour into the gambling prevention and harm sector. It presented providers with a pivotal opportunity to reassess their services, develop new enhanced services informed by lived experience, and creation of new connections and relationships.

Appendices

Appendix One. Guiding Discussion Pātai (questions)

Background/Whakawhāiti

- Can you please tell us about your organisation? Your role?
- Where does the MSPMGH service sit within in the organisation?
- How did you come to hear about MSPMGH contracts?
- What were your initial thoughts about the contract/s?
- Did your organisation apply for the Regional and Clinical contracts? Why or why not?
- Did your organisation have experience in MSPMGH? What influenced your decision to apply?
- Is this a new service area for the organisation?

Whakaahua/Procurement to Contract

- Can you share with us your experiences of the Te Aka Whai Ora procurement process
- What did you think TAWO procurement process was set up to achieve?
- How easy was the process to understand?
- In what ways were you enabled or supported by TAWO through the procurement process?
- To what extent was your organisation able to show-case your tikanga, TOC, models of working ability to address the MGHS aims objectives and specifications in the applications?
- Was the process kaupapa Māori centric (cultural integrity and mana remained intact)?
- In what ways do you feel like the process recognised your expertise?
- When thinking about other procurement processes you may have been involved in in what ways did the TAWO procurement processes differ? (re flexibility, co-design, support).
- How has your relationship with TAWO developed during the procurement process? To what extent was goodwill and trust being built? In what ways (if any) does this relationship differ to other contracts?
- How and in what ways were you informed about the outcome of your Proposal? Did you feel fully informed and enabled to make enquiries (e.g., transparency in decision-making processes)?

I a Whakaahua/Stages of Procurement

- How well did the structure and implementation of the procurement and contracting process align with your requirements as Hauora providers?
- Has this procurement process made a difference to the contracting process (e.g., increased input, relevant outcome measures)?

- Is there anything different about this contract compared to others? If yes, what are the differences?
- Will this procurement process make a difference to monitoring and reporting? In what ways (if any) has the procurement process supported different or better monitoring and reporting of the service? (e.g., more relevance, easier, outcomes based, not KPIs)
- Did the co-design process make a difference to procurement?
- How well has TAWO given you the space to 'shine' – bring what you bring, do what you do well, be effective in your community, as opposed to conforming to a pre-determined model?
- To what extent has the involvement of tangata whaiora influenced the co-design process? Has their participation made a noticeable difference?

Appendix Two. Information sheet and consent form

Kaupapa Māori Evaluation of the Procurement Process of Māori Specific Preventing and Minimising Gambling Harm Local Clinical and Regional Public Health Services - Information Sheet

Kei aku nui kei aku rahi tena koutou katoa

Te Aka Whai Ora has commissioned a Two phase Evaluation:

Te Aka Whai Ora has contracted Hauora Māori Partners throughout Aotearoa to deliver Māori Specific Preventing and Minimising Gambling harm Local Clinical and Regional Public Health Services.

In response, Te Aka Whai Ora is undertaking an Evaluation of these Services. The Evaluation is being conducted in two phases. Phase 1 is on the Procurement process. Phase 2 is on the establishment/service setup and delivery as well as developing an Outcomes Framework.

As a Hauora Māori partner and respondent to this process, you are invited to take part in an interview about your experience of the procurement process. Phase 2 will be conducted later in the year.

Who is undertaking the Evaluation?

Kōkiri Consultants Ltd have been commissioned by Te Aka Whai Ora to undertake this evaluation. The Kokiri team are kaupapa Māori evaluators located throughout the North Island. Kokiri will develop a kaupapa Māori led approach to evaluate the Māori Specific Gambling Harm in two phases. Phase 1 the Procurement process and Phase 2 the establishment of services initial service delivery and an Outcomes Framework.

What is the purpose of Phase 1 of the Evaluation?

The purpose is to identify areas of success within the procurement process along with areas that could be improved. This will help provide information to inform future investment and decision making for FY25/26 funding allocation.

What will my participation in the Evaluation involve?

Your participation will involve an interview of up to 60 minutes sharing your experiences of Te Aka Whai Ora procurement process for Māori Specific Preventing and Minimising Gambling Harm Local Clinical and Regional Public Health Services.

Participation is voluntary and confidential

All information provided in your interview will be confidential to the Kokiri evaluation team. This means that the names of those interviewed will not be disclosed when the

evaluation results are reported and written up. Audio files and notes will be kept safely by Kōkiri Consultants Limited until analysis of all data is completed and then the recording and transcript will be destroyed.

What will happen to my information?

The information from your interview will be analysed and compiled (along with information provided by other interviewees) in a report for Te Aka Whaiora. We will not use people's names or any other identifiable information in the report. With your permission, we will audio record and transcribe the interview. Audio files and notes will be kept safely by Kōkiri Consultants Limited until analysis of all data is completed and then the recording and transcript will be destroyed.

Who do I contact for more information or if I have concerns?

If you have any questions, concerns, or complaints about the evaluation process at any stage, you can contact:

Maria Marama, Evaluation Lead (021 465 071), m.marama1@gmail.com

Kellie Spee, Senior Evaluator (027 250 3988), kjspee@gmail.com

Consent Form

Please tick to indicate you consent to the following:

- I have read the Participant Information sheet and understand it Yes No
- I understand that taking part in this review is voluntary (my choice) Yes No
- I understand that my participation in this Evaluation is confidential
and that any material which could identify me personally,
will NOT be used in any reports resulting from this review Yes
No
- I give my consent to participate in this interview Yes
No
- I agree to the interview being audio recorded Yes
No
- I agree to notes being taken and that the audio may be transcribed Yes
No
- I know who to contact if I have any questions about the review Yes No

Declaration by participant:

I hereby consent to take part in this review.

Participant's name:

Signature:

Date:

Provide email address if transcript requested

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