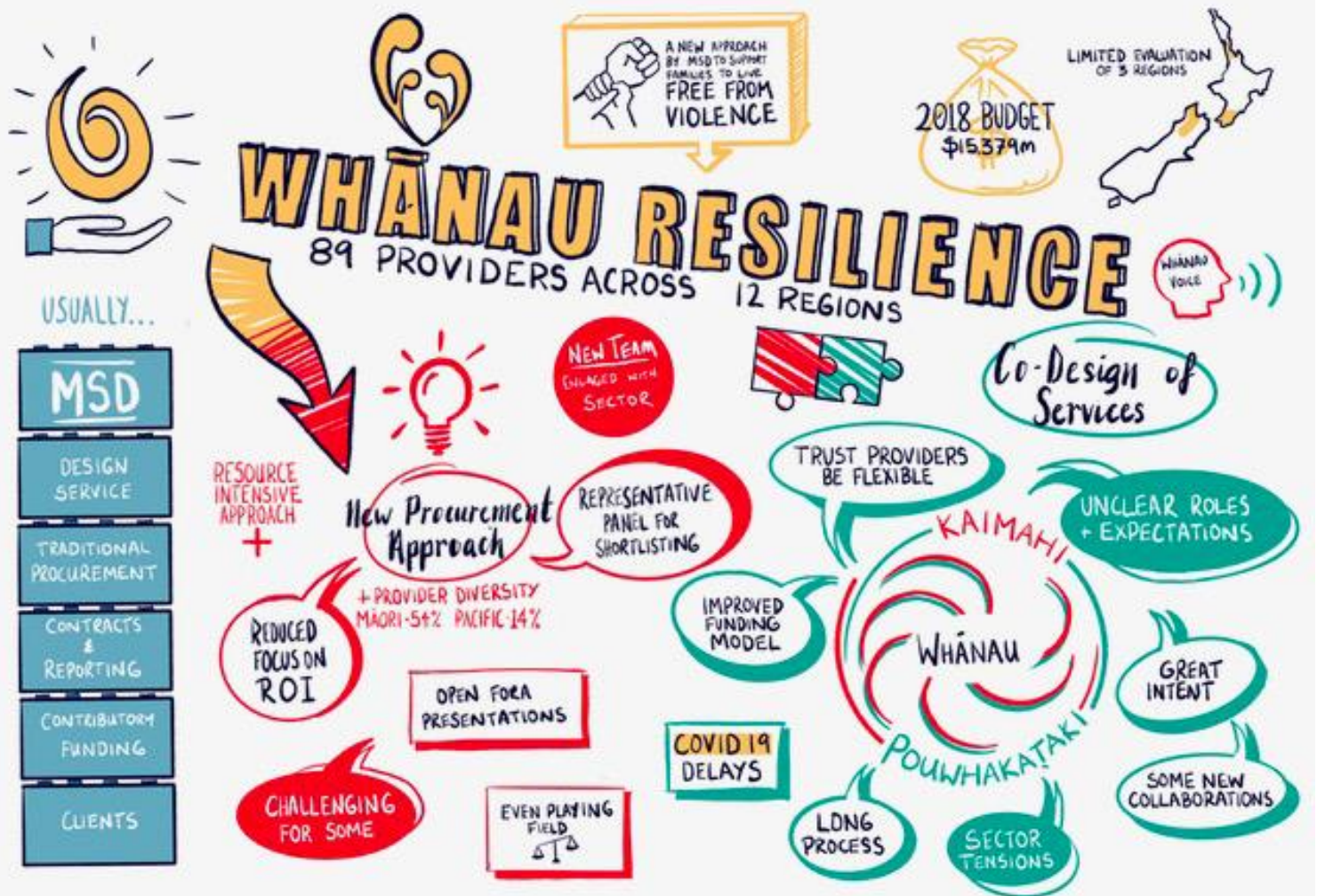


# Evaluation report on the procurement and co-design of the Whānau Resilience programme

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**Disclaimer**

The views and interpretations in this report are those of the researchers.

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# He mihi

Kei te mihi atu mātau ki te tima o Te Manatū Whakahiato Ora. Nā rātau te kōkiringa o tēnei kaupapa i hāpai. Nā rātau mātau i tohutohu i awhiawhi mai. Heoi kei te tino mihi atu mātau ki a rātau – ko Amy, ko Kitty, ko Ananda, ko Lofi, ko Katrina.

Ka rere tonu ngā kupu whakamihi ki ngā kaimahi o Oranga Tamariki mō te tautoko i a mātau hei whakatinana i te kōrero nei.

Ā, kei te rere tonu ngā mihi ki ngā ratonga – ngā kaimahi, ngā kaiwhakahaere hoki – i whakawhiti kōrero me mātau i Te Whanganui a Tara, i Te Awakairangi, i Te Wairarapa, i Whakatū, i Te Waiharakeke, i Tāmaki Makaurau ki te Tonga. Ā, kei te tukuna tēnei whakaaro o mihi ki ngā pouwhakataki hoki i whai wā kia nohotahi ai. Kāore e kore nā mātau te whiwhi.

E hiahia ana hoki mātau ki te mihi ki te āhua o ngā mahi kua mahia – me kī ake he mahi uaua, he mahi whakapau kaha, he mahi whakahere i te werawera – hei whakakoi i te reo o te whānau. Kia whai whakarato rongoā ki te whakakore i ngā mahi patu kei te whānau.

Nō reira kei te mihi kau atu ki a koutou katoa.

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## Executive summary

Whānau Resilience is a kaupapa funded by the Ministry of Social Development (MSD) to provide long-term support for families to live free from violence. Funding of \$15.379m was committed from Budget 2018 for this programme to help enable communities, and the family violence sector, to be stabilised and strengthened.

MSD established a project team to develop Whānau Resilience and the approach was to be characterised by:

- designing services from whānau voice, not from a policy view
- a focus on more kaupapa Māori and Pacific responses for services to better meet the needs of the communities they serve
- longer term contracts that build a clear understanding of what is being purchased and delivered
- funding providers at better rates to cover the cost of designing services, as well as delivering them
- better integration with other government agencies and greater collaboration within the sector.

With these aims, the team developed a new approach to procure and design the services for Whānau Resilience. This process began in late 2018 through to mid 2021 with positive intent and a strong commitment by MSD staff.

This qualitative evaluation focused on how MSD's new Whānau Resilience procurement process was experienced and how this approach supported the effective co-design of whānau-centred services. The evaluation took place between March and July 2021 and centred on the pre-implementation input and experience of providers and other stakeholders in three of 12 regions: Counties Manukau, Wellington and Tasman.

The evaluation is not representative of experience nationally and is limited to the experience of those in the three regions, which were selected for contrasting demography and type of provision. A substantive implementation-focused evaluation that includes a more representative sample of the regions is expected to be carried out in 2022/23.

### *Context for Whānau Resilience*

MSD is a major funder of family violence services. In 2018, it undertook a substantial review of this role resulting in the report, *Family Violence Funding Approach*. The report acknowledged that MSD's role had never been clearly defined and concluded that the system was flawed, including how it commissioned services.

Around the same time MSD reviewed its organisational strategy and launched new Māori and Pacific strategies, acknowledging a need to improve equity of outcomes, supporting the strengths of whānau and improving system connections.

## Findings

Whānau Resilience represented a considerable shift in how MSD procures and designs services. This evaluation found that some changes have brought real benefits to how MSD works with the family violence sector and benefits for the sector itself. We also identified some issues with how this programme was planned and executed which have implications for agencies that contract with community service providers.

### ***A new procurement approach was challenging but helped even the playing field***

MSD put together a skilled and committed team to design and implement Whānau Resilience: they had a range of skills and experience and came ready to do things differently. Many participants in the evaluation spoke about their integrity and responsiveness throughout the process.

A two-stage procurement process was designed which combined a short-form Registration of Interest (ROI) process followed by open forum presentations in each of the 12 regions. The ROI process netted 309 individual submissions from 201 applicants nationally, substantially more than expected. The second stage saw short-listed providers present their service ideas and capability to a regional panel and in front of their peer providers.

Following the regional panel presentations, contracts were awarded to 89 providers or provider collectives, of which 54 percent identified as Māori and 14 percent as Pacific. The evaluation findings from experience of the two-stage procurement process showed a mix of positive outcomes and areas for development. Overall, taking this different approach is more likely to build regional cohesion and collaboration which is particularly important in a healing, whānau-focused sector.

#### *Positive outcomes*

- The procurement process achieved MSD's aim to increase Māori and Pacific service provision intended to improve outcomes for whānau Māori and Pacific whānau affected by family violence.
- Changes to the traditional procurement approach that helped increase diversity of provision included:
  - communications actively seeking kaupapa Māori and Pacific providers and promoting that the programme would centre whānau voice
  - reduced focus on a written ROI
  - whanaungatanga and transparency of open forum presentations
  - a diverse selection panel that reflected the provision sought.

#### *Areas for development*

- Lack of clarity about whether this was intended solely as a by Māori/ for Māori initiative caused some frustration and confusion among both Māori and non-Māori providers.
- The open forum presentation stage was challenging for some, with a few providers feeling protective about their intellectual property. This is a situation that has been, at least partly, fostered by traditional government procurement approaches.
- Staging panels and open fora presentations around the country was resource intensive for all involved.

### ***Locally-led service design favoured but resource would be better tailored to provider needs***

The 89 providers were contracted to design their own Whānau Resilience services over 12-months alongside the other providers in their region with an independent facilitator.

Two distinct roles were conceptualised and funded by MSD for the co-design phase. Providers received full-time equivalent (FTE) salaries for a total of 114 'kaimahi' to participate in the the co-design work on their behalf. MSD then directly appointed 20 'pouwhakataki', who were drawn from within each of the 12 regions to guide and facilitate their region's kaimahi through the co-design process.

The design process was impacted by COVID-19 and the Alert Level restrictions during 2020 which saw timelines pushed out by several months. Many community providers immediately pivoted to support local whānau and had to put other mahi on hold. When kaimahi were able to engage in the process again, hui were often held online remotely which could have impacted some whanaungatanga and subsequent working relationships.

The evaluation findings from experience of the co-design period also included a mix of positive outcomes and challenges that can be worked through for future programmes. Overall, providers were at different stages in terms of readiness to design this new service and/or collaborate with their peers. Some providers welcomed the time and space to work with whānau in service co-design but others considered the facilitated co-design costly in terms of time and resource.

#### *Positive outcomes*

- The intent and whānau-centred approach of co-designing Whānau Resilience services locally was well received by providers.
- Experience of the co-design process was positive when the pouwhakataki prioritised provider whanaungatanga and manaakitanga.

#### *Areas for development*

- A lack of clarity around key roles, responsibilities and expectations led to frustration and some negative experience of the process.
- The kaimahi role required a broad range of skills that could not be met in some regions.
- Lines of communication between providers and pouwhakataki needed to be stronger to support kamahi and help the process succeed.

### ***Provider relationships key to better outcomes for whānau***

During the evaluation, we also considered how the Whānau Resilience approach reflected the shifts described in MSD's Māori strategy, Te Pae Tata. We found there was a determined effort by the team to earn respect and trust of Māori providers (Mana manaaki); to form genuine partnerships with Māori providers (Kotahitanga) and support long-term healing of whānau Māori (Kia takatū tātou).

*Fundamentally, was the approach effective in supporting the shifts needed to strengthen whānau affected by family violence?*

There are indicators of progress towards supporting better outcomes for whānau. These relate to more sustainable funding, reduced bureaucracy and monitoring of providers who have the direct relationship with whānau, enabling a higher trust model to develop. If this type of approach continues, providers will have increased security and flexibility to respond to whānau and give them sustained support in the way that they need.



# Introduction

This report provides evaluation findings into the procurement and co-design of Whānau Resilience, a new family violence service from the Ministry of Social Development (MSD).

The overarching aims of the evaluation were to understand how the new procurement process was experienced by providers and how this process supported the effective co-design of whānau-centred services. The findings in this report are limited to the experiences shared by stakeholders interviewed in three regions only.

With Whānau Resilience, MSD endeavoured to create new ways of working in how the agency procures and develops services. It had a mandate and funding from Budget 2018 to enable communities, and the family violence sector, to be stabilised and strengthened. The investment came at a time when MSD recognised a need to work differently with local service providers and find better ways to engage Māori and Pacific peoples in design and delivery. The new Whānau Resilience programme - developed through sector engagement and research – aimed to provide long-term support for families to live free from violence.

Whānau Resilience services are being implemented nationally, following service procurement and design that began in late 2018 through to mid 2021. The evaluation took place between March and July 2021 and centred on the pre-implementation input and experience of providers and other stakeholders in three of the 12 regions: Counties Manukau, Wellington and Tasman.

This evaluation identifies the strengths and challenges of the procurement and co-design approach and documents the lessons learnt which can inform future practices of MSD and the wider public service.

Due to the limited sample but significant issues identified in this evaluation, MSD may consider surveying all providers to supplement this work. This is one of a series of formative and summative evaluations MSD are likely to conduct in the next few years relating to Whānau Resilience.

# Context for Whānau Resilience

## *Family violence continues to cost New Zealanders too highly, especially Māori*

The cost of family violence in New Zealand is difficult to quantify, with estimates of up to eight billion a year being cast. Societal cost inevitably drives Government investment while family violence can fuel intergenerational misery and uncalculable cost for individuals and whānau.

While there are incidents of family violence among every ethnicity in New Zealand, Māori and Pacific peoples are disproportionately affected. In addition to much higher rates of intimate partner violence and other forms of family violence, Māori are more likely to experience racism and face “indifference to their suffering” by some public services that should be there to help them.<sup>1</sup>

## *Significant research available to support initiatives to reduce this rate of harm*

Numerous reviews have been undertaken in New Zealand which document the scale of harm family violence causes in communities and recommend system-level changes. The Family Violence Death Review Committee urged changes be made at both policy and workforce levels to help disrupt intergenerational patterns of family violence and trauma. In 2016, the Committee focused on system reform, on the need for those in the sector to work collectively and differently in understanding the intersectionality of all affected by family violence.<sup>2</sup>

## *Frontline providers get results when culturally capable, resourced and supported*

System changes require good coordination across agencies but also resource and collaboration from community-based organisations and specialist service providers. Funding models for these providers have been largely contributory, giving ‘top-ups’ to providers and allocating dollars to centrally-designed outputs. Contracts would often be rolled over, typically focused on short-term services addressing crisis needs, despite a lack of clarity around outcomes being achieved.

Organisations in a position to bid for multiple government contracts and meet traditional public service procurement and reporting requirements have been able to develop sustainable business models. Other service providers have been working in this way for years but are often in a perpetual struggle to survive financially.

## *The Ministry of Social Development in this context*

MSD is a major funder of family violence services and is the home of E Tū Whānau - a strengths based kaupapa Māori approach to building protective factors to prevent and reduce family violence. Numerous evaluations have been carried out to validate the effectiveness and impact of E Tū Whānau at improving outcomes for Māori, non-Māori and refugee/migrant whānau and communities.<sup>3</sup>

MSD undertook a substantial review of its role in funding family violence services in 2017-18. The resulting report in 2019, *Family Violence Funding Approach* (the Report), acknowledged that its role had never been clearly defined and concluded that the system as a whole was flawed. This echoed the position of the Family Violence Death Review Committee, in its fifth

report, that the family violence system was one by default rather than design, “a fragmented assortment of services and initiatives”.<sup>4</sup>

In this context, MSD’s family violence services had been designed, funded and delivered for years without fully comprehending the service need.<sup>5</sup> The Report identified five key issues:

- funding was crisis focused due to demand and limited funding
- the system centred on programmes rather than outcomes
- community need was not driving the allocation of funding
- Government was not enabling development of a strategic and consistent sector
- MSD’s contributory funding model, including its commissioning and contracting processes, were part of the problem.

MSD launched its new organisational strategy, *Te Pae Tawhiti – Our Future*, in 2018, which has a focus on becoming a more trusted organisation for both clients and service providers. The three key shifts being sought are:

- Mana manaaki – a positive experience every time
- Kotahitanga – partnering for greater impact
- Kia takatū tātou – supporting long-term social and economic development.

Impacts that MSD are seeking through this new strategic direction include improving equity of outcomes, particularly for Māori; reducing harm and improving strength of whānau, families and communities; and improving the effectiveness of connections across different providers and organisations.<sup>6</sup>

MSD also released, *Te Pae Tata*, its Māori strategy with the mission to embed a Māori world view into the organisation. It acknowledges a need to work differently with Māori which begins with building its own internal capability and understanding of what it means to be Māori in a predominantly non-Māori society.<sup>7</sup>

In 2019, MSD established a Pacific Steering and a Reference Group which contributed to the development of their Pacific strategy and action plan. *Pacific Prosperity* was the Ministry’s first national strategy for Pacific peoples and presents a commitment to incorporate and reflect the perspectives and aspirations of Pacific communities.

## Aim of the Whānau Resilience programme

Whānau Resilience is a kaupapa funded by MSD to provide long-term support for families to live free from violence. Funding of \$15.379m was committed from Budget 2018 for this programme to help enable communities, and the family violence sector, to be stabilised and strengthened.

The programme developed in the context of MSD's new organisational strategy and its work on the *Family Violence Funding Approach* including consultation with family violence service providers. The Ministry's Māori and Pacific strategies also informed some of the thinking as the work developed. One of the key recommendations of the *Family Violence Funding Approach* was for services to be created by the region, for the region and to centre whānau voice.

With funding secured for Whānau Resilience, MSD had committed to enable the following:

- design of services built from whānau voice, not from a policy view
- a focus on more kaupapa Māori and Pacific responses for services to better meet the needs of the communities they serve
- longer term contracts that build a clear understanding of what is being purchased and delivered
- funding providers at better rates to cover the cost of designing services, as well as delivering them
- better integration with other government agencies and greater collaboration within the sector.

### ***Planning proceeded with these procurement and service design goals established***

MSD describes the programme as services for people affected by family violence to “establish or re-establish a life free from violence, and become resilient to the patterns of behaviour that can lead to violence”.<sup>8</sup> Key elements of the services were that these would be provided over a longer time period and have a high degree of flexibility, being able to respond to people's needs at different times of vulnerability.

MSD identified five broad categories that they expected the eventual services to fall into and these became known as the *five pou* supporting Whānau Resilience, shown below (refer to Appendix 1 for full image).



This was to be a programme that was whānau-centred, holistic and strengths-based. The eventual Whānau Resilience Procurement Plan acknowledged that kaupapa Māori providers work in this way already as tikanga Māori “is inherently strengths-based, whānau-centred and collectively focused”.<sup>9</sup> Key principles of whānau-centred practice were acknowledged to be whanaungatanga, manaakitanga, compassion, mana-enhancing and empathy.

MSD also acknowledged that “communities and providers have invaluable knowledge and experience that should inform the on-going design of services available in their communities”.<sup>10</sup> As one member of the Whānau Resilience team noted during the evaluation, “*we wanted the community invested in the service and who better to design it than providers who are already part of that community.*”

# The programme approach

## *A dynamic team assembled with licence to challenge the status quo*

A small team was assembled within MSD's Family and Community Services group (Family Violence Services), including some new appointments, to plan and execute the new programme. The Whānau Resilience team brought experience from within the public service, community and private sectors, as well as lived experience and design skills to the group. The team had a mix of Pacific, Pākēhā and Māori world views.

They had the funding for Whānau Resilience and the broad aims of the programme and then went out to the sector to help build the approach. They had licence to do things differently, and were focused on improving the effectiveness of the sector and outcomes for whānau.

## *The procurement and design approach was drafted and checked with the sector*

The Whānau Resilience team was conscious that those most in need of long-term healing and recovery from violence were predominantly Māori, Pacific and minority ethnic groups. They were intentional about setting applicant procurement criteria that would align to the provider mix that was needed, including more kaupapa Māori providers. They wanted those providers to see themselves in the procurement process in order to encourage them to apply.

The team drafted the programme approach and took it back to the sector to check if they had got it right. They made some changes as a result of this engagement, did their research to identify a FTE-based rate that aligned to the skills needed to design and deliver long-term family violence services, then turned to implementation.

## *There were multiple roles involved in procuring and designing these services*

In addition to the Whānau Resilience project team at MSD National Office, there was a range of fixed and contributing roles during procurement and design.

- **Oranga Tamariki PfO.** Until July 2021 (when this role returned to MSD), MSD's social service procurement was managed by the Partnering for Outcomes (PfO) team within Oranga Tamariki. This team worked with MSD to develop and execute the procurement plan as well as contributing regional resource at various stages.
- **Oranga Tamariki Regional Contract/Relationship Managers ('Regional Advisors').** Oranga Tamariki managed MSD's social service contracts (until mid-2021) and their regional advisors had responsibility to manage local contracts as well as the relationship with local providers. Whānau Resilience was an additional contract responsibility and the regional advisors were identified by the project team as a key role in the service structure.
- **Service providers ('Providers').** A range of non-government and community organisations were successful in applying to design and deliver Whānau Resilience. Some formed, or were already in, collectives to deliver social service contracts. They each held the first-year co-design contract with MSD (overseen by the Regional Advisors) and were responsible for employing an appropriate person ('kaimahi') to participate on their organisation's behalf in regional co-design for 12 months.
- **Kaimahi.** Successful providers were asked to employ a kaimahi to participate in a 12-month co-design process with whānau, in collaboration with other kaimahi from their region. The year-long process of co-design was facilitated by independently appointed pouwhakataki.

- **Pouwhakataki.** MSD employed pouwhakataki in each of the 12 regions to facilitate and guide kaimahi through a co-design process that would result in regional development of Whānau Resilience services.

*A multi-stage process was developed to establish Whānau Resilience services*

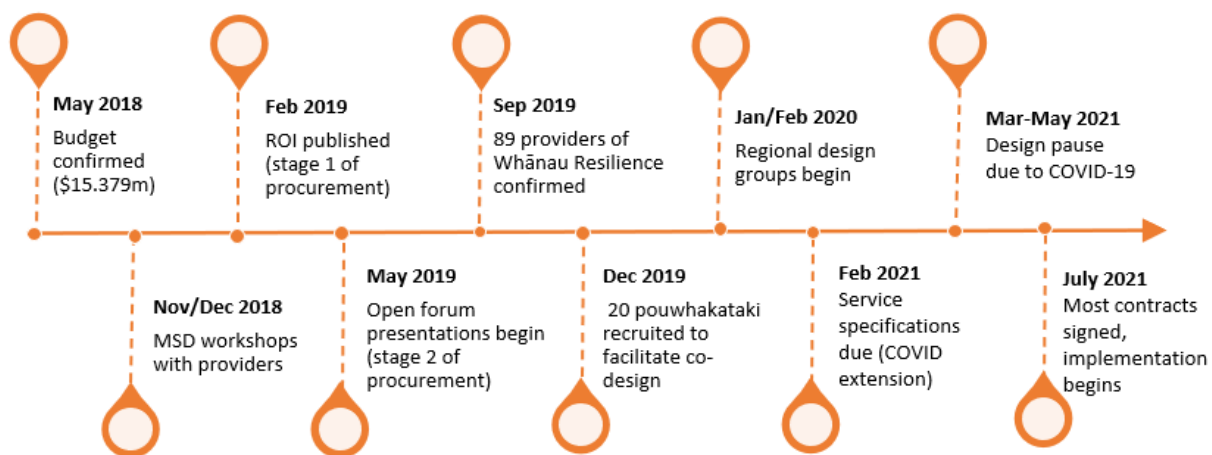
Several stages developed in the process to purchase and design services, and all contained elements that were innovative for MSD. The two procurement stages involved short-form Registrations of Interest (ROI) followed by those who were shortlisted presenting in an open regional forum to a panel. A panel was appointed to do both initial shortlisting and conduct regional presentations and closed-door discussions. MSD then entered contract negotiations with those providers or collectives who the panel scored highest following presentations.

If successful, providers began a year of facilitated co-design of Whānau Resilience services alongside those under contract working in their regions. At the end of the twelve months they each produced service specifications for the next four years of delivery.

The approach for Whānau Resilience featured a number of innovations. At a high level, the key shifts in how MSD would go on to procure and enable Whānau Resilience services is illustrated below.

<b>A shift from...</b>	<b>To...</b>
MSD runs traditional, competitive tendering process through GETs	New service approach widely communicated and brief process on GETs conducted to gather registrations of interest. Open and transparent kanohi ki te kanohi (face-to-face) presentations then held in front of peer providers. Still competitive, but more targeted and transparent.
Open tender process, available to all providers to apply	Specifying that providers should understand tikanga Māori and reflect their communities
Policymakers design programme in Head Office to be rolled out nationally	Local providers work with whānau to co-design a programme for their region, led and facilitated by someone from their community (Pouwhakataki)
National research and data inform design	Whānau voice is central to the design that is underpinned by national data and research
Providers work independently (service gaps may remain unidentified)	Providers work together to proactively identify any service gaps, encouraged to collaborate
Short-term contract (and service focus) with recurring one-year contract extensions	Longer-term, five year contracts with FTE-based funding to allow for flexibility in responding to whānau needs

## Whānau Resilience timeline





## Purpose of the evaluation

Aiko and Kaipuke were contracted in early 2021 to conduct an independent, kaupapa Māori evaluation of the procurement and co-design phases of Whānau Resilience. The overarching evaluation question was:

**How was the new procurement process experienced by the regions and how has it supported the effective co-design of whānau-centred services?**

Evaluation sub-questions addressed how well the procurement and co-design stages of the Whānau Resilience programme were developed and implemented, and how they were experienced by the regions. We also considered the extent to which activities aligned with Te Tiriti o Waitangi, were delivered in a whānau-centred way, aligned with the stated aims of the programme, and the role of inter-agency relationships on outcomes.

The scope of the evaluation was limited to the planning and execution of these phases, and stakeholder experiences of them. It did not extend to service implementation by providers. Interviews were conducted between May and July 2021 and most providers of Whānau Resilience were in the process of finalising service specifications and contracts for delivery at this time.

## Evaluation approach and methodology

### *Kaupapa Māori Evaluation*

This evaluation took a kaupapa Māori approach to better understand Māori perspectives and experiences within their cultural context, create positive outcomes for Māori communities and/or whānau, hapū and iwi, and align with kaupapa Māori evaluation principles.<sup>11</sup> There is a significant history of research and engagement with Māori that extracts knowledge and information from Māori without reciprocity, understanding, or an open willingness to learn.<sup>12</sup> As a tool of colonisation, research was used to categorise and define the Indigenous 'other' through the lens of the coloniser. This research gaze was used to justify harmful acts of colonisation.<sup>13</sup> This history informs government engagement with Māori.

In response to this research experience, Indigenous researchers and theorists have developed significant theory and guidelines on research by, for, with and as Māori. These guidelines inform our approach to research design and practice through all projects. We practice 'Smith's'<sup>14</sup> seven kaupapa Māori practices to guide researchers:

- Whanaungatanga (building and maintaining research relationships)
- Manaakitanga (collaborative research and evaluation)
- Aroha (respect for people and allowing people to define the research context and their information and knowledge)
- Mahaki (showing humility and sharing knowledge and experiences)

- Mana (upholding, not trampling on, the mana of participants)
- Titiro, whakarongo, kōrero (taking time to look and listen to develop a place to speak from)
- Kia tūpato (being cautious and careful, culturally safe, critically reflective)
- He kanohi kitea (being a face that is known to those participating in the research).

Aiko and Kaipuke use an approach that draws from and embeds the advice of Pipi et al<sup>15</sup> – 'listen to, and give voice to, the kaupapa, aspirations and day-to-day realities of 'participants'. We do this by working collectively and collaboratively as a team to challenge and check ourselves and each-other to ensure we are walking the talk.

Our team recognises that there are limitations within a kaupapa Māori evaluative approach, particularly when trying to capture and make sense of Pacific people's experiences. To this end, our team engaged an experienced Pacific researcher and worked collaboratively with them to support the evaluation and analyse Pacific experiences.

## **Methodology**

This qualitative evaluation was informed by the following research methods:

- a document review of all relevant project documentation
- semi-structured interviews with key stakeholders including MSD and Partnering for Outcomes (PfO) staff, and Whānau Resilience providers, managers and kaimahi, and pouwhakataki.

The evaluation was carried out in three phases with the following deliverables:

- Phase 1: Scoping (document review, evaluation plan and tools)
- Phase 2: Fieldwork (immersion visits, analysis, provisional findings workshop)
- Phase 3: Drafting (draft and final reports and peer review)

### *Phase 1: Scoping*

Phase 1 involved intervention logic mapping, informed by the document review and initial discussions with key staff which included identifying and confirming the three fieldwork regions: Wellington, Tasman and Counties Manukau.

Wellington and Counties Manukau were of interest due to both having significant Māori and Pacific populations and Tasman provided a contrast due to its population and geographical range, which was of interest in a programme approach featuring regional collaboration. Below are summary overviews of each region for this work.

#### **Fieldwork region: Greater Wellington**

The estimated population of the Wellington region is 542,000 as at June 2020.<sup>16</sup> The region covers the lower North Island including Wellington City, Porirua City and Kapiti district to the North West, Lower and Upper Hutt and most of the Wairarapa to the East.

The evaluation team met with key staff members from five of nine providers contracted to deliver the Whānau Resilience programme. There was a mix of collectives and non-collectives, Pacific, tauwi and Māori provision. Two pouwhakataki were appointed for this region who also participated in the evaluation.

#### **Fieldwork region: Tasman**

The Tasman Police District covers most of the West Coast, Nelson bay area and Marlborough down to, and including, Kaikoura. This is a large geographical area with a 2020/21 estimated population of 191,910, with an older age profile than the national average.<sup>1</sup> There are eight iwi in the rohe.

Five providers secured Whānau Resilience contracts across Tasman with coverage across the region: four Māori and one tauwi provider. They had two pouwhakataki appointed due to the vast area within the region and one of these participated in the evaluation. Tasman was the second of the 12 regions to submit their service specifications to MSD.

#### **Fieldwork region: Counties Manukau**

Based on the Counties Manukau DHB population estimates, there are 578,650 people living in this area which includes Franklin and Papakura districts to the South.

MSD allocated 22 FTEs for Whānau Resilience in Counties Manukau and these were spread across 16 providers/collectives. The evaluation team met with six providers/collectives and a total of 21 individuals from the area, including two of the four pouwhakataki.

The evaluation plan was finalised, including key fieldwork documents such as an information sheet and informed consent form (see appendices). A full submission was made to MSD's Ethics Committee which approved the approach and tools.

#### *Phase 2: Fieldwork*

This phase involved planning, scheduling and undertaking visits and interviews.

Regional visits were conducted between 28 June and 19 July 2021 with a week set aside for each beginning with Wellington, followed by Tasman and then Counties Manukau. Due to changes to COVID-19 alert levels in Wellington on 23 June, interviews were shifted to a mix of online and face-to-face interviews in both Wellington and Tasman. Provider kaimahi and managers, Pouwhakataki and PfO staff were hugely accommodating, and our team would like to thank everyone for their readiness to engage online.

We were thankful to be able to engage in kanohi ki te kanohi interviews with the majority of participants in Counties-Manukau. At each location, we used data gathering tools that responded to the local cultural context, including kaupapa Māori processes. For example, we

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<sup>1</sup> Based on Ministry of Health DHB projections for Nelson Marlborough (159,360) and West Coast (32,550).

took kai and beverages to share with participants, and in some instances a mihi whakatau was hosted by providers.

We used a semi-structured guide for our interviews and followed an informed consent process. Informed consent meant participants understood the interview purpose and were aware of their rights, including being able to stop the interview at any time. Interviews averaged between 45 and 60 minutes. The following table shows the total number of interviews conducted by type and location.

<b>Whānau Resilience Evaluation Interviews</b>	<b>TOTAL</b>	<b>WTN</b>	<b>TAS</b>	<b>CM</b>
MSD/OT national office – WR programme input	7			
PfO regional advisors/contract mgrs (Oranga Tamariki)	3	1	0	2
Pouwhakataki	5	2	1	2
Service provider staff in management/leadership roles	22	7	4	11
Kaimahi	18	8	3	7
<b>TOTAL</b>	<b>55</b>	<b>18</b>	<b>9</b>	<b>21</b>

Analysis was embedded throughout the information collection process. On completion of each interview, interviewers prepared a summary to capture key reflections and the wider team was debriefed. A team member worked across all notes and transcripts to identify themes and develop preliminary analysis. This was shared with team members to check and challenge the analysis, and this process was repeated as needed.

Most interviews were audio-recorded and transcribed (by Aiko’s transcription team) to ensure analysis was conducted with the highest level of specificity, detail, and completeness. In a small number of cases, where interviews were carried out by phone, or online interviews were organised by MSD, the interviewers did not audio record and took notes instead.

Kaupapa Māori methodology required the team to acknowledge the validity of Māori knowledge and incorporate this knowledge and a Māori worldview in the interpretation and analysis of the evaluative data. (Pihama, Cram & Walker, 2002<sup>17</sup>). We achieved this by looking critically at how kaupapa Māori principles inform the process of analysis.

The key to analysis under kaupapa Māori is to be able to appropriately interpret and understand information that has been intertwined with tikanga Māori, Māori knowledge and understandings and view the wider cultural and societal context that is shaping the evaluative material (Smith, 1997<sup>18</sup>).

### *Phase 3: Drafting*

This phase drew together fieldwork analysis, report drafting and peer review towards finalising the evaluation report. At the conclusion of each regional visit, we discussed key reflections, initial analysis and tested thinking against the key evaluation questions.

On 28 July, we held an internal analysis hui with our research team to draw together regional analysis and understanding of the national context. We reviewed and tested the validity of the analysis and agreed on key themes and findings against the key research questions and the intended procurement and co-design outcomes to draw out key findings and if relevant, recommendations.

On 10 August 2021, we held a sense-making hui with key MSD Whānau Resilience team members to present our preliminary findings and to work through the implications and potential recommendations. The final report was submitted to MSD on 29 October 2021.

### *Limitations of the evaluation*

The evaluation is not representative of experience nationally and is limited to the experience of those interviewed in three regions.

The findings are limited to the number and sample of interviews that we were able to hold. We endeavoured to include a cross section of provider types (collectives, non-collectives, Māori, Pacific, other providers) and also good geographical representation from within those areas. We reached 55 individuals including managers and kaimahi from 15 different service providers in the three regions. However, findings in relation to Pacific providers are limited despite efforts to recruit from this community, particularly in Counties Manukau. Pressures on providers, exacerbated by COVID-19, may have contributed to some low responsiveness.

A substantive, implementation-focused evaluation that includes a more representative sample of the regions is expected to be carried out in 2022/23.

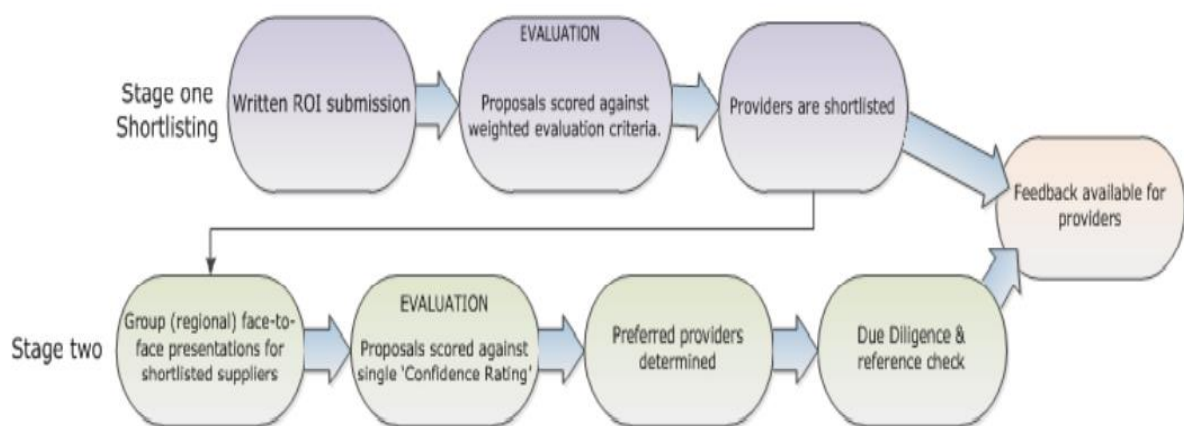
## EXPERIENCE OF PROCUREMENT

This section focuses on the experience of stakeholders and the key lessons learnt from the procurement stage. It begins with an overview of the procurement process which included two stages. Detail and analysis as drawn from interviews with stakeholders is then presented followed by the key findings for this phase, success factors and recommendations.

### Overview of the procurement process

Service providers to deliver Whānau Resilience were initially sought via two procurement stages, illustrated by MSD's process map below.

**Image 1: MSD overview of Whānau Resilience procurement**



#### *First stage of procurement: Registrations of interest (ROI)*

The Whānau Resilience programme was listed on the Government Electronic Tender Service (GETS) for 20 days in February 2019. This is a standard and transparent procurement approach which enables both existing and new providers the opportunity to demonstrate their ability to deliver a contract. The process varied from usual ROIs in the following ways:

- There was advance sector engagement on the aims of the programme (19 regional roadshows)
- ROI parameters were set for services to be “provided by the right providers that reflect their communities, i.e. kaupapa Māori, Pacific”.
- The ROI itself had condensed written requirements which, in addition to family violence and organisational capability, included an applicant’s responsiveness for whānau Māori, understanding of tikanga Māori, and whānau-centred practice.

A national panel of seven people was established to consider and select providers from the ROI process. Ethnicity of the panel reflected the provider mix sought for Whānau Resilience, being predominantly Māori and Pacific. The panel was supported by nine regional advisors who understood the context of each region in terms of family violence service provision.

An entity that submitted a ROI could be an individual provider, a person, a consortium of providers, or a business as long as they could meet the standard pre-conditions. This

included the entity holding Social Services Accreditation Approval Level 2 or obtaining it before they received their service delivery contract. The provider also had to be physically based in the Police district within which they intended to deliver the services.

Whānau Resilience was intended to be delivered nationally and, as an element of the programme was local provider collaboration, MSD needed a way to group providers together. There was also a desire to “simplify and unify” how family violence providers worked across the country.<sup>19</sup> As many family violence providers were already working in alignment with Police, MSD chose the Police district structure to provide regional borders of Whānau Resilience service operation. These geographical lines then determined presentation and co-design groupings and how funding was distributed.

Providers were able to apply as collectives or individually, with collectivising encouraged in line with the aim to increase sector collaboration. If they were in existing collectives they needed to explain why they worked as a collective and describe what work had been already delivered together. Providers were also able to form collectives to apply specifically for Whānau Resilience, with a single contact person nominated to liaise with MSD.

### *Second stage of procurement: Open forum regional presentations*

A pre-condition when submitting a ROI was that, upon shortlisting, the applicant would commit to “*attending and positively contributing in the open regional presentations, including a whakawhanaungatanga (relationship-building) session, and the subsequent co-design process*”.

The regional presentations were the most unique element of this procurement method. Family violence service providers had not been required to do this before and it was unusual for them. The thinking behind this was about trying a different approach that might improve the accessibility of the process for target providers, bringing each region’s providers together, having whanaungatanga at its core, and for services and the process itself to be shared transparently.

A whakawhanaungatanga session was intended to be held before each of the regional open fora. The intent of this was to enable providers to meet panel members and connect with each other before the presentations. Each provider then had a limited amount of time to present their approach in an open forum of their peers, speaking to one of several provided case study scenarios. They were then to go into a closed forum for a further kōrero with the panel and to ask/answer questions.

## Evaluation findings

### *Stage one: Registrations of interest*

#### **Key findings:**

- The procurement process achieved MSD's aim to increase Māori and Pacific service provision intended to improve outcomes for whānau Māori and Pacific whānau affected by family violence.
- Changes to the traditional procurement approach that helped increase diversity of provision included: communications actively seeking kaupapa Māori and Pacific providers and promoting that the programme would centre whānau voice, reduced focus on a written ROI, and a diverse selection panel that reflected the provision sought.
- There was some confusion and frustration caused by messaging that was not clear about whether this was solely a by Māori/ for Māori initiative.

### *There was a high level of interest in applying to deliver Whānau Resilience*

The MSD project team sought service providers who share value systems with those who need the services, knowing that family violence in New Zealand disproportionately impacts Māori and Pacific whānau. They had been through a series of regional engagements with service providers and analysis of key literature to inform their thinking and planning.

Along with advance communications about the work, and a shorter, more targeted, set of questions in the ROI, they established a national evaluation panel with mostly Māori and Pacific representation to assess ROIs. This was atypical. Members with cultural understanding as well as sector expertise were well represented on the Whānau Resilience panel instead of a majority focus on public service and procurement experience.

The number of ROIs submitted was much higher than anticipated. At the time, MSD was in contract with just over 170 unique family violence providers and anticipated receiving around this number of proposals for Whānau Resilience. When the ROI closed, 309 separate proposals had been submitted by 201 organisations or collectives nationally.

Part of the interest was likely due to the programme being promoted as fully funded as opposed to the usual contributory approach. A common phrase from providers involved in the evaluation was that it was simply a “no brainer” to apply for Whānau Resilience. The proposition appealed to nearly all working either directly in, or adjacent to, family violence and support services. A much shorter ROI application than is usually issued –intended to make the process more accessible – encouraged providers to apply as it was simpler and required less time and resource to complete, time away from working with whānau.

*I love the idea of the kind of freedom ... and they were able to do an RFP in a very different way than others, I loved that. Great thinking. (Provider)*



Advance consultation and communications engaged a lot of interest from Māori and other providers who often miss out on these contracts. Māori providers spoken with for the evaluation were particularly motivated to apply due to the programme's tikanga focus and whānau-centred approach. This was intentional to encourage interest from kaupapa Māori providers given the level of unmet need in the Māori community.

However, some Māori providers had an expectation from the way this procurement opportunity had been communicated by MSD that it was primarily for Māori providers. The presence of tauwi providers at stage two presentations was surprising for a number of Māori providers. Later, during the co-design phase, some spoke about feeling like they had to wait while some tauwi providers learned about tikanga, participated in sessions designed to upskill tauwi providers or they themselves were expected to mentor tauwi providers. MSD has acknowledged this narrative should have been corrected as it contributed to some frustration by Māori providers who then found they were expected to collaborate with providers who are not grounded in te ao Māori.

Other existing tensions among types of providers and how they operate became apparent during the evaluation which has a bearing on how providers can collectivise or collaborate in their regions. These include:

- Some tauwi providers spoke about being specialists in family violence and so felt it was important, either as clinicians or due to other experience, to be part of the Whānau Resilience programme. They see it as their core business to be involved in the provision of whānau resilience services to all communities regardless of the stated intention of the programme.
- Some providers operate on a strengths-based philosophy or world view, as in te ao Māori, which acknowledges the strength and potential of whānau and the mana of all whānau members. Within this context, when mechanisms can be put in place to ensure safety, these providers will explore options to bring whānau members together. Other providers focus on victim safety and perpetrator rehabilitation which is often about treating whānau members separately. These are fundamentally different positions which can cause tension when trying to collaborate within the sector.

### ***Stage two: Open forum regional presentations***

#### **Key findings:**

- The open forum presentation stage was challenging for some but had positive aspects, including greater accessibility, which can be channeled into an optimal approach for future programmes.
- Negative reactions to the open forum exposed that some providers feel protective about their intellectual property and competitive with other providers.
- Staging panels and open fora presentations around the country was resource intensive for all involved.

## *The presentation stage was challenging for many providers but most saw some value in the approach*

*That was quite a lengthy process, but it also gave us the opportunity to prepare and come in with our eyes open...so it ended up being quite good to hear what the others were doing and to understand their capacity and capability. (Provider)*

Provider views of this experience ranged from very positive to bemused through to “awful” and “the most traumatic experience ever”. Many could see the value in meeting and learning about the work of other providers in their area and one said the process “made you put your best foot forward”. A few providers were motivated by the different approach to get the whole team involved in developing and supporting their presentation which was very different from one person writing an ROI, and they said it helped get team buy-in to the programme.

However, the competitive environment was difficult for some who felt vulnerable in that public setting and uncomfortable about exposing their intellectual property (IP). Some found it was nerve wracking and there was no time for reflection.

*What we think is very precious and it's really a lot of us put into it and a lot of the time...It was very daunting because we never have anything like that before....but I believe we prepared well. And then ... we would listen to somebody else's presentation ...It was good, hindsight was good, at the time it was kind of scary and daunting but that's what it is. (Provider)*

*How can we secure our own IP when we're having to do this, because it's such a competitive environment and here you are wanting us to tell everyone our point of difference in this space and what that looks like and why we have to do it in this particular way? There were a few hairy moments for us, but we got to the other side and realized we have to remove ourselves from this picture and why we do this work in the first place. (Provider)*

The open forum stage did enable some provider organisations, who work in the same region and sector, to connect. This was what MSD was hoping to achieve and was considered important before potentially working together in the design stage. For those who were positive about the experience, they appreciated meeting other providers, the whakawhanaungatanga, gaining insights into what others do and how they deliver services.

*We've created some amazing relationships with organisations that we didn't really know a hang of a lot about. So, you know I think that's been a really, really positive outcome. (Provider)*

## *The presentation stage evened the playing field for some*

The open forum presentation challenged some of those used to securing contracts on the basis of written applications to turn up and speak to their capability. In one case, the provider who scored highest in the written ROI phase, scored the lowest in their presentation round.

This approach broadened the opportunity for others to present their capability in person, to speak kanohi ki te kanohi about how they can best serve whānau. Having this two-stage application process may have attracted more providers to apply, knowing it was not 100 percent dependent on how well you come across on paper. A member of MSD's project team shared that a lot of smaller provider organisations that had applied said to them, “we never imagined we would get chosen”. Some are used to losing out to larger, well-resourced

organisations that have honed their processes to win government contracts while they perhaps struggle to put resource towards applications.

*I know in [location] one of the providers said they had been part of the procurement process before with Government where they were looking at rangatahi Māori....and they gave up all this stuff into the design of the procurement process. The procurement went out, a big national agency, non-Māori got it, then came back to them and said can you put us in contact with some rangatahi. I mean you know this is the experience that people have had... so I think the complexity of getting people primed to be able to work differently is really difficult. (MSD project team member)*

At the end of the two procurement stages, 89 providers were contracted to co-design Whānau Resilience services across the 12 regions. Of these providers, 54 percent identified as Māori, 14 percent as Pacific, and 8 percent in other groups.

### *The presentation format was high-cost in time and resource*

Interviews with a range of MSD and Oranga Tamariki (procurement) staff found that staging the panels was stressful, costly and time consuming. The initial pressure point was the fact that 175 proposals were shortlisted and would need to be heard in person by the panel in 12 regions. Originally, these presentations were planned to be completed between May and July 2019 but there was a significant amount of people, venues and travel to organise and this quickly doubled and was delivered over a rolling schedule.

Providing time for whakawhanaungatanga was an important element to acknowledge mana whenua and set tikanga for this new experience for all. In a number of regions, however, the MSD project team struggled to secure appropriate cultural support from within MSD and felt this had a negative impact on how they, and providers, experienced the day.

Both agency staff and providers involved in the fora spoke about how long some of the sessions went. In one region they were scheduled over ten days while others mentioned a lot of waiting around and the day stretching to 7pm at night.

*It was a really long procurement process, very, very hands on, intensive with the team. (MSD project team member)*

*It's not sustainable for a small team and it's a lot of pressure. (MSD project team member)*

The MSD team has subsequently reflected that providers could have been asked to share their thoughts about their community's needs and how their service could deliver long-term healing services. Based on this, the panel could determine if their ideas fit with the philosophy of the Whānau Resilience programme, rather than having to speak to a well-conceived but artificial case scenario. In some regions where we heard that the quality of presentations was very high, the future difficulty may be in establishing criteria to match available funding.

## Procurement: success factors & recommendations

The evaluation findings relating to the Whānau Resilience procurement approach have highlighted some key success factors that could be useful to MSD and other government agencies when developing new services.

- Acknowledge your role in creating a competitive contracting environment and work with providers on a new vision for this sector which keeps the focus on whānau.
- Be clear as a team what your vision of success at the end of a procurement process looks like. Share this with providers early so that they can help achieve it but also clarify as much as possible if there are any limits or weighting to the shortlisting criteria. For example, in the Whānau Resilience process, communicating some targets around the providers being sought (ethnicity, cultural competency) might have helped all providers understand who would later be involved.
- Be flexible about procurement approaches and question the value of existing procurement methods such as the ROI in securing the provision needed. As this experience showed, some providers excel in writing applications while others performed better when engaging with a panel in person.
- If attempting a new procurement approach test your logic with a few different types of providers. Broad consultation works with some issues but reaching out to test ideas with providers directly might yield more free and frank feedback. Take care not to lean on the same providers all of the time.
- Consider running separate procurement processes if seeking to substantially increase provision by a particular group. In the Whānau Resilience approach, it was important to communicate with and host Māori providers within the appropriate cultural framework, and to provide scope to do the same for Pacific providers. While there are things to learn from each other and the potential for cultural capability building, these can happen outside the procurement process.
- Open fora presentations are worth continuing with some tweaks but note the heavy resourcing required for Whānau Resilience. If using again, work with providers to plan them and consider video submissions in advance of panel kōrero.

## EXPERIENCE OF CO-DESIGN

This section focuses on the experience of stakeholders and the key lessons learnt from the co-design phase. It begins with an overview of the process including how funding was allocated to create specific roles, and how co-design was to be facilitated and result in the development of clear service specifications. Detailed analysis from interviews with stakeholders is presented followed by the key findings, success factors and recommendations.

### Overview of co-design phase

Each provider or provider collective that was successful through the two-stage procurement process were contracted by MSD to actively participate in the co-design process and meet contract deliverables for this period. The vast majority (83 percent) of those awarded contracts were already social service providers for MSD, and 67 percent of those have held a social service accreditation for over 15 years.

#### *Funding allocation based on kaimahi model*

Funding was awarded in the form of a full-time equivalent (FTE) kaimahi salary dedicated to the co-design of Whānau Resilience services in year one, followed by service implementation in the following four years. The number of FTEs available per region was pre-determined based on MSD's funding allocation model predicting need for family violence services.<sup>20</sup> If an applicant was a collective consisting of multiple providers, they might only secure one FTE for the collective.

A total of 114 FTEs (kaimahi) were funded across the 12 regions, ranging from four in Tasman up to 22 in Counties Manukau.

Under the new funding approach this rate was considered a sustainable and more equitable rate to deliver on the aims of the programme. It also brought the FTE rate up and in line with other sectors (including Sexual Violence) to reflect the level of skill and experience required.

#### *Services co-designed by providers within regions, facilitated by pouwhakataki*

In order to help shift providers away from what has been largely a crisis-response and short-term programme approach in family violence services, MSD planned a 12-month service design period. The services were to be designed by providers, working in collaboration with fellow contracted providers in their region. To help facilitate this period of co-design, MSD designed and introduced a new role of Pouwhakataki.

Funding was allocated to a one-year salary for 20 Pouwhakataki (initially called 'kairaranga') who would facilitate co-design in each of their 12 regions in the first year. Most regions were allocated two Pouwhakataki based on the geographical spread and number of kaimahi. Tāmaki Makaurau was the exception with four pouwhakataki allocated to work with 34 kaimahi across Counties Manukau, Auckland Central and Waitemata.

MSD thought it was important for pouwhakataki to be drawn locally from the regions they would be working in. This followed engagement with the sector that asked for services to be designed and led by the communities themselves. Pouwhakataki with local knowledge and credibility would mean they would have better understanding of the needs of the community and be more likely to connect easily with local providers. There was also an element of capability building from MSD's perspective and leaving the investment in the regions.

The independent Pouwhakataki were originally intended to hold one-year contracts to:

- Lead and coordinate the regional co-design
- Draw out and activate ideas
- Drive change
- Use their experience to make things happen on limited resources
- Use their community credibility and connections to engage whānau and community to inform the co-design
- Use their knowledge of tikanga Māori and cultural expertise to strengthen relationships with iwi, hapū and whānau.

### *Community members helped develop the pouwhakataki role description*

A wānanga was organised with people drawn from the various communities to discuss and help plan the role and job description. The pouwhakataki job description sought creative, resourceful individuals who were passionate about their community and seeing it thrive. It was a design facilitation role but one that was fundamentally dependent on relationships.

It was hoped that those individuals helping develop the role might then take on the roles but only one of the community representatives went on to apply. Feedback from the day was that even though they could see themselves in the role, they lacked trust in the government and did not want to work for the Ministry. From here MSD tapped into their community stakeholder networks until the roles were filled. The decision was made to contract these roles rather than appoint Pouwhakataki as employees.

MSD offered capability-building and training opportunities, recognising the diverse needs of the role but a collective approach was taken and the group elected to put the training budget towards periodical national hui.

### *The pouwhakataki contract set out clear milestones and standards*

Pouwhakataki roles were separately and directly contracted by the MSD Whānau Resilience team, rather than through Oranga Tamariki procurement. Their one-year contract provided a four-stage framework for the design process with expected deliverables and associated performance standards over the 12 months, as outlined below.

<b>Stage one:</b>	Building relationships with the kaimahi and providers in the region, completing a plan for the design workshops with providers, and creating a memorandum of understanding with providers which detailed the approach, responsibilities, conflict management process and calendar of engagements.
<b>Stage two:</b>	Leading a process of identifying community strengths and development of a Community Asset Map, supporting kaimahi to create a plan to engage whānau and stakeholders in the design process.
<b>Stage three:</b>	Identifying the service opportunities and development of possible shared measures across the region and testing service ideas with whānau.
<b>Stage four:</b>	Supporting kaimahi to work through the operational implications of their design.

A portion of the stage one expectations for pouwhakataki from their contract with MSD is shown below, indicating clear milestones, measures and timeframe.

Deliverables/Milestones	Performance Measures or Standards	Time Frame: 3 Months
Lead and support development of an action plan with all members of the regional design collective	An action plan is created that details how the collective will deliver through the stages of the contract and keep on track to deliver a clear service concept at the end of the process. This could include (but not be limited to): <ul style="list-style-type: none"> <li>• A calendar of events and activities</li> <li>• Identification of key stakeholders, communication protocols and points of contact for kaimahi</li> <li>• Planning of the quarterly roundtables</li> </ul>	Within 3 months of Regional Design Collective starting the design process, and on-going through course of the design process
Lead the planning of when and where hui will happen (an agreed schedule of meetings)	<ul style="list-style-type: none"> <li>• Everyone is aware of when and where hui will occur and have a clear understanding of what will happen</li> </ul>	As required
Start to develop community level data using the Community Readiness Tool	<ul style="list-style-type: none"> <li>• Start to collect data for your region using the Community Readiness Tool</li> </ul>	Within 3 months of Regional Design Collective starting the design process

The pouwhakataki were not responsible for developing the service designs or specifications but they were responsible for supporting the kaimahi/providers to do so. MSD expected to see clear service concepts that could evidence how providers would contribute to long term recovery from family violence, how the service would work in practice, and how it would be tested and refined over time.

A separate Action Budget that covered 12 regions was provided to the pouwhakataki to help facilitate regional design, and capability building for pouwhakataki was additionally offered by MSD.

### *Co-design reporting and outcomes agreements*

Another unique feature of Whānau Resilience was the reporting requirement during the year of co-design. Instead of regular written reports of progress against performance standards, MSD arranged for quarterly roundtable hui in each region to be held after each three-month stage to discuss progress. This was to be attended by the regional advisor/s and MSD as well as the pouwhakataki and regional group of kaimahi/providers. Agency representatives would take minutes at the meeting as they required but otherwise it was an opportunity to discuss the process, air and resolve issues.

At the end of the co-design period, providers were expected to have designed services that incorporate and reflect whānau voice. MSD would then work with them on a four-year Outcome Agreement and resume responsibility for monitoring service implementation against that Agreement.

## Evaluation findings

### *Providers support local service design centring whānau voice*

**Key finding:**

The intent and whānau-centred approach of co-designing Whānau Resilience services locally was well-received by providers.

Following the two-stage procurement process, 89 providers were contracted to co-design Whānau Resilience services in their regions over the following 12 months. This departure from the agency issuing a centrally-designed service was well received, as was the idea of co-designing with whānau based on their service needs.

*Whānau voice has always been key and it's always going to be part of our whakapapa here first and foremost. And recognising too we're guests in their mind so it's about being able to nurture and look after that and not be in there for five minutes and bang you're somewhere else. It's long term, that long term what that can be provided in the hope of being able to then bring them into a place of thriving. (Provider)*

Māori providers were drawn to this programme because it centred whānau voice and a long-term view of healing. This was a critically important element of the process and reflects how a te ao Māori approach contrasts with a western service contract approach. As one participant noted, the Whānau Resilience approach was different because it did not focus on a short-term, cure-all traditional approach, rather, “*how to put this korowai around whānau really and take them on a journey off to heal.*”

*So, the great things were about that that almost a freedom or autonomy to go out and talk to your community. I think it was good to have a collective as well, like that it's not just you kind of going off but hearing the voice from other communities and other viewpoints as well. (Provider)*

Some providers questioned the level of trust MSD had in them because they hear from whānau about what they need every day.

*There are constantly new initiatives ... governments like highlighting new things as opposed to funding what's actually working well now. (Provider)*

There were also mixed views about whether this design process succeeded in centering whānau voice or not, reflecting the variety of approaches taken in different regions by the various pouwhakataki. In one region, some participants felt their pouwhakataki brought in voices that did not reflect their communities and this was frustrating for them. However, others in the same group appreciated the new perspectives (including those of the rainbow community which was new learning for them) and felt that this exposure helped enrich their service design.

One provider spoke about how the process had helped them identify numerous service gaps with whānau. As a result of the process, they had developed a new service in partnership with another local specialist organisation, in addition to their Whānau Resilience regional group. The co-design process had enabled them to gain whānau voice, identify the local



service need and engage with another local organisation that could provide complementary knowledge and skills to reach more people and make the service more successful.

### *Stakeholder understanding of the co-design process was variable*

**Key finding:**

A lack of clarity around the key roles, responsibilities and expectations led to frustration and some negative experience of the process.

There was a lack of shared understanding across stakeholders about the end to end co-design process and what was expected. While the expectations set for pouwhakataki appear clear in their contract – including outlining a four stage co-design process and related outcomes – this was either not understood, not shared or clearly communicated with, or not understood by kaimahi and their organisations.

The most consistent feedback from kaimahi and managers to the evaluators was the lack of information and clarity from pouwhakataki about what to expect during the co-design process. Meetings were scheduled at short notice, there would be long stretches of time without any contact and then there would be an expectation that kaimahi could commit to two days away, for example. While the expectation from pouwhakataki was that kaimahi would be available to deliver on this work full time, kaimahi had obligations to their provider organisations and respective whānau / family which needed to be factored in.

The pouwhakataki could choose how the year was filled and some staged valuable sessions with subject matter experts, sharing useful perspectives. A repeated concern, however, was that these sessions were not then connected back to the group's design work in a coherent way that kaimahi and their managers could use.

This approach to service design was new to many involved in this programme and it was important to empower kaimahi and providers with clear information about the process. The extent to which the four-stage process and key milestones were shared with all stakeholders at the start of the process is unclear. Setting out the structure and any parameters with providers and their kaimahi may have helped avoid a number of tensions that later emerged.

### *Challenging for MSD to achieve a balance between being flexible and getting results*

Pouwhakataki, providers and their kaimahi felt that they understood this was a flexible process, that they could 'reach for the stars', and they could do anything with this co-design period.

*I must say it was, it was kind of slightly uncomfortable because we've always been told ... this is what we require of you, this is how it's going to work, this is how it's going to go. So having the freedom and the flexibility to have the contract given down here to actually work and find our own objectives was yep probably uncomfortable after many years working in this realm. We've got the freedom to be able to do this mahi and it's like, it's so unusual but it was so exciting at the same time. (Provider)*

Pouwhakataki explained how they were initially told by MSD they had autonomy and licence to design and run the co-design process in creative ways they deemed appropriate, because

they knew their communities and the provider network they were working with. This creative licence was what attracted the majority of pouwhakataki to the role.

*MSD didn't come and say to us the best way to do a MOU. They sent out these documents...there's like nine pages of who is going to be at your next service, how many meetings are you going to run per month per year, who are the people that are there who are going to manage your contract. ... Our document was the three important areas... how do you want to be treated, how would you like me to respond to the treatment, and how do we include our whānau in that response. (Pouwhakataki)*

Many providers were initially excited but then unsure and confused as more pieces of information appeared to be added on. Some kaimahi and their managers said they tried to get clarity from their pouwhakataki about the process, but they did not seem to know either. This led to some relationships breaking down.

*The other thing they didn't do was just provide some real leadership around if you're going to create change then leadership is really important ....we were creating the leadership, providing the leadership at Pouwhakataki level but I don't think MSD reciprocated that ..... I could see there was a real distancing between the relationships, between Pouwhakataki and service managers and then our kaimahi we've lost in the middle. (Pouwhakataki)*

A number of providers believed that once they made it through the two-stage procurement they would be funded for five years; that they would undertake the year of co-design and then funding would continue a further four years to implement the service. Some kaimahi and providers seemed confused about whether they were working together to produce one single service design for the region or supporting each other in their own designs. A number involved in the evaluation said they were surprised to learn late in the year that a service specification was required to confirm a contract post-co-design.

The deadline for service specifications was pushed back by several months due to COVID-19. By early 2021, only 23 of 89 service specifications had been received by MSD. In some cases, providers thought it was the pouwhakataki role to develop specifications. Some pouwhakataki stepped in to help some providers complete their work towards securing contracts and others worked beyond their contract end dates to see the process through.

The lack of clarity for providers and pouwhakataki about expectations impacted in some way on all three regions (part of this evaluation) in finalising their service designs for Whānau Resilience. Consequences for organisations included delays of several months between concluding co-design and being able to begin implementation. For some, this meant no funding security for kaimahi roles as they waited for contracts to be processed. Some providers acknowledged MSD's efforts during this time to support them during the delay.

*Providers vary significantly so a single approach was not right for all*

**Key finding:**

Providers were at different stages in terms of readiness to design this new service and/or collaborate with their peers. Some providers welcomed the time and space to work with whānau in service co-design but others considered the facilitated co-design a waste of time and resource.

The majority of Whānau Resilience providers had been delivering social service contracts for years. Many organisations are delivering multiple government contracts and have hundreds of staff, while others are small community providers with a handful of staff. They are at different stages of readiness to engage in co-designing services and collaborating with other providers.

Some organisations already work in this way and so having to commit kaimahi to a year-long, full-time process felt excessive. Their view was that the co-design work could have been completed in either a part-time capacity or much shorter timeframe.

*We knew what we wanted to do with the design and we were putting those things forward and it wasn't getting listened to and it just dragged on and on. Really three months would've been sufficient. (Provider)*

*I don't think it needed to be a full-time role over 18 months, ...It was silly to sit down and talk about resilience 8 hours a day, 5 days a week for 18 months. (Kaimahi)*

Some providers are in a cycle of community provision and business survival and have not had the space and time to critically reflect and better understand the evolving needs of whānau. In this programme, providers were funded to actively work with whānau to understand current needs and service gaps, with some providers admitting this was new and difficult. The major advantage of this programme was dedicated resource and the time to engage with whānau to hear directly from them what they need. Those who were positive about this programme felt that this time and the opportunity to meet and learn from peer providers was game-changing.

*I'll give MSD another plus for the time and space to get community voice and that period of time when we've all done it differently but a pretty good idea about where the gaps are collectively. (Provider)*

In many cases, providers feel they have developed a service that will deliver long term healing support to whānau experiencing family violence. While some implied they had the idea for the service before this process was introduced, it did allow them the time to design and operationalise the idea based on whānau voice.

*Some kaimahi were vulnerable in the co-design process*

**Key findings:**

- The kaimahi role required a broad range of skills that could not be met in some regions.
- Lines of communication between providers and pouwhakataki needed to be stronger to support kaimahi and help the process succeed.

A total of 114 kaimahi were appointed by providers across Aotearoa New Zealand to co-design Whānau Resilience services. Once providers were informed that they were successful in securing an FTE (or more) for the co-design phase, they could then appoint a kaimahi. MSD took a non-prescriptive approach and let providers determine who and how they would appoint this role and how that role would be paid, within the budget amount

provided. They recommended appointing a person with whom the providers had high trust, as key to a successful co-design process.

The kaimahi were to be available full time for the duration of the co-design period and be able to represent the provider in that process. They were to be open minded, willing to learn, and able to engage with whānau. They would be led by the pouwhakataki through the design process and work closely with other kaimahi.

By many accounts, recruiting a single person to this role was difficult. The creation of a specific kamahi role proved to be a layer of complexity for this programme that ended up distressing some people performing the role. In some places the workforce did not exist or there were limited options to appoint. In many cases, providers were appointed from within which tended to be more effective due to the existing strong relationship and understanding between kaimahi and manager (sometimes the same person). In cases where a new appointment from outside the provider was made, it was important that the individual had personal confidence, good communication, support from their manager, and had clear instructions about their role.

However, the lack of clarity around the co-design process, roles and responsibilities meant that some kaimahi were put in difficult situations, often getting caught between different expectations of their managers who they were directly accountable to and the pouwhakataki who were leading them in the co-design. Some spoke about not feeling well supported by their managers as the design work was unfolding, due to the managers' distance from the co-design process.

An ineffective cycle emerged in some places where kaimahi were not fully informed about what they were supposed to be doing, being directed to do other work for the organisation, not being able to be fully immersed in the co-design process and then struggling to participate. This created tensions and placed the kaimahi in a vulnerable position with both their manager and the pouwhakataki, who each had their own expectations.

*I found it a really challenging experience and I wouldn't do it again. Yep I wouldn't do it again to be honest. And I'm a bit hesitant to try a different project like this again because of the way this went. I don't want to take part in it. (Kaimahi)*

The evaluation found some kaimahi were negatively impacted by individuals in their groups who would dominate the discussions and use intimidating/disrespectful language. Numerous providers in two of the three regions spoke about how harmful this process was for them and their staff, with one interviewee drawing comparison to the experience of whānau seeking help from the very programme being designed:

*it's difficult to see our staff being abused in the system that is designed to be supporting whānau to come out of abuse. (Provider)*

The four-stage co-design process demands a depth and breadth of skills and experience. In many cases it may have been very challenging to find a single person who could fulfill the kaimahi role at each stage: working with sector peers to establish a shared vision, engaging with whānau and identifying service gaps, co-designing a new service, and developing service specifications.

## *A positive experience of the process was dependent on the approach taken by Pouwhakataki*

### **Key finding:**

Experience of the co-design process was positive when the pouwhakataki prioritised provider whanaungatanga and manaakitanga

This evaluation covered just three regions but these regions had eight Pouwhakataki between them (out of 20, nationally). During evaluation kōrero with kaimahi and their managers, most focused on the role and performance of the pouwhakataki. Each appeared to bring a unique skillset from co-design experts through to health, governance, social service, education and Iwi service and leadership experience.

### *Inconsistent approaches and level of information sharing caused frustration*

MSD supported the pouwhakataki they appointed, and provided a clear contract and deliverables but they also wanted them to have some freedom in how they would deliver the role.

In a small country where many people and organisations are connected, the different approaches taken by pouwhakataki were shared and discussed by providers.

*It became quite clear we weren't getting all the information from MSD and they [Pouwhakataki] were kind of gatekeeping what, they're choosing what they would share with us or not. And those were quite big things like training on outcomes. We invited someone from MSD to talk to us about outcomes and she talked about holding trainings for each region for how to do outcomes and that was never communicated from our pou but we knew it was communicated through other Pouwhakataki in other regions and it was like those were actually really important things that we would have had benefit for us that were decided for us. (Provider)*

Another provider noted wistfully that in a different region the pouwhakataki had organised co-design training at the beginning so all participants had the same baseline to work from. Most seemed confused about what would happen, when and why.

*I have an expectation that they would have a process. Never seemed to have a process. The very beginning of this I understood it to be planned chaos and that there would be a natural bringing back together of all of the whānau but our Pouwhakataki couldn't do that. (Provider)*

### *Some stakeholders experienced mana-diminishing behaviour*

A few stakeholders spoke about feeling minimised by their pouwhakataki, including one situation where they were spoken to about the fundamentals of social work, a space they had been working in for decades.

*You're actually harming the mana of our staff and actually our organisation because other than the new ones, and there's a couple of us that are brand new like first time ever contract actually, others have been doing who have been doing it for years. It was like telling them to suck an egg. (Provider)*

Māori providers, in some cases, felt that they had to take on an educating role to help bring some tauwiwi providers up to speed with kaupapa Māori theory and practice, te reo me ōna

tikanga and the impacts of colonisation of whānau, hapū, iwi and Māori. This was evident in regions where the co-design process included a focus on decolonisation, local history and kaupapa Māori healing approaches. By contrast, some tauiwi providers reported feeling shut out and isolated from the co-design process and felt that pouwhakataki could have better managed this dynamic.

*I felt like they didn't want to know who we were because they'd already found people who perhaps aligned with their vision. We were quite clearly opposite so I just don't think there was an effort made to get to know everybody and ... I noticed that with the other ethnic minority groups as well, kind of ...not the flavour of the month. I don't know what kaupapa Māori means [to them]. (Kaimahi)*

From the pouwhakataki perspective they had a role to challenge kaimahi and to work through a component of decolonisation in the design process. Some thought it was critical that they create some discomfort, to challenge existing beliefs and attitudes to create real change and transformation for whānau. While the execution of this may have failed to land in some instances, the intent was to get comfortable with the uncomfortable in order to grow and create change.

*The design process worked well where the Pouwhakataki led with whakawhanaungatanga*

In one region, and anecdotally in others, co-design goals were met where the pouwhakataki had excellent relationship management skills, led whanaungatanga, facilitated the group well and did not overstep into provision. In these cases, MSD's approach worked well for them: providers connected well, they collaborated, had the necessary capability or support to develop capability, and milestones were met.

*I think we're really blessed with the fact that they were both skilled with a background of being able to facilitate. A background in being able to manaaki. Although they were here and we were here, there was always a balanced perspective around how they mahi alongside us and the support was evident around being able to ensure that we were ticking away in terms of what was required and there was room in being able to do that.*

During the evaluation, kaimahi and managers shared these elements as being what an effective pouwhakataki either did offer, or should have offered, to support an effective process:

- clarity of purpose and expectations
- clarity of roles
- ability to build a constructive collective dynamic
- ability to work constructively with providers via kaimahi (who will deliver the ultimate outcome)
- ability to support kaimahi who have a range of skills/experience/familiarity with co-design.

Some success in the co-design process was attributed to how their pouwhakataki was committed to the group and had fostered a constructive and collaborative working culture.

*We were really, I believe, as a collective, really grateful for their leadership and their style because it isn't you need to do this, you need to do that, it was how are we going to be able to create room or what is it that you need help with versus you know other areas and how they might do things. (Provider)*

While most observed challenges, particularly in the beginning and around clarity of process and expectations, some had a positive experience resulting in good design and a sustainable peer network.

*It was put out there very clearly that if this is going to continue, we have to respect each other and it's about that tikanga and acknowledge strength of every partner. (kaimahi)*

Once MSD committed to having the pouwhakataki role, they took the right approach to make appointments, particularly identifying and drawing from the community and co-designing the role. The range of experiences, including some quite negative, in just three regions suggests more attention was needed by MSD to ensure all pouwhakataki were clear about their role and expectations, including enabling and empowering providers in the design process. There was a role for pouwhakataki to respect the experience of those they were working with, be mana-enhancing and bring value to the process. This may have meant a more specific focus was needed by MSD in commissioning the role to foster relationships and provide nationally consistent information and support. Further, MSD needed the resource to manage pouwhakataki performance and any behaviour that was reportedly negatively impacting participants in the process.

## **Co-design: success factors & recommendations**

### *Whānau Resilience in implementation phase*

- Senior leadership should consider if Whānau Resilience is part of its departmental strategy and ensure it is resourced sufficiently. MSD had excellent staff on this project and many participants in the evaluation spoke about their integrity and responsiveness throughout the process. However, in our view some have been particularly over-burdened. The team was also let down by a lack of cultural support for important cultural protocols and engagements e.g. pōwhiri and whakatau which points to internal capability issues or a lack of senior leadership prioritisation for this project.

### *Relationship with the sector*

- Ask regional groups if they want and need a restorative session with MSD where there have been negative experiences during the service design phase. Where kaimahi have left or changed roles since co-design, urge providers to check in on the wellbeing of those people, with MSD's support if wanted. A forum hosted by multiple agencies funding in the family violence and healing space could be welcomed as a semi-regular event. Agencies could share any policy and programme developments and the region's providers could voluntarily present themselves to each other - a place to learn, share ideas and identify any new gaps in provision.
- Continue putting care into relationships with trusted providers and developing mutual respect as they are the ones delivering what whānau need. Support natural communities and opportunities to share knowledge and information, rather than

artificially creating new groups. Trust providers to know what their whānau and communities need rather than trying to introduce new initiatives from the centre.

- Relationships are essential between agency and community service provider. MSD needs to be deliberate about understanding the sector, any contextual issues in different regions and routinely monitoring the health of relationships.

### *Future iterations of the programme*

- If repeating this co-design process in future, work with providers to develop the approach with a view to it being flexible, provider-led, and about putting the right resource from the team in at the right time. In this model, instead of funded kaimahi and pouwhakataki roles, MSD could have enabled local providers to come together with a broad goal structure and timeline and provided a facilitator or design expert if and when/where needed.
- Ensure there is a shared end to end understanding of the design process across all stakeholders and mitigations in case that fails or if personnel change. This relates to understanding of all roles and responsibilities and any milestone expectations.
- MSD has already acknowledged some regret in organising this work around Police regions and aligning with the criminality of family violence for a healing-focused programme. Organising this work around tribal lines and involving mana whenua in each area is worth considering for future programme rollouts with a Māori focus. There is a wider problem that Government agencies use a multitude of different boundary lines to establish regions and localities for services (Health, Education etc). This has an impact on consistency of information and how resource can be shared between agencies, which is inefficient and unnecessary in a small country.
- Work directly with providers or a provider panel to work out operational details to avoid over-complexity in future approaches, as with the kaimahi and pouwhakataki roles; and create key checks and balances in the design process to ensure that kaimahi are safe and that there are clear processes that can be followed if safety issues arise.
- If expecting strong operational project management by a contractor, the agency needs to actively monitor delivery against clear timeframes and processes.

### *Next steps and future learnings*

- Keep learning and adapting as MSD has done with Whānau Resilience. It is positive that Whānau Resilience providers were given the opportunity to be part of the selection process for the appointment of Regional Transition Leads (a form of post-pouwhakataki support role in the regions) and it is optional for providers to work with RTLs as they operationalise their services. New MSD relationship managers will performance manage the RTLs for MSD. MSD should consider using these new relationship managers to gain learnings about the procurement and co-design



experience from the nine other regions not covered by this evaluation. Alternatively, a survey of these other regions' providers could be conducted soon to supplement the findings of this evaluation, noting this one was limited to the experience of just three regions.

- Consider undertaking a formative evaluation in one year to capture learnings from the initial roll out. An outcome evaluation in three years could then help to assess if these new services are helping whānau achieve their goals around living free from violence, and the extent to which the design process and/or the regional collaboration contributed to those outcomes. This could then inform any decisions around extending the programme beyond the current four-year implementation.
- Consider direct kaupapa Māori and Pacific commissioning or running separate procurement processes, eg. for Māori providers if wanting to increase Māori provision in other programmes.
- Review language and communication strategy with programmes and whether this reflects a strengths-based position. Language such as 'build' and 'grow' can create positive settings while words like 'disrupt' suggest something requires complete change, which appeared to be the inference taken by some pouwhakataki for Whānau Resilience.
- Consider devolving further responsibility to regional providers – funding and programme administration - particularly where there is high assurance in how providers work together.

## Summary of findings

Whānau Resilience represented a considerable shift in how MSD procures and designs services. This evaluation has found that some changes have brought real benefits to how MSD works with the family violence sector, and benefits for the sector itself. We also identified some issues with how this programme was planned and executed which have implications for agencies that contract with community service providers.

Fundamentally, was the approach effective in supporting the shifts needed to strengthen whānau affected by family violence? There are indicators of progress towards supporting better outcomes for whānau. These relate to more sustainable funding, reduced bureaucracy and monitoring of providers who have the direct relationship with whānau, enabling a higher trust model to develop. If this type of approach continues, providers will have increased security and flexibility to respond to whānau needs and give them sustained support in the way they need.

*MSD has provided us with the springboard to go where we've always wanted to go. So not just... delivering a programme and that's it. So it's around what's going to be best for the client, the ability to come into the organisation and out of the organisation when it works for them. [Provider]*

### **Overall gains made by the Whānau Resilience approach**

#### *MSD has shown more trust and confidence in providers*

There is broad support from the sector for the procurement approach that was trialled by MSD and to keep going in this direction. Positive changes included a more condensed Registration of Interest (ROI) application and the ability to engage kanohi ki te kanohi with a regional panel of decision makers. While some struggled with presenting in an open forum or found it confronting, a greater number saw the benefit it had in terms of process transparency and removing the focus from a paper template to 'meeting the team' in person.

Despite challenges within the process, all agreed that provider-led co-design was an immense step forward for MSD to enable them to work with their whānau and design the programme locally. The intent was mana-enhancing for providers and was a step towards building trust on both sides. While there were issues with the planning and execution of the co-design phase, no one argued for a return to centrally-designed services for their whānau and communities.

#### *The approach enabled more equitable provision*

The design of the procurement process acknowledged that Māori and Pacific are disproportionately affected by family violence. The new approach proactively sought – and succeeded - to increase Māori and Pacific service provision. As a result, over half of the 89 Whānau Resilience providers identify as Māori organisations, better aligning with the level of service need among Māori communities. Early MSD communications were explicit about Whānau Resilience provision being more reflective of the communities with 'service need'

and that Māori would be resourced to provide 'for Māori, by Māori' solutions which helped attract these providers.

### *Regional collaboration has helped identify and address some service gaps*

The service design process required regional collaboration and, as a result, some new connections and partnerships have been made within the sector. Increased regional collaboration has the potential to better serve whānau and avoid gaps in provision.

Providers were brought together within quite large (Police) regional boundaries: first as shortlisted applicants presenting in an open fora and then those who were awarded contracts designed services together over the next year. Some providers had never met each other despite working in the same sector and region. In some regions the opportunity for whanaungatanga and then for small group collaboration and support over 12 (or more) months, established important relationships. Through the process, they have learned about each others' strengths and capabilities, identified new ways of working and shared challenges and successes while working with whānau. While not every provider or region may have bonded, or needed this opportunity to connect, where there were connections these have great potential to improve how whānau are engaged and supported to live free from family violence.

### *Investment in provider co-design was worthwhile*

The decision by MSD to invest in a year-long co-design process (and the associated costs) was significant. Some providers have said it was longer than needed and some were not happy with how the co-design process was managed by MSD. However, many providers interviewed, particularly smaller organisations, relished the opportunity to think, plan and engage with whānau about what services they need. The resourcing – through a salary, mandated time, regional provider networking and design facilitation - has benefited their organisations and by extension potentially the whānau they serve.

### *Longer-term funding gives some provider security*

The Whānau Resilience model gives funding security for four years beyond the first year design phase. This enables providers to plan and properly staff long-term healing services and enable some consistency for whānau working to live free from family violence. As the funding is at a more sustainable rate (facilitated by MSD's modelling), most providers were positive about this progressive shift. They acknowledged that the FTE rate provides for a good salary and back office support. While this is not new or an approach confined to Whānau Resilience, providers are encouraged that this approach may be normalised by government.

### *Positive shift towards alignment with Te Pae Tata (MSD's Māori strategy)*

During the evaluation, we considered how the Whānau Resilience approach reflected the shifts described in MSD's Māori strategy, Te Pae Tata. We found there was a determined effort by the team to earn respect and trust of Māori providers (Mana manaaki); to form genuine partnerships with Māori providers (Kotahitanga) and support long-term healing of whānau Māori (Kia takatū tātou).

The first strategic shift being sought by MSD is *Mana Manaaki* and earning the respect and trust of Māori. MSD's approach to conceptualising Whānau Resilience was supported by

consultation with the sector including Māori providers and they demonstrated respect to providers by listening and returning to test their ideas. The second phase of this work was provider-led co-design which, with Māori providers in the majority, helped prioritise whānau Māori voice in the process (as intended). Higher trust was indicated through a different approach to monitoring and reporting as well: MSD did not require regular written reports but instead held quarterly hui with stakeholders.

However, not all providers are the same and the application of a single approach to design over a year showed some lack of trust by MSD, especially as most have delivered contracts for MSD for many years. There was an opportunity for the team to have worked more closely with Māori providers beyond the early consultation to draw on their considerable expertise and experience. This may have led to the team developing a flexible approach to service design that better reflected what the Māori providers themselves needed.

The second shift being sought by MSD in Te Pae Tata is *Kotahitanga* and forming genuine partnerships with Māori. We found that MSD's original resourcing of the Whānau Resilience team and panel selection reflected the change in approach needed. The project team and panel brought a mix of world views including with particular Māori cultural understanding and capability. There was good intent that this process should be much more reflective of partnership with community providers, including appointing pouwhakataki from within each area, and more strongly feature Māori voices and ways of working.

Māori providers were interested in a genuine and potentially direct partnership with MSD. Through the wider procurement process they had to compete and experienced some frustration in having to support others to a baseline of understanding tikanga.

The third shift being sought by MSD is *Kia Takatū Tātou* and supporting Māori aspirations. MSD's intent with Whānau Resilience indicates a positive shift for Māori through engaging greater numbers of Māori providers, funding sustainably and devolving some service design control. The resulting model for procurement, featuring a shortened written application and open fora presentations, was unnerving for some but worked better for Māori and Pacific providers. A cultural setting based on whanaungatanga was comfortable and appropriate, and most participants appreciated the transparency of the approach.

### ***Cross-cutting issues that reduced effectiveness***

#### *Sector tensions were underestimated for a collaborative process*

Engagement with stakeholders highlighted inherent tensions among providers within the family violence sector that were underestimated in the planning and execution of the Whānau Resilience programme. These can simmer in regular procurement settings but the approach for this programme forced providers together.

These tensions were apparent in three ways: from Māori providers who had understood this was a kaupapa Māori approach and were disappointed to later find this was open to non-Māori providers; tension between those providers who are clinicians and believe family violence specialists should be delivering these types of initiatives in favour of non-specialist NGOs; tension between culture and operating philosophies - those that take a whānau-

centred strengths approach and those who focus on individuals, including victim care and perpetrator rehabilitation.

Some of this tension has been created by government procurement models which have fostered market competition for decades. It is unclear if the Whānau Resilience team was sufficiently prepared to navigate these difficult issues. The team and pouwhakataki had to deal with the effects of these tensions throughout the process but especially during co-design in some regions. Being prepared for this could have seen these tensions proactively built into the plan and might have helped reduce stress on those team members at times.

*Providers were frustrated that government will not trust them to lead*

MSD had consulted with and listened to the sector and took an evidence-based approach to developing the programme, including not imposing a service design that was created by central government. But a need to control the process and to innovate may have undermined their good intent for the co-design period. The introduction of kaimahi and pouwhakataki roles, rather than a flexible approach, caused significant issues in two of the three regions evaluated.

Most service providers have worked with MSD for a long time and feel they have proven they can be trusted. They also have vast experience in family violence, and in working with whānau. Some providers reported that they already knew what their communities needed in terms of long-term support to live free from violence but that they had not previously had the funds to deliver the service. For these providers, they could have been ready to deliver a Whānau Resilience service with just a short amount of time to develop a service design and specification. Some were also already very well connected with their provider peers and were frustrated by having to participate in a long design process.

Others did appreciate the space and time to network with other providers in the region and to revisit with whānau about their needs. It may be those providers that see the biggest changes as a result of the Whānau Resilience approach bringing them together with other providers to identify their strengths, share information, and find service gaps.

The MSD project team wanted providers to have the flexibility to develop their own plan for delivering the services, but at the same time they were working within a system that assumes it has to design the approach. This meant that they applied the approach to all providers when the providers were at very different stages of development and need. The result was actually inflexible through the prescription of the kaimahi and pouwhakataki roles and enforced regional collaboration. A flexible approach based on provider need and readiness would have meant some services reaching whānau faster and would have acknowledged provider mana.

*Existing agency-provider relationships needed to be prioritised*

Oranga Tamariki (through their PfO roles) supported procurement for MSD for Whānau Resilience and had a key role in relationship and contract management with providers in the regions. The bulk of a regional advisor's role is relationships with providers as they oversee numerous contracts. For a lot of providers this is an important and consistent local person who understands their business and who providers rely on to gain information and escalate any issues.

There was a missed opportunity for MSD to capitalise on the relationship that regional advisors have with local providers in all regions. The project team may have considered these roles as being more compliance-focused while they were trying to innovate and push boundaries. However, regular communication with these advisors, more input in the design stage, and whakawhanaungtanga with pouwhakataki may have helped the advisors understand and feel more invested in this unique process. Instead, some felt disengaged and prone to back their providers who had issues with the Whānau Resilience programme and the way it was being implemented. This uncertain relationship between MSD and the regional advisors had the effect of snowballing problems in some regions, instead of agencies working together for better outcomes.

# APPENDIX 1: The Five Pou

## The Five Pou

The pillars, or service areas, supporting Whānau Resilience

### Strengthen cultural identity and whakapapa

Support whānau to develop their sense of identity within their whānau, hapu and iwi and within te ao maori, and whakamana whānau to take charge of their own destiny



### Strengthen social capability and community connection

Grow community capacity and capability to support and sustain change



### Support behaviour change for men and people using violence

Respectfully challenge men and those using violence to take responsibility for their behaviour, and provide on-going strengths-based, culturally responsive support which helps people heal and chose to not use violence



### Support trauma healing and recovery from violence

Use a trauma-informed analysis of family violence which acknowledges the intergenerational nature of family violence and the devastating impacts this has on those directly affected or exposed to it



### Create healthy relationships and skills

Create opportunities to build skills, knowledge and experiences to enable strong, positive and respectful relationships in whānau, partners, parents, partners, whānau and communities

## APPENDIX 2: Evaluation invitation to participate (sample)



16 June 2021

To Pouwhakataki, kaimahi and contract holders of Whānau Resilience

E ngā mana, e ngā reo, koia ko mātau nei e mihi ana ki a koutou me ngā āhuatanga katoa kei mua i a koutou.

Tēnā koe

This letter invites you to participate in an independent evaluation of the Whānau Resilience procurement and co-design process. The purpose of the evaluation is to understand how this procurement and co-design approach was experienced by those involved in the process, including providers (contract holders) and Pouwhakataki. It is important to know if the approach is effective in supporting the shifts needed to strengthen whānau affected by family violence.

The evaluation will focus on how well the procurement and co-design processes were implemented and then experienced by stakeholders. The evaluation team will ask about the procurement stages, the co-design process and your perspective on the impact this has had on the way these family violence services are funded, designed and supported.

The evaluation is being carried out by AIKO and KAIPUKE Consultants and is funded by the Ministry of Social Development (MSD). The lead evaluation team members are:

- Dr Chelsea Grootveld - Ngaitai, Ngāti Porou, Whānau-a-Apanui, Whakatōhea; [chelsea.grootveld@gmail.com](mailto:chelsea.grootveld@gmail.com) - 021 911 854.
- Lisa Davies - Ngāti Rehua, Ngāti Wai; [lisa@kaipuke.co.nz](mailto:lisa@kaipuke.co.nz) - 027 230 5889

Participation in this evaluation is voluntary. Given this, any decision you make not to participate or respond to this invitation will not influence future procurement decisions and/or your relationship with MSD.

Two members of the evaluation team will interview you at a date, location and time that is convenient for you. The team is carrying out interviews with up to 46 stakeholders located throughout Aotearoa during May to July 2021. The interview will take up to 45-minutes. We are happy to interview individuals or small groups – whatever works best for you.

The final evaluation report will help inform how MSD procures family violence services in the future. It is your choice whether or not you wish to take part in the evaluation. If you do not wish to participate, you do not have to give a reason.

If you have any questions or concerns, please contact Chelsea on 021-911-854.

Nāku noa

Nā Dr. Chelsea Grootveld - Aiko, Lead Evaluator.



## APPENDIX 3: Evaluation information sheet to participants

### Evaluation of Whānau Resilience procurement and co-design approach: Information Sheet

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<b>What is the purpose of the evaluation?</b>	<p>The purpose of the evaluation is to understand how the Whānau Resilience procurement and co-design approach was experienced by providers. It is important to know if the approach is effective in supporting the shifts needed to strengthen whānau affected by family violence. The evaluation will provide:</p> <ul style="list-style-type: none"><li>▪ An understanding of how well the approach was designed, resourced and implemented.</li><li>▪ An assessment of how effective the approach was in supporting regional co-design and development of family violence services for MSD.</li></ul>
<b>Who is conducting the evaluation?</b>	<p>The evaluation is being conducted by AIKO and KAIPUKE consultants on behalf of MSD. The lead evaluation team members are:</p> <ul style="list-style-type: none"><li>▪ Dr Chelsea Grootveld: Ngaitai, Ngāti Porou, Whānau-a-Apanui, Whakatōhea <a href="mailto:chelsea.grootveld@gmail.com">chelsea.grootveld@gmail.com</a> - 021 911 854.</li><li>▪ Lisa Davies: Ngāti Rehua, Ngāti Wai; <a href="mailto:lisa@kaipuke.co.nz">lisa@kaipuke.co.nz</a> - 027 230 5889</li></ul>
<b>How is information being gathered?</b>	<p>Information is being gathered through 46 semi-structured interviews of up to 45 minutes each with stakeholders at MSD and in three case study regions.</p> <p>How is information being stored and used?</p> <ul style="list-style-type: none"><li>▪ Client data is stored on OneDrive and SharePoint in the Cloud.</li><li>▪ All notes, transcripts, audios, videos and consent forms are in password protected folders and are anonymised.</li><li>▪ All client supplied lists (eg, names, contact details and other personal information) are password protected and deleted once the data has been used for the purposes for which it was provided.</li><li>▪ Aiko password protects all sensitive data, such as contact lists and any other data when requested by clients.</li><li>▪ At project completion, electronic participant contact lists are removed from our system and paper copies are destroyed within a month of project completion. All remaining data such as interview audios and transcripts are moved to a password protected folder of completed projects. This password is only known by current employees and only shared with staff verbally.</li><li>▪ Five years after project completion all remaining project files are deleted except the final report and ethics information.</li></ul>
<b>What are the benefits of this evaluation to whānau?</b>	<p>The final evaluation report will help determine if this procurement approach – which is different to traditional forms of purchasing service delivery for MSD – works well for providers and supports more locally-relevant service design. This is good for whānau as the effectiveness of this process impacts the quality and reliability of local family violence services.</p>
<b>What are my rights?</b>	<p>It is your choice whether or not you wish to take part in the evaluation. If you do not wish to take part, you do not have to give a reason. Your relationship with MSD will not be harmed.</p> <p>If you agree to take part, you'll be asked to read and complete a consent form. The evaluation team will also tell you about your rights, verbally.</p>
<b>Who do I contact with questions or concerns?</b>	<p>If you have any questions or concerns, please contact one of the evaluation team members (see above).</p>

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## APPENDIX 4: Evaluation consent form

### Evaluation of Whānau Resilience procurement and co-design: Consent Form

I understand that:

- My participation is voluntary, and I can withdraw at any time.
- If I do take part, I can refuse to answer any questions I do not want to answer.
- My name or identifying information will not be included in the evaluation without my permission. If I work for an organisation, the type of organisation I work for may be identified.
- My relationship with MSD will not be affected through my participation.
- My participation will not impact any future procurement decisions.
- With my permission, the discussion will be audio recorded, and may be transcribed.
- I have the right to request a copy of the audio or transcript of my discussion.
- Digital recordings, notes, and summaries will be stored securely at Aiko. Hard copies of stored information will be destroyed after three years.
- My information will not be shared with anyone outside of Aiko. MSD may request my notes in exceptional circumstances. If so, these notes will not include any identifying information and will be securely stored by the Research and Evaluation Team.
- Any information I provide can be removed at my request up until 1 August 2021.

I have read the information sheet and consent form and been given the opportunity to ask questions. I give my consent to participate in this evaluation.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX 5: Evaluation interview schedule

### Interview Schedule: Provider representatives

#### Set up, rapport building

- Introductions, explain evaluation, informed consent, survey, answer questions.
- Mihimihī

#### Assessing Whānau Resilience procurement and co-design

- Tell me about yourself
- How did you find out about Whānau Resilience?
  - What were the drivers for applying to Whānau Resilience?
  - What did you/your organisation want to get out of it?
  - Who was involved in the development of your application, presentation and co-design process?
  - What kinds of resourcing/support/help was provided by MSD advisors and/or others to enable you to access the programme?
- How would you describe your relationship with the MSD Adviser or MSD more generally?
- What do you like about the Whānau Resilience approach? Why?
- What do you think could be improved?
  - Probe: process, guidelines, communications, feedback loops.
- What difference has Whānau Resilience made to your organisation, if any?
  - Probe: financial stability, ability to lead local solutions, cultural integrity
  - At this stage are you achieving what you wanted to achieve?
  - How do you know?
- What advice would you give to other providers who want to join the Whānau Resilience programme?
- What do you think is needed to make Whānau Resilience programme successful and sustainable?
- [if needed, what role does the approach to procurement and co-design have in that success?]

#### Assessing the counterfactual

- What would happen to your organisation if Whānau Resilience was not available?
  
- Invite other comments, thank participation and close.

## ENDNOTES

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- <sup>1</sup> [Thinking differently: Re-framing family violence responsiveness in the mental health and addictions health care context \(hqsc.govt.nz\)](https://www.hqsc.govt.nz)
- <sup>2</sup> Family Violence Death Review Committee. 2016. *Fifth Report: January 2014 to December 2015*. Wellington
- <sup>3</sup> Grootveld, C. (2017). E Tū Whānau – Formative Evaluation. Report prepared for Ministry of Social Development; and Grootveld, C. (2019). E Tū Whānau – Summative Evaluation. Report prepared for Ministry of Social Development.
- <sup>4</sup> Family Violence Death Review Committee. 2016. *Fifth Report: January 2014 to December 2015*. Wellington, p.25.
- <sup>5</sup> *Family Violence Funding Approach*, Ministry of Social Development, July 2019, p.8.
- <sup>6</sup> MSD Statement of Intent 2018-22, p.19.
- <sup>7</sup> Te Pae Tata – Māori Strategy and Action Plan, MSD, p.7
- <sup>8</sup> Whānau Resilience Registration of Interest pack, MSD, p.8.
- <sup>9</sup> Whānau Resilience Services Procurement Plan, p.4.
- <sup>10</sup> Whānau Resilience Services Procurement Plan, p.5
- <sup>11</sup> Cram, F. (2019). Kaupapa Māori Health Research. In Pranee Liamputtong (ed.), *Handbook of Research Methods in Health Social Sciences*. Springer Singapore. pp. 1507-1524.
- <sup>12</sup> Penetito, W. (2009). The struggle to educate the Māori in New Zealand. In *The Routledge International Companion to Multicultural Education*, 1, 2-14.
- <sup>13</sup> Grootveld, C. M. (2013). Critical perspectives on the transformative potential of higher education in Aotearoa New Zealand (*Doctoral thesis, Victoria University of Wellington, Wellington, New Zealand*). Retrieved from <http://researcharchive.vuw.ac.nz/xmlui/bitstream/handle/10063/3006/thesis.pdf?sequence=2>
- <sup>14</sup> Smith, L. T. (1999). *Decolonising methodologies: Researching and indigenous peoples*. Zed Books, London.
- <sup>15</sup> Pipi, K., Cram, F., Hawke, R., Hawke, S., Huriwai, T., Mataki, T., & Tuuta, C. (2004). A research ethic for studying Māori and iwi provider success. *Social Policy Journal of New Zealand*, 23, 141-154. Retrieved from <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj23/23-pages141-153.pdf>
- <sup>16</sup> Subnational population estimates by age and sex as at June, 1996-2020 (retrieved 31 May 2021). Statistics New Zealand. <http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE7979>
- <sup>17</sup> Pihama, L., Cram, F., & Walker, S. (2002). Creating methodological space: A literature review of Kaupapa Māori research. *Canadian Journal of Native Education*, 26(1), 30-43.
- <sup>18</sup> Smith, G. H. (1997). *The development of Kaupapa Maori: Theory and praxis* (Doctoral dissertation, Research Space@ Auckland).
- <sup>19</sup> Whānau Resilience Services Procurement Plan, p.5.
- <sup>20</sup> Criteria for the model includes an area's level of deprivation and access to services among a number of other factors. Ibid.