

# Request for Proposals



Health Research  
Council of  
New Zealand  
Te Kaunihera Rangahau Hauora o Aotearoa

January 2019



Health Research  
Council of  
New Zealand



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

## 2019 MSD-HRC Research RFP – ‘Maintaining healthy connections with work’

*A joint initiative funded by the Health Research Council of New Zealand and the Ministry of Social Development.*

### Overview

The Health Research Council of New Zealand (HRC) and the Ministry of Social Development (MSD) have formed a funding initiative to support high-quality research and advance the strategic objectives of both organisations.

Through this Request for Proposals (RFP), the HRC and MSD (‘the funding partners’) are seeking to fund research that will address the following two components:

- Evidence of effective early intervention practice, that MSD and/or others in the social sector can implement, to respond to people who develop health conditions or disability while in work, with a goal of preventing a loss of connection to the labour market and to promote overall wellbeing; and
- An implementation framework that MSD and/or others can use to trial and evaluate new approaches that assist people to remain connected to work when managing health conditions or disability.

There are two separate funding opportunities available to apply for:

**Project:** the funding partners invite applications for project funding of up to **\$1.2 million** (fully-costed, exclusive of GST) and maximum duration of **two years**.

**Māori Mental Health Research Emerging Leader Fellowship:** mid-career researchers who have completed four to eight years of postdoctoral research, and have a demonstrated track record and potential for leadership in Māori mental health, are invited to apply for funding of up to **\$300,000** (exclusive of GST) for salary, salary associated costs and research expenses. The duration of the fellowship is up to **two years**.

It is anticipated that the contracted project and fellowship will begin as soon as practicable, with funding available for an immediate start following notification of outcomes in August 2019.

The proposed research must be within the scope of this initiative as specified in this RFP and must realistically be able to be completed within two years.

Please note that the project and fellowship grants for this RFP intend to support different research. As such, applicants should avoid submitting both a project and a fellowship application for the same proposed research.

## 1. Application Procedure

All forms and guidelines are available via HRC Gateway, the HRC's online application system (<https://gateway.hrc.govt.nz/>). The process below is outlined in more detail in the **2019 MSD-HRC Research RFP Project Application Guidelines** and **2019 MSD-HRC Research RFP Fellowship Application Guidelines**. These guidelines provide full details on the application process for project and fellowship applications, respectively, to this RFP.

### Step 1: Registration

Applicants are required to submit a Registration via HRC Gateway by **1:00pm, 26 February 2019**. This web-based form signals the intent of the applicant to submit a full application.

Once submitted, the Registration is forwarded (via HRC Gateway) to the applicant's host Research Office. The Research Office will need to approve the Registration and forward it to the HRC. For organisations without research offices, the application will be forwarded directly (via HRC Gateway) to the HRC.

Please note that first named investigators and all other named investigators must have an HRC Gateway account (with an updated profile), to be able to be included in an application.

### Step 2: Full Application

Applicants are then required to complete a full application. Full applications should be submitted via HRC Gateway by **1:00pm, 26 March 2019**.

Project applications should use the **2019 MSD-HRC Research RFP Project Application Form, 2019 MSD-HRC Research RFP Project Budget Form, and New Zealand Standard CV template**.

Fellowship applications should use the **2019 MSD-HRC Research RFP Fellowship Application Form, 2019 MSD-HRC Research RFP Fellowship Budget Form, and New Zealand Standard CV template**.

Once submitted, the full application is forwarded (via HRC Gateway) to the applicant's host Research Office. The Research Office will need to approve the full application and forward it to the HRC. For organisations without research offices, the application will be forwarded directly (via HRC Gateway) to the HRC.

A complete PDF of the full application is created by the HRC Gateway after the deadline for submission, at which time it can be printed and two hard copies sent to the HRC to arrive by **5:00pm, 28 March 2019**.

Applicants must meet the three deadlines indicated above for their proposal to be eligible.

## 2. Assessment Procedure

The process below is outlined in more detail in the *Partnership Programme Peer Review Guidelines for the 2019 MSD-HRC Research RFP*. These guidelines provide full details on the assessment process for project and fellowship applications to this RFP.

### Step 1: Peer Review

The scientific integrity of full applications will be assessed through an external peer review process which is managed by the HRC. This involves comprehensive peer review of all applications undertaken by independent national and international experts.

### Step 2: Applicant Rebuttal

Applicants are given an opportunity to view the peer review reports for their application and provide a rebuttal to the comments made. This is not an opportunity to rewrite major sections of a proposal, but rather the opportunity to respond to specific reviewer comments, to answer questions raised by the reviewer, or to clarify an issue so that your proposal may be viewed as equitably as possible by the Assessing Committee.

### Step 3: Assessing Committee

An independent Assessing Committee will then assess applications (full application, peer review reports and applicant rebuttal) using criteria outlined in the *Partnership Programme Peer Review Guidelines for the 2019 MSD-HRC Research RFP* for project and fellowship applications, respectively. Applicants are advised to familiarise themselves with these criteria. Fellowship applicants will be interviewed via teleconference by the Assessing Committee in relation to their proposal.

Depending on the number of full applications and the level of available funding, a triage process may be utilised to determine which applications will be discussed in full at the Assessing Committee meeting. This process would involve committee members scoring applications in advance of the meeting using the assessment criteria to yield a ranked list. The lowest-ranked applications based on the pre-scores would then be triaged and not discussed at the meeting.

The Assessing Committee will make recommendations for funding, to be considered and approved by the HRC and MSD. Applicants will be informed of final funding decisions in August 2019.

### Key actions and dates for this initiative:

Action	Date
Registration due (via HRC Gateway)	<b>1pm, 26 February 2019</b>
Full application due (via HRC Gateway)	<b>1pm, 26 March 2019</b>
Full application (hard copies) due	<b>5pm, 28 March 2019</b>
External peer review	<b>April/May 2019</b>
Applicant rebuttal opens	<b>8am, 5 June 2019</b>
Applicant rebuttal due	<b>1pm, 12 June 2019</b>
Applicants notified of outcome	<b>August 2019</b>

### 3. Background

MSD is focusing on developing more effective service interventions for all its clients with health conditions or disability. MSD knows that people within this cohort have strengths and skills to bring to the workforce and that many of them want to work. In addition, analysis shows that many of these clients could move into sustainable employment with the right supports<sup>1</sup>. On the other hand, without targeted supports many can be at risk of remaining far removed from the labour market, resulting in poor economic and social outcomes in the long-term, which international research has found is generally harmful to health.

Knowing when and how to best intervene is a principle that underpins good employment policy and service design. In particular, understanding how MSD and/or others in the social sector might intervene earlier, before a person enters the welfare system as 'unemployed', is a key desired output of this initiative.

#### **Maintaining good work or connections with work when living with health conditions or disability improves long-term wellbeing and social outcomes<sup>2</sup>**

Being out of work is damaging to people's health and wellbeing regardless of their age, gender, ethnicity or region, and the longer the period of unemployment the worse the impact. There is also evidence to show that helping people remain in work is more effective for sustainable employment than helping them back to work after a period of unemployment; furthermore, falling out of work may negatively impact on a person's health condition or disability<sup>3</sup>.

It is also important to note that 'good' work<sup>4</sup> is also critical especially when people are living with health conditions. All workplaces should be healthy and safe. Facilitating the role of employers in supporting employees to remain healthy in work needs to be part of the policy solution.

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<sup>1</sup> "Employment interventions alone will not be sufficient to bring underrepresented groups into the labour Market. Many...will need better integrated support that also addresses their health problems...and many will need support in several steps. OECD (2017). Connecting People with Jobs: Key Issues for Raising Labour Market Participation in Australia, Connecting People with Jobs. OECD Publishing, Paris. <https://doi.org/10.1787/9789264269637-en>

<sup>2</sup> Pickles, C. et al. (2016). Working welfare: a radically new approach to sickness and disability benefits. Waddell and Burton (2006) note that "evidence shows that work is good for people's health and wellbeing and being out of work is detrimental to it, including for many people with mental and physical disabilities" (as cited in Pickles et al. 2016 p. 6). Black and Frost (2011) "The longer someone is out of work, the more detached from the labour market they become" (as cited in Pickles et al. 2016 p. 6).

<sup>3</sup> "The best way to fight benefit dependence and exclusion among people with [health problems] and disability is to promote their re-integration into employment if they can and wish to work. Higher employment promotes social inclusion and reduces poverty risks; it can contribute to improved mental health or faster recovery; it lowers public spending on disability benefits; and it helps to secure labour supply and thereby raise the prospect of higher longer-term economic output." (p.11). OECD (2010). Sicknes, Disability and Work: Breaking the Barriers. A synthesis of findings across OECD countries.

<sup>4</sup> According to the Australasian Faculty of Occupational and Environmental Medicine "good work is engaging, fair, respectful and balances job demands, autonomy and job security. Good work accepts the importance of culture and traditional beliefs. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society. It requires effective change management, clear and realistic performance indicators, matches the work to the individual and uses transparent productivity metrics." [https://www.racp.edu.au/docs/default-source/advocacy-library/afocem-realising-the-health-benefits-of-work-consensus-statement.pdf?sfvrsn=baab321a\\_14](https://www.racp.edu.au/docs/default-source/advocacy-library/afocem-realising-the-health-benefits-of-work-consensus-statement.pdf?sfvrsn=baab321a_14)

When a person does enter the welfare system, identifying the early support and services a person needs to remain connected with labour markets and timing that will ensure the most successful return to work and positive wellbeing outcomes, will also need to be part of a best practice solution<sup>5</sup>.

### **There is a complex range of stakeholders and influencers in this space**

Responsibility to support people with health conditions or disability to maintain work sits across a range of stakeholders and requires cooperation between a broad range of participants including workers, government employment and welfare services, employers, unions, insurers, health and safety and legal practitioners and healthcare services<sup>6</sup>. The individual circumstances vary considerably according to the type of health condition and type of work.

There are key factors in the New Zealand environment that make a significant difference to the services an individual can access and to overall outcomes. In particular, if the health condition or disability is the result of an injury then the Accident Compensation Commission (ACC) is required to provide a comprehensive return to work service. This may include paying 80 per cent of previous wages while a person is unable to work as well as targeted clinical support and coordination to enable a graduated return to work. An individual who has a traumatic head injury in New Zealand may receive coordinated and extensive vocational rehabilitation support including support for the employer if applicable. In contrast an individual with similar health and disability impacts as a result of a stroke can have a much-reduced level of service from the District Health Board and Work and Income, which also depends on which region of New Zealand they reside in<sup>7</sup>.

Another key factor that can influence access to services and outcomes is the knowledge, attitude and practice of employers, health professionals and support services about the advantages of maintaining work or connections to work when managing health conditions or disability. Good outcomes are more likely when individuals understand, and are supported to access good work when seeking re-employment or recovering at work following a period of illness. However, sometimes pathways to access necessary interim support such as the processes related to 'medical certificates', can work against this approach. International research indicates that many benefit systems "inadvertently encourage claimants to focus on demonstrating how sick they are, rather than engaging in open conversations about what they might do with support"<sup>8</sup>. This is a concern that MSD is seeking to address for current clients and will need to be considered in this research.

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<sup>5</sup> "There is moderate evidence that three components – early contact with the worker by the workplace; a work accommodation offer; and contact between healthcare providers and the workplace – significantly reduce work disability duration and associated costs." Franche, RL. et al. (2005). Workplace-based return-to-work interventions: a systematic review of the quantitative literature. *Journal of Occupational Rehabilitation*. 15(4):607-631. doi:10.1007/s10926-005-8038-8.

<sup>6</sup> The OECD finds these parties need to work well together to support return to sustainable work. OECD (2010). *Sickness, Disability and Work: Breaking the Barriers. A synthesis of findings across OECD countries.*

<sup>7</sup> Paul, C. et al. (2013). Socioeconomic outcomes following spinal cord injury and the role of no-fault compensation: Longitudinal study. *Spinal Cord*. 51(12):919-925. <http://doi.org/10.1038/sc.2013.110>

McAllister, S. et al. (2013). Do different types of financial support after illness or injury affect socio-economic outcomes? A natural experiment in New Zealand. *Social Science and Medicine*. 85:93-102. <http://doi.org/10.1016/j.socscimed.2013.02.041>

<sup>8</sup> Pickles, C. et al. (2016). Working welfare: a radically new approach to sickness and disability benefits.

## **International practice**

There are a range of social security, insurance and health schemes in other jurisdictions that have developed effective early intervention employment supports and services. In some jurisdictions there is a funding incentive built-in to legislation and funding infrastructure to ensure employers and insurers invest in preventing illness and injury and in reducing the impact of health conditions or disability on work. Similar to ACC, which must meet the long-term cost of disconnection from labour markets, it can be cost effective for organisations in many jurisdictions to provide effective early intervention to maintain or return people to employment. While this research is not focussed on the broader policy and funding settings, the research should be able to extract the knowledge that these other jurisdictions have gained about practical interventions. It will also be important to understand where and how jurisdictions without a social insurance framework have been effective in this space. The research will need to drill down on what works at a worker, employer and health provider level and then consider how this might apply in the New Zealand and/or MSD institutional environment.

## **Value for money**

MSD does not have an embedded funding incentive, but there are policy funding incentives to invest in early intervention that helps maintain people in good work. More than 40 per cent of all benefit payments in New Zealand are health related, costing the taxpayer in excess of \$23 billion each year. 40 per cent is an underestimate of the number of people on benefit who live with health conditions or disability as MSD does not record this data for people on non-health or disability related benefits. However, MSD knows that people on benefits are at high risk of developing mental health conditions.

If effective interventions prevent people with health conditions losing connections with the labour market and coming into the welfare system long-term, there could be actual financial savings to the taxpayer. This could be the case even if the interventions appear outside existing MSD responsibilities and/or if the cost does not meet short-term cost-effectiveness thresholds.

## **MSD clients with health conditions or disability**

In 2018 there were between 55,500 and 57,500 people receiving the Jobseeker Support – Health Condition or Disability (JS-HCD) benefit at any given time. This group is of working age and has a medical deferral from work obligations due to a health condition or disability with an expected duration of less than two years. Despite the ‘temporary’ nature of the condition noted on the medical certificates, over 45 per cent of people on JS-HCD stay on the benefit for over two years. There is also a high rate of transfer to other benefits. In 2017 only 26 per cent of JS-HCD benefit cancellations were work related. Each year about 55 per cent of new Supported Living Payment (SLP) clients come from JS-HCD.

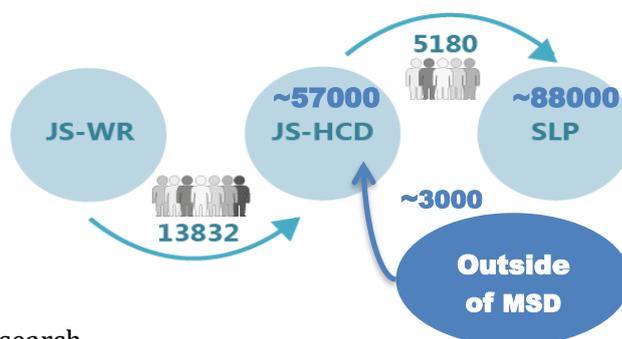
About 64 per cent of people in receipt of the JS-HCD benefit are aged 40 years or over. 63 per cent are non-Māori and non-Pacific people, 30 per cent are Māori and seven per cent are Pacific people.

There are about 88,000 people receiving SLP who are deemed both permanently and severely restricted in their capacity to work due to a health condition or disability. 73 per cent of this group are aged over 40 years. 72 per cent are non-Māori and non-Pacific people, 23 per cent are Māori and five per cent are Pacific people.

In the 2017/18 financial year 13,832 JS-HCD clients came from the Jobseeker Support – Work Ready (JS-WR) benefit and 5,180 JS-HCD clients transferred to SLP.

Each month over the last year about 250 new clients came straight onto the JS-HCD benefit from outside of MSD. We can assume most of these people came from a work situation and they are the target group for this research.

## Number of benefit transfers of clients in 17/18 financial year



### Snapshot of clients who enter the welfare system with health conditions or disability

Over the last year about 1.8 per cent of all clients granted a new benefit had a work obligation exemption. This amounts to about 3,000 people.

Of people who have a work obligation exemption when they first apply for a benefit:

- approximately 60 per cent are female
- 43 per cent have ‘psychological or psychiatric condition’ listed as the main incapacity
- 12 per cent have metabolic and endocrine disorders (the second largest group)
- all working ages are represented: the largest numbers are between 25 and 34 years old

Work and Income records the “event prior to benefit application” which gives an indication that about 23 per cent of clients ceased work and about 16 per cent had a period of ‘incapacity’ (which means illness or injury) immediately prior to coming on to a benefit.

### MSD clients with a mental health condition

Mental health conditions are the most common type of primary health condition for MSD clients receiving a health-related benefit. Mental health conditions make up 45 per cent of primary incapacities for clients receiving JS-HCD and 35 per cent of primary incapacities for clients receiving SLP. Moreover, the proportion of clients with a mental health condition has been growing substantially in recent decades especially amongst young people and amongst Māori. This aligns with the findings from the recent OECD report *Mental Health and Work* (2018)<sup>9</sup>.

Stress and depression represent a significant proportion (41 per cent) of JS-HCD clients with a mental health condition, whereas bipolar disorder and schizophrenia represent a larger proportion of the SLP-HCD cohort (47 per cent).

The growing proportion of clients with a mental health condition is reflective of the fact that poor mental health tends to affect younger clients. In the 2015/16 New Zealand Health Survey, one in five respondents aged 15-34 who reported receiving a benefit in the last year had experienced psychological distress in the four weeks prior to the survey. One in three had been told by a doctor they have a mood disorder, and one in

<sup>9</sup> OECD (2018). *Mental Health and Work: New Zealand*. OECD Publishing, Paris.

five had been told they have an anxiety disorder. These rates are around three times higher than those for young people not getting a benefit.

Those who come onto a benefit with mild or moderate mental health conditions often have poor longer-term outcomes (e.g. social isolation, poor physical and mental well-being, low labour market attachment, risk of increased offending, difficult social relationships). In particular, Māori and young people are overrepresented in this group.

Given the increasing proportion of young people with mental health conditions, it is important to ensure that there are effective services available that intervene early, to address conditions before they get worse. In addition, an increased understanding within government of the relationship between employment and health has meant that there is a growing interest in improving access to integrated health and employment services for people with a mental health condition.

#### 4. RFP Objectives

MSD has a number of innovative trials underway involving partnerships with health services to improve social and health support for mutual clients with health conditions or disability. The aim of this initiative is to take this work a step further to intervene before people enter the welfare system.

A key challenge will be working out how to identify and target assistance for people who are not already part of the welfare system. Key areas to explore include pathways into service through, for example, employers or health practitioners.

The key objectives of this RFP are:

- To provide evidence of effective early intervention practice, that MSD and/or others in the social sector could implement, to respond to people who develop health conditions or disability while in work, and to prevent a loss of connection to the labour market.
- To provide an implementation framework that MSD and/or others can use to trial and evaluate new approaches that assist people to remain connected to work when managing health conditions or disability.
- To promote and stimulate within MSD (and other organisations) a culture of scientific excellence and innovation and an understanding of its relevance and value for facilitating the best outcomes for clients (including potential or future clients) with health conditions or disability.
- To ensure meaningful multidisciplinary engagement and partnership: supporting collaboration between teams and services/stakeholders and driving the creation of pathways for effective knowledge transfer.
- To identify, attract and develop the best people to conduct high-quality research that meets the scope of the initiative.
- To support capacity building of the Māori health research workforce.

## 5. Scope

Applications submitted to this RFP must be within the following scope:

The focus of this RFP is on interventions that MSD and/or others in the social sector can deliver to help support people of working-age who are in work (including self-employed activities) and have developed a health condition or disability that might put their longer-term economic independence at risk. It is expected that a focus on how equity for Māori and Pacific people is achieved within this environment is integral within the scope of this RFP.

Closely related and also within scope of this RFP is consideration of best practice interventions for people who have recently left work for health or disability reasons.

The research will need to consider the actuarial models and evaluation evidence requirements to contribute robust evidence into actuarial models that can indicate longer-term value for money to government and taxpayers. This may involve some partnership activity with MSD actuarial teams.

People who are eligible for ACC services are not within scope of this RFP. However, understanding what is effective practice within the ACC environment and also how MSD sits alongside ACC and other key institutions and stakeholders in the New Zealand context is critical.

## 6. Funding Streams and Value

This RFP provides two separate funding opportunities: **Project** and **Māori Mental Health Research Emerging Leader Fellowship** grants.

Please note that the project and fellowship grants for this RFP intend to support different research. As such, applicants should avoid submitting both a project and fellowship application for the same proposed research.

### Project

Funding of up to **\$1.2 million** (fully-costed, exclusive of GST) over a maximum duration of **two years** is offered for a research project.

### Māori Mental Health Research Emerging Leader Fellowship

The HRC, in partnership with MSD, has established the Māori Mental Health Research Emerging Leader Fellowship to support high-quality research and Māori health research capacity in Aotearoa, New Zealand. The Fellowship is intended to focus on the development of Māori mental health research knowledge, with a specific emphasis on equity and Māori health research processes that support improving Māori mental health and the social care delivery system.

Support will be provided for up to two years for a researcher whose proven track record demonstrates that they are an emerging leader in the field of Māori mental health. For the purposes of this Fellowship, emerging leaders are viewed as mid-career researchers who have completed four to eight years of postdoctoral research, and have a demonstrated track record and potential for leadership in Māori mental health.

The Fellow will be committed to being based within MSD for a period of time to build the organisation's capability and reflect the links between research and social care system delivery in a practical sense. Details of specific co-location or other opportunities will be jointly agreed with the successful recipient.

This Fellowship aligns with the *New Zealand Health Research Strategy 2017-2027* priority to ensure the growth and ongoing development of the Māori health research workforce. The Fellowship also fits within *He Korowai Oranga: Māori Health Strategy (Ministry of Health)*, which indicates that investing in high-quality research and building Māori health research capacity, across the sector and within communities, is essential for developing the knowledge base that will contribute to pae ora, healthy futures for Māori.

Research proposals should represent an independent research stream, with the applicant able to undertake overall responsibility for the work to be completed.

Funding of up to **\$300,000** (exclusive of GST) for salary, salary associated costs and research expenses over a maximum duration of **two years** is offered.

- The value of the salary component of the fellowship is based on the recipient's qualifications and research experience with regards to salary levels set by the host institution. It is expected that the Fellow is appointed within an academic salary scale of LG5-SLG1, or LM5-SLM1 for those applicants who hold an MBChB or equivalent degree. Salary scales vary from institution to institution. Please contact your host institution for the appropriate salary scale.
- The levels of salary associated costs (e.g. ACC levies, employer's contribution to superannuation) are set by the host institution. These vary from institution to institution; please contact your host institution for more information.
- There are no overhead costs associated with this fellowship. This fellowship is intended to facilitate the establishment of the Fellow's research programme. The HRC expects that overhead costs of the research undertaken by the Fellow will be met by the host institution. Applicants should confirm that such resources are in place to ensure the successful completion of their award.
- The recipient agrees to the % FTE contribution stated in the application and that funding to any recipient from all sources will not exceed 100% FTE.

## 7. Proposal Requirements

### Characteristics of Research Proposals

Clear and coherently written applications are essential in allowing the Assessing Committee to effectively read and assess applications submitted to this funding opportunity.

Applicants will need to outline how their proposal addresses the scope of the RFP and provide a clear justification for the proposed approach along with a description of the research team's ability to deliver the specific components of the research. Applicants will also need to provide a fully costed budget.

Research proposals must demonstrate the following:

- The proposed research represents high-quality science, and is innovative, scoped appropriately, and relevant to the objectives of this RFP.

- How the research activity is linked to improving employment and health outcomes for people with health conditions or disability.
- Consideration of health equity issues and the specific health needs of Māori and Pacific people within the context of the research topic, and the recognition of different cultural perspectives on ill-health and wellness.
- *Specific requirement for the Māori Mental Health Research Emerging Leader Fellowship:* Incorporation of Māori health research processes including, but not limited to, methodologies inspired by Māori world views and/or forms of mātauranga Māori (distinctive knowledge traditionally held within Māori communities). The proposed research should demonstrate and affirm best practice application of Māori research principles and appropriate methodologies. The research activity should value tikanga (processes and protocol), engage the knowledge of iwi, hapū, whānau and Māori communities, and be responsive to Māori. The research process should be framed within a social accountability framework.
- Applicants have research experience relevant to the proposed project, a strong academic record, and the skills to work effectively with a range of stakeholders. The research team should also work within an appropriate governance structure.
- Strong and appropriate cross-sectoral and cross-institutional collaboration in the composition of the research team. This will include the involvement of researchers with extensive social support and/or labour market support experience, and/or collaborating with service providers including health and disability services, employment services and consumers, for example. It would be beneficial for researchers to engage or work directly with people who have lived experience of health conditions or disabilities while undertaking this work.
- The potential for knowledge transfer and the processes or steps in place that demonstrate what the research team will do to maximise the uptake of research findings by MSD or other organisations. This includes how the research team might engage key stakeholders such as representatives from the social support sector in the implementation of any change that may be recommended in response to the research findings.
- Research findings will be disseminated nationally via tailored approaches to a broad range of relevant audiences in order to maximise the utility of the research. Dissemination should also include publication in international, peer-reviewed journals.
- The proposed research is clearly achievable within the specified timeframe. The funding partners see the delivery of this research contributing to a wider programme of work. Therefore time is of the essence. The likelihood that the proposed research will be successfully completed within the stated timeframe will be specifically assessed. Please also carefully consider the start date included in the application, as applicants will be held to what was stated. Applicants should take into account the timeframe for obtaining ethical approval (if appropriate) and should ensure that this does not delay the start of the research.
- The budget is appropriate for the proposed research.

## 8. Project Deliverables

It is anticipated that researchers will work closely with MSD and health service partners to understand, design, deliver and evaluate effective practice models that can work in the New Zealand institutional environment.

Deliverables will be confirmed with the selected providers; however, deliverables must include the following elements:

- A research report which identifies:
  - Best practice at an international and local level
  - The institutional structures in the New Zealand context that play a role, and gaps in service
  - Opportunities in MSD's operational environment and/or with others in the social sector to intervene with people who are in work and have health conditions or disability that might put their job at risk
  - Services that MSD will need to partner with to provide effective interventions
- A trial and service evaluation design, which takes a pragmatic and agile, learn and build approach, and produces evidence of what works.
- Close engagement with the proof of concept phase of the trial to be delivered by MSD.
- An implementation framework that MSD and/or others can use to trial and evaluate new approaches.

Research providers may also be required to provide verbal presentations to the funding partners on research progress and/or findings.

In addition to research deliverables, **six-monthly** progress reports will also be required. These reports detail progress of the research and highlight any risks to its progress. The research providers will complete and submit their progress reports via the HRC's online reporting system.

An **HRC end of contract** report is also required upon completion of the research activity.

## 9. Requirements for Māori Mental Health Research Emerging Leader Fellowship

### Eligibility

- Applicants must be New Zealand citizens or hold New Zealand residency at the time of application.
- Applicants must have held a PhD or equivalent degree for four to eight years at the date of application. Exceptions for time spent outside the research environment (e.g. parental leave, ill health) will be considered on a case-by-case basis. The applicant's track record is assessed relative to opportunity.
- Applicants who have a track record of awarded HRC Project grants as First Named Investigator, or equivalent support from other funders in value and term are not eligible.

- Applicants must justify how they fit the definition of emerging leader. The HRC reserves the right to accept the assessment of the assessing committee.

Applicants should also be familiar with the *HRC Rules* when applying.

### Conditions of Tenure

The host institution of a successful applicant will need to agree to the terms of the research contract. The research contract for the Fellowship is based on the standard HRC research contract template, with the following special conditions:

- Usually the successful applicant will be involved full-time in research. The HRC will, however, consider applicants wishing to undertake part-time research on their individual merits. In this case, the applicants must be involved in research for a minimum of 0.50 FTE and the maximum duration of the Fellowship will remain at two years.
- The Fellow may undertake limited clinical and teaching duties relevant to their research to a maximum of 400 hours in a calendar year. They may accept remuneration for such duties. Except in relation to approved limited clinical and teaching duties, the Fellow may not receive remuneration for other work without the permission of the HRC.
- The Fellow may hold other forms of awards in conjunction with a fellowship, with permission of the HRC.
- The Fellow is permitted to continue to be involved with existing projects, but should use released funds to buy out their time, i.e., to fund others to assist with the projects (e.g. PhD student stipend). The Fellow (through their Research Office) will need to apply for contract variations to record staff changes. Details of the proposed variations are to be advised to the HRC in all cases.
- The Fellow can submit research proposals to the HRC and other funding agencies. Where these involve a significant time commitment by the Fellow (>0.10 FTE) the HRC must be notified. Where an HRC proposal including a proportion of a Fellow's salary is funded after the Fellowship has been awarded, the new funding will be reduced by the salary and overhead costs attributable to the Fellow for the period of duplicate funding. The HRC will expect the Fellow's host institution to negotiate with any other funding agencies to ensure funds allocated to the Fellow's salary are retained for the research contract. Overall, the HRC would anticipate that no more than 0.40 FTE is to be committed to non-HRC research contracts.
- The Fellow may wish to devote time to external consultancies. The HRC expects that any consultancy commitments remain within the rules of the Fellow's host institution. If the time commitment is to be significant (>0.10 FTE), the HRC must be advised.
- Fellows may enter examinations for higher qualifications during tenure of their fellowship, with permission of the HRC.
- The Fellowship award will be administered through the host institution. The Fellow is an employee of the host institution and the general conditions of the appointment are those of that institution.

## 10. General Notes

### Decision Advice

No legal obligations will arise between the funding partners and applicants for this Request for Proposals until such time as the HRC enters into a contract with the successful applicant.

### Privacy Provisions

In the event that an application is successful, the HRC reserves the right to release applicants' names, details of the host institution/company, contact details (work phone or email), contract title and funding awarded for public interest purposes and to meet the statutory requirements of the Health Research Council of New Zealand Act 1990.

### HRC Partnership Programme

This RFP is a component of the HRC's Partnership Programme, through which the HRC forms strategic partnerships with funders and stakeholders to target resources towards developing the evidence-base in key areas of need and strengthen the links between policy and practice. This collaborative approach to research ensures that stakeholders obtain the answers to pressing questions, but split the cost with multiple interested parties. The HRC's processes ensure that the track record of the research team, the scientific merit and the design and methods of the proposal will deliver the highest quality of evidence. Only limited funds are available to launch these co-operative research initiatives and the opportunities are strictly prioritised.

### Mailing Address

Printed hard copies of applications should be sent to the Health Research Council's office as shown below:

<i>Mailing Address:</i> Health Research Council of New Zealand PO Box 5541, Wellesley Street AUCKLAND <i>Attn: Scott Aitken</i>	<i>Physical/Courier Address:</i> Health Research Council of New Zealand Level 3, 110 Stanley Street AUCKLAND <i>Attn: Scott Aitken</i>
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### Enquiries

All enquiries related to this Request for Proposals should be directed to Scott Aitken, Research Investment Manager, Research Partnerships (09 282 4135 or [saitken@hrc.govt.nz](mailto:saitken@hrc.govt.nz)).