



Malatest
International

Preliminary evaluation report one:

Evaluation of the Military- Style Academy pilot:

Assessment and residential phases

December 2024



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Key messages

This first evaluation report is focussed on the design, assessment and residential phase of the Military Style Academy (MSA). Later reports will include information about the community phase and outcomes for rangatahi.

The military-style design was a government directive. Oranga Tamariki, along with expert advisors, designed an approach that complemented the military-style with evidence-based interventions for sustainable change.

Oranga Tamariki and stakeholders consistently described the MSA approach as a step forward from existing Youth Justice Residence models. The MSA Pilot offered rangatahi more extensive support than was available for young people in other Youth Justice Residences. The key points of difference were detailed programmes for each day of the twelve-week residential phase, extensive therapeutic care, a multi-disciplinary team, detailed transition planning and support including connection with community mentors.

The first cohort was 10 rangatahi Māori males. The rangatahi had complex lives and intensive support needs but many also brought strengths such as their community and whānau connections and the potential to expand their skills.

Interventions with similar cohorts have clearly identified that change takes considerable time and support. Despite the early stage of the MSA interventions and the complex needs of the cohort, there are indications of positive changes for many rangatahi including:

- Taha wairua: The cultural components of MSA like the noho marae and the Mana Tāne sessions supported rangatahi to re-engage with their whakapapa or to express their identity as Māori more freely in the residence. Kaimahi and whānau saw changes in strength of identity and attitudes towards not reoffending.
- Taha tinana: Support to access primary healthcare led to health conditions being identified and properly managed. Rangatahi built their fitness through regular engagement with physical activity.
- Taha hinengaro: Therapeutic work was a focus in the residence. Although rangatahi did not speak much to how it had benefited them, kaimahi and whānau observed changes in rangatahi through their time in the residence. Kaimahi saw rangatahi express themselves and their feelings more clearly, showing an unexpected level of self-awareness.
- Taha whānau: Rangatahi formed a stable group dynamic and bonded with each other. Kaimahi saw rangatahi helping each other and supporting each other in their day to day lives in the residence and in the challenges posed by

the MSA activities. Whānau saw positive changes in rangatahi relationships with them.

This early-stage evaluation cannot attribute outcomes to specific components of MSA. However, analysis of feedback from stakeholders, kaimahi, rangatahi and whānau identified the following factors as underpinning MSA effectiveness and key points of difference from other Youth Justice Residences:

- An in-depth assessment process to identify rangatahi with the potential to benefit from MSA and to inform therapeutic care.
- A cohort approach. A constant group has enabled rangatahi to get to know and trust their peers. Kaimahi have been able to progressively build a programme without the disruption of new rangatahi entering the programme.
- The Good Lives Model of Offender Rehabilitation (GLM)¹ complemented by Te Puna Oranga provides a framework that kaimahi considered set a positive direction for work with rangatahi.
- A multi-disciplinary team committed to delivering something different for rangatahi. Kaimahi are proud of the team that has formed but, at practice level, learning to work to bring different perspectives together is still developing.
- A comprehensive programme including military-style routines, physical training, education and preparation to transition, mental health and oranga, Ko wai au, connections and whānau time, off-site activities and time with guest speakers.
- Flexibility to adjust the programme content for the rangatahi.
- Commitment of Oranga Tamariki kaimahi to the programme including working long hours at high intensity to meet rangatahi and programme needs in areas where extra resource was needed
- For rangatahi, being treated with respect and kaimahi following through on promises and commitments were essential.

Te ao Māori and the contribution from tangata whenua are essential. The first cohort were all Māori. Oranga Tamariki data expects subsequent cohorts to be, on average, 84% rangatahi Māori. There is an opportunity to build a programme on te ao Māori rather than add cultural components to a mainstream programme.

The limited time available for the design of the MSA Pilot highlights the need for flexibility, responsiveness to change, and incorporating evaluation learnings into the programmes for subsequent MSA cohorts.

¹ Information available at: <https://www.goodlivesmodel.com/>

The government requirement to design a military-style academy disrupted usual processes and resulted in a new model for supporting repeat young offenders. Early indications support the ongoing refinement of MSA.

Executive summary

The Military Style Academy (MSA) is a new initiative

MSA aims to address serious repeat youth offending by helping rangatahi to develop new skills to support relationships, health, wellbeing and community integration and to move into education, training or employment.

The MSA Pilot was developed for small groups of serious and persistent youth offenders who have been sentenced to time in a Youth Justice Residence. It consists of three phases: assessment; a twelve-week residential phase in a Youth Justice Residence; and a nine-month transition back into the community supported by intensive mentorship.

A relatively small cohort of rangatahi met the criteria for the MSA Pilot to run from July 2024 to July 2025. The rangatahi in MSA were aged between 15 and 17, and all are Māori. Nine of the original ten rangatahi and one additional rangatahi who began in the first month completed the residential phase in October 2024.

The evaluation of the MSA Pilot is a process and early outcomes evaluation

The purpose of this preliminary evaluation is to report what is working well and identify key learnings that can inform ongoing delivery of the pilot and the design and delivery of subsequent MSA programmes.

It covers the assessment and residential phases, including preparation for transition. It does not include the community phase. There will be two further preliminary reports (expected in March and July 2025) and a final report in October 2025.

Designing the MSA Pilot was an opportunity to improve the support for young offenders

Oranga Tamariki completed the high-level design for the MSA Pilot in March 2024 and commenced the residential phase for the first cohort of rangatahi in July 2024. The time available for the design and moving from design to implementation was very limited.

The MSA Pilot design was a military-style approach complemented by other components based on evidence about what works to change the trajectory of repeat young offenders. The key points of difference in the design were the emphasis on in-depth assessment of rangatahi, detailed programming including intensive

therapeutic support, a multi-disciplinary team of kaimahi, a closed-group of rangatahi and investment in a supported transition to the community.

The Good Lives Model of Offender Rehabilitation (GLM)² was selected as the framework alongside the Te Puna Oranga model from the Oranga Tamariki Practice Approach. Though untested from a te ao Māori perspective, GLM was supported by many stakeholders and supported a strengths-based approach. Oranga Tamariki led a series of three interagency workshops to develop the high-level design into a detailed design and implementation plan.

The residential phase of the MSA Pilot was delivered in Te Au Rere in Palmerston North. Tangata whenua, Rangitāne iwi, were not consulted in the design phase as the location of the pilot had not been confirmed. However, Rangitāne felt a duty of care as kaitiaki for their region, to support the rangatahi from different iwi visiting their region. Rangitāne also had significant experience providing health and social support as a Whānau Ora provider that had worked in youth justice. The iwi made a significant contribution to the programme through participation in the clinical advisory group, direct feedback to Oranga Tamariki and MSA leadership, and delivery of some of the programme components most-valued by rangatahi.

Key learnings from the design phase:

- Tangata whenua were not involved early enough in the design phase. When they were able to contribute to MSA, they strengthened the residential phase, highlighting the importance of involving tangata whenua early in any future implementation.
- The GLM worked for the Pilot but some stakeholders recommended existing models like Te Whare Tapa Whā as particularly appropriate given the pilot location in the Rangitāne iwi and the all-Māori cohort of rangatahi. There is an opportunity to build a programme on te ao Māori rather than add cultural components to a mainstream programme. That could include incorporating other models of Māori health and wellbeing.
- The tight timeframes for developing and standing up MSA highlight the importance of evaluation findings informing ongoing MSA design. Stakeholders considered the limited time for design meant aspects of the design were untested.

² Information available at: <https://www.goodlivesmodel.com/>

Delivery of the MSA Pilot by a multi-disciplinary team was a strength of the design and a point of difference

The MSA design specified the roles and kaimahi profiles for recruitment. The team was multi-disciplinary and comprised the care team, clinical and therapeutic kaimahi, MSA social workers, Oranga Tamariki social workers already working with the rangatahi, a leadership and management team and a transition team.

Oranga Tamariki sought to fill the roles by seconding kaimahi from their existing roles in other Oranga Tamariki youth justice facilities. Staff were drawn to MSA because they saw potential value in the MSA approach.

Kaimahi were brought together for a two-week training programme at the Trentham Military Base, which delivers the Limited Service Volunteers (LSV) programme. The training was an in-depth introduction to the purpose of MSA, how it would operate and the GLM. The training also gave kaimahi a chance to form relationships and understand how they could work together. They also learned from LSV experiences. Spending this intensive time together laid the foundation for effective teamwork but the group needed to develop ways to work together to support rangatahi. All kaimahi were proud of the group that formed.

Taking on MSA roles required staff from outside Palmerston North to live away from home for more than three-months. Oranga Tamariki supported them to visit their homes a handful of times through the residential phase but being away was difficult and not sustainable.

Many of the kaimahi worked at high intensity and through long hours to deliver MSA. In particular, the clinical team felt their workloads were unsustainable and felt under very high pressure throughout the pilot. Their workload was exacerbated by unexpected work on transition planning and additional work to support engagements between rangatahi, their whānau and the professional development of care team members.

Some of the challenges to sustainability for the MSA Pilot team such as living away from home, developing new resources and taking on unexpected roles within the programme could be mitigated if the workforce and programme become permanently established.

Key learnings about developing the MSA team

- Although the different advisory groups informed the pilot, for subsequent cohorts merging the groups into one advisory group may streamline the process without losing the additional expertise.
- There were challenges in bringing the multi-disciplinary team together inside the residential phase and connecting it to site social workers outside the residence. Bringing different perspectives to supporting rangatahi was a strength of the residence. There was room to clarify how site social workers should maintain their connection with rangatahi and work with residential phase kaimahi to support rangatahi and transition planning. Role clarity will help the different professional cultures come together to deliver MSA.
- The staffing levels for the MSA Pilot exceeded levels for other Youth Justice Residences. However, MSA kaimahi found the programme needed additional capacity to run smoothly and sustainably including:
 - Kaimahi workloads that would be manageable over an ongoing basis rather than the short period of extraordinary effort during the pilot
 - Additional clinical capacity in the form of one or two more case leaders so critical components of functions were not dependent on one kaimahi
 - Dedicated full-time administrator
 - Addition of a small number of care team kaimahi to ease management of demand on staff during off-sites and other intensive periods as well as staff illnesses.

An in-depth assessment of rangatahi for the MSA Pilot aimed to ensure rangatahi were suitable to take part in MSA and to inform their therapeutic care

Oranga Tamariki created a list of potentially eligible rangatahi which was refined through review of the administrative data held on their background and past Oranga Tamariki involvement. Clinical staff then met with rangatahi to ask if they were interested in participating in MSA. They also met with rangatahi whānau to ask for their agreement.

Rangatahi were primarily motivated by the opportunity to spend more of their supervision orders out of Youth Justice Residence and in the community. They were also motivated by the promise of the additional support that would be offered to their whānau.

Assessment of rangatahi was more in-depth than the approach at other Youth Justice Residences and included assessments of readiness to change, readiness for treatment, Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI) and Assessment of Protective Factors (SAPROF). Rangatahi on remand or under custody of the Department of Corrections were also ineligible.

Key learnings in assessment and planning

- In-depth assessments supported clinical work in the residential phase and were a strength of MSA. Bringing all the data already held on rangatahi together was valuable and complemented assessments by the clinical team, laying the foundation for working with rangatahi and whānau.
- Choice of participation and setting appropriate expectations was important for rangatahi and whānau becoming active participants in the MSA Pilot. Rangatahi and whānau need accurate information about what is involved and what support they will be offered.

Stakeholders identified stability of the rangatahi cohort as a key element of effectiveness

MSA was designed for ten rangatahi to start and finish MSA as a cohort. While one rangatahi dropped out and was replaced in the early weeks, the cohort was far more stable than in other Youth Justice Residences.

Stability of the cohort avoided disruption caused by the arrival and departure of rangatahi. The social dynamics of the group were established in the early weeks and maintained throughout the programme. The stability was enhanced by pre-existing relationships between rangatahi. Kaimahi saw this stability as key to achieving the MSA Pilot outcomes. Clinical and other aspects of MSA could build session to session without needing to reset to accommodate new participants.

Stability of the MSA kaimahi mirrored the stability of the cohort. There were few staff changes through the residential phase. Many rangatahi also had pre-existing relationships with some of the kaimahi.

Rangatahi enjoyed it most when all the rangatahi were participating in the programme activities. When some decided not to take part, it impacted the experience for the others.

MSA staff developed detailed programmes for the residential phase

Rangatahi in the MSA Pilot had access to a far greater volume and variety of programming than was available in other Youth Justice Residences. The programme included physical and adventure education, military-style routines, education and transition education, mental health and oranga, Ko wai au, connections and whānau time, and off-site activities and time with guest speakers. The programme aimed to give rangatahi a kete or kitbag of skills to support successful transition to the community with practical skills complementing tools and strategies learned through therapeutic support.

Detailed programme planning was time consuming for staff but ensured MSA kaimahi and stakeholders knew what would be happening each day. Outlines for each week were shown to rangatahi creating a predictable and consistent structure for each day.

Clinical work included individual and group sessions

Therapeutic interventions were a major component of the programme for the residential phase. Rangatahi received the planned level of group intervention but had fewer hours of individual clinical support than planned. In the early weeks, the clinical time had to be reduced as rangatahi adjusted to the programme. Kaimahi said rangatahi found it hard to maintain their concentration and participation through longer sessions. Rangatahi often described their dislike of the time spent in 'classes'. Demand for clinical team involvement in developing sessions, supporting the care team and developing transition plans also put pressure on clinical team capacity through the residential phase.

Kaimahi saw rangatahi as most engaged during the cultural components of the programme

Kaimahi described the way the mau rākau instructor held rangatahi attention better than any other programme element. Care and clinical staff also described the efforts made to include te ao Māori and te reo Māori in MSA. Kaimahi Māori valued these efforts but thought they did not go far enough given all the participants were rangatahi Māori and several were fluent te reo Māori speakers.

Education and vocational skills were included but more development of the vocational elements is needed

An external tutor from a community provider came to the residence to support rangatahi with their NCEA work. All rangatahi extended their NCEA achievement including two who achieved NCEA level 2 and four who achieved NCEA level 1. Although rangatahi spent less time on education in MSA than they would in other Youth Justice Residences, kaimahi reported rangatahi were more focused and

achieved more in the shorter time because it enabled the tutor to keep them engaged.

Transition education sessions gave rangatahi practical skills for their transition to the community. Skills were connected to living independently or engaging in training, education and employment. Examples included working towards driver licences, additional licence endorsements, health and safety certificates, curriculum vitae and cover letter preparation and IT skills certificates.

Kaimahi considered the military elements of the programme contributed to MSA culture

The cohort approach mirrored military training intakes and LSV where groups spend intensive time together forming strong bonds and connections. Kaimahi saw the military elements of the programme as contributing to the intended outcomes and MSA culture. The structure and routine reflected the intensity of the MSA Pilot and was a good fit for rangatahi because it was absent from the lives they were living in the community when they offended.

Key learnings in implementation

- A stable cohort of rangatahi was a key feature of the programme. It enabled safety and stability in the residence and strengthened the therapeutic aspects of the programme.
- The more intensive therapeutic support and programme for rangatahi in the residential phase was a key point of difference compared to other Youth Justice Residences and was strongly supported by stakeholders. The therapeutic work was challenging for rangatahi and the amount of time had to be carefully managed, particularly in the early stages.
- Te ao Māori was a significant part of MSA. Many of the MSA kaimahi were Māori and brought their own identities, values and whakapapa to the programme. Stakeholders highlighted the importance of te ao Māori in engaging rangatahi but recognised some were disengaged from their culture and that later cohorts may include non-Māori.
- Rangatahi spent less time on schooling in MSA than they would in other Youth Justice Residences but kaimahi reported the individualised education sessions in MSA were much more focused and much higher quality. They thought the approach in MSA was more effective.
- Kaimahi thought the transition education space and particularly the vocational skills activities could be further developed to give them the same effectiveness as the individually tailored approach in the education activities.

- Connections and whānau time were important and will be key to the transition phase. Whānau visits were supported by Oranga Tamariki, but travel was difficult, especially for whānau with younger tamariki. Kaimahi had difficulty arranging accommodation for some whānau visits making it more difficult for them connect with their rangatahi kanohi ki te kanohi.

Preparation for transition comprised connection with mentors assigned to work intensively with rangatahi, development of a transition plan and discussion of the plan in a transition hui.

Rangatahi developed transition plans with kaimahi which were then taken to transition hui in the community. This was a new approach and represented a greater investment in preparation for transition than the approach in other Youth Justice residences. The transition lead was initially responsible for developing the transition plans for each rangatahi. Changes in staff meant the clinical team took over responsibility for the plans despite their existing workload challenges.

Transition hui included rangatahi, whānau, social workers, clinical staff and MSA transition leads. Kaimahi, mentors, social workers, rangatahi and whānau all considered the transition hui were successful. Rangatahi, whānau and the professionals supporting them came together to understand and support the transition plans. Hui were held in rangatahi home regions and rangatahi travelled with MSA kaimahi to attend. Although mentors and social workers were concerned that including too many professionals in the hui risked it being overwhelming for whānau they thought the hui found the right balance.

Mentors were a key part of rangatahi transition to the community. Mentors visited rangatahi in the residence to establish connection and build a working relationship. Some were allowed to spend time in the unit, but others were limited to visits in the visiting rooms. Mentors wanted more time to spend with rangatahi to establish connections but wanted that time to be centred around an activity or even an off-site get together.

Kaimahi saw the transition as the time rangatahi were most at risk of re-offending as they moved from the structured and supervised routine in the residence to a different environment in the community.

Key learnings in transition planning

- Rangatahi connected with mentors in the residential phase. There is more understanding needed about how to match rangatahi with mentors and how to enhance the time and connection between rangatahi and their mentor.
- The residential phase included preparation for community transition. Staff involved in transition planning thought it should have started earlier with more input from social workers, rangatahi and whānau. Completing the plans late in the residential phase put undue pressure on kaimahi and created unnecessary risk.
- Clinicians considered they had good input from rangatahi on plan content but wanted more information from social workers on how whānau needed to be included in plans.

Rangatahi were positive about many aspects of their residential phase experiences

Rangatahi said they understood what MSA would involve and how it would be different from their other Youth Justice Residence experiences. However, rangatahi expected more military style physical activity and physical training in general and not as much therapeutic work.

The off-site experiences with the whole unit were the biggest point of difference for rangatahi between MSA and Youth Justice and their favourite part of the programme. Rangatahi had regular sessions with guest speakers including military officers, boxing stars and other community figures. They were also visited by people in leadership positions in Oranga Tamariki and the Government. Rangatahi connected with the guest speakers, particularly those who were fit and able to use their personal experiences in sports such as martial arts like boxing and MMA to provide guidance.

The leadership team within the residence, including the care team staff manager, programming lead and the overall MSA residential phase lead all spent time in the unit, interacting with the rangatahi. The rangatahi liked being able to raise any issues directly and had a connection with all kaimahi, not just the care team.

Following through on promises made to rangatahi was essential to the experience. Differences between expectation and reality, even in issues as seemingly insignificant as bedtimes, were very important for rangatahi.

Early indications of positive changes support the ongoing refinement of MSA

Rangatahi made only limited comments about the difference the academy had made to them. As with their discussion of their reasons for participating, rangatahi were felt motivated by being able to leave residence earlier and the support they would receive after the residential phase. Te Whare Tapa Whā provided the evaluation with a framework for assessing early outcomes for rangatahi:

- **Taha wairua:** Rangatahi connected with each other and formed a stable group dynamic. Kaimahi saw rangatahi express themselves and their feelings more clearly, showing an unexpected level of self-awareness. Kaimahi and whānau saw changes in strength of identity and attitudes towards reoffending.
- **Taha tinana:** Rangatahi built their fitness through their time in residence. Rangatahi also had primary healthcare, help with medication and sexual and reproductive health education.
- **Taha hinengaro:** Rangatahi did not speak much about how the therapeutic work had benefited them, often describing it as a ‘waste of time’. But kaimahi and whānau observed changes in the rangatahi they connected with and more engagement over time with the therapeutic work. They described rangatahi communicating more openly, resolving conflict verbally rather than lashing out physically.
- **Taha whānau:** Noho marae and the Mana Tāne programme both sought to strengthen rangatahi connections to te ao Māori and their whakapapa. Rangatahi wanted to give back to their whānau and support their siblings. Whānau described how they had seen their rangatahi talking to their younger siblings on voice calls, telling them they had better be attending school and helping their whānau around the house while the rangatahi were away. Helping their whānau was also a feature of transition plans.
- **Increased safety in residence:** There were no physical fights between rangatahi or with staff in the residential phase. This result was markedly different from other youth justice residences where physical conflict between rangatahi or with staff were regular occurrences.

1. The Military Style Academy pilot

1.1. Overview of the programme

In 2024, the New Zealand government set a target of a 15% reduction in serious repeat offending. In response, MSA has been developed for small groups of serious and persistent youth offenders sentenced to time in a Youth Justice Residence. The potential cohort of rangatahi for MSA Pilot is small. In 2023, 51 15-17 year-olds were sentenced to time in a Youth Justice Residence.³ Between 2019 and 2023, 84% of those sentenced to time in a Youth Justice Residence were Māori.

Piloting a Military-Style Academy (MSA) aims to help rangatahi to develop new skills to support relationships, health, wellbeing and community integration and to move into education, training or employment. Rangatahi were given the option to complete their Youth Residence order in the MSA Pilot facility or a standard Youth Justice Residence.

Oranga Tamariki employed kaimahi to lead and deliver MSA alongside contracted community mentors and other community partners. MSA kaimahi include psychologists, youth workers and people with expertise in cultural programme delivery, outdoor education and leadership.

The 2024 MSA Pilot places a strong emphasis on assessment, therapeutic care, case management, health, learning and wellbeing, intensive support in the transition to the community and whānau involvement throughout. MSA has been established as a pilot so that approaches can be trialled and refined in future initiatives.

MSA consists of three phases:

1. **Assessment:** Assessment of rangatahi, including clinical assessments and conversations with whānau.
2. **Residential:** A twelve-week residential phase in a Youth Justice Residence. Activities follow a daily curriculum that includes sessions on vocations, life skills, wellness, physical education and physical activity and/or military-style drills. An individualised plan for transition back into the community is developed for each rangatahi.
3. **Community:** Nine-month transition back into the community supported by intensive mentorship. Mentors connected with rangatahi in the residential phase and are the main source of support for rangatahi in the community

³ Source data: Statistics New Zealand. Aotearoa Data Explorer: Children and young people given an order in court - most serious offence calendar year.

but other professionals including Oranga Tamariki site social workers and clinical psychologist continue to provide support.

MSA kaimahi include psychologists, youth workers and people with expertise in cultural programme delivery, outdoor education and leadership. All kaimahi are employed by Oranga Tamariki. Thirty percent of kaimahi have previously worked for the NZ Police or NZ Defence force.

More details are included in Appendix One.

1.2. The MSA Pilot cohort supported ten rangatahi

The first pilot was for males only. The rangatahi in the pilot were aged between 15 and 17, all were Māori with two also identifying Pacific and New Zealand European whakapapa. The pilot runs from July 2024 to July 2025. Nine of the original ten rangatahi and one additional rangatahi who began in the first month completed the residential phase in October 2024.

2. The evaluation of MSA Pilot

2.1. Evaluation aims

The preliminary evaluation of the MSA Pilot focuses on how the pilot has been implemented and what has been delivered and includes:

- The implementation of the MSA Pilot
- Key success factors of MSA
- What difference it has made so far
- Recommendations to strengthen the programme moving forward.

The evaluation will also describe any early indications of outcomes achieved.

2.2. Scope of this report

This report is the first preliminary report for the evaluation of MSA. It focuses on what can be learned from the implementation of the assessment and residential phases, including preparation to transition. It does not include the community phase.

There will be two further preliminary reports (expected in March and July 2025) and a final report in October 2025.

2.3. Evaluation foundations

Oranga Tamariki developed intervention logic models for MSA in parallel with the design and development of the programme. The evaluators built on these earlier versions to develop a logic model to support the evaluation. It is included in Appendix Two and provided the basis for the evaluation framework.

The evaluation framework unpacked the evaluation aims into high-level questions, sub-questions, indicators and information sources. This preliminary report does not address the whole framework as it will also be a point of reference for future preliminary reports and the final evaluation report. The evaluation framework is included in Appendix Three.

2.4. Information collection approach

Table 1 provides an overview of the information collected for this report.

Table 1. Information sources for the first preliminary report.

Information source	Details
Tangata whenua	<ul style="list-style-type: none"> Four interviews with Rangitāne iwi stakeholders
Engagement with rangatahi	Evaluators connected with rangatahi at four points: <ul style="list-style-type: none"> Whakawhanaungatanga – informal connection with all rangatahi including small-group discussions First interviews – seven of the ten rangatahi Noho marae – informal connection with ten rangatahi and participation in noho marae activities Community interviews – interviews with five rangatahi in the community reflecting on the residential phase
Engagement with whānau	<ul style="list-style-type: none"> Interviews with three whānau including one with rangatahi present
Interviews and focus groups with MSA residential phase kaimahi	<ul style="list-style-type: none"> Three focus groups with twelve kaimahi from the care team One focus group and three follow-up interviews with the clinical team including clinical psychologist, counsellor and one social worker Interviews with all members of the leadership team
Interviews with Oranga Tamariki leadership, stakeholders and other clinical advisory group members	<ul style="list-style-type: none"> Five Clinical advisory group members Fifteen Oranga Tamariki stakeholders and leadership
Interviews with Oranga Tamariki Social workers	<ul style="list-style-type: none"> Seven Oranga Tamariki Social Workers One Residential Social Worker One Youth Justice Supervisor
Interviews with Mentors	<ul style="list-style-type: none"> Seven Mentors Two Mentor Supervisors
Interviews with Partners	<ul style="list-style-type: none"> One independent Guest speaker One NZDF representative
Review of documentation	<ul style="list-style-type: none"> Rangatahi profiles MSA documentation, for example clinical advisory group information packs and published documents describing MSA

2.5. Strengths and limitations

The evaluation was strengthened by:

- A theoretical foundation and information from different sources (a mixed methods approach)
- A kaupapa Māori approach that provided rangatahi and whānau with confidence that their perspectives and contexts were understood

- A consistent evaluation team enabling relationships to be built with rangatahi
- A collaborative approach with Oranga Tamariki and the MSA kaimahi.

A limitation of the evaluation is that evaluators were contracted early in the residential phase. Kaimahi, rangatahi and other stakeholders provided their feedback on the assessment phase retrospectively.

The evaluation data collection took place over three-months from week four of the twelve-week residential phase through to the end of the first month in the community. Benefits and limitations of the residential phase may become more apparent during the community phase of MSA.

MSA includes only 10 rangatahi and whānau so any quantitative and qualitative evidence for the evaluation is therefore based on small numbers. Although the evaluators engaged with rangatahi, taking part in the evaluation was voluntary and some rangatahi did not want their whānau included to avoid placing additional burden on their whānau.

Establishing trusting relationships takes time and rangatahi feedback will continue to build through the course of the evaluation. Rangatahi are also typically not a talkative group.

[Was there a lot of talking?] I'm not a talky person so nah. (Rangatahi)

3. The MSA design built on existing evidence

3.1. The policy intention was for a design based on military structure and discipline

The MSA aims to help young offenders turn their lives around and reduce the risk of reoffending. Oranga Tamariki was directed by government to develop and implement a pilot of a military-style academy for repeat serious young offenders. The pilot was also an opportunity for Oranga Tamariki to design and test a new evidence-based model for youth justice residences with a therapeutic approach addressing known challenges with the existing model.

The intent was to meet the objectives of the Government directive around the delivery of a military-style academy and to do better by the young people who are in our care. (Oranga Tamariki stakeholder)

3.2. The design and development was rapid

MSA design began with the development of a high-level design in March 2024. The design was rapidly to allow the residential phase to start at the end of July 2024.

The limited time available for the design and later implementation was a significant challenge to effectively implementing the MSA Pilot.

.... There genuinely wasn't the time that you would like and would need to develop a really thoughtful, coherent programme. (Oranga Tamariki stakeholder)

3.3. Oranga Tamariki led interagency work

Oranga Tamariki led a series of three interagency workshops in 2024 to develop the high-level design that would form the basis for the detailed design and implementation plan. The workshops included:

- The Office of the Chief Social Worker
- NZ Defence Force
- Ministry of Education
- Ministry of Justice
- NZ Police.

The Minister for Children also visited. One stakeholder highlighted the absence of a representative from the Department of Corrections. The Department has a strong clinical psychology workforce supporting the rehabilitation of older offenders in custody.

Strong leadership from Oranga Tamariki through the design and residential phases strengthened the programme. Stakeholders within Oranga Tamariki and from the community recognised the challenge Oranga Tamariki faced in moving rapidly through design and implementation. They saw the role of Oranga Tamariki leadership as critical.

3.4. Design work drew on existing evidence alongside Government intent

Oranga Tamariki developed the pilot using evidence from previous military-style academies in New Zealand and overseas. The design phase was an opportunity to build an evidence-based programme around the key elements of the MSA Pilot design defined by the government directive. The evidence supported a therapeutic approach built around good programming for rangatahi and intensive support through transitions to the community.

It was a good balance of political intent with some success in making it a bit more evidence-based and giving it kind of a core of practice and responsiveness that it might not have otherwise had. (Oranga Tamariki stakeholder)

Stakeholders saw the design as a definite step forward from business-as-usual approaches in Youth Justice Residences where stakeholders described an insufficient focus on criminogenic pathways. Deciding on the GLM under the recommendation of Oranga Tamariki staff was a point of difference. GLM was not a practice approach but provided a framework for the MSA clinical team to work with rangatahi in a strengths-based way while addressing criminogenic pathways.

It is an umbrella thing that sits out there and makes us think about things in a more positive, future-orientated way. It's less deficit orientated where the criminal justice system in general, not just youth justice, has tended to be a very deficit model, risk orientated. The GLM helps shift that thinking to a more positive framework. (MSA clinical advisory group)

Though untested from a te ao Māori perspective, GLM was supported by many stakeholders alongside the existing Oranga Tamariki practice frameworks. Stakeholders saw the flexibility of GLM as an advantage because it could incorporate te ao Māori concepts. Te Puna Oranga (integral to the new Practice Approach) was used as a complementary framework to The GLM. It has four of the domains of Te Whare Tapa Whā in addition to 'ngākau' and 'waiora'. Some stakeholders suggested Te Whare Tapa Whā would provide a good framework for the programme, particularly given it arose from Rangitāne iwi.

3.5. Tangata whenua were involved but not until late in the process

The intent of MSA was that the rangatahi Māori and rangatahi of other cultures would all be offered opportunities to incorporate their culture into MSA. Oranga Tamariki had to maintain confidentiality through much of the design process and the location for implementation was selected late in the process.

Consultation with tangata whenua Rangitāne iwi began too late for it to be a significant driver of MSA Pilot design or for it to fulfil its role as tangata whenua for the location of the MSA Pilot. However, as kaitiaki for their region Rangitāne assumed a duty of care to support the rangatahi from different iwi.

Rangitāne iwi could have brought significant experience and expertise to the design process as a Whānau Ora, health and social service provider working in youth justice. Oranga Tamariki recognised it should have involved Rangitāne iwi earlier. Rangitāne iwi has been generous in moving past these early challenges and contributing to the MSA implementation. Rangitāne experts sit on Clinical Advisory Group and provide direct feedback to Oranga Tamariki and MSA leadership. Rangitāne also stepped in to deliver some of the programme components most valued by rangatahi (noho marae and the Aunties programme). Rangitāne continued to contribute to MSA throughout its implementation.

How we would have envisaged it, to have unfolded properly if it was going to be in an authentic Te Tiriti partnership with tangata whenua, that they [Oranga Tamariki] would have come up and met with us at least six to seven months before the programme was coming, and that we would have actually co-designed and co-written the programme to be delivered. We would have had veto over anything that we didn't see was going to be right for our city or for the young men that were coming to undertake the programme. (Community stakeholder)

3.6. Advisory groups supported the design and implementation

The MSA Pilot was supported by reference and advisory groups including:

- MSA external reference group: To provide Oranga Tamariki with independent advice, support, critical thinking and challenge to the implementation of the MSA Pilot. The ERG was advisory only and had no decision-making responsibility.
- MSA clinical Advisory Group: The clinical advisory group did not have a formal terms of reference but provided a point of review and advice from a clinical perspective for kaimahi.

The advisory groups brought experience and expertise to support the design and implementation of MSA. Oranga Tamariki leadership found the expert advice from the advisory groups strengthened design and delivery of MSA. Some kaimahi found

participating in the advisory groups was an extra workload demand when they were already over capacity. They also found the amount and variety of input from different sources difficult to manage.

3.7. Learnings from the design phase

The intensive design phase prepared an approach to delivering the MSA Pilot drawing on the evidence base and input from expert advisors. The MSA design was based on a military-style approach complemented by other components based on evidence about what works to change the trajectory of repeat young offenders. The key points of difference in the design were the emphasis on in-depth assessment of rangatahi, detailed programming including intensive therapeutic support, a multi-disciplinary team of kaimahi, a closed-group of rangatahi and investment in a supported transition to the community.

The MSA Pilot design represented a disruption of usual Youth Justice processes and resulted in a new model for supporting serious young offenders. Early learnings support refinement of the model.

The demand to get it stood up and executed, people should be really proud. The demands were unequivocal, but they were the right demands. It was a disruption to the usual approach. (Oranga Tamariki stakeholder)

Tangata whenua involvement

Tangata whenua were not involved early enough in the design phase. When they were able to contribute to MSA, they strengthened the residential phase, highlighting the importance of involving tangata whenua early in any future implementation.

Underpinning framework

The GLM worked for the Pilot but some stakeholders recommended existing models like Te Whare Tapa Whā as particularly appropriate given the pilot location in the Rangitāne iwi and the all-Māori cohort of rangatahi. There is an opportunity to build a programme on te ao Māori rather than add cultural components to a mainstream programme. That could include incorporating other models of Māori health and wellbeing.

Continuous learning

The tight timeframes for developing and standing up MSA highlight the importance of evaluation findings informing ongoing MSA design. Stakeholders considered the limited time for design meant aspects of the design were untested.

4. Oranga Tamariki built a multi-disciplinary team to deliver MSA

4.1. Oranga Tamariki built an effective kaimahi team

The MSA design and its therapeutic focus depended on a skilled and capable team of kaimahi. The design specified the qualities, capabilities and experience needed from the kaimahi across the clinical, care and programme teams (Figure 1).

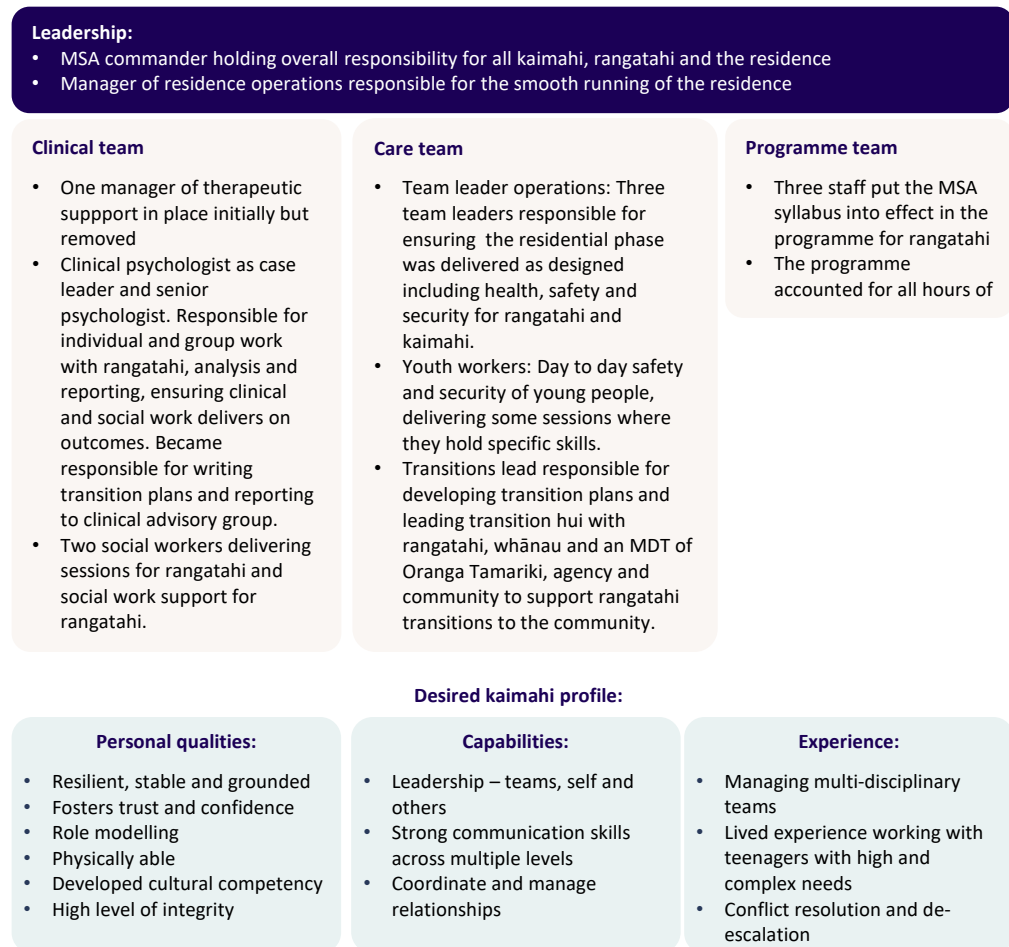


Figure 1. Kaimahi teams and desired profile specified in the MSA design.

The residential phase was staffed by 26 kaimahi including:

- Seventeen males and nine females
- 30% with military or Police backgrounds
- 70% were Māori and/or Pacific.

The kaimahi moved from their existing roles in other Oranga Tamariki youth justice facilities to the MSA in Te Au Rere in Palmerston North. Oranga Tamariki asked its existing workforce for interest in participating. Those who expressed an interest were assessed by a panel against the desired kaimahi profiles and would be supported with training to prepare them to deliver the residential phase.

You need to either really invest in and train and develop the workforce you've got ... which we haven't done, or you need to bring in a workforce who is more ready and capable of doing that. It's a combination of both. (Oranga Tamariki stakeholder)

Kaimahi were drawn to MSA because they saw the potential value in the MSA approach. Their experience in youth justice meant they were interested and excited to be part of trying something new to support the rangatahi they had worked with over years.

They actually volunteered to be here and that's made a difference because they're here for the right reason. They want to see change; they want to see these boys do well. If you're here just to clip the ticket, then you're here for the wrong reasons. (MSA kaimahi)

Public discourse describing MSA as 'bootcamps' was a disincentive for those aware of the challenges with past bootcamp implementations. It was harder to fill the social work positions than the care team positions because of the degree of negativity to MSA across the workforce. Understanding the emphasis on a therapeutic approach and doing things differently to current youth justice residence approaches appealed to kaimahi who had seen rangatahi come in and out of their care over years.

So, we're getting these guys back three, four, five, six times in the space of two/three years. The old 'if you keep doing the same old thing, that's just the first sign of madness.' So, you've gotta be able to make a change. (MSA kaimahi)

The team matched the desired profile set out in the design and included strong representation of kaimahi Māori, military, youth justice and youth work experience.

4.2. The residential phase was strengthened by an effective leadership team

Leadership for the residential phase sat with an experienced leader specialised in standing up new teams and initiatives. The commander of the academy was widely liked by both the kaimahi and the rangatahi in the residential phase and was a visible presence to rangatahi in the residence.

We were all very, very visible. I was there for going to the gyms in the morning with them, off-site and the overnighters in the bush phase and having breakfast with them often and dinners with them. (MSA kaimahi)

The commander was supported by leads for each of the residence teams. Together they set the culture and standard for kaimahi.

The leadership had responsibility for ensuring the implementation of the residential phase was faithful to the design while being flexible enough to respond to challenges as they arose. A key part of the role was balancing and connecting the roles of the different professional groups.

I think everybody thinks that their piece is the most important and I think the leaders themselves ... on the ground, were actually happy to have discussions about the balance and making sure that regardless of all the noise, we were delivering what was a balanced programme and true to design. (MSA kaimahi)

4.3. It took time to build a multidisciplinary team

MSA kaimahi came with different professional and practice backgrounds and experiences including social work, youth work and clinical psychology. Practice in Youth Justice spaces can be distinct from those in other parts of Oranga Tamariki. Effective multi-disciplinary work relies on leaders bringing different practices and their underlying cultures together.

Oranga Tamariki brought together all kaimahi including leadership for a two-week training programme. It was held at the Trentham Military Base, where the Ministry of Defence delivers LSV. The training benefited the programme in that it gave kaimahi a chance to form relationships with each other and understand how they could work together. They also learned about the MSA design, the GLM and how LSV staff worked with rangatahi and delivered their programme.

That two-weeks gave us a good little buffer to get to know each other, to go through some team building and to really get into what the MSA approach was going to be. No doubt, there was still some little bumps and things along the way at the start but I believe we all got there to deliver a pretty good product for these young fellas. (MSA kaimahi)

Spending this intensive time together laid the foundation for working as a multi-disciplinary team and initiated a shared culture. Kaimahi found the time together invaluable. Moving past existing cultures and ways of working brought from roles outside MSA was challenging and a process that extended into the residence.

The military people would say they wanted more military, the social workers say they want more social work, clinical people say they want more clinical. (MSA kaimahi)

Kaimahi wanted to see the multi-disciplinary approach extend to their work in other residences, particularly having the clinical team on the floor with the care team to support their work with rangatahi.

I think those key roles like the clinical team and a social worker, 100%. We need social workers as part of the floor staff at all our residences. I think social workers being on the floor to help coach and mentor practice and give some of that social work context around why a young person might be behaving like that or what does that look like for a young person in the community. (MSA kaimahi).

Including site social workers in the MSA multi-disciplinary team was challenging. Site social workers were based in Oranga Tamariki sites in rangatahi hometowns. Oranga Tamariki stakeholders described a culture of site social workers taking a step back when rangatahi entered a Youth Justice Residence. Workload pressure on social workers meant they could move their focus away from rangatahi safe inside residences to others who were at greater risk of harm.

There was, there is, an entire culture of young person goes to residence, social worker goes 'Phew. I can get on with other things.' It's just such a wrong move because the work for the whānau and family is as important as the accountability and justice for rangatahi because we just haven't spent time understanding their needs. (Oranga Tamariki stakeholder)

However, site social workers were the point of connection between rangatahi and whānau and between rangatahi and the community. They had established relationships with both rangatahi and whānau prior to MSA and played a role in rangatahi recruitment.

The Quality Practice and Experiences team trained the site social workers in the GLM and provided ongoing support in the residential phase through drop-in community of practice meetings to prepare them to support rangatahi in the community.

Site social workers wanted to know more about what rangatahi were doing and how they were being supported and wanted to hear more from the residential phase kaimahi. They were not well connected with the multi-disciplinary team working inside MSA. They also found it difficult to connect with rangatahi during the residential phase. In addition to their rangatahi in MSA, site social workers were managing caseloads of other rangatahi with youth justice interventions.

See in our everyday business as usual that we're quite disconnected from the youth justice space, and I saw it more so at the MSA. ... it didn't happen until transition. And right the way through, the social workers were voicing that they were feeling left out, that they aren't able to engage with their rangatahi ... they weren't part of the whole programme, and they felt it, and that was the disconnect. (MSA kaimahi)

I've known the family for long enough to know them better than anyone. So when the decisions were made, I was not part of that. (Site social worker)

The role of the site social workers in the transition phase is still developing.

There could be something with whānau and with the social workers, maybe separately that's run alongside that they learn as the young people do, so that they

know the skills that they're learning, and they can help support that when they come out. (MSA kaimahi)

4.4. Supporting the kaimahi team

Kaimahi felt well supported in their practice by supervision offered by a practice leader. Supervision used the Tangata Whenua Bicultural Supervision, part of the Oranga Tamariki Practice Approach. Some kaimahi suggested additional supervision was needed when the practice leader was not available due to illness or other commitments.

Working alongside him with his supervision model was awesome. He came in quite early in the piece and again, when we're thinking about what our Māori people were thinking and saying, he was a lot the same of 'just worry about this, help the people in front of you and block that noise out.' (MSA kaimahi)

Joining the MSA kaimahi required a substantial personal commitment from staff. All of those based outside Palmerston North committed to living away from home and whānau for three-months. Oranga Tamariki supported them to visit their homes a handful of times through the residential phase but being away was difficult and not sustainable for all staff. The length of time away from home and delivering an intensive programme were significant challenges for kaimahi.

One of the big challenges was the length of time people were away from home and their own whānau. It's tiring. The work was very demanding. (Oranga Tamariki stakeholder)

Stakeholders were uniformly positive about the commitment demonstrated by the MSA kaimahi in delivering the programme.

The passion, the commitment from them, but actually the price that I think they have probably paid as a result of this will be unappreciated and unseen by the general public but was absolutely phenomenal. (MSA clinical advisory group)

4.5. The clinical team contribution was essential but unsustainable

The clinical team roles included:

- Developing resources including session plans to use with rangatahi, which was time consuming because use of the GLM and the MSA programme were new
- Delivering therapeutic group and individual sessions for rangatahi
- Other areas where the clinical team's input was needed unexpectedly or to a greater extent than expected including attending advisory group sessions,

supporting rangatahi and whānau visits and supporting care team kaimahi in their work

- The clinical team transition lead role in developing rangatahi transition plans shifted to other clinical team kaimahi late in the residential phase.

The clinical team initially had an additional layer of management which was later removed with the responsibilities of the role assumed by other kaimahi.

Stakeholders observed the dedication and commitment of the clinical team in maintaining the workload and delivering for rangatahi during the residential phase. However, the clinical team had an unsustainable workload and were under very high pressure throughout the residential phase. There was a consistent view across kaimahi that an additional case leader, psychologist and social worker would have strengthened the programme.

If we had maybe three social workers and maybe two case leaders, that would be quite a good team, and a clinical psych, I think that would be quite good, just to share the load a little bit because you've got that day-to-day stuff and then that really intense transition focus with social workers. (MSA kaimahi)

4.5.1. Clinical staff also supported the care team

The initial training for kaimahi introduced them to GLM and the way rangatahi would be supported through the residential phase. The clinicians embedded in the residential phase took up the role of supporting kaimahi to extend their skills in supporting rangatahi.

Having that clinical staffing there to just coach, offer advice, just say, 'hey, have you thought of doing it this way?' And also for kaimahi to see the clinical staff working on the floor and see and hear what they were saying, was pretty powerful. (Oranga Tamariki stakeholder)

This development happened passively as kaimahi observed and supported the facilitation of group therapeutic sessions. But there was also active support as the clinical team saw kaimahi practice that could be strengthened by providing coaching and advice.

It's that our kaimahi being part of those programmes and understanding from a clinical point of view, so building their capability up to engage a young person to go: Remember on Tuesday, in the clinical session, you talked about thoughts and feelings or being able to self-regulate. If you're about to go marching for an hour, how do you tap back into your resilience, into what you've learned in that session? (MSA kaimahi)

Challenging kaimahi practice was hard for both the clinical team and kaimahi but strengthened the residential phase.

And I think at times that was quite challenging. And as the clinical team, we had to raise issues when we saw it, and really challenge that practice. And that's hard, you know? I think that's hard for them, and that's hard for us, but I do feel like there was a different culture on MSA than there is generally. (MSA kaimahi)

4.6. Administrative work was more intensive than expected

The pace of implementation and the newness of the programme meant there were many purchases identified and urgently needed. Hold-ups in purchase orders and signing off purchases were a challenge. Organising travel for kaimahi and whānau was also time consuming for staff.

... if we had been a little bit more empowered here to sign the check, it just saves another half hour or another three emails backwards and forwards. We've still got the money, but it was just the process. (MSA kaimahi)

On reflection, MSA staff and leadership thought they needed a full-time administrator to manage these demands and reduce stress and pressure on other kaimahi.

4.7. Transition planning shifted to the clinical team late in the residential phase

The transitions lead was planned to be responsible for planning rangatahi transitions to the community and managing the transition hui.

The role shifted to other clinical team kaimahi late in the residential phase as other kaimahi were brought in to lead the transition hui and the clinical team took responsibility for developing the rangatahi transition plans.

Transition worker should have been there from the beginning. If she was there from day one, she wasn't on the radar. We didn't need more people in the pie but needed someone driving that focus. (Oranga Tamariki social worker)

The addition of transition planning to the roles of other clinical team kaimahi caused an acute period of high workload. They did not have capacity to work closely with the site social workers or the community mentors to bring them into the plan development process.

4.8. Community partners contributed to MSA

Some of the activities included in the residential phase drew on partnerships with external community organisations and individuals. Rangitāne iwi provided two programme components the rangatahi valued: Mana Tāne, where each rangatahi was assigned to and visited by an auntie; and kaumatua connect which gave

rangatahi individual support by Māori for Māori. An external provider delivered the education sessions.

Other partners included the art therapy provider and education provider who were both consistent presences through the residential phase.

4.9. Community mentors connected in the residential phase

Contracting and recruiting the mentors was in progress at the start of the residential phase. Mentors were inducted and connected with rangatahi in week three, as early as possible after the conclusion of the procurement processes.

With the mentors, we didn't bring them in early enough, so they were late because of the procurement process. (Oranga Tamariki stakeholder)

Rangatahi were each assigned mentors to support their transition and work intensively with them once they returned to the community. Mentors came from the locations rangatahi would move to during the transition phase.

Our mentors are role models. They're there to guide, walk alongside our young people, help them in in good decision making. There, they're a lot more than taxi drivers, right? (Oranga Tamariki stakeholder)

The mentors were drawn from six organisations and were based in the communities rangatahi would return to after the residential phase. The Oranga Tamariki team selected them specifically to match the rangatahi they would support.

4.10. Learnings about building and supporting an MSA team

Delivering the pilot programme required Oranga Tamariki to build and train a new team. Bringing together the different perspectives of a multi-disciplinary team to work together was a strength of the MSA Pilot and a point of difference from other Youth Justice Residences. Some of the challenges to sustainability for the MSA Pilot team such as living away from home, developing new resources and taking on unexpected roles within the programme could be mitigated if the workforce and programme become permanently established.

Advisory group input

Consider which kaimahi need to participate directly in advisory group meetings and ensure advice to kaimahi is clear and consistent.

Forming a multi-disciplinary team

There were challenges in bringing the multi-disciplinary team together inside the residential phase and connecting it to site social workers outside the residence. Bringing different perspectives to supporting rangatahi was a strength of the residence. There was room to clarify how site social workers should maintain their connection with rangatahi and work with residential phase kaimahi to support rangatahi and transition planning. Role clarity will help the different professional cultures come together to deliver MSA.

Sustainability of the kaimahi team

The staffing levels for the MSA Pilot exceeded levels for other Youth Justice Residences. However, MSA kaimahi found the programme needed additional capacity to run smoothly and sustainably including:

- Kaimahi workloads that would be manageable over an ongoing basis rather than the short period of extraordinary effort during the pilot
- Additional clinical capacity in the form of one or two more case leaders so critical components of functions were not dependent on one kaimahi
- Dedicated full-time administrator
- Addition of a small number of care team kaimahi to ease management of demand on staff during off-sites and other intensive periods as well as staff illnesses.

5. Oranga Tamariki has implemented the MSA assessment and residential phases

The assessment phase was carried out prior to the beginning of the residential phase in July 2024. The residential phase covered three-months from July to October 2024.

5.1. Kaimahi recruited a cohort of ten rangatahi through the assessment phase

MSA targeted a relatively small group of serious youth offenders who:

- Had two separate and proven offences punishable by a maximum term of imprisonment of ten or more years
- Were subject to a supervision with residence order.

Rangatahi on remand or under custody of the Department of Corrections were also ineligible.

Figure 2 provides an overview of the main milestones in the assessment phase.

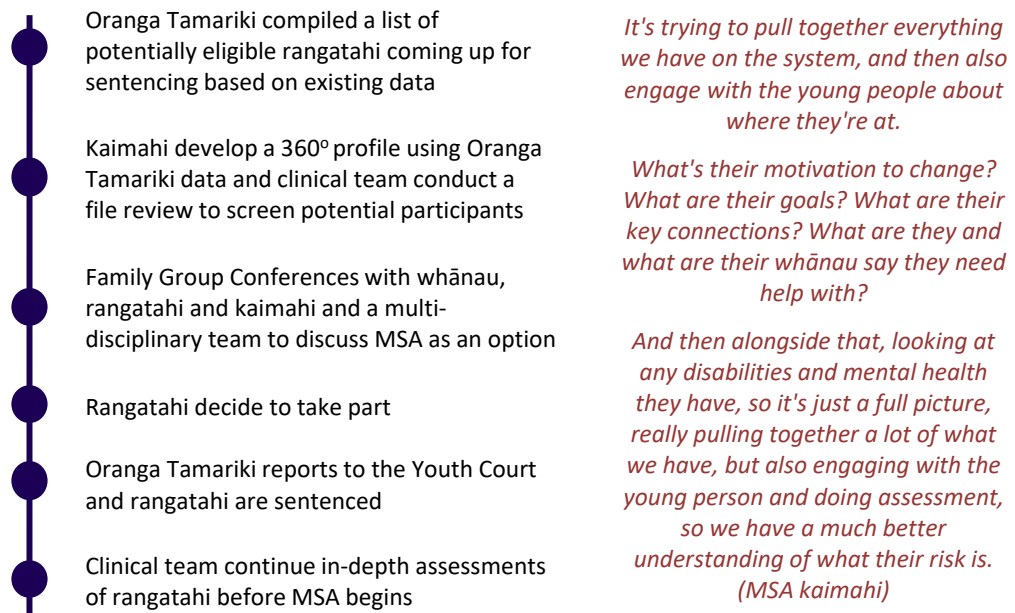


Figure 2. Assessment phase milestones.

The assessment process was far more in-depth than what is carried out before entry to other youth justice residences. This process included an assessment of suitability that considered whether rangatahi would manage the physical and cognitive demands of MSA, their impact on the group dynamic of the cohort and the nature of rangatahi offending. Rangatahi with sexual offending were not included because they needed other forms of support.

The assessment phase also included clinical assessments inform the therapeutic work to be carried out in the residential phase. The assessments carried out by the clinical team included:

- Treatment readiness
- Treatment responsiveness
- Youth Level of Service/ Case Management Inventory 2.0 (YLS/CMI)
- Assessment of Protective Factors (SAPROF).

This process prepared the clinical team to work with the rangatahi, made better use of the data already collected and began the relationships between rangatahi and the care team. There were some challenges in bringing together social work and clinical psychology approaches together in the assessments. Oranga Tamariki staff were focused on strengths and saw the clinical assessments as focusing too much on the negative. For the clinicians, focusing on criminogenic assessment was important to inform the work to be done in the residential phase.

5.1.1. Discussion with social workers helped rangatahi and whānau decide to participate

The Oranga Tamariki site social workers were responsible for describing MSA to rangatahi and whānau and supporting them in deciding whether to take part. Site social workers did not have input on the selection of rangatahi for the pilot but wanted more input into which rangatahi were selected for future MSA. They thought their knowledge of rangatahi and whānau could provide insight into whether MSA was the best intervention.

We didn't actually nominate our tamaiti. They actually emailed us and then started to send us some specs. (Site social worker)

Rangatahi had to volunteer to take part in MSA. They were motivated to take part by a view that participating in MSA would help them move from the Youth Justice Residence and into the community component soon as possible. In practice this meant the rangatahi could move from residential component into the community component of their supervision orders earlier. One rangatahi decided to take part because he would have had a significantly longer stay in the Youth Justice residence if he chose not to. Another described charges being held over by Police.

I would still do it because I would go to jail if I didn't do this. (Rangatahi)

Site social workers also described the support MSA could offer them and their whānau through their transition to the community. Rangatahi were motivated by the promise of the extra support available for their whānau.

Rangatahi voice

Some rangatahi were initially reluctant to take part because they were used to the Youth Justice Residence where they were. One whānau said rangatahi treated normal residence like a bit of a holiday. They understood what being in residence involved and were not intimidated or concerned about being in residence. Some described other rangatahi as institutionalised. They had been in and out of youth justice residences, and some had only had days-long community interludes.

Some reflected on the younger members of the group and their own behaviour. They saw their younger age as a get out of jail free card because they could offend and only be subject to Youth Justice Residences, rather than district court and adult corrections processes. Some described planning to offend until they were older.

One rangatahi focused on the appeal of the military aspects of the programme as he was interested in pursuing a career with the military.

Rangatahi said they understood what MSA would involve and how it would be different from their other Youth Justice Residence experiences. Following through on promises made to rangatahi was essential and one of the core values of Oranga Tamariki.

They don't like being sold dreams, that's one of their favourite sayings. 'Don't tell us you're gonna do something and you don't do it.' Follow through on it. That's something that as a team, we've really worked hard to try and follow through on everything that we've said. Which pretty much we have. (MSA kaimahi)

MSA kaimahi visited each whānau to give them information about the programme at the same time as they invited rangatahi to participate. Whānau said they understood the programme and what it was about. The connections between whānau and site social workers were not always close before MSA. Social workers had to reconnect with whānau and build relationships. This connection took longer than expected.

Social workers weren't closely engaged with whānau before the boys went into the academy. (Oranga Tamariki stakeholder)

I really expected, especially in kind of the assessment phase, I really expected the social workers to be able to really kind of pump out a really good understanding of whānau and of these young people because they've been working with them and they're so known to us. (Oranga Tamariki stakeholder)

Whānau voice

Whānau initially understood MSA as a “boot camp” based on media reports. Whānau understood the MSA Pilot was going to be held in a residence. From a whānau perspective, residences were where their rangatahi go once they have seriously re-offended. They get locked up.

Whānau had reservations about whether the MSA Pilot would work for their rangatahi. They hoped it would work but their expectations were tempered by years of rangatahi reoffending and moving in and out of residence.

5.1.2. Rangatahi had complex needs and strengths

Ten rangatahi were selected to participate. Their key characteristics are described in Table 2 and were consistent with the target group described in the design.

Table 2. Characteristics of the selected cohort of rangatahi.

Characteristics	Profile of the cohort
Demographics	<ul style="list-style-type: none"> All were male – females were not eligible for the pilot All were Māori with two also identifying Pacific and New Zealand European whakapapa. Eight were 17 years old and two were younger (age 14 and 15).
Experience with education	<ul style="list-style-type: none"> Rangatahi were disengaged from schooling. Often they had participated well in school, including some in kura kaupapa Māori, through to the late primary school or early secondary school years. Histories showed disciplinary issues including fighting and poor attendance with disengagement from schooling. They were varied in the progress they had made with NCEA either with mainstream schools or with education in Youth Justice Residences. Rangatahi had mixed views on education. Though all had disengaged, some liked learning and wanted to get their NCEA credits. Others had noted neurodiversity and/or did find it difficult to engage with learning.

Characteristics	Profile of the cohort
Neurodiversity, disability and other health issues	<ul style="list-style-type: none"> Six of the ten rangatahi had ADHD either diagnosed or suspected. Three of those with a diagnosis were unmedicated. Some rangatahi also had other learning difficulties noted, for example auditory processing challenges. All but one had substance use (methamphetamine, cannabis, alcohol or unspecified) noted in their assessment summaries. Mental health issues were noted for several rangatahi including difficulty with emotional regulation, anxiety, suicidality and PTSD.
Offending histories	<ul style="list-style-type: none"> Rangatahi had long offending histories beginning as young as age nine though most often between 11 and 13 years old. Offending often involved theft of motor vehicles, robbery, aggravated robbery, assault, aggravated assault, property damage and failure to stop. Two typical examples are provided below: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 45%;"> <p>Aggravated robbery (5) Assault with intent to rob (2) Unlawfully takes motor vehicle (1) Dangerous driving (1) Reckless driving (1)</p> </div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 45%;"> <p>Unlawfully gets into motor vehicle (3) Burglary (3) Aggravated Robbery (5) Unlawfully takes motor vehicle (4) Escape lawful custody Intentional Damage (2) Attempted unlawful taking of motor vehicle</p> </div> </div>
Oranga Tamariki histories	<ul style="list-style-type: none"> All rangatahi had been remanded in custody multiple times, had multiple family group conferences, orders for supervision with activity, supervision with residence and nine or more youth justice family group conferences. <ul style="list-style-type: none"> <i>And we've got young one, young man who I believe, in the last two years had not been out of residence for longer than six days. (MSA kaimahi)</i> Most had substantiated findings of abuse or neglect and all had multiple reports of concern.

Along with their offending histories, the rangatahi participating had high and complex needs. Kaimahi described the difficult pathways rangatahi had followed. Their backgrounds included very challenging upbringings and years in residential care, often with only small periods of time spent in the community.

We know that they are young people who have very challenging upbringings, come from challenging backgrounds, have had lots of difficult, challenging experiences in their life, who have high levels of mental health needs, educational difficulties, physical health. (MSA clinical advisory group)

This cohort of young people are serious young offenders. They do have very complex needs, health needs, mental health issues, whānau issues, complexity ... (Oranga Tamariki stakeholder)

Although, the rangatahi had complex lives and intensive support needs many also brought strengths such as their community and whānau connections and the potential to expand their skills.

One of the original ten rangatahi withdrew from the programme in week three and was replaced with another rangatahi who had been through the assessment process but initially decided not to take part. Kaimahi reflected that the rangatahi who had withdrawn had not managed the demands of the MSA Pilot so Oranga Tamariki offered alternative support.

5.2. Stability of the rangatahi cohort was important and a point of difference

Stakeholders identified delivering MSA to a closed group and creating a stable cohort as a key point of difference to other Youth Justice programmes.

The other thing that was really, really different was that there's never been a situation where you've had ten young people sentenced in a unit together at the same time. We don't use that structured approach where you're there for three or four months and while you're there, these are the kind of programmes you're going to complete. (Oranga Tamariki stakeholder)

Usually, in youth justice residences, there is constant change in the group of rangatahi as they come in on remand, are sentenced and released. Kaimahi observed that rangatahi on remand tend to be less settled. Rangatahi arriving and departing meant constant and destabilising change in the group dynamic.

You're a young person, you've got a trauma background, you're hypervigilant to risk and you're in a unit where... you've sussed out who's safe, who your allies are, who poses a risk to you and then the next day or two days later, you've gotta reassess and reevaluate that because someone leaves and then someone's coming in. (Oranga Tamariki stakeholder)

Kaimahi saw how rangatahi came together and supported each other. The rangatahi connected with each other. They knew each other from other time spent in youth justice residences and in some cases from the community. The social dynamics of the MSA group were established in the early weeks and maintained throughout the programme. Clinical and other programming could build session to session without needing to reset to accommodate new participants.

It a common kind of goal, common interest, common experiences. It was humbling. ... The boys have come together, like you've said and now formed as ten but actually formed as one, as staff and young people together, we've been that team and you can see it. (MSA kaimahi)

So for this group of young people, once they figured each other out, they formed a connection. They built trust with each other, which took a couple of weeks to build, then they got to a place where they didn't have to worry about who was coming in the door, the dynamics changing. Those relationships kind of supported them to be a bit more vulnerable, to take advantage of situations. That psychological safety stuff. (Oranga Tamariki stakeholder)

Stability in the rangatahi group and the MSA kaimahi team created a safe and stable environment for rangatahi.

But that 10 young people in the unit, I think, has emerged for me as one of the real successes of the programme. There's something about creating a therapeutic community and a sense of kind of psychological safety for a group of young men, which I think was a huge part of why that residential phase was so successful. I know there's a lot of credit goes to the operations people who kind of provided leadership and lead operations and I think there's something to that. (Oranga Tamariki stakeholder)

5.3. The programme components were comprehensive and varied

The residential phase was delivered in a wing of Te Au Rere Youth Justice Residence in Palmerston North. It was connected to the same courtyard as the other wings of the residence but rangatahi did not mix with other groups. The space was clean and fresh with military imagery, including of the Māori Battalion, on some walls. The setting was designed to be safe and secure.

The programme team led the translation of the syllabus, developed in the design phase, into a day to day schedule of activities for rangatahi. Setting the programme was difficult because MSA was new and there was not a model to replicate. The programme also had to be flexible enough to accommodate visitors to the residence, which included Oranga Tamariki leadership, members of the Defence Force, ministers and other members of the government, evaluators and others.

The design identified the different programme components (for example, physical activity, marching, education, etc) but the programme team had to bring them together in a complementary way. This detailed work was time consuming but ensured MSA kaimahi and stakeholders knew what would be happening each day. Outlines for each week were shown to rangatahi creating a predictable and consistent structure for each day.

The intent of the programme was excellent, to actually weave together a comprehensive programme that addressed cultural need, clinical need, education needs, and weave through that vocational pathways, practical life skills. ... This programming for us has been the first of its type, in terms of its comprehensive nature. (Oranga Tamariki stakeholder)

Lots of really positive individual pieces that in themselves are breaking new ground, were innovative. I don't think we did anything that wasn't useful and wasn't really pushing the envelope on 'these are the kind of things we should be doing with these young people in their whānau'. (Oranga Tamariki stakeholder)

Stakeholders saw the both the individual components and the overall approach as innovative for Oranga Tamariki and far more extensive than what was offered in other Youth Justice Residences.

[The difference] is pretty stark. What we offer in our normal Youth Justice setting, when it comes to intervention to address offending, reduce offending, is really minimal. Like, criminally minimal and it always has been. There's a few reasons for it but it's like night and day. (Oranga Tamariki stakeholder)

The programme team wove the components identified in the syllabus into a schedule of activities aiming to build rangatahi kete for their transitions to the community. Figure 3 below shows the overall allocation of time to different types of activities in the syllabus developed in the MSA Pilot design.

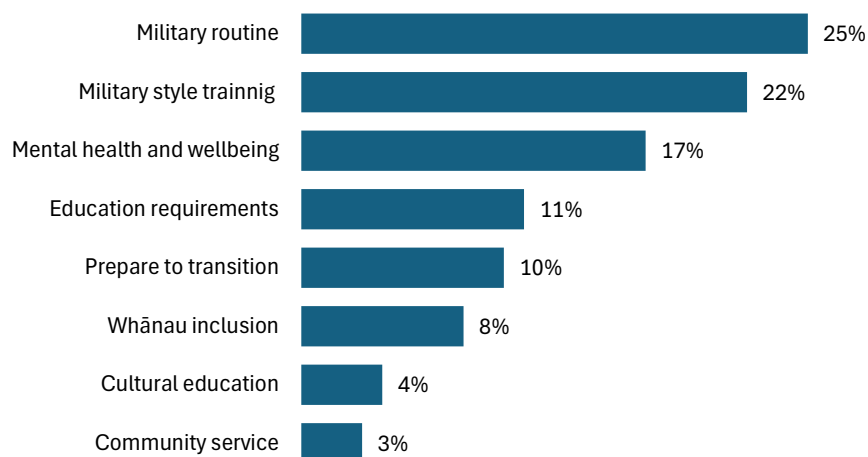


Figure 3. Planned allocation of rangatahi time to different activities in the syllabus.

As the residential progressed, the programming team adapted to how rangatahi responded to the programme. The programme components are discussed below.

Mental health and oranga: Individual and group work, counselling, emotional regulation and coping strategies, behaviour management, impulse control, drug and alcohol treatment and education, physical health support including primary care and dental visits.

Rangatahi received group and individual support from the clinical psychologist, social workers and a counsellor working as a multi-disciplinary team and connecting with the care team kaimahi. The GLM provided a framework for the clinical team to work with rangatahi through individual and group sessions. Rangatahi were supported to develop a My Good Life plan to record their own aspirations and plans, defining

what their own good life looked like. The plan gave a positive focus to the clinical work.

What are their good lives look like? What are the primary goods that really matter to you and how that looks in your life? How does you know? What are the things that stop you from offending How do you know if you're doing well? How do you know if your whānau is doing well? (MSA kaimahi)

The more intensive therapeutic support for rangatahi in the residential phase was a key point of difference compared to other Youth Justice Residences and was strongly supported by stakeholders.

I think the therapeutic component of it is such a massive step forward in New Zealand in terms of the way we approach youth offending, youth justice and rehabilitation ... I don't think we've really done rehabilitation in this youth justice space in New Zealand in the past ... (MSA clinical advisory group)

... the intensity of what we delivered and the business of it was miles above what they would normally be doing in a residence. The normal focus in a residence is on kind of your school block, which is kind of five hours a day. It's pretty relaxed and pretty loose, to be honest. (Oranga Tamariki stakeholder)

The therapeutic work was particularly demanding because it was new and challenging. Kaimahi said rangatahi found it hard to sit still, concentrate and participate early on. Finding the right amount of therapeutic support to include in rangatahi programmes took time. Some kaimahi thought the therapeutic work could be introduced more gradually to allow rangatahi to adjust to other aspects of MSA.

I think the clinical work was too early. So clinical work was introduced right up front. What we needed was a good solid two to three weeks to embed the cohort right, to get them in routine. Now, remember, these kids have been in our YJs. Previously, we've just taken you out of your unit where you do nothing all day. (Oranga Tamariki stakeholder)

Kaimahi thought they achieved the right balance in therapeutic time as the residential phase progressed. They adjusted the rangatahi programme to shorten the clinical sessions and break them up with activities. Rangatahi settled into the therapeutic work though it continued to be challenging.

Therapy is hard. It's really, really hard and I think we underestimate how challenging and difficult that can be. And for many of these rangatahi, that sort of work, that sort of reflection, the requirement of therapy, it's just not something they're used to doing. (MSA clinical advisory group)

Some of the session times were too long, so we learned to break that down. You might have heard that from others, but we changed it up, and we needed to break it sometimes with letting the boys literally stretch their legs. (Oranga Tamariki stakeholder)

Focused sessions were complemented by continuous interaction between the kaimahi and rangatahi. While the clinical team had very limited time to spend with rangatahi outside of the sessions, they supported kaimahi to embed the interventions in their interactions with rangatahi.

That relied on the embedded intervention, so the quality conversations and the ability to take those moments over dinner, over breakfast, while you're doing something that looks on the surface to be military or physical, that you can have the right kind of conversations but you need the workforce to do that. (Oranga Tamariki stakeholder)

Stakeholders agreed the clinical work could have been easier to deliver to a smaller group of rangatahi, but larger groups could be supported effectively with more kaimahi providing individualised support within the group.

.... If you could do five, that would be great. But yeah, there is a lot of power in doing it as a group, as long as you can do the individual alongside to walk some of them through, and we would often have an extra social worker or case leader in the group to try and help some of the ones that need that one on one support to actually do some of the tasks. But overall, I think the young people did really, really well. (MSA kaimahi)

Initial plans for group followed by individual work changed to a sole focus on group work. As a result rangatahi did not get as many hours of clinical support as planned, though still far more than what they would have received previously in a Youth Justice Residence.

Ko wai au: Whakapapa connection, kaumatua connection, noho marae, mau rākau, Mana Tāne with the aunties, kapahaka, community engagement.

Te ao Māori was a significant part of MSA. Many of the MSA kaimahi were Māori themselves and they brought their own identities, value and whakapapa to the programme. MSA was not a kaupapa Māori programme and its design had to be able to connect with rangatahi Māori who were disconnected from their whakapapa as well as rangatahi from other cultures and backgrounds.

The ten rangatahi selected for the MSA Pilot were all Māori. Although all rangatahi were Māori, they started at different places in their connection to te ao Māori. The cohort included several fluent te reo Māori speakers and some had grown up attending kohanga reo and kura kaupapa. All MSA kaimahi, including the programme team, clinical team and care teams, brought te ao Māori and te reo Māori into the work they did with rangatahi. Rangatahi spent time learning haka, developing their own haka, learning and practicing their pepeha. In the clinical work, kaimahi felt the GLM supported rangatahi to express themselves and their identity.

I think a lot of the work that was done individually with the boys, the Good Life goals and the pathways they identified, there's inherently massive amounts of kaupapa Māori, te ao Māori in there because rightfully, their Good Life goals had a te ao Māori basis to them and the pathways that they wanted to use to achieve that sense of connection, the sense of identity ... they all became te ao Māori things. (Oranga Tamariki stakeholder)

Rangitāne iwi delivered the Mana Tāne programme, known as the Aunties Programme, for rangatahi. Each rangatahi was matched with an auntie and they visited as a group to spend time together. The aunties connected rangatahi to their whakapapa and the community and provided a stable connection to a caring adult. As capable guardians external to the residence and to Oranga Tamariki, they were also a safety mechanism for rangatahi.

Rangitāne iwi also hosted two noho marae offsites that included mau rākau, sharing kai, guest speakers and activities with the aunties. These events were highlights for rangatahi and kaimahi. Kaimahi saw changes in the ways rangatahi behaved at the marae. They cleared their plates after kai and offered to help with the dishes. They knew to adjust the way they spoke to the setting.

It's like going to a marae and going through the powhiri process and having them say... Well, for us, we're concerned about their language, so we bring that up before we go. 'Boys, language is really important. We don't want to be using our F bombs and all of that in the marae.' You get to the marae and they're wonderful, they're great. But as soon as we get out of it, into the vans, back into residential talk, that sort of thing. That's where some of them have changed, subtly but the way they communicate with each other is still to be worked on. (MSA kaimahi)

Kaimahi saw how effective the cultural components of the programme were in engaging rangatahi and holding their attention. For example, they described how mau rākau instructor held rangatahi attention better than any other programme element.

Te Ao Māori presence throughout this has come from a residence staff member [Tōhunga Mau Rākau]. They approached him to come and help them, it's probably the best thought I have seen here. The problem is the disconnection for the rangatahi, they get a reconnection through this kaimahi. That's what I have seen as the best part of MSA has been the kaimahi [Tōhunga Mau Rākau]. With the kaimahi, our teachers being fluent in Te reo Māori, their engagement with the boys right now is mean. Not one of them spoke [when engaged with the Tōhunga Mau Rakau]. They didn't speak, no one mucked around, and they listened, and they engaged in everything he said, and did a performance to us. Massive. They learned so much and engaged with him, they were hanging off every word, everything and every action he did, they listened, and they did it. (Youth worker)

Some stakeholders noted that cultural components of the programme could be challenging and overwhelming for rangatahi not well connected with their culture if not thoughtfully delivered.

... It's also understanding through their external facilitators that you can't come and shove te ao Māori in their face until they're ready to have it shoved. So I think that's a learning curve enough. That's why I think, although it was a bit off at the start, I think it was potentially a good thing for the boys because it wasn't heavy te ao Māori from the get-go. (MSA kaimahi)

Kaimahi Māori valued the te ao Māori content in the programme but saw an opportunity with this cohort of rangatahi to build a programme with te ao Māori as a backbone rather than an addition to the programme.

it wasn't part of the foundation. the backbone that wove through everything we did. It became a programme delivered on a Monday morning. It became a noho marae on three weekends but unsurprisingly, a really key and important part of the programme and a piece we could have leveraged far more in terms of the boys' journey. ... I think that should absolutely be at the core of what we deliver and how we deliver it, in terms of the kaupapa, I think a really clear kaupapa. (Oranga Tamariki stakeholder)

Physical education: Drill and marching, physical training circuits, sport, outdoor activities and gym work.

The rangatahi programme included an emphasis on physical activity. Rangatahi liked to be physically active and wanted to be strong and fit. They all had a general interest in physical fitness and often wanted to achieve careers in sports like rugby league, boxing or mixed martial arts.

Rangatahi had several ways of building their physical capabilities in the residential phase. Oranga Tamariki installed new outdoor gym equipment in the courtyard area outside the MSA unit, as well as a basketball court, open green space and a confidence course on the grounds of the residence. The care team kaimahi also took rangatahi to off-site gyms for access to the full range of equipment.

The care team were role models for the rangatahi in the physical work. Rangatahi looked up to their strength and fitness and wanted to compare the numbers they were putting up on the weights in the gym sessions.

[Kaimahi] He's young. He's 30 and can relate, looks young and looks cool and looks fit. They look up to people that can give them those things because they want to get fitter, they want to get stronger. You see fellas that I thought wouldn't engage. (Youth worker)

Expending physical energy made it easier for rangatahi to concentrate on the parts of the programme that required them to sit still and concentrate, like the education and therapeutic components.

Military-style routine: Room tidying and maintenance and cleaning.

Kaimahi saw the military elements of the programme as contributing to the intended outcomes and MSA culture. The structure and routine reflected the intensity of the MSA Pilot and was a good fit for rangatahi because it was absent from the lives they were living in the community when they offended.

The structure is what I like about it because I think the boys need that structure. They'll push the boundaries on the structure but they come back into it because they actually enjoy structure. (MSA kaimahi)

Kaimahi identified the military contribution as:

- Marching and military activities like obstacle courses and the emphasis on physical fitness.
- The cohort approach mirrored military training intakes and the LSV programme where groups spend intensive time together forming strong bonds and connections.
- Maintaining and clear structure beginning with morning routine and physical activity and ending with a bedtime allowing enough sleep for rest and recovery.
- Pride and self-respect expressed in cleanliness, tidiness, uniforms and well-ordered living spaces.

The military aspects of MSA such as marching and drill were also very physical and a strong element of teamwork and coordination.

Practicing their drill, you know, it is quite a sequenced activity, and the boys needed to work, learn to work cohesively as a team, ... that's what I saw those activities adding, ... that sort of structured discipline and building team and camaraderie. (MSA kaimahi)

Education: Individualised curriculum-based education sessions to support rangatahi to achieve NCEA credits delivered by an external education provider inside the residence.

Though there was a shared theme of disengagement with school, rangatahi were at different places in their education. The assessment phase included understanding where rangatahi were in their education. An educator and a teaching aide from an external provider came to the residence to deliver the education component with

the content tailored to the progress of each rangatahi. The educator received rangatahi names and identifiers a few days in advance allowing very little time for planning the education component for each rangatahi.

It wasn't a piece of cake to start with, but once we've got there, you know, and then we just keep chipping away and moving forward. And I think once they get a bit of a taste of success, you know, like I'm practicing what I'm preaching, and like we're getting results. (Community partner)

The educator saw themselves as a mentor in rangatahi learning journeys, inspiring and motivating them to achieve. The educator had two decades of experience teaching challenging rangatahi and had professional development in trauma informed care and were very confident in their practice.

It's all about building relationship. Really. It's all about having boundaries. And they can smell BS a mile off. If they know that you genuinely care and that you're willing to put in the hard yards with them, after a while, it begins to sink in. (Community partner)

The educator brought rangatahi voice into their learning plans. They were able to bring cultural learning into the education sessions as well with waiata.

Rangatahi spent less time on curriculum-based education in MSA than they would in other Youth Justice Residences. The timetabling varied but the educator generally delivered 1.5 to 2 hour sessions. Having a small number of rangatahi to teach made it easier. Knowing that they would have the cohort for a set period of three-months meant the educator could plan around what rangatahi could achieve in three months.

All of the rangatahi made significant progress in NCEA through the MSA Pilot:

- Two achieved 47 and 49 credits respectively towards NCEA level 1
- Four achieved NCEA level 1 and achieved credits towards NCEA level 2
- Two achieved NCEA level 2 and earned credits towards NCEA level 3
- Two advanced towards within NCEA level 2 towards NCEA level 3.

Kaimahi reported the education sessions in MSA were more focused and higher quality. They thought the approach in MSA was more effective and rangatahi achieved more in the shorter time because it enabled the educator to keep them engaged throughout.

The achievement levels and the engagement levels of these boys in education is unmatched of anything I've seen in the residence and I think that probably comes down to the teacher as an individual and the amount of work she put into creating, aligning learning and achievement to what they were doing, in that real kind of practical sense, in an individualised kind of sense. (Oranga Tamariki stakeholder)

Transition education: Vocational skills, career experience, life skills, CV preparation, cover letters, digital qualifications, pathways to success, creative arts.

Transition education included a range of activities to add skills and knowledge to rangatahi kete for their transition to the community. The sorts of activities included:

- Vocational and career skills: Learner driver licences, preparation for restricted licences or licence endorsements, digital skills, qualifications in health and safety, first aid, IT skills certificates.
- Jobseeker support: Learning about curriculum vitae and cover letters.
- Other skills: Creative arts, gardening and woodwork sessions.

The number of rangatahi who completed or attained different components of their kete is shown in Table 3 below.

Table 3. Achievements for rangatahi kete in the residential phase. Note: Driver licences were most often learner licences. Two rangatahi were too young to sit their learner licence test and one did not want to.

Component	Completed
Photo ID	10
IRD number	10
Driver Licence	7
Bank Account	10
CV	10
Email address	10

The variety of potential activities to include in transition education made it more challenging to set up a programme for rangatahi. Kaimahi thought the transition education space and particularly the vocational skills activities could be further developed to give them the same effectiveness as the individually tailored approach in the education activities.

... We just learn about irrelevant stuff. The stuff that... we should learn just about life, not in the classroom. (Rangatahi)

We went in circles on that vocation thing so much... and that was a good example of one of the things that became a bit ad hoc ... I don't even know how we got there in the end because it just became a bit of an easy place to land on adding something in that felt life skills, vocational but that element could have been far more, just like the education piece, far more meaningful, with some kind of pre-trade training pieces or

some links to something that was transferable. That was a lesson. (Oranga Tamariki stakeholder)

Connections and whānau time: Video calls and visits with whānau.

Kaimahi supported whānau to connect with rangatahi. None of their whānau lived in Palmerston North and most were distant, living in Waikato, Auckland, Rotorua and Wellington. Oranga Tamariki support for whānau included:

- Funding travel: Paying for flights for whānau, including multiple whānau members.
- Helping with the practical aspects of travel: Some site social workers drove whānau from their homes to the residence to visit when flying was not a practical option.

Although the logistics meant whānau could not visit as often as they wanted, video calls meant they stayed in touch with their rangatahi through the residential phase. Cost was not always the barrier to visits:

- There were limited flights to Palmerston North Airport and they were regularly delayed or cancelled.
- Whānau with tamariki needed childcare or had to travel with their tamariki. Those coming from locations other than Auckland often needed two flights to reach Palmerston North, which took substantial time at the start and end of the day and was particularly challenging for whānau with tamariki.
- Kaimahi had difficulty arranging accommodation for some whānau visits which made it more difficult to manage visits for whānau with longer distances to travel.

Rangatahi valued connecting with their whānau. They found it difficult when plans for whānau travel did not work out due to flight cancellations or other issues.

From the lads' perspective, if their whānau can't make it because it's cancelled, that becomes an issue for them. They manage it pretty well but you know they're hurting because they wanted dearly to see their whānau and we can't change that, we can't change the weather. (MSA kaimahi)

Experiences: Off-site activities and guest speaker visits including community figures, military officers and other leaders.

Rangatahi focused most on the experiences in MSA when discussing the difference between MSA and other Youth Justice Residences. Rangatahi had off-site experiences as individuals, in small groups and as a full cohort throughout the

programme in residence. Whole group off-sites included an overnight tramping and camping trip, a fishing trip and the noho marae described above.

The off-site activities and particularly the overnight activities were demanding for the care team. They had to carefully plan how they would manage rangatahi in unfamiliar environments where there were different safety risks and challenges.

Rangatahi saw the off-sites as a privilege and behaved accordingly. One of the most memorable moments for kaimahi was when a rangatahi voluntarily turned a paring knife in at the end of the fishing trip. In other residences a missing knife could have resulted in a serious safety incident.

The residential phase also included a series of guest speakers. They were selected for their mana in the community, as role models for rangatahi and often as individuals who shared childhood experiences with the rangatahi. Rangatahi connected with the guest speakers and each had their favourites from all of the speakers who visited. Rangatahi enjoyed the talks but liked it when the speakers stayed and spent more casual time with them.

Speakers included military officers, boxing stars and other community figures, for example:

- Guest speaker with lived experience of the Justice system. He described his journey from involvement with drugs as a youth to a contributing member of society. He took rangatahi through the self-defeating beliefs that held him back long before he ended up in prison to the key moments and influences that helped turn his life around and find hope and direction for a better life and future.
- Guest speaker who runs a tikanga Māori reintegration service specifically for people who require support to return and readapt into the community. The programme provides a live-in residential programme, through kaupapa Māori teachings, that has contributed to improving the health, wellbeing and quality of life for men that have returned to the community from prison through lived experience.
- Guest speaker who is an artist, health and emotional wellbeing advocate and speaker. Through his art, he promoted conversations about emotional health and wellbeing and works to remove the stigma around mental health and normalise the ups and downs of life.
- Guest speaker whose kaupapa was championing young people contributing to their communities through establishing top quality community focused boxing gyms and boxing academies across the country for youth.
- Guest speaker who was a retired former combat sport champion with over 25 years in martial arts. He was a trainer, having helped some of New

Zealand's most accomplished fighters achieve their goals, and spoke passionately about mental health and wellness.

Rangatahi were also visited by people in leadership positions in Oranga Tamariki and the Government.

5.4. The care team connected with and supported rangatahi through residence

The leadership team within the residence, including the care team staff manager, programming lead and the overall MSA residential phase lead all spent time in the unit, interacting with the rangatahi. The rangatahi liked that they could raise any issues directly and had a connection with all kaimahi, not just the care team.

The staff walk through here ... and the boys see them and they can say, 'Oh, can we have a quick chat?' Normally it's good words. It's normally, yep, quick chat, gone. So their voice is being heard again. (MSA kaimahi)

The care team was also needed to support facilitation. The activities involving rangatahi sitting still, learning and concentrating required skilled facilitation. The care team had an important role in supporting rangatahi to engage in those sessions. Kaimahi described the role not as managing behaviour but as supporting engagement. Care team kaimahi were required to be available to support activities even when there was a facilitator delivering the session.

I think a big learning has been, if you're facilitating, you're facilitating and the rest of the group is managing, like behaviour, it's actually supporting because we've changed our languages, not managing behaviour because we're not 'manage' people. We're there to support and encourage and motivate these guys to get involved. (MSA kaimahi)

We've had a couple of instances where we've had some feedback from facilitators, including our clinical facilitators, going 'Oh man, that was a hard session because I felt like I was trying to do the supporting and redirect people as well'. (MSA kaimahi)

Relationships with and views of the MSA kaimahi were a focus for rangatahi in discussing their experiences. They were close observers of staff behaviour and took note when they saw something they thought was unfair or saw the kaimahi behave in a way they did not think was appropriate. Being treated with respect, kaimahi following through on all promises and expectations set and seeing the kaimahi be genuine with them were critical for rangatahi. Kaimahi agreed that rangatahi were very quick to identify any kaimahi who were not genuine and there for the right reasons.

One of our first things that we have to do as care staff is build that relationship. So when you go into a hui and you've got two minutes to build a relationship, unless you get it right or you have that... boys can picture it too, if someone's genuine,

they'll pick up on that straight away. If they're not, they'll pick up on that straight away. (MSA kaimahi)

Rangatahi voice

Differences between expectation and reality were very important for rangatahi. Relatively small issues were a focus for rangatahi feedback. The areas where there was a mismatch included:

- Bedtimes: Rangatahi said they had been told they would have later bedtimes but their bedtime was set to 9:30pm. There were several discussions with staff about changing the bedtime through the residential phase. Some joked about making the bedtime earlier for future cohorts of rangatahi.

[Is there anything else that you want to say about this programme?] The bedtime. I reckon if the next boys come on, they need a later bedtime. (Rangatahi)

- Extent of the military aspects of the programme: Rangatahi expected more military-style activity, for example use of the obstacle course at the residence.
- Amount of therapeutic work: Rangatahi did not expect to do as much therapeutic work.
- Amount of physical training: Rangatahi expected it to happen every day but it was less frequent than that.

Well, they did say that there was going to be physical training every day but that's not happening. That's the only thing. (Rangatahi)

Different approaches to managing behaviour supported relationships between rangatahi and kaimahi. In the MSA Pilot, kaimahi used a level system where behavioural issues could cause rangatahi to have their level reduced, leading to a reduction in privileges. However, kaimahi placed a greater emphasis on talking immediately following any incidents and resolving the issue rather than delaying the response or responding in a damaging way. A member of the care team described the focus on talking to resolve issues in the MSA residence.

So they'd have a negative interactions and historically, like in another residence nine of these ten boys would get together and they'd all write the same grievance on a different paper and they'd put it in and then I'd go in and go, 'Let's have a talk about your grievance.' 'We want them out. They're doing this...' and make up this huge falsified story.

But these boys, actually, when they've had those conversations with me, so I said 'So, what do you want to do? I get you a grievance, we can carry on with the grievance process?' And they're like 'What are the other options?' 'We can have a hui and

come together for mediation, if you will, and get a neutral and you can tell them exactly why.' Because, although I do a lot of grievances, I don't believe that the grievance process is healthy for these young fellas.

... We might read in a daily report that there's been a negative interaction and a young fellow has been marked down. So we quickly go in and have a 'what's going on? How can we help?' 'oh, just talk to the staff member and see if they're alright first because I did swear at them'... (MSA kaimahi)

Rangatahi voice

Rangatahi did not like the use of levels within the unit and saw them as a way kaimahi could exert control. They described an individual talk with a member of the care team as the first response when they did something wrong.

If you don't follow staff direction, you get sent to your table and after the table, you get consequences. After your table, you get sent for a talk. (Rangatahi)

5.5. Kaimahi had mixed views on the duration of the residential phase

The initial plans for a ten-week residence were extended to twelve-weeks late in the design phase. While none thought the duration was too short, kaimahi had mixed views on whether the duration was about right or should be longer:

- About right: Some thought the duration was about right because any longer and there was a risk of rangatahi becoming too accustomed to the programme and the environment.
- Too short: The unsettled periods at the start and end of the residential phase cut into the time available for effective clinical work, the weeks in between.

The first two weeks was the understanding of the environment that they were in and being able to kind of get into a bit of a routine and a rhythm. That went both ways, us being able to make sure that we made the best of the environment and the time and the people. Then we had a good chunk through the middle, weeks probably in reality four through to ten. Those six or seven weeks through the middle were really good and that's where the biggest shift probably occurred. Then weeks 10 in part but 11 and 12 were tough because that was the anxiety, it's coming to an end, what their life in the community looks like. (MSA kaimahi)

5.6. The residential phase included preparation for community transition

While the transition to the community will be covered in the next evaluation report, work to prepare rangatahi to transition to the community increased towards the end of the residential phase.

Stakeholders and kaimahi described the management of transitions from youth justice as a weak point in business as usual Youth Justice Residences.

I can hand on heart say that kids managed from residence into the community, we almost always did a fairly poor job because we never knew when they were going. They were suddenly released and we had to do a discharge summary very quickly. (MSA clinical advisory group)

Kaimahi saw the transition as the time rangatahi were most at risk of re-offending as they moved from the structured and supervised routine in the residence to a different environment in the community.

In the MSA Pilot preparation for transition was a new approach and represented a greater investment of resource than in other Youth Justice residences. It had three core elements:

- Connecting with mentors: Each rangatahi was assigned a mentor who was resourced to provide 30 hours of contact per week in the community.
- Developing transition plans: Development of a transition plan tailored to each rangatahi and their whānau. The plans were developed by the clinical team and rangatahi with input from rangatahi social workers.
- Running transition hui: The transition plans were taken to transition hui that included rangatahi, whānau, social workers, clinical staff and MSA transition leads and were held in rangatahi home communities.

Rangatahi voice

Rangatahi felt ready to transition when they spoke to evaluators towards the end of the residential phase.

[Are you scared?] No. [You're ready?] I'm ready, yeah. (Rangatahi)

They felt engaged in the transition planning and talked about their goals.

It's been good. They want us to plan our own plan because they don't want to make us do something we don't want to do. They want us to plan something that we want to do. (Rangatahi)

Not to do crime again. Just stay out. (Rangatahi)

... I'm gonna work when I get out. I'm gonna get paid from MSD, my MSD will pay me for 10 weeks because I'm doing work experience when I get out. (Rangatahi)

Whānau were also involved in the transition plans.

[So what is the whānau plan for you?] Therapy. ... They don't really need it though. It was just a suggestion. (Rangatahi)

Yeah, [whānau] did their goals too. ... if there's any worries about us coming back home and they speak their mind. My little brother put up on his goal he wants a PS5. They ain't gonna give you a PS5 my boy! (Rangatahi)

Every month we're having a family day. They're gonna donate some money and we're gonna go out for a family day once a month for family quality time. That's what [transition hui facilitator] said. They're gonna support that day. (Rangatahi)

5.6.1. Connecting rangatahi with their community mentors was vital step in preparing for transition

The MSA Pilot aimed to support rangatahi and mentors to establish a connection in the residential phase so they could work together through the community transition. Mentors visited rangatahi in the residence and connected with them through video calls. Many of the issues that affected whānau travel to the residence also affected mentor visits who experienced flight delays and cancellations. Once at the residence, some mentors were allowed to spend time inside the MSA unit, but others met their rangatahi inside the visiting rooms.

Mentors emphasised the importance of connecting with rangatahi in residence but thought the process could have been strengthened. Their main points of feedback were:

- Match between mentors and rangatahi: Site social workers thought they could have had useful insight into what mentor profile would suit their rangatahi best but they did not have a chance to give their input. Similarly, mentors and kaimahi suggested that giving rangatahi a choice could have increased the success rate of the matching.
- More time: Mentors wanted to be able to spend more time with rangatahi, whether that be one on one time or spending time with them and the rest of the rangatahi group in the residence as they went through their programme for the day.
- Location: Meetings in the visitor rooms without an activity or something to do together were not ideal for bonding. Mentors suggested completing an activity together or being able to take rangatahi outside the residence into the taiao as better options.
- Structure: The time between mentor and rangatahi could benefit from some structure around what needed to be covered.

That the mentors had come in and, you know, they might spend half an hour around lunch time and stay for lunch and whatever. And then our view, as we probably matured in our thinking as well would be, well, why don't you stay for the activities this afternoon? But you know, depending on the activity, the mentor may or may not have wanted to participate in that. (Oranga Tamariki stakeholder)

Rangatahi voice

Rangatahi were generally positive about their mentors and connected with them during the residential phase. They liked the mentor visits but wanted more time with them when relationships were cut short.

*My mentor, yeah, he's a good c***. (Rangatahi)*

However, the relationship with their mentor was challenging for a few and will be explored more in the next evaluation report.

5.6.2. All rangatahi had transition plans

The MSA design intended for the transition plans to be far more comprehensive than the plans developed for transitions from other Youth Justice Residences. The extra detail was needed to support the transition hui for each rangatahi.

Transition planning was carried out rapidly before the transition hui. Changes in staffing meant that the clinical team took over responsibility for the transition plans despite their existing workload challenges. The time pressure impacted the comprehensiveness of the plans and the time available to ensure rangatahi owned the content.

These boys have got good plans. The problem is not enough preparation to get them kind of invested in those plans, to get the plans really kind of stood up. And you'd like them to kind of step their way into those plans, rather than just land into them. (Oranga Tamariki stakeholder)

Clinicians had good input from the rangatahi on plan content but wanted more information from social workers on how whānau needed to be included in developing the plans. Overall, staff involved in the planning process thought it should have started earlier with a greater level of input from social workers, rangatahi and whānau. Completing the plans late in the residential phase put undue pressure on kaimahi and created unnecessary risk. Feedback highlighted opportunities to receive and include more input on both whānau and rangatahi needs from site social workers. Despite these challenges, the plans were stronger than usual Youth Justice transition plans.

... We need so much, so much more level of detail and recording and specifics in residence, and also for these young people for transition plans, that they were very wishy washy. (MSA kaimahi)

5.6.3. Transition hui brought rangatahi, whānau and professionals together

The transition hui were seen as a successful approach for the transition leads to bring rangatahi, whānau, social workers and mentors and other people and organisations together to understand and support the transition plans.

Hui were held in rangatahi home regions and rangatahi travelled with MSA kaimahi to attend. One was held at a marae and others were held at community venues. Whānau engaged with the process and there was excellent attendance and participation in the hui. The transitions team even arranged for the brother of one rangatahi, who was incarcerated, to attend the hui with whānau. One stakeholder suggested providing space for younger attendees would help whānau engage with the process.

... There was a lot of whānau, a lot of young siblings. And I know that's what we wanted because we want whānau involvement but as you know, with some of our young mokos, they can be quite loud and quite hōhā at times. (MSA kaimahi)

Whānau voice

Whānau attended the transition hui along with the professionals and key stakeholders involved with their rangatahi. Some whānau had not seen their rangatahi since they had been incarcerated. The transition hui provided a forum for whānau to reconnect with their rangatahi, provide whānau voice and provide a clear pathway for rangatahi in showing that their voice mattered.

Whānau wanted to understand rangatahi transition plans. However, coordinating the whānau and the transition hui happened quite quickly making it hard for some to attend.

Some whānau and rangatahi thought they had enough input into their transition plan while others did not.

We had the transition hui, and it was huge, we had mentors, social worker the supports that were going to help, it was all there. There was a lot of people around the table, and I also had my own life coach. It's been great she has been working with me for a while now. My son understood everything in a good way. The plan that was made would make him busy and tired and the rangatahi liked that, he got enough support, he did. Like I said, it's the individual that needs to change, not the people around him because he's got all that support. He's got whānau that love him, but he's got to make that step to want to meet his whānau. Because that was one of his goals, was to see his whānau. (Whānau)

One step at a time, I think, just bringing him home, keeping up with the plan and working from that. And I'll do my end and encourage him and encourage the whānau and work on that because he needs his whānau, he really does, because that's where his breakthrough will come through. I know that, in that once he allows the whānau in, I just know that the walls will just break. (Whānau)

The hui provided another opportunity for mentors to connect with both rangatahi and whānau. Along with site social workers, mentors bore much of the responsibility for implementing transition plans with rangatahi, so their attendance ensured they

understood what rangatahi and whānau wanted. Mentors could also support rangatahi and whānau to communicate with the other professionals attending.

I know the mentors played a really big piece in those hui because they'd already had a relationship. They'd come down and done some team building activities with the boys, spoken about plans when they wanted to get out. So it wasn't a start at the first hui, it wasn't a 'what do you want to do when you get out?' The mentors already had quite a bit of information on them. So, yeah, again, being a pilot, I think it went well. (MSA kaimahi)

The transition hui were also an opportunity to connect with rangatahi iwi, as well as the tangata whenua of the places the rangatahi were transitioning to if different. This opportunity was not taken up for all hui.

Most stakeholders were positive about the way the delivery of the transition hui and their value in preparation for transition. Stakeholders provided feedback about the potential challenges:

- Duration: There was a lot to cover in the transition hui and large attendances so they could be too long if not well facilitated. It was difficult for some of the rangatahi to sit through the longer sessions.

Way too long for some. Bearing in mind, some of the stuff had already been talked about in prior meetings with them, so just regurgitating the same stuff, more to give information to other people that were at that hui. Some of the boys can't sit still for 10 minutes, let alone an hour and a half - two hours. So that, for a couple of them, was a frustration. (MSA kaimahi)

- Structure: Ensuring the hui were structured to focus on rangatahi plans
- Risk of overwhelming whānau: Some mentors and social workers saw a risk that too many professionals could be included in the hui risked it being overwhelming for whānau but thought the hui found the right balance.

5.7. Whānau were an important part of MSA

MSA aimed to work with whānau to strengthen their connections with rangatahi and their ability to provide a safe and supportive environment. Stakeholders thought the process with whānau was rushed and could have made better use of the knowledge and understanding site social workers already had.

We need to identify whānau, bring them together, relentlessly focus on bringing them together before the academy. Understanding rangatahi and whānau need should be much more parallel. We can get there with a little more focus at the beginning. (Oranga Tamariki stakeholder)

GLM was a good fit for working with whānau as well because it provided a way to focus on whānau strengths as well as challenges.

[GLM] is identifying goals that are personally meaningful to a person or in this case, we also include a systems approach, so they considered the goals of the family and whānau and caregivers in the unit that they were going back to, whatever that family unit might look like, and I recognise it was different for each of them. (MSA clinical advisory group)

Whānau voice

Whānau history of Oranga Tamariki has often been challenging. Whānau had not worked with Oranga Tamariki historically and MSA has built relationships. The whānau could see the difference where Oranga Tamariki were working with whānau as a whole and not just concentrating on the rangatahi.

Whānau described:

- More support for the rangatahi from the Oranga Tamariki staff through to the mentors.
- Oranga Tamariki engaged more with the whānau than before, and communication was good.
- Oranga Tamariki looked at the needs of the rangatahi and the whānau as a collective, no one was left behind
- Kaimahi/mentors provided whānau with up-to-date progress about their rangatahi and how they were adjusting to the MSA Pilot.

With my son offending often, my experience with the Police was to know my rights and the rights of my son ...Advocacy for my son became second nature when dealing with the law. ... I am thankful for Oranga Tamariki, and I never used to be. I used to fight against them too. I have had great social workers for my son. I want a team that I know is going to care for my son, that have empathy for others and that are not going to give up on my son. I have got the right people on my team, and I am thankful for Oranga Tamariki because they put up with a lot from me and they didn't give up, they have put the hard work in, and it doesn't always work out because of rangatahi mindset and the maturity. (Whānau)

Whānau were optimistic that their rangatahi would change their behaviour, that the MSA Pilot was giving the rangatahi a chance. One of the missing steps for whānau was concern about when rangatahi come out and transition back into the community. Transition can be daunting and overwhelming for the rangatahi.

The sense of loss to lose a son again, through re-offending, the experience breaks a mother's heart continuously. That has been the hard part of losing your child. When your child asks to go home and you say you can't, that's when they know they stuffed up. If you have been locked up for so long, it is a jail because you are in that confinement. It is overwhelming for them when they come home, they start all over again. (Whānau)

There is a difference for the rangatahi between the structure at the MSA programme then coming home to struggling with structure. It's a big change because they are so used to being confined, to have to get up at 6 o'clock, do their bed or be ordered to do what they are supposed to be doing. But coming home it's such a different environment. As a mother you try and understand why? Even trying to talk to him he is a person of few words. (Whānau)

5.8. Learnings from assessment and implementation of the residential phase

The MSA kaimahi developed a new programme and adapted based on rangatahi and kaimahi feedback during the MSA Pilot. Stability in the cohort enabled success in the education and clinical components. The programme differed significantly from other Youth Justice residences as it offered far more clinical support, individualised approach to education and addition of cultural components. Kaimahi and stakeholders were very positive about the benefits of the additional programme components. Stakeholders attributed the effectiveness of the residential phase, at least in part to individualised approach and flexibility to meet rangatahi needs.

Choosing to participate supported engagement

Choice of participation and setting appropriate expectations was important for rangatahi and whānau becoming active participants in the MSA Pilot. Rangatahi and whānau need accurate information about what is involved and what support they will be offered.

The benefits of a stable cohort

A stable cohort of rangatahi was a key feature of the programme. It enabled safety and stability in the residence and strengthened the clinical aspects of the programme. Stability of the cohort was mirrored with stability of the MSA kaimahi.

Assessment and recruitment

In-depth assessments supported clinical work in the residential phase and were a strength of MSA. Bringing all the data already held on rangatahi together was valuable and complemented assessments by the clinical team, laying the foundation for working with rangatahi and whānau.

Intensity of therapeutic support for rangatahi

The more intensive therapeutic support and programme for rangatahi in the residential phase was a key point of difference compared to other Youth Justice Residences and was strongly supported by stakeholders. The therapeutic work was challenging for rangatahi and the amount of time had to be carefully managed, particularly in the early stages.

Cultural components

Te ao Māori was a significant part of MSA. Many of the MSA kaimahi were Māori and brought their own identities, values and whakapapa to the programme. Stakeholders highlighted the importance of te ao Māori in engaging rangatahi but recognised some were disengaged from their culture and that later cohorts may include non-Māori.

School education component

Rangatahi spent less time on schooling in MSA than they would in other Youth Justice Residences but kaimahi reported the individualised education sessions in MSA were much more focused and much higher quality. They thought the approach in MSA was more effective.

Transition and vocational education

Kaimahi thought the transition education space and particularly the vocational skills activities could be further developed to give them the same effectiveness as the individually tailored approach in the education activities.

Whānau connection

Connections and whānau time were important and will be key to the transition phase. Whānau visits were supported by Oranga Tamariki, but travel was difficult, especially for whānau with younger tamariki. Kaimahi had difficulty arranging accommodation for some whānau visits making it more difficult for them connect with their rangatahi kanohi ki te kanohi.

Mentor involvement

Rangatahi connected with mentors in the residential phase but relationships could have been strengthened from more time together and/or by focusing the time to connect around an activity. There is more understanding needed about how to match rangatahi with mentors and how to enhance the time and connection between rangatahi and their mentor.

Preparation for transition

The residential phase included preparation for community transition. The transition planning and transition hui were considered by stakeholders to be effective.

6. Early indications of positive outcomes for rangatahi

This section describes the observations of rangatahi, whānau, kaimahi, mentors and other stakeholders relating to indications of early outcomes for rangatahi. Outcomes for rangatahi will be a greater focus in subsequent evaluation reports.

The evaluation logic model included in Appendix Two shows how achievements in the assessment and residential phases contribute to MSA Pilot outcomes. Te Whare Tapa Whā provided the evaluation with a framework for describing early outcomes for rangatahi and how they contribute to the overall MSA Pilot outcomes.

Rangatahi made limited comments about the difference MSA had made for them. As with their discussion of their reasons for participating, rangatahi focused on wanting to leave residence as soon as they could and the support they would receive after the residential phase. Feedback from kaimahi and whānau described the changes they saw in rangatahi that rangatahi were not able to or had chosen not to verbalise themselves.

Stakeholders also emphasised the importance of being realistic about the degree of change that could be expected for the cohort of rangatahi.

It's going to take time for them to change. They didn't get to where they are overnight, it took them a long time to get to this point in their lives, and lots of things have happened to them along the way that have shaped their journey. If we expect them to make change, we actually need to give them the time and the support to make change. (MSA clinical advisory group)

And if we have one person that goes into work and stays out of jail, then that's a success. I know I'm hopeful that there's three or four that will do well on the outside with good support. There's probably another couple that are there or thereabouts but could go back and there's a couple that more than likely will go back but we're hopeful that they take the opportunity and move forward. (MSA kaimahi)

6.1. Taha wairua

Intended outcomes: Taha wairua

Rangatahi have:

- Increased understanding of where they came from, who they are
- Increased feelings of belonging, purpose, identity
- Have built new/stronger relationships with whānau, iwi, culture.

The first outcome targeted by the residential phase was rangatahi engagement with the MSA and the programming. Kaimahi described a settling-in period over the first few weeks, with the rangatahi getting used to the changes in structure and routine and how things worked in the residence.

Kaimahi saw strong rangatahi engagement throughout the rest of the programme, though there continued to be expected disruptions and behavioural challenges from time to time.

Now, when you have a korero to these young fellas, they're using words like changing mindset and having to think about things and wanting to try and follow this path. Historically, when you talk to a person that's finishing at 311, 'What's the plan when you get out?' It's pretty short and sharp that they're going back to do what they've been doing to get there in the first place. (MSA kaimahi)

The cultural components of MSA like the noho marae and the Mana Tāne sessions supported rangatahi to re-engage with their whakapapa or to express their identity as Māori more freely in the residence. Connection and expression to cultural identities complemented changes in rangatahi mindsets. Kaimahi gave examples:

- Rangatahi learned their pepeha within the classroom setting helping them to use te reo Māori. Rangatahi participated in Te Wiki o Te reo Māori, with some rangatahi giving 11-minute speeches in te reo Māori and English on mana, tapu, and mauri ora showing confidence in their culture.
- Rangatahi showed exemplary behaviour on marae, helping with the preparation of kai for the hakari and were respectful to kaumatua
- One rangatahi was able to do a mihimihi to the whole team and was able to prepare a waiata and haka afterwards.
- The rangatahi started to change their language towards women in the residence
- As the residential phase progressed rangatahi were getting up in the morning and opening their doors without being asked
- Kaimahi saw rangatahi still working in the evenings, working out and doing press ups and sit ups in their room going over and beyond what was asked
- The rangatahi have started to change their mindsets and see believe they can do it. Kaimahi said when they succeeded, they 'freaked out'.

Whānau voice

Whānau have just started seeing the changes in their rangatahi.

The idea to have the 'boot camp', was a good one... My son learnt a lot being a part of the MSA programme. In the past when my son had offended, he did not show any accountability for his actions. However, this time my son showed

remorse for what he had done, something I had never seen before. It felt different this time, from what I had experienced before. (Whānau)

He feels disappointed with himself that he re-offended, that is how I know that the MSA programme is working. But people need to understand that they aren't all miracle workers. I am thankful to Oranga Tamariki and thankful to the boot camp and even the residence he was in because it's hard work and I understand now. The hard work behind the scenes, getting all that support, all the mentors and getting them all the things that they need. It's up to the individual whether they are ready to make that change. It doesn't matter how much support you have around you, it's a question of are you ready? Do you want to make that change? That is how I know that the boot camp has worked a lot has to do with the support that they had in there. (Whānau)

6.2. Taha tinana

Intended outcomes: Taha Tinana

Rangatahi:

- Are healthier and aware of the importance of healthy living
- Have safe and stable housing
- Have healthy eating and nutrition
- Have good personal hygiene
- Take part in physical activity.

Rangatahi built their fitness through their time in residence through regular engagement with physical activity. Rangatahi talked with pride about the numbers they were putting up in the gym.

I've gotten skinny, believe it or not. (Rangatahi)

Support to access primary healthcare as well as direct support from the nurse in the residence led to health conditions being identified and properly managed including accessing medication.

Rangatahi participated in sessions focusing on sexual and reproductive health education. Though these were not a focus of rangatahi feedback, they may be expected to contribute to strengthening taha tinana.

6.3. Taha hinengaro

Intended outcomes: Taha Hinengaro

Rangatahi have:

- Progress in addressing mental health and wellbeing
- Improved behaviour and self-regulation
- Improved ability to manage emotions and decision making
- Take responsibility, show respect for self and others
- Improved mood, motivation, happiness, positivity, hopefulness, confidence, self-esteem and feelings of worth and opportunity
- Demonstrated growth, development and self-control

Therapeutic work was a focus in the residence. Rangatahi did not speak much to how it had benefited them, describing it as a ‘waste of time’. But kaimahi and whānau observed changes in rangatahi through their time in the residence.

A member of the clinical advisory group described where they expected rangatahi to be starting MSA in terms of their ability to understand their emotional state.

A lot of the rangatahi I worked with didn't even have basic vocabulary around emotions. They identified most emotions as angry. It was sort of angry or nothing else. ... they didn't even have really a positive alternative of, say, happy or something. (MSA clinical advisory group)

Kaimahi saw rangatahi express themselves and their feelings more clearly, showing an unexpected level of self-awareness. The rangatahi can now sit down and tell you about what the good life model looks like to them. Observations about improvement in rangatahi ability to communicate were supported by whānau and the mentors.

In a normal residence, they're just not open to the idea of being vulnerable, talking about things, taking things on. They're really just focused on who they need to be day to day to survive and actually, who they need to be, often is not who they are. It's this assumed identity in order to be safe and you never really break through that. (Oranga Tamariki stakeholder)

Both groups saw the rangatahi develop through the course of the residential phase. Whānau saw their rangatahi communicating more openly than they had before, expressing themselves and their feelings more readily.

The way the boys are talking is a testament to our clinical team and the model coming together and now they're talking about it. They might be making a joke about some of their emotions or some of the feelings that they've seen and heard about but it's in their head. ... Actually really internalising what they've learned, which is cool. (MSA kaimahi)

MSA kaimahi saw improvement in how rangatahi communicate as a cohesive group with the other members of the cohort, rather than as individuals.

One was the ability for the boys to communicate one on one as a collective. I think I saw a real shift in their self-confidence to be able to articulate what they wanted. (MSA kaimahi)

6.4. Taha whānau

Intended outcomes: Taha Whānau

Rangatahi:

- Feel supported by whānau, friends and other important people in their life
- Rebuilt or strengthened whānau relationships and connection with whānau
- Are employed or engaged in education and training
- Have reduced offending

In defining success, stakeholders wanted to see rangatahi connecting with and working with other people.

[Success] looks like willingness to work with other people, to take on board support, the ability to put themselves out there and to take opportunities. Because a lot of these young people, they feel so disengaged from the community. (Oranga Tamariki stakeholder)

Rangatahi connected with each other and formed a stable group dynamic. Spending intensive time together in a closed group bonded them with each other. Kaimahi saw rangatahi helping each other and supporting each other in their day to day lives in the residence and in the challenges posed by the MSA activities.

So we saw them being quite patient with each other at the end and as you'd expect with ten young people from different parts and different capabilities and intellect and sense of humour, that they wouldn't invite everyone to a barbecue each night, that's for sure, but actually, they were quite caring, compassionate, understanding of each other, which is again, quite a shift. (MSA kaimahi)

Noho marae and the Mana Tāne programme both sought to strengthen rangatahi connections to te ao Māori and their whakapapa. Rangatahi wanted to give back to their whānau and support their siblings. Whānau described how they had seen their rangatahi talking to their younger siblings on voice calls, telling them they had better be attending school and helping their whānau around the house while the rangatahi were away.

They'll always be really protective of their siblings, we know that. That kind of sibling relationship is the driving one, but their ability to be outside the home and see themselves as having a role, as a role model and as a positive influence for their siblings without having to be there as the protector or as the as the parent, is kind of a key change as well. (Oranga Tamariki stakeholder)

Helping their whānau was a feature of transition plans as well. One whānau described how their rangatahi included a new couch for the whānau to sit on together in the lounge in his transition plan. Their own furniture was damaged, but having the new couch meant they could spend time together and connect. Other examples included bedroom furniture for younger siblings and wanting to give back to marae.

Whānau saw changes in rangatahi relationships with them. Examples included:

- One whānau described seeing their rangatahi re-establish the relationship with his father after MSA.
- One māmā described how moved she was hearing her rangatahi start saying 'I love you' again after years without hearing it.

6.5. Risks and safety

Kaimahi connected changes in engagement over time to the therapeutic work and saw rangatahi resolve conflict verbally rather than lashing out physically. Reduction in the number of safety incidents was often cited as a definition of success by kaimahi and stakeholders.

And when you think of this cohort, when we if you looked at the cohort on paper, you'd say you're going to have a lot of trouble. (Oranga Tamariki stakeholder)

It was readily measurable and showed there were no physical fights in MSA while they were a regular occurrence in standard youth residences.

By the normal measure of a residence, the measure of success is: How many assaults do we have, how many incidents, how many riots do we have? And operationally, that will always be measured as very successful and the MSA is off the chart successful. (Oranga Tamariki stakeholder)

Summary of the seven safety incidents recorded over the three-month residential phase:

- Week two – secure care admission
- Week three – a young person received a cut to their finger
- Week five – young people had sunburn during an offsite trip
- Week seven – secure care admission
- Week eight – a young person slipped in the shower
- Week nine – secure care admission
- Week twelve – a staff member injured their elbow while lifting furniture.

These results were markedly different from what would be expected in other youth justice residences. Physical conflict between rangatahi or between rangatahi and staff were a regular occurrence.

Rangatahi described why there had not been the usual fights and safety incidents seen in other residences:

- They knew each other: Most of the rangatahi knew each other either from the community or from their time in other Youth Justice residences.
- The group stayed the same: There were no new boys coming in and out of the unit.
- They knew how youth justice worked: They had all been in youth justice before so they all understood the consequences of fighting. They were motivated to leave residence as soon as they could so none of them wanted to fight and affect their release date or suffer other consequences.

6.6. Looking ahead to success in transitions

Kaimahi and stakeholders looked ahead to the transition to the community phase in considering what success would look like. The headline outcome around reduced frequency and seriousness of offending would be underpinned by the changes seen in residence around connection to whānau and community and making positive decisions. Kaimahi with long histories in youth justice had seen rangatahi leave and return over and over again. Success looked like not seeing these rangatahi return.

In our current residence, we don't measure success based on [how many return] because if we did, it would be a horrific failure because every single one of those young people returns, pretty much. Apart from the very rare exception, they all come back. (Oranga Tamariki stakeholder)

7. Examples of rangatahi experiences

Composite case study Kāhu

This rangatahi case study is made up of a combination of real backgrounds and experiences from several of the participating rangatahi.

Experiences with transition to the community will be added to case studies in the next preliminary report.

History with Oranga Tamariki

- Remands in custody: 8
- Youth Justice Family Group Conferences: 16
- Reports of Concern: 11
- Substantiated findings of abuse or neglect: 2
- Findings of behavioural and relationship difficulties: 1

Previous plans included: FGC plans, supervision order, supervision with activity order, supervision with residence order.

Involvement with the justice system

Kāhu first came to the attention of police at age 11. Since then, Kāhu has accumulated a number of active charges including:

- Unlawfully gets into motor vehicle
- Attempted unlawful taking of motor vehicle
- Burglary
- Aggravated robbery
- Unlawfully takes motor vehicle
- Escapes lawful custody
- Intentional damage.

Kāhu's offending was connected to disruption in his attachment and a sense of abandonment. He was not well supervised and had connection to older and anti-social peers, positive connection between offending and peers, lack of pro-social peers and interests.

Readiness to change

Clinical assessments in the assessment phase found that Kāhu:

- Was indifferent about the needs of others
- Accepted they had a problem with reservations
- Rarely followed through on plans
- Was willing to let anger help them meet their goal
- Felt life was unfair look out for yourself
- Willing to accept consequences of prior behaviour
- Criminal views present, but mainly due to lifestyle.



I'm moving to Auckland. Independent Living. Yeah. I've got a job landscaping. I'm in the gym. Oh and I've got like cooking classes and music classes.

It was going to be a little military style, like, not as much, it'd be military style but not hard on military style and that it's an opportunity to get out.

They're gonna hire like a teacher or ask if a teacher can come and teach me and some of the other boys.

Experience of the assessment and residential phases

Kāhu enjoyed the physical training parts of the programme and wanted more. The off-sites were the best part of the programme, particularly the overnight trip to the bush. Kāhu also liked spending time with the boys he knew from the community and previous time in Youth Justice.

[The difference with other Youth Justice Residences] Offsite, small, like group offsites. Like the marching and stuff and the classes are different. Like, we've got different classes, clinical stuff. We have those people that come in and talk to us like about their life, like how they grew up and stuff.

Preparation to transition

Kāhu spent time meeting his mentor in the residential phase. They connected well and Kāhu was looking forward to spending time with his mentor on the outside. His whānau were able to visit and contribute to his transition plan. The mentor and the mentor's organisation

Yeah, they said they're gonna pay for my work clothes, give me my own work clothes and boots.

Composite case study

Anaru

This rangatahi case study is made up of a combination of real backgrounds and experiences from several of the participating rangatahi.

Experiences with transition to the community will be added to case studies in the next preliminary report.

History with Oranga Tamariki

- Remands in custody: 6
- Youth Justice Family group Conferences: 17
- Reports of concern: 13
- Substantiated findings of abuse or neglect: 2
- Findings of behavioral and relationship difficulties: 1

Involvement with the justice system

Anaru first came to the attention of police at the age of 14 however but he started offending at age 12. He accumulated a number of charges including:

- Unlawfully gets into motor vehicle
- Unlawfully takes motor vehicle
- Aggravated robbery
- Burglary
- Escapes lawful custody
- Theft
- Dangerous driving.

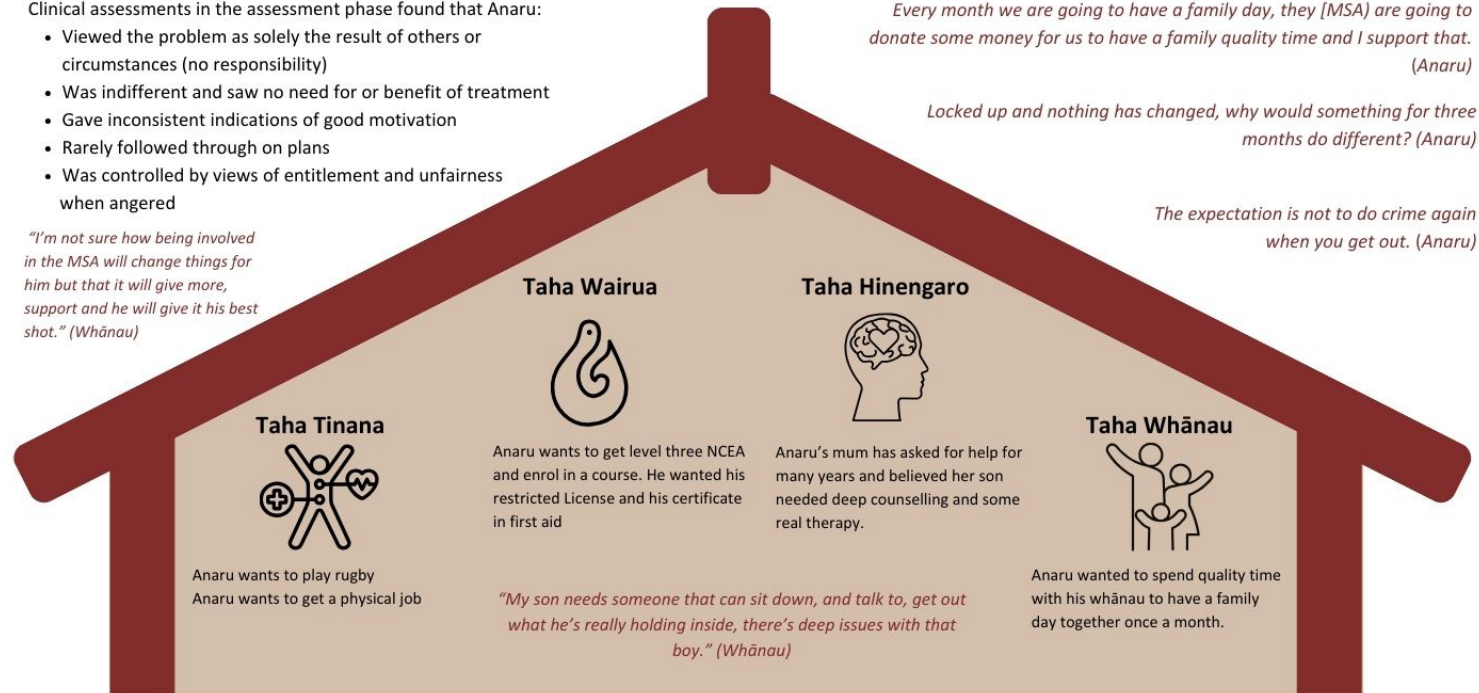
Anaru said his offending was a combination of wanting money, peer pressure, the thrill and financial gain. He said it was a good distraction and blocked out things from his past. Anaru also attributed his offending to anger, which could be triggered by conflict. Getting to spend time with his mates was a positive outcome of his offending.

Readiness to change

Clinical assessments in the assessment phase found that Anaru:

- Viewed the problem as solely the result of others or circumstances (no responsibility)
- Was indifferent and saw no need for or benefit of treatment
- Gave inconsistent indications of good motivation
- Rarely followed through on plans
- Was controlled by views of entitlement and unfairness when angered

"I'm not sure how being involved in the MSA will change things for him but that it will give more, support and he will give it his best shot." (Whānau)



Experience of the assessment and residential phases

Initially Anaru did not want to do MSA, but hearing about going on offsites and doing physical activity helped change his mind. He came to like the daily routine and got on well with the other MSA rangatahi. It mattered that he knew them beforehand and felt comfortable with them. He built a bond with them through the residential phase. Anaru found MSA was the better than normal residence. Anaru was proud that he accomplished NCEA level one was reading well.

*I didn't want to do it at the start, but I just want to finish now. Getting out and going off sites, it's boring but there's the physical stuff. MSA will help me get support when I leave, hoping to see my mentor when I get out of this s**t. (Anaru)*

Preparation to transition

Anaru got on well with his mentor and met him a couple of times in the residential phase. Anaru liked that his mentor had the same interests as him, sport and fitness. Anaru knew the organisation his mentor worked for so he felt more settled about his transition plan. The support he has received has helped Anaru transition smoothly. He has been helped with employment, housing, social support and counselling support. He is doing better each day. However, some of the resources and things Anaru expected to receive through the transition plan he agreed were not approved and never eventuated which was disappointing.

My transition hui was ... all goods. My uncle and whānau came to my transition hui. (Anaru)

8. Evaluation next steps

The evaluation will continue to collect data from rangatahi, whānau and the professionals supporting them in the MSA Pilot. The next report is due in March and will focus on the first three months of rangatahi transitions to the community.

9. Appendix One: Overview of the programme

THE HISTORY

The backstory of how we got here

“We’re taking these young people out of the community so they don’t cause harm, and we’re making powerful, targeted interventions in their lives and giving them the very best shot to turn their lives around.”

● Serious youth offending

We know that there is a small group who commit a significant proportion of the total offences by young people. For those who continue to offend, despite the efforts of those around them, current responses are not sufficient.

The Military-Style Academy Pilot (known as the MSA Pilot or the Academy) is designed to address that small proportion of serious and persistent young offenders, and help them turn their lives around.



467,867
10-17 year olds

Around 98% of 10-17 year olds in Aotearoa have no contact with the youth justice system.

And the majority of children and young people who offend are dealt with by the Police through alternative action on the frontline in our communities.

● Causing harm to communities

As well as supporting the young people themselves and setting them up for future success, the MSA Pilot wants to achieve better outcomes for communities and victims. These include better public safety, reduced crime and rehabilitated teenagers, who make positive contributions to their communities.

Family Group Conferences are an important way for victims to be able to speak to young offenders and explain the harm their actions have caused. These are some of the things that our kaimahi have heard in the past:

- I just want to know I can feel safe to walk down the street and not have to cross the road
- You don’t understand that this is more than just the robbery. I have to claim insurance, I have to take time off work, it affects my income
- I want to see you do better for yourself because you have the potential to grow. You are not your past

● Government commitment

The Government has committed to addressing child and youth offending, with a target of reducing serious, repeat offending by 15%. In 2024, the Government has announced a range of initiatives to address this type serious, persistent youth offending. These include plans to introduce a new Young Serious Offender (YSO) declaration and Military-Style Academies (MSA).

Oranga Tamariki was directed to lead the establishment of a Military-Style Academy Pilot. We have worked closely with officials from NZ Defence Force, Ministry of Justice, NZ Police, other agencies and community groups to develop it. We looked at evidence from previous military-style programmes to understand what will give the teenagers taking part the best chance of success.

“There is a chance that we can help these young people, but we have to enable the courts, and we have to enable Oranga Tamariki to be able to deal with this in a different way, because the status quo doesn’t work.”

KAREN CHHOUR,
MINISTER FOR CHILDREN

● Learnings from the MAC (Military Academy Camps Programme 2010-2016)

Selection and referral process

Learning: The right young people were not always selected; serious or persistent offenders but not always both; escalated some young people to get them on the programme; low and reducing number of Supervision with Residence Orders being made.

MSA Pilot Remediation

Ensuring we have specialist assessment and expertise at the point at which decisions are being made about admission to the MSA. We have planned to have a wider range of professionals involved to enable the best decisions to be made about admission and to properly understand the young person, including the criminogenic factors that contribute to their offending.

Community phase of the programme

Learning: There was a strong need to ensure a better management of the transition into the community.

MSA Pilot Remediation

It has been recognised that the success of the MSA will be in large part dependent on the effectiveness of the programme once young people are transitioned into the community. There will be investment in services and supports to ensure the young person remains on track, their whānau is supported, and we have the right level of oversight and engagement occurring to ensure they succeed.

This includes engagement of mentors and supports for the young person; a focus on engaging whānau in the programme, including assistance and support to the whānau; provision of services to support plans.



**ORANGA
TAMARIKI**
Ministry for Children



**Te Kāwanatanga
o Aotearoa**
New Zealand Government



MILITARY-STYLE ACADEMY PILOT – OVERVIEW

Key information and fast facts

“The pilot is different from anything we’ve tried before. We’ve thought outside the box and been ambitious”.

What is the MSA Pilot?

The Military-Style Academy (MSA) pilot is a new programme. It lasts for 12 months and has three stages. It aims to help teenagers develop new skills and move into education, training or employment.

Top things to know

- This is a 12-month programme.
- There will be up to 10 teenagers on the programme.
- They will all be aged 15 to 18 years old.
- They could come from anywhere in the country.
- They will all have been sentenced to a supervision with residence order.
- They will all have had previous Youth Justice Plans and spent time at a YJ residence before.
- Each teenager will have a tailored plan for their return to the community.
- Whānau (family), will be involved and supported throughout.

Designing the programme



Whānau Support



Life skills



Mentoring



Physical exercise



Mental health & Wellbeing



Cultural connection



Employment Pathways



Education and training



Community Support

These are the 9 key components that we have embedded into the design of the MSA Pilot.

How does the MSA Pilot work?

The Academy consists of a 12-month programme, with three key stages:

- The first stage is assessment of the teenagers, including a clinical perspective and conversations with their whānau, who will be involved throughout the programme. Ahead of sentencing, the MSA pilot will have been explained to the teenagers, whānau, and youth justice professionals (e.g. youth advocates) through Family Group Conferences.
- The second is a residence stage, based at an existing youth justice residence in Palmerston North. Teenagers will follow a specially created curriculum and syllabus, with daily activities to support their health, learning and wellbeing. This will include military-style activities.

- The third is a community stage. It will last for 9 months and will focus on transition back to the community, making sure the teenagers are well set up for the future, including a pathway into education, training or employment.

The Academy is operating under existing legislation settings. Teenagers taking part have been sentenced to a Residence with Supervision Order and a Youth Court Judge has made participation in the pilot part of their Youth Court plan.

High level timeline



OUR PRACTICE APPROACH

A glimpse into our practice framework

Our practice approach includes a focus on young people in the context of their whānau, hapū and iwi, with whakapapa and whanaungatanga enacted to enhance mana tamaiti. We partner with whānau and work in partnership with external agencies. Our social work is therefore relational, purposeful and restorative.

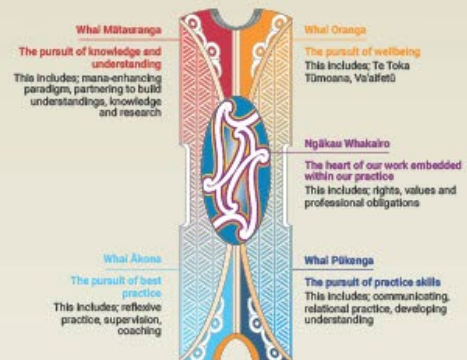
Strong values and rights-based position – we understand through Te Puna

Our Practice Framework

- The Oranga Tamariki Practice Framework is the practice scaffold that will support Academy staff and site based social work teams in collaborating on a shared understanding of both teenager and whānau needs.

Our Practice Framework guides our practice

- Our Practice Approach and Framework help practitioners see and make sense of rangatahi with offending behaviours within their wider familial/social/economic and cultural context.
- In the context of Youth Justice practice, it helps us explicitly understand the impact of offending on the rangatahi, their family, the victims of their offending and the wider community they are part of.



Understanding offending behaviours through an Oranga frame



- Our assessment understanding starts from Te Puna Oranga where we appreciate the ebbing and flowing of life, and we take a realistic view that rangatahi entering the Academy will have significant ebbs in their lives.
- An analysis of criminogenic risk factors is provided through Te Puna Oranga and further analysis then considers pathways to offending.
- This comprehensive understanding then informs the Good Lives Plan, that highlights what's already in place, while identifying pathways to focus on what will help reduce offending.



OUR REHABILITATIVE FRAMEWORK

Bringing a recognised model for success into focus

“Evidence shows that structure and predictability contribute to a therapeutic environment. We’re building on this using therapeutic interventions, a trauma-informed care model and a rehabilitative approach – based on the ‘good lives model’ of offender rehabilitation, this a strengths-based theory that considers risks, needs and responsivity.”

The Good Lives Model

Everyone wants a Good Life.

That is the basis of the Good Lives model.

Everyone’s idea of what makes a good life is different, but we all have similar goals in life.

This model assumes that people are seeking to obtain most, if not all, of the 11 ‘primary goods’, and need to maintain a healthy balance across them to lead a ‘good life’.

Some young people face barriers and or encounter problems. This can mean they struggle to obtain all of the primary goods, or to maintain a healthy balance, or something is causing conflicting feeling so they don’t feel happy or fulfilled by the primary goods. These barriers can be internal (lacking key skills or using inappropriate/harmful methods) or external (lacking opportunities or means).

This model suggests that most offending by young people can be understood as a response to one or more of these barriers/problems.

If we can understand the barriers or problems that the young person is facing in leading a good life, then we can work with them to develop the skills and abilities they need to lead more satisfying, meaningful, productive and pro-social lives.

We may also need to support them to change their situations or environments to give them the opportunity to overcome some of these barriers.

If we can work with the young people to improve their wellbeing in this way we should reduce the risk of further offending.

The Good Lives Model Approach

Work with the young person to...

- Identify the primary goods that are most important and those that are implicated in offending behaviour
- Identify the barriers or problems being faced
- Develop a tailored plan and work with them to address these, focussing on things such as:
 - Building their knowledge, skills and abilities
 - Improving their physical health and mental wellbeing
 - Providing access to opportunities to achieve their life goals through more pro-social avenues
 - Helping them develop an understanding of the impact that their life choices are having, and offering alternatives
 - Looking at their home environment, working with family and/or community to better support the young person

The young person should become invested in treatment as it assists them to lead a fulfilling life.

Primary Human Goods



ABOUT THE TEENAGERS AND THE KAIMAHI

Meet the people taking part

"We're looking for people who are enthusiastic about this opportunity to do something different for our young people with a focus on therapeutic care and a strong transition and support programme helping them to change behaviours and attitudes for the better, so that they can reintegrate into their whānau and communities."

Demographics



Kaimahi backgrounds

Qualifications and experience include:

- Bachelor of Social Science – Counselling
- Postgraduate diploma in psychology and human development
- Registered Clinical Psychologist
- Diploma in Adult Education / Diploma in Sports Psychology
- Level 4 Youthwork certificate
- NZ Professional Rugby Rep, Professional Rugby and League Coaching
- Outdoor education and leadership roles
- Creative arts and music skills
- Expertise in cultural programme delivery

Intensive mentors

The intensive mentor programme that ensures throughout the 12-month programme with one-to-one support provided to each of the teenagers, this is planned to be delivered as:

- One-to-one mentoring support for 20 hours over the 3-month period of in-residence stay,
- One-to-one mentoring support for 40 hours over the first 6 months of transition, and
- One-to-one mentoring support for 20 hours over the final 3-month period of transition

Teenager backgrounds

- Have all been sentenced to a supervision with residence order.
- Have all has previous Youth Justice Plans and spent time at a Youth Justice residence before.
- Each one has whānau and caregivers, who want them to thrive and have agreed for them to take part in this opportunity.

Whānau

Core services that wrap around whānau to prepare them to support the teenager when they return into community, delivered through understanding whānau needs, meeting these through multiple service channels and having access to discretionary funding to support identified needs, including specialist services.

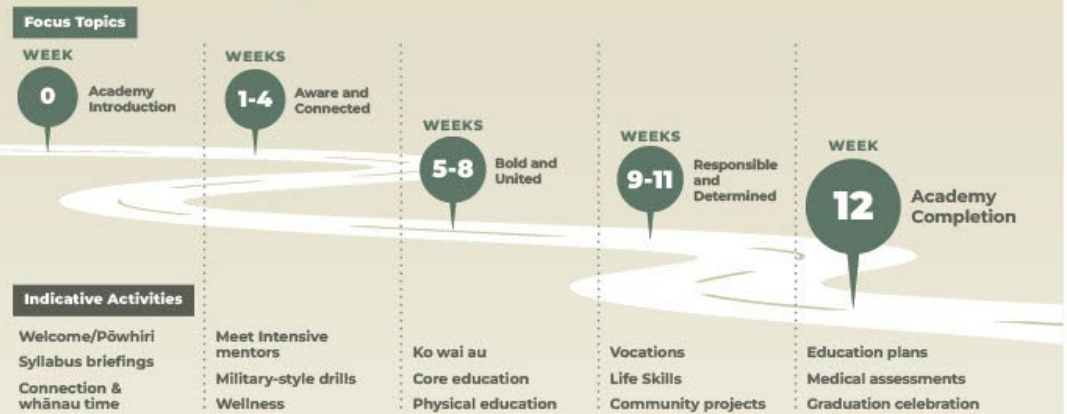


IN THE RESIDENCE

Take a look into the 3 month residence stage

"The syllabus has been specially created. There are daily activities to support the young people with their health and wellbeing, their learning and life skills...The Academy will offer stability through military-style style activities and approach"

Programme Overview by week



What will a typical day look like?

Morning	Afternoon	Evening
1 6.30 am Wake up & morning routine	7 12.30 pm Whakapapa / Cultural Connection/ Whānau Period five and six	13 18.15 pm Daily wellness activities
2 7.30 am Breakfast	8 14.30 pm Afternoon tea break	14 18.45 pm Evening routine
3 8.15 am Education/ Classroom / Employment Pathways Period one and two	9 14.45 pm Mentoring/ Wellbeing/ Counselling / Life Skills Period seven and eight	15 20.30 pm Stand easy (down time)
4 9.45 am Morning tea break	10 16.15 pm Admin session	16 9.30 pm (from) Lights out
5 10.00 am Physical Activity/ Drills Period three and four	11 16.45 pm Guest Speaker/ Community Transition Night period	
6 11.30 am Lunch	12 17.30 pm Dinner	

*This is not representative of all the activities across a day, but is to provide guidance to what types of activities the teenagers will be undertaking.



VISUALS

Photos of the specially designed unit

“Our goal was to create a safe space for the pilot, supported by appropriate infrastructure. There’s new equipment, outdoor activity spaces and imagery to provide a feeling of unity and teamwork.”

● **Military Style Unit**



● **Outdoor equipment and military-style programming**



PLANNING AHEAD

How we'll work with the young people to plan for the community stage

"Our goal is to be positive and future-thinking as we support each teenager to plan for their move back to the community. We want to set them up for success."

The transition back to community plan

Evidence has shown it is critical that the teenagers have a structured and staged transition from residence to the community.

They need individual plans, linked to their assessed needs, along with strong and consistent support. The plans will cover both long-term ambitions and the steps needed to reach them, and practical matters like living situations.

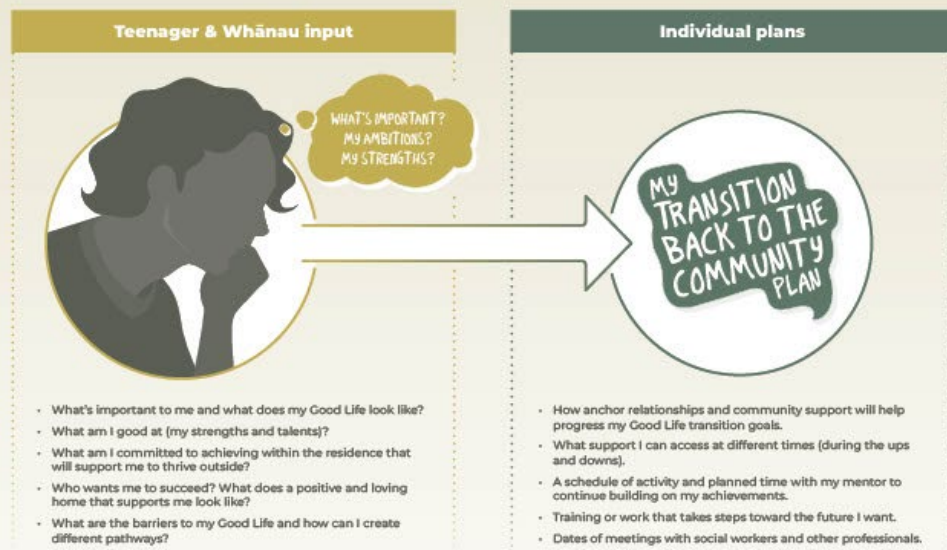
Moving back to the community will look different for every teenager. For example, some may go quickly into education, training or employment, and some might take longer to reach this step.

Having a single, clear transition plan will make things simpler for the young person. However, the plan will consider various documents and reports and connect back to these, such as their Youth Court Plan, education and medical assessments.

At the end of the 3-month residence stage, each teenager and their whānau will have a transition hui. At this hui the team will talk through the transition back to community plan in detail and discuss next steps.

Creating the plan

To create the transition back to community plans, the Academy team will use information from professionals such as the teenager's social worker, clinical psychologist and intensive mentor. We will also collate input from the teenagers themselves, and their whānau. Below are some examples of the prompt questions we might ask them to think about and details that might be included in their plans.



BUILDING ON PROGRESS

How the Academy will encourage sustainable change and achievable goals

“There will be chances for the young people to try new things and gain new life skills during the residence stage, gradually building over time. What they learn will have both immediate and long-term positive outcomes.”

The approach

From the start of the Academy, planning begins for what the transition back to community will look like for the teenagers. The aim is to reinforce strengths and address potential re-offending risks.

Whānau will be involved from the start, with clarity about how they can best encourage their teenager and what support they need to do this.

Oranga Tamariki will collaborate with community organisations that have existing, trusted relationships with the whānau and are able to help with

intensive case management. These organisations will be a key part of sustaining progress for the teenagers. They will also help reduce the risk of reoffending, through information sharing, continuous review and being part of a coordinated, immediate response if needs change.

During the community stage the teenagers will get opportunities to keep developing their life skills and working towards a goal of being in education, training or employment. At the end of the 12 months, they will have a clear path forward.

A closer look at the 9 months of the community stage

First 3 Months

Reinforcing what's been learned

During the first 3 months of the community stage, professionals such as social workers and the intensive mentor will work with the teenagers, to reinforce the skills and knowledge they have gained and support the application of these in a real-world setting.

Next 6 Months

Application and Reflection

As the teenagers integrate back into the community, they will have opportunities to apply their 'kitbag' tools.

Being able to reflect - individually, with whānau, with their social worker and intensive mentor - on how they handled a scenario and what they used from their kitbag is a key element to supporting enduring and lasting reintegration.

Creating a kitbag

Throughout the residence stage the teenagers will have opportunities to build a 'kitbag'. This is made up of both tangible tools and soft skills which will support their transition back to the community. Below are examples of what might be in the kitbags.

Contents of the Kitbag

Tangible

Photo ID	IRD number	Birth Certificate
Real Me account	Electoral roll knowledge	Driver License
Bank Account and Eftpos Card	CV and interview skills	
Enrolment Process for Doctor/Dentist		

Soft Skills

Emotional regulation skills	Communication skills
Working in, and as a team	Problem solving and coping mechanisms
Self care and attention to wellbeing	Budgeting knowledge
Life skills - cooking, gardening, basic DIY	



MOVING BACK TO THE COMMUNITY

Planning for the return to community, and beyond

"I hope that all our young people can make the most of this time, using what they've learned to shape their hopes and plans for the future. During the community stage there will be a team to support them, the whole way through. They will be there to help with any challenges and, very importantly, celebrate the wins."

Multi-disciplinary and Community Led Action



Community stage

Ongoing connection

The teenagers will get to meet and build relationships with key people who can support them, even after the Academy finishes. In the meantime, professionals like the intensive mentor and social workers will be consistent, familiar faces that know the teenagers and their whānau.

Individual plans

Each teenager will have a plan for their transition back to community - the 'community stage'. It will be individualised, sustainable, achievable and include details of the support that they need. During the community stage, the plan will be regularly reviewed and updated, based on any changes or needs.

Whānau and community involvement

A multi-disciplinary team will help the teenagers and their whānau in engaging with agencies, community organisations and any support services they need.

Iwi or hapū will be involved on a case-by-case basis.

As well as a shared focus on sustaining progress during the Academy, these groups will consider how lifelong needs can be met and support networks established.

A multi-disciplinary team, sometimes called a community table, is a group of professionals from different sectors, e.g. health, education and police.

Intensive mentors

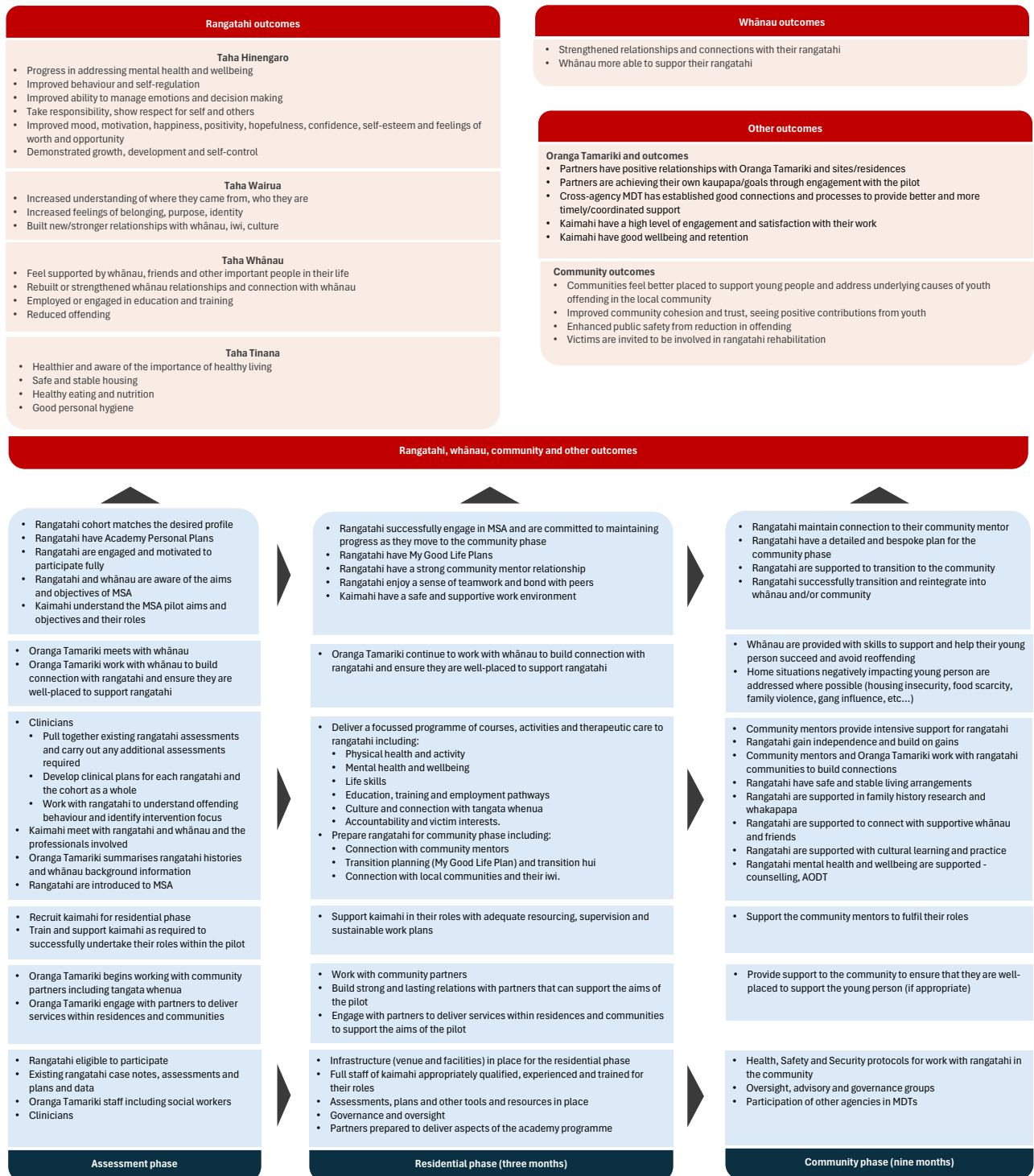
During the community stage, the intensive mentors will be in contact with their teenagers multiple times a week, on whichever days they're needed.

The mentors will be a central point of contact for engagement with various teams. They'll help with practical things like transport to appointments or getting set up on courses.

Mentors will also hold the teenagers to account on their commitments, acting as a constant champion to help them stay on track.



10. Appendix two: Logic model



11. Appendix three: Evaluation framework

Evaluation questions and sub-questions	Indicators	Main data sources
How well did the MSA design align with the objectives?		
What were the objectives of the MSA Pilot?	<ul style="list-style-type: none"> ● The policy objectives specified for the MSA Pilot ● The outcomes rangatahi, whānau and other stakeholders wanted to achieve viewed through Te Whare Tapa Whā ● The intended short- and long-term outcomes of rangatahi, whānau and other stakeholders aligned with the MSA objectives 	<ul style="list-style-type: none"> ● MSA leadership interviews ● Review of documentation ● National level stakeholder interviews ● Rangatahi and whānau interviews
To what extent did the design of the MSA Pilot align with the objectives?	<ul style="list-style-type: none"> ● The design incorporated available evidence ● The necessary people were involved in the design - input from the clinical advisory group and other experts, community and tangata whenua ● Key people involved in the design considered they were listened to and their needs included in the design 	<ul style="list-style-type: none"> ● Clinical advisory group interviews ● Tangata whenua interviews ● Review of documentation ● National level stakeholder interviews ● Rangatahi and whānau interviews
To what extent did the MSA design align with the needs of the participating rangatahi and whānau?	<ul style="list-style-type: none"> ● Rangatahi and whānau descriptions of their needs ● The extent rangatahi and whānau considered the MSA Pilot culture met their existing and/or emerging needs ● The balance of cultural interventions and other interventions met rangatahi and whānau existing and/or emerging needs 	<ul style="list-style-type: none"> ● Rangatahi interviews ● Whānau interviews ● Rangatahi and whānau plans ● Kaimahi and community mentor interviews ● Oranga Tamariki social worker assessments of whānau needs
How was the MSA Pilot implemented in each phase (assessment, residential and community)? What was learnt during implementation?		
What were the key features of the MSA Pilot implementation in each	<ul style="list-style-type: none"> ● Rangatahi and whānau perspectives on the importance of te ao Māori in implementation and delivery ● Description of the key components of MSA delivery in each phase 	<ul style="list-style-type: none"> ● Rangatahi and whānau interviews ● National stakeholder interviews ● MSA leadership interviews

Evaluation questions and sub-questions	Indicators	Main data sources
phase (assessment, residential and community)?	<ul style="list-style-type: none"> ● Description of the key supports enabling MSA Pilot delivery and the adequacy of the supports: <ul style="list-style-type: none"> ○ Recruitment and selection, preparation of rangatahi ○ Tangata whenua engagement ○ Community engagement ○ Rangatahi iwi and hapū ○ Clinical advisory group ○ Resourcing – kaimahi, infrastructure ○ External providers ○ Policy, tools and processes – assessments, transition hui 	<ul style="list-style-type: none"> ● Kaimahi and community mentor interviews ● Community mentor interviews ● MDT interviews ● Clinical and case management assessments and rangatahi case studies
How did the practice approaches of kaimahi, community mentors and Oranga Tamariki social workers contribute to the MSA Pilot?	<ul style="list-style-type: none"> ● Description of kaimahi practice approaches through the assessment, residential and community phases ● The extent kaimahi considered they had the training and support they required ● Enablers and barriers for differences in practice approaches 	<ul style="list-style-type: none"> ● National stakeholder interviews ● Kaimahi interviews ● MDT interviews ● Clinical and case management assessments and rangatahi case studies
How did the community mentors contribute to the MSA Pilot?	<ul style="list-style-type: none"> ● Description of mentor roles and approaches ● The extent mentors considered they had the training, support and resources to deliver the intended level of care for rangatahi ● Enablers and barriers for differences in mentor approaches 	<ul style="list-style-type: none"> ● National stakeholder interviews ● Mentor interviews ● MDT interviews ● Clinical and case management assessments and rangatahi case studies
What support and interventions were most effective in engaging rangatahi and whānau?	<ul style="list-style-type: none"> ● Descriptions of the effectiveness of different components by rangatahi, whānau and kaimahi – what they liked, what helped them and what they found challenging ● Rangatahi perceptions of the extent the assessment tools enabled them to express their needs and progress 	<ul style="list-style-type: none"> ● Rangatahi and whānau interviews ● Kaimahi interviews ● MDT interviews ● External providers

Evaluation questions and sub-questions	Indicators	Main data sources
	<ul style="list-style-type: none"> ● Rangatahi perceptions of the extent of whānau involvement – whānau support and whānau challenges 	
What impact did any variations from the design have on the effectiveness of the of the assessment, residential and community phases of the MSA Pilot?	<ul style="list-style-type: none"> ● Reasons for variation: e.g Timeline pressure, resourcing, unanticipated challenges or opportunities and others ● Impact of variations on the MSA Pilot for: <ul style="list-style-type: none"> ○ Rangatahi ○ Whānau ○ Kaimahi – residential kaimahi, community mentors, Oranga Tamariki social workers ○ MDT approach to delivery. 	<ul style="list-style-type: none"> ● Rangatahi and whānau interviews ● National stakeholder interviews ● MSA leadership interviews ● Kaimahi interviews ● Interviews with Oranga Tamariki social workers ● MDT interviews ● External providers
To what degree did the MSA Pilot contribute to meaningful change? Including short-term outcomes?		
To what extent did the MSA Pilot objectives need to be achieved to consider it effective?	<ul style="list-style-type: none"> ● Criteria for success defined by national stakeholders 	<ul style="list-style-type: none"> ● National stakeholder interviews ● MSA leadership interviews
What short-term outcomes were achieved by rangatahi? By whānau?	<ul style="list-style-type: none"> ● Rangatahi and whānau self-assessment of outcomes achieved ● Kaimahi views on outcomes achieved ● Outcomes measured through clinical and case management assessments with qualitative framing ● Rangatahi and whānau characteristics associated with short-term outcomes 	<ul style="list-style-type: none"> ● Review of MSA documentation – intervention logic ● Rangatahi and whānau interviews ● Clinical and case management assessments and case studies
Were there indications of progress towards longer-term outcomes?	<ul style="list-style-type: none"> ● Progress towards the longer-term outcomes reported by rangatahi, whānau and kaimahi 	<ul style="list-style-type: none"> ● Rangatahi and whānau plans ● Kaimahi interviews ● Interviews with community providers supporting whānau ● Interviews with Oranga Tamariki social workers ● Case studies

Evaluation questions and sub-questions	Indicators	Main data sources
How did the different aspects of the MSA Pilot contribute to the outcomes achieved?	<ul style="list-style-type: none"> ● Kaimahi, rangatahi and whānau perspectives about how the MSA components (assessment, residential, community) were effective in achieving progress towards outcomes ● The extent the different MSA components fitted together to provide a collective impact ● The importance of te ao Māori 	<ul style="list-style-type: none"> ● Rangatahi and whānau interviews ● Kaimahi interviews ● Academy kaimahi and leadership ● Clinical advisory group
What were barriers and challenges to achieving outcomes?	<ul style="list-style-type: none"> ● Kaimahi, rangatahi and whānau perspectives about barriers and challenges to achieving progress towards outcomes 	<ul style="list-style-type: none"> ● Rangatahi and whānau interviews ● Kaimahi interviews
What factors are key for a future MSA programme?		
Does evidence from the evaluation show the MSA Pilot achieved its objectives?	<ul style="list-style-type: none"> ● The extent national stakeholders considered the criteria for success were achieved for each of the MSA Pilot objectives 	<ul style="list-style-type: none"> ● National stakeholder interviews ● All information sources
What aspects of the MSA Pilot are most important to bring through into future roll-outs? To change for future roll-outs?	<ul style="list-style-type: none"> ● Learnings about each programme component – assessment, residential, community ● Rangatahi factors – cohort approach, profile of rangatahi, level of engagement ● Kaimahi and community mentor factors – kaimahi experience, profiles, resourcing, support for kaimahi, kaimahi training and professional development ● Other factors – infrastructure, tangata whenua engagement ● The importance of te ao Māori and implications for future cohorts that may include non-Māori rangatahi 	<ul style="list-style-type: none"> ● All information sources
What are the implications of MSA roll-out on other services and programmes e.g. Youth Justice?	<ul style="list-style-type: none"> ● Insights into considerations about rangatahi selection for MSA to inform future cohort selection 	<ul style="list-style-type: none"> ● All information sources
What factors contributed to or were barriers to the sustainability of MSA?	<ul style="list-style-type: none"> ● Factors influencing sustainability for kaimahi in the assessment, residential and community phases 	<ul style="list-style-type: none"> ● All information sources

Evaluation questions and sub-questions	Indicators	Main data sources
	<ul style="list-style-type: none"> ● Factors influencing sustainability for connection with tangata whenua ● Other factors influencing sustainability 	
What lessons learned in the implementation of MSA could strengthen future implementations?	<ul style="list-style-type: none"> ● Barriers encountered in delivery and how they were overcome ● Opportunities identified to strengthen future implementation 	<ul style="list-style-type: none"> ● All information sources