TIRIA

Previously Malatest International

Final evaluation report

Military-Style Academy Pilot

Prepared for Oranga Tamariki

September 2025

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Acknowledgements

The evaluation team wishes to acknowledge the passing of one of the rangatahi participating in the Military-style Academy (MSA) programme. The loss of a young person and their potential has been felt by our team and by the rangatahi, kaimahi and whānau involved in the MSA.

We would like to acknowledge the commitment of the MSA team to improving outcomes for rangatahi in youth justice contexts.

The evaluation has been completed in partnership with the Oranga Tamariki Social Impact and Research team. We would like to acknowledge their contribution to the evaluation including the analysis of reoffending data from the New Zealand Police.

We would also like to acknowledge the contribution of all the people who gave their time and energy to the evaluation.

The TIRIA Evaluation team
September 2025

Executive summary

The Military-Style Academy (MSA) pilot was a new initiative developed for a small group of serious and persistent youth offenders

The MSA pilot aimed to:

Make a difference in the lives of the teenagers involved, by enabling them to positively contribute and thrive within their whānau and community, without offending. [1]

There have been 11 rangatahi in all or part of the MSA pilot. The rangatahi were aged between 15 and 17 and had been served an order of Supervision with Residence (SwR) in a Youth Justice Residence. One elected to leave the programme in the first weeks and was replaced, and another passed away. A third participant was removed from the programme in the final month of the community phase because he entered an adult justice process.

This is the final report for the evaluation

There have been two preliminary evaluation reports. The first covered the development of the MSA, and the residential phase. [2] The second covered the first three months in the community (November 2024 – January 2025). [3] The reports described what was delivered through MSA, what worked well and identified opportunities to strengthen the residential and community phases. This final report summarises evaluation findings for the full pilot and provides insights to inform future delivery of MSA and the design and delivery of youth justice programmes.

The MSA design aligned with the objectives

In March 2024, Oranga Tamariki led a series of three interagency workshops to develop the high-level MSA design. The military-style approach was complemented by other components based on evidence and evaluations of previous programmes. The residential phase for the MSA pilot cohort of rangatahi commenced in July 2024.

Assessment	Residential phase – 12 weeks	Community – nine months
• Selection of potential participants using offending data and assessing previous intervention • Voluntary participation from serious youth offenders • In-depth rangatahi assessment	• Stable cohort of rangatahi • Emphasis on therapeutic support • Includes military routine and training, mental health and wellbeing, education, whānau contact, cultural education, community service and transition preparation	• Work with whānau to strengthen their ability to support their rangatahi • Intensive mentoring support for rangatahi (30 contact hours per week in the early stages) • Multi-disciplinary teams

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[1] https://www.orangatamariki.govt.nz/youth-justice/military-style-academies/
[2] OT-MSA-residence-stage-preliminary-evaluation.pdf
[3] MSA preliminary report 2 - Community Transition

The Good Lives Model of Offender Rehabilitation (GLM)[4] was selected as the pilot framework alongside the Te Puna Oranga model from the Oranga Tamariki Practice Approach.[5] Though untested from a te ao Māori perspective, GLM was a strengths-based approach supported by many stakeholders.

Evidence from the literature supports stakeholder views of the intense support required to change trajectories of rangatahi with the profile and histories of the MSA rangatahi (see Appendix Three). The MSA pilot design aligned with the needs of rangatahi and whānau including the therapeutic approach, whānau support and supported transitions to the community. Many of these elements were points of difference from other Youth Justice Residences and strengths of the MSA pilot as they drew on evidence about what works for young serious and persistent offenders to complement the military-style approach.

The rapid pace of design and development of MSA and short timeframes for implementation were deepened by restructuring and staff changes at Oranga Tamariki. Allowing more time for the design may have strengthened the MSA pilot implementation and would have allowed the design to be fully realised in implementation.

The cultural elements of the design could be strengthened to better meet the needs of rangatahi Māori

Care and clinical kaimahi in the residential phase 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 MSA pilot participants were rangatahi Māori and several were fluent te reo Māori speakers. Building MSA on te ao Māori rather than adding components in may have strengthened the fit with the MSA cohort and increased engagement.

Rangitāne iwi, although experienced in youth justice support, were not included early in the design process. Involving tangata whenua in the design earlier would strengthen both cultural and other aspects of the programme and increase the focus on te ao Māori.

The MSA pilot contributed to some meaningful changes for rangatahi

The evaluation drew on data on outcomes from psychometric assessments, interviews with kaimahi, rangatahi and whānau, and Oranga Tamariki analysis of Police proceedings data. All sources showed indications of positive change for the MSA cohort. Larger numbers and longer-term analysis are needed to draw stronger conclusions about effectiveness.

Positive changes in psychometric assessments

The assessment phase included assessments of rangatahi by the MSA clinical psychologist. Two assessments were later repeated showing where rangatahi had achieved change in the residential and community phases. They showed:

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[4] Information available at: https://www.goodlivesmodel.com/
[5] Information available at: https://practice.orangatamariki.govt.nz/practice-approach

- Improvements in rangatahi ability to participate in and benefit from treatment, as well as improvement from doing so (treatment readiness, responsivity and gain before and after the residential phase).

- Increases in average ratings following the residential phase for most of the protective factors (resilience, motivation, relationships and external factors) measured in the youth version of the structured assessment of protective factors for violence risk before and after the residential phase and at the end of the community phase. Although the measures decreased after the community phase they were all still higher than before the residential phase.

Indications of improvements in rangatahi wellbeing

Many rangatahi demonstrated positive changes across Te Whare Tapa Whā domains, indicative of a foundation for future positive changes in offending outcomes. Changes included involvement in education, work experience and employment, improved wairua, physical and mental health, reconnection with whānau and stable living situations.

Positive changes in reoffending outcomes despite rangatahi returns to residence

Oranga Tamariki analysis of proceedings data from the New Zealand Police identified indications of positive changes in reoffending outcomes for the MSA pilot cohort compared to their own offending histories and the offending patterns of a matched SwR cohort. It is important to note that because of very small numbers, findings are indicative only.

Although the majority of MSA rangatahi reoffended within two months of release[6], largely like the matched SwR cohort, there were positive differences. Comparing the six-months before the residential phase to the six-months after release showed:

- **Time before reoffending increased:** MSA rangatahi were slower to reoffend compared to the matched SwR cohort.

- **Seriousness of offending decreased:** Two-thirds (67%) of MSA rangatahi reduced the maximum seriousness of their offending compared to only 22% of the matched SwR cohort.

- **Violent offending reduced:** (including robbery-related offences and injury causing acts) by MSA rangatahi reduced by two-thirds (67%) in the six-months after exiting residence compared to the six-months before entering residence.

- **Combined view of reoffending results:** Five (59%) of the nine rangatahi on the MSA pilot reduced the frequency, total seriousness and maximum seriousness of their offending compared to only two (22%) of the nine matched SwR cohort.

Short timeframes meant some aspects of the pilot were not implemented as intended

Oranga Tamariki formed a multi-disciplinary team for the residential phase comprising kaimahi from care, clinical and programme teams. Standing up the residential phase in the time available was an

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[6] The overall reoffending rate is not included in the report because Oranga Tamariki protocol is to not cite any statistics that have the potential to identify a young person.

achievement for Oranga Tamariki and was a result of kaimahi working above and beyond to prepare for the MSA rangatahi. Kaimahi who joined the pilot said they were drawn to MSA because they saw its potential value. The two-week training programme with the Limited Service Volunteers (LSV) team laid the foundation for the residential phase. In the community, social workers managed their work on MSA alongside demanding youth justice caseloads.

The short timeframes for design and implementation limited the extent some of the key elements of the MSA design could be fully realised including transition planning, preparation for the community phase, and whānau support. Timeframes therefore also limited the extent the evaluation could reach conclusions about the MSA design and implementation.

The pilot context and high-profile of MSA led to an increased level of scrutiny on kaimahi in both the residential and community phases. Rangatahi were also aware of how they were described in the media and perceived by the public.

Implementing MSA provided information about the key elements of future MSA programmes

The stable cohort of rangatahi in MSA contributed to safety in the residential phase and supported the therapeutic focus

The cohort approach mirrored military training intakes and the LSV course where groups spend intensive time together forming strong bonds and connections. The cohort of rangatahi in the MSA pilot was far more stable than in other Youth Justice Residences, avoiding disruption caused by the arrival and departure of 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.

The stable cohort of rangatahi in MSA also contributed to safety in the residential phase. There were no physical fights between rangatahi or with kaimahi in the residential phase. This result was markedly different from other Youth Justice Residences where physical conflict between rangatahi or with kaimahi were regular occurrences.

The therapeutic focus was a major component of MSA but did not consistently continue into the community phase

Investment of time and resource in in-depth assessment of rangatahi before beginning the residential phase set the foundation for therapeutic support.

Rangatahi received more therapeutic support in the residential phase than in other Youth Justice Residences despite limited capacity to deliver the individual clinical support intended in the design. Though alcohol and other drug use was addressed, it had not been possible to arrange for a specialist drug and alcohol counsellor.

The therapeutic work was particularly demanding for rangatahi because it was new and challenging. Kaimahi said rangatahi found it hard to maintain their concentration and participation through longer sessions. Finding the right amount of therapeutic support to include in rangatahi programmes requires further development.

The therapeutic focus was not consistently continued into the community phase. The MSA residential phase clinical team were able to provide some therapeutic support in the community, mostly over video call. Social workers did not have the capacity or therapeutic expertise to continue therapy begun by clinical teams with rangatahi in the residential phase.

A psychologist was engaged to provide therapeutic support to some rangatahi who went back to residences.

Kaimahi saw the military elements of the programme as contributing to the intended outcomes and MSA culture

Military routine in the residential phase began with morning routine and physical activity. Routine ended with an early bedtime for rest and recovery. Rangatahi expressed pride and self-respect in cleanliness, tidiness, uniforms and well-ordered living spaces. Military drill and marching also connected with physical training and teamwork. The structure and routine reflected the intensity of the MSA pilot and stakeholders considered it a good fit for rangatahi because it was absent from the lives they were living in the community when they offended.

Individualised tutoring connected with rangatahi

Tutoring was provided by an experienced external provider with an understanding of trauma delivered individualised tutoring. Education in the residential phase supported rangatahi to achieve more than they did in other Youth Justice Residences in less time.

Rangatahi had a focus on employment for their returns to the community so it was difficult to continue education beyond the residential phase.

Transition hui and more detailed planning were improved upon processes in other youth justice residences but could have been strengthened

Kaimahi worked intensively to prepare transition plans based on the Good Lives model in the final weeks of the residential phase. Beginning this process late in the residential phase put pressure on the clinical team capacity and meant youth justice social workers had little to no involvement in developing the transition plans. The process could have been strengthened by beginning their development earlier and involving youth justice social workers, which would also have strengthened the connection between the residential and community phases.

Despite these challenges, many of the rangatahi, whānau, mentors and youth justice social workers thought transition plans were a good fit for what rangatahi wanted and needed and were better than transition plans from other youth justice residences.

Working alongside mentors was key to MSA support for rangatahi and whānau in the community

Success of the mentor role depended on mentors establishing a strong relationship with rangatahi. In most cases, the mentors were a good fit with rangatahi. However, time constraints had meant that not all rangatahi were involved in the selection of their mentors and one mentor relationship did not work out.

The number of mentor contact and non-contact hours for mentors for the community phase were clear. However, it was not clear whether mentors should support whānau, how they should work with social workers and how the mentor role would continue if rangatahi return to residence where 30 hours of contact time per week was not feasible.

Time delays had limited opportunities for social workers and mentors to develop working relationships and ways of working together were still developing. Boundaries between mentor and social worker roles were unclear during the early stages of the community phase.

Achieving the intended outcomes required risk factors in the community to be addressed

The intention of the MSA transition process was to bridge the residential and community phases for rangatahi. Bridging the phases required MSA to provide the physical environment rangatahi required (living situations), support relationships and address risk factors associated with reoffending.

Rangatahi Good Life plans included thinking about the things rangatahi found triggering and the things that might get in the way of achieving their goals. An early challenge was delay in the preparation of living environments and the physical needs identified in the transition plans. Failure to provide for the needs identified in the transition plans felt like 'broken promises' and eroded rangatahi trust. Stakeholders attributed delays to lack of funding availability and too much focus on physical items in transition plans.

Rangatahi exited the residential phase into living situations including independent living, returning to whānau and extended whānau and other supported living arrangements. Risk factors for reoffending included a lack of structure, connections with mates who engaged in and/or encouraged offending behaviour, substance use and boredom. Mentors and social workers worked to identify and address factors that created a risk of reoffending for rangatahi by getting them involved in positive activities like employment, courses and physical activity. However, graduating from the residential phase close to the end of the calendar year limited options for training and education.

Transitions between the residential phase and the community phase required more early investment and ongoing preparation than was achieved in the MSA pilot

A common theme in kaimahi feedback was the potential benefit from more closely connecting the residential and community phases. As rangatahi transitioned to the community, residential phase kaimahi returned to the roles they had left when they began the pilot.

Roles for the youth justice social workers during both the residential and community phases suffered from a lack of clarity. Limited communication with the MSA residential phase kaimahi meant the social workers did not have a good understanding of rangatahi plans or how they had been supported during the residential phase. Some stakeholders advocated for an approach that invested more in preparing youth justice social workers for the different role in MSA then stepping back to let them work.

Whānau support was an important part of the design and while there were successes it was an aspect of MSA that could be strengthened

A planned focus on support for whānau was a point of difference for MSA compared to previous experiences with transitions from Youth Justice Residence. There were some successes in supporting

whānau. In one region, one cluster of whānau accessed a shared parenting and life coach and benefited from their support. Other changes included purchase of new furniture and cleaning up the whānau property. Positive changes for whānau also benefitted rangatahi.

Work with whānau could have begun earlier and been more intensive. Lack of clarity about responsibility and expectations for whānau support and the fast pace of transition meant relationships and work with whānau were more limited than kaimahi and stakeholders envisaged.

Regional multidisciplinary teams (MDTs) can contribute but their role must be clearly defined and tailored to rangatahi

Each of the regions where rangatahi transitioned had an MDT overseen by the national MDT oversight group. The national group gave regional MDTs access to decision makers across government who could overcome issues regional MDTs encountered in accessing support through local staff. Examples included accessing housing for whānau through Kainga Ora and speeding up Work and Income entitlements for rangatahi.

MDTs delivering another initiative involving Oranga Tamariki (Fast-Track) were a starting point for the MSA MDTs. Many of these organisations were relevant to rangatahi transitions and aimed to support both rangatahi and their whānau. However, all three regions found the scope of Fast-Track MDTs was not a good fit for MSA. While the right organisations were involved, the existing groups had a focus on tamariki and younger rangatahi with less serious offending.

In response, two regions successfully established new groups and/or MDT representation for MSA with a sole focus on the MSA rangatahi. They included mentors and social workers along with community providers and regional decision makers from Oranga Tamariki and other government agencies. Stakeholders saw the groups in these two regions as effective because they had been tailored to supporting MSA rangatahi and worked consistently with a whānau-centred approach.

A whole of programme approach would strengthen future MSA programmes

Each step from assessment and selection through to transition support could be strengthened by a whole of programme approach to planning rangatahi and whānau journeys through the residential phase, transitions and the community phase. This could involve:

- Beginning intervention with whānau at the point of rangatahi selection for MSA

- Considering the support available during and after transition to the community in the selection phase to ensure there is the support required such as access to ongoing therapeutic support, social worker capacity and mentor availability

- Beginning transition planning as rangatahi enter the residential phase and considering whether an intermediate step through supported living is necessary

- Timing the residential phase so exits align with education and employment opportunities

- Bringing kaimahi and other services who will work in the community phase into the residential phase

- A multi-disciplinary team that includes cultural support and has clear roles over the entire MSA journey.

1. The Military-Style Academy programme was a new initiative

In 2024, the government directed agencies led by Oranga Tamariki to develop a Military-Style Academy (MSA) programme for small groups of serious and persistent youth offenders. MSA aimed to:

Make a difference in the lives of the teenagers involved, by enabling them to positively contribute and thrive within their whānau and community, without offending. [7]

It aimed to do so by helping rangatahi to develop new skills to support relationships, health, wellbeing and community integration and to move into education, training or employment.

In March 2024, Oranga Tamariki led a series of three interagency workshops to develop the high-level design that would form the basis for the detailed design and implementation plan for MSA. The design drew on existing evidence from previous military-style academies in New Zealand and overseas alongside the government policy intent. The design was rapid to allow the residential phase to start at the end of July 2024.

1.1. Four advisory groups supported the MSA pilot

Four advisory groups provided an avenue for Oranga Tamariki to draw on the knowledge and experience of people and organisations with expertise in working with rangatahi and in the youth development and youth justice spaces.

- **External reference group (ERG) (residential phase):** To provide Oranga Tamariki with independent advice, support, critical thinking and challenge the implementation of the MSA pilot. The ERG was advisory only and was disbanded four months into the community phase.
- **Clinical advisory group (residential and community phases):** The clinical advisory group provided a point of review and advice from a clinical perspective for kaimahi. The group also provided advice on monitoring rangatahi progress and received updates on rangatahi progress in the community.
- **National multidisciplinary team (MDT) oversight group (community phase):** Regional MDTs provided weekly insights and updates to senior management within Oranga Tamariki which were shared with a national MDT oversight group. The group consisted of key decision makers across government who were able to overcome issues regional MDTs encountered in accessing support through local staff.
- **Multi-agency steering committee:** To provide Oranga Tamariki with senior level interagency support and ideas through monthly meetings.

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[7] https://www.orangatamariki.govt.nz/youth-justice/military-style-academies/

1.2. MSA emphasises assessment, therapeutic care and support through residential and community phases

MSA included emphasis on therapeutic support and criminogenic pathways for rangatahi through clinical care in the residence and use of the Good Lives Model (GLM)[8]. The design included case management, health, learning and wellbeing, intensive support in the transition to the community and whānau involvement throughout.

Table 1 provides an overview of the key elements of the programme in each of the phases and the kaimahi roles.

Table 1. Key elements of the MSA pilot by phase.

Assessment phase
• Compile list of potentially eligible rangatahi coming up for sentencing based on existing data • Develop a 360° profile of rangatahi and clinical team conduct a file review • Family group conferences with whānau, rangatahi and kaimahi to discuss MSA as an option • Rangatahi decides to take part, Oranga Tamariki make the recommendation to police, youth advocate and youth court judge who then makes sentencing decision • Clinical team continue in-depth assessments of rangatahi before MSA begins including assessments of treatment responsivity and protective factors

Residential phase (twelve-weeks)
• Implementation in a dedicated wing of an existing Oranga Tamariki Youth Justice Residence • Intensive twelve-week programme including: military routine and training, mental health and wellbeing, education, whānau contact, cultural education, community service and transition preparation • Emphasis on therapeutic support from a multi-disciplinary clinical team provided through group sessions including counselling, emotional regulation and coping strategies, behaviour management, impulse control, and drug and alcohol treatment • Develop My Good Life plans and transition plans for each rangatahi • Transition hui with rangatahi, whānau and community • Whānau supported to visit rangatahi and speak over video chat or the phone, though there were some challenges with travel arrangements particularly for whānau with other children

Community phase (nine-months)

• **Supporting rangatahi:**
  o Social workers and mentors prepare living arrangements and prepare for rangatahi in the community
  o Most rangatahi transition from residence into living with whānau or living independently with one entering a residential course and one entering a transition group house
  o Rangatahi supported by mentors in the community phase (community mentors) for 30 hours per week of contact time in the first three-months with intensity reducing to 20 hours or lower per week towards the end of the community phase.
  o Youth justice social workers (based in rangatahi home regions) maintain responsibility for rangatahi and work with mentors
 	
• **Varied support for whānau:**
  o Practical support provided (eg new furniture) as agreed in rangatahi transition plans
  o Some whānau received general and parenting support from parenting coach

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[8] Information available at: https://www.goodlivesmodel.com/

- One whānau had accessed a home through MSA kaimahi advocacy with Kāinga Ora

- **Managing returns to residence:**
  - Rangatahi with alleged reoffending return to custodial remand
  - Contact continued with mentor but generally once per-week
  - Oranga Tamariki site leads and social workers were the primary source of support
  - Community MDTs
  - Multidisciplinary teams support rangatahi in each region, beginning with existing Fast Track groups

1.3. Eleven rangatahi participated in the MSA pilot and eight graduated from the programme

Rangatahi were given the option to complete their Supervision with Residence order in the MSA pilot facility instead of in a standard Youth Justice Residence. Eight rangatahi entered and completed the MSA pilot (Figure 1).

One rangatahi left MSA two-weeks into the residential phase and was replaced

One rangatahi passed away early in the community phase

One rangatahi exited MSA close to the end of the community phase because he entered a district court process

Eight rangatahi entered and completed the twelve-month MSA pilot
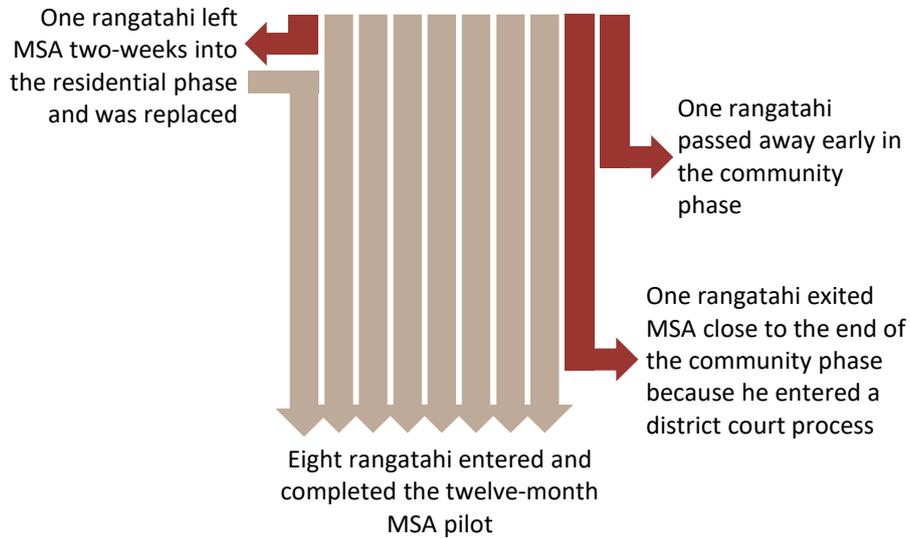
Figure 1. Rangatahi participation in the MSA pilot

The participating rangatahi had high and complex needs. Their backgrounds often included trauma and they had histories of years in residential care, often with only small periods of time spent in the community. Many also brought strengths such as their community and whānau connections and the potential to expand their skills.

The key characteristics of the selected rangatahi are summarised 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 on entry
Demographics	• All were male – females were not eligible for the pilot • All were Māori and two also had Pacific and New Zealand European whakapapa. • Most were 17 years old but two were younger (14 and 15).
Neurodiversity, disability and other health issues	• Six of 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. • Almost all 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.
Experience with education	• Rangatahi had often participated well in early schooling, including some in kura kaupapa Māori but had disengaged from secondary school. They had histories of disciplinary issues including fighting and poor attendance. • Rangatahi 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. For some, neurodiversity contributed to difficulty engaging with learning.
Offending histories	• Rangatahi on remand or under custody of the Department of Corrections were ineligible • Rangatahi had offending histories beginning as young as nine though most often between ages 11 and 13. They had committed an average of nearly nine offences each in the six months before entering residence prior to MSA, and an average of just over 11 offences each in the six months before that. • Offending often involved unlawful taking or getting into motor vehicles, failure to stop, robbery, aggravated robbery, assault, aggravated assault and property damage.
Oranga Tamariki histories	• All rangatahi had previously been remanded in custody multiple times, and had prior supervision with activity orders, supervision with residence orders, and nine or more youth justice family group conferences. • All had multiple reports of concern and most had substantiated findings of abuse or neglect.

2. This is the final report of the MSA evaluation and summarises findings across the full pilot

2.1. The evaluation focused on planning, implementation and the contribution of MSA to change

The key evaluation questions were:

- **Planning:** How well did the MSA design align with the objectives?

- **Implementation:** How was the MSA implemented? What was learnt during implementation?

- **Changes:** To what degree did the MSA pilot contribute to meaningful change, including short-term outcomes?

- **Conclusions:** What factors are key for a future MSA programme?

The two preliminary evaluation reports provided detailed descriptions and evaluation findings, mainly focusing on planning and implementation of the pilot, the residential phase, and the transition of rangatahi back to the community:

- **First preliminary report:** The residential phase including the development of MSA, the composition of the residential phase, what was working well and opportunities to strengthen the residential phase.

- **Second preliminary report:** The first three-months in the community (November 2024 – January 2025) including reflections on transition preparation during the residential phase.

This final evaluation report summarises evaluation findings across the full MSA pilot including the remainder of the community phase. It has a greater focus on indications of rangatahi outcomes and the pilot learnings that may be carried forward into the design and delivery of future youth justice programmes.

2.2. A logic model and evaluation framework provided the evaluation foundation

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. While Te Puna Oranga (integral to the new Oranga Tamariki Practice Approach) complemented the Good Lives Model in the delivery of MSA, the evaluation used Te Whare Tapa Whā in the logic model as a framework for describing early outcomes for rangatahi and how they contributed to the overall MSA pilot outcomes (Appendix One).

The logic model provided the basis for development of an evaluation framework, which unpacked the evaluation aims into high-level questions, sub-questions, indicators and information sources (Appendix Two).

2.3. Information for the evaluation came from interviews with rangatahi, whānau, kaimahi and stakeholders

Information for this final report built on interviews completed for the preliminary reports. Data collection took place through the last three-months of the community phase (June to August 2025). Table 3 provides an overview of the information collected for this report.

Table 3. Information sources for the MSA pilot evaluation

Information source	Preliminary data collection (community and residential phases)	Additional data collection for the final report
Tangata whenua	• Group and individual interviews with tangata whenua	• No additional interviews
Engagement with rangatahi	• Multiple contacts with rangatahi through the residential phase including whakawhanaungatanga, noho marae, and two rounds of interviews • Interviews with seven rangatahi early in the community phase	• Interviews with six rangatahi including those in community (4) and in a Youth Justice Residence (2)
Engagement with whānau	• Interviews with five whānau	• Interviews completed with four whānau
Interviews with residential phase kaimahi	• 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	• Follow-up interview with clinical team kaimahi
Interviews with Oranga Tamariki leadership, stakeholders and other clinical advisory group members	• Interviews with fifteen Oranga Tamariki stakeholders in the residential phase • Interviews with ten Oranga Tamariki and other stakeholders • Engagement with the clinical advisory group	• Interviews completed with thirteen Oranga Tamariki and other stakeholders
Interviews with Oranga Tamariki youth justice social workers	• Interviews with seven social workers in the residential phase • Interviews with all nine youth justice social workers early in the community phase	• Interviews with six of seven youth justice social workers supporting MSA rangatahi at the time
Interviews with mentors	• Interviews with seven mentors in the residential phase and eight mentors early in the community phase	• Interviews completed with five community mentors
Interviews with partners	• Interviews with two community partners in the residential phase and three early in the community phase	• Interviews with two community partners
Review of documentation	• Rangatahi profiles and documents updated for the transition to the community • MSA documentation, for example clinical advisory group information packs and published documents describing MSA	• Review of updated rangatahi profiles • Analysis of assessment data from the clinical team

		• Review of mentor reporting
Analysis of Oranga Tamariki data	• Oranga Tamariki provided figures on how long rangatahi spent in the community.	• Oranga Tamariki analysis of reoffending based on New Zealand Police data

2.4. Strengths and limitations of the evaluation

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 by the evaluators

- A consistent evaluation team enabling relationships to be built with rangatahi

- A collaborative approach with Oranga Tamariki and the MSA kaimahi

- Oranga Tamariki analysis of rangatahi reoffending outcomes using Police proceedings data. The overall reoffending rate is not included in the report because Oranga Tamariki protocol is to not cite any statistics that have the potential to identify a young person.

MSA rangatahi and whānau were all invited to have their voices included in the evaluation. However, taking part in the evaluation was voluntary and some rangatahi did not want their whānau included to avoid placing additional burden on their whānau.

A brief scan of the literature conducted by Oranga Tamariki to calibrate expectations around outcomes of similar programmes highlighted some challenges in assessing the outcomes of MSA (Appendix Three):

- Interventions known to be the most effective could have a modest impact on serious reoffending

- The benefits of an intensive intervention, such as the MSA pilot, may take some time to be fully realised

- MSA includes a small number of rangatahi and whānau so any quantitative and qualitative evidence from the evaluation may not be generalisable. A larger sample size would be needed to reach robust conclusions about impacts and other benefits.

Efforts to track rangatahi outcomes through reporting templates for kaimahi working with rangatahi in the community had limited success and data were incomplete.

3. The MSA pilot contributed to meaningful change in rangatahi reoffending and wellbeing across Te Whare Tapa Whā domains

Strengths of the MSA pilot	Challenges and opportunities
• Improvements in reoffending outcomes including spending more time in the community before returning to residence and reduction in seriousness and frequency of reoffending. • MSA support for rangatahi to continue working towards positive outcomes even after they reoffended in the community phase. • Wellbeing outcomes showed indications of positive changes across Te Whare Tapa Whā domains, which may underpin further reductions in offending.	• Reductions in seriousness and frequency of offending are meaningful changes for rangatahi who have high likelihood of reoffending. • The sustainability of changes in offending requires longer-term follow-up. • A larger sample will provide stronger evidence of reduction in offending.

3.1. Many rangatahi demonstrated positive changes in wellbeing – a foundation for future positive changes in offending outcomes

Te Puna Oranga (integral to the new Oranga Tamariki Practice Approach) was used as a complementary framework to the Good Lives Model in the delivery of MSA. The evaluation used Te Whare Tapa Whā as a framework for describing wellbeing changes for rangatahi and how they contribute to the overall MSA pilot outcomes. Wellbeing changes (summarised by Te Whare Tapa Whā domain below) included involvement in education, work experience and employment, improved wairua and physical health, reconnection with whānau and stable living situations.

Taha wairua (Table 4): The importance of cultural connection was highlighted by rangatahi engagement with cultural activities like mau rākau and noho marae in the residential phase. Further improvements were more limited in the community phase reflecting challenges engaging rangatahi with their own iwi and putting activities focused on cultural connections in place. Whānau focused on improvements in rangatahi sense of identity and purpose. They connected these changes to attitudes towards reoffending. Examples included increased maturity, patience and openness in communicating.

Table 4. Support and indications of change in taha wairua through the residential and community phases.

Areas of	Support and indications of change in the residential phase	Support and indications of change in the community
Increased understanding of where they came from, who they are	Rangatahi were supported with whakapapa connection, kaumatua connection, noho marae, kapa haka and mau rākau. Rangitāne iwi delivered Mana Tāne and supported cultural elements of the residential phase. Some rangatahi felt their wairua was	Activities to build rangatahi connections with their whakapapa took time to arrange and were limited in the community. Rangitāne continued the Mana Tāne programme to support rangatahi to process grief around the passing of one of the cohort. Rangatahi performed their MSA haka at the tangi for the

Areas of change and support	Support and indications of change in the residential phase	Support and indications of change in the community
	strengthened through the residential phase and noted that they particularly enjoyed learning their pepeha.	member of the cohort who passed away. There were fewer changes in this space in the later community phase.

Taha tinana (Table 5): Taha tinana was a focus in the residential phase with support with fitness, sport and living situations continuing into the community. The residential phase provided a stable living environment. The community phase was more unstable with many changes as rangatahi returned to residence or shifted back to whānau.

Table 5. Support and indications of change in taha tinana through the residential and community phases.

Areas of change and support	Support and indications of change in the residential phase	Support and indications of change in the community
Stable living environment	The residential phase provided a safe and stable environment. Rangatahi were accustomed to living in Youth Justice Residences, and maintaining a consistent cohort enhanced stability.	Transition plans considered the best living arrangements for rangatahi. They transitioned into living situations including transitional housing, independent living and returning to whānau. Living situations were more unstable in the community. More of the rangatahi who returned to residence then returned to whānau. Living with strong and supportive whānau was a success factor for some of the rangatahi.
Physical fitness and healthy lifestyles	Personal physical fitness and kaimahi physical fitness was important to the MSA rangatahi. A big focus of the residential phase was time spent in the gym and doing other physical activity. Physical training circuits, sport, outdoor activities and workouts on gym equipment in the residence or at gyms off-site.	Mentors helped rangatahi to get regular exercise by attending the gym alongside them, supporting them to join sport and martial arts clubs. Motivation ebbed and flowed for gym and sport but most of the rangatahi stayed active. Mentors and youth justice social workers helped rangatahi with preparing their kitchens and cooking.
Health	Residential phase kaimahi took rangatahi to health appointments including dental and GP care. The clinical team and guest speakers addressed use of alcohol and other substances.	Some significant health issues identified in the residential phase were addressed through care in the community phase. Consistent access to and use of medication improved through the community phase.

Taha hinengaro (Table 6): 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 increased rangatahi engagement over time with the therapeutic work. They described rangatahi communicating more openly and resolving conflict verbally rather than lashing out physically.

Table 6. Support and indications of change in taha hinengaro through the residential and community phases.

Areas of change and support	Support and indications of change in the residential phase	Support and indications of change in the community
Mental health and wellbeing	The clinical team supported rangatahi with group work, counselling, emotional regulation and coping strategies, behaviour management and impulse control. Psychological assessments showed progress in building protective factors and response to treatment.	Many rangatahi still found making decisions difficult, leading to reoffending. One social worker noted their rangatahi was still not equipped to manage his emotions, which were tied to his offending. Mentors and social workers encouraged rangatahi to access further therapeutic support but it was difficult to engage rangatahi with practitioners in the community. Whānau and kaimahi observed changes in rangatahi mindsets. They saw movement from not caring about returning to residence to regret around reoffending and determination to stay in the community. One rangatahi mentioned using a breathing technique learned in the residential phase to calm himself when resolving conflict in residence. Rangatahi who stayed in the community had a positive state of mind and pride in staying with their whānau in the community. Feedback from whānau provided examples of rangatahi expressing themselves and their feelings more clearly, being more open and maturing during MSA.
Substance use	The clinical team and guest speakers addressed drug and alcohol use but specialist support was not able to be arranged.	Some rangatahi returned to alcohol, cannabis and methamphetamine use once they returned to community. Methamphetamine use was involved in the more serious offending of one of the rangatahi in the community. Alcohol use destabilised some of the independent living arrangements.
Education and training	Individualised curriculum-based education sessions to support rangatahi were delivered by an external education provider inside the residence. 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. All other rangatahi made significant progress in NCEA through the residential phase including achievement of credits towards NCEA 1, 2 and 3.	In the community phase, rangatahi engagement in education and training included: • Two rangatahi participating in private training courses • Two completed a residential course while in the programme. Te Kura was the main educational option available but kaimahi described it as not a good fit for rangatahi who needed individual support.

Areas of change and support	Support and indications of change in the residential phase	Support and indications of change in the community
Vocational education employment	Vocational skills, career experience, life skills, CV preparation, cover letters, digital qualifications, pathways to success, creative arts.	Mentors supported rangatahi with life skills, adding to the kete rangatahi developed in the residential phase. Examples included cooking lessons and shopping for ingredients, and hobbies like playing music. Two rangatahi entered employment shortly after transition to the community. For one, it was a major source of pride and positive, but the role ended when there was not enough work available. One other rangatahi completed part-time work and another had his first ever job interview before reoffending. Social workers and mentors supported rangatahi to engage with Work and Income work brokers particularly late in the community phase. Support also included preparation for job searching including CV development, interview practice and driver licences.
Experiences	Off-site activities and guest speaker visits including community figures, military officers and other leaders.	Mentors continued to support rangatahi to access positive experiences during their contact time. Rangatahi were positive about ongoing contact with some of the guest speakers who stayed in contact through the community phase.

Taha whānau (Table 7): Rangatahi wanted to give back to their whānau and support their siblings. Whānau described changes in their whānau relationships including interactions with their younger siblings. Helping their whānau was also a feature of transition plans. Re-connection with mates in the community was a risk and contributed to reoffending for rangatahi but some connections were positive.

Table 7. Support and indications of change in taha whānau through the residential and community phases.

Areas of change and support	Support and indications of change in the residential phase	Support and indications of change in the community
Whānau support and connection	Connections and whānau time: Video calls and visits with whānau in the residence were regular, with whānau funded to travel and connect. There were challenges making the logistics of whānau visits work, including managing the care of younger siblings and unfamiliar travel.	Whānau relationships could also be positive or risks or both. Three rangatahi had tension with whānau or conflict with siblings listed among their reoffending triggers. But rangatahi desire to give back to their whānau and support their siblings was a strong motivation for doing well in the community. Whānau described how even after returning to residence in the community phase, they had seen their rangatahi talking to their younger siblings on voice calls, telling them they better be attending school and helping their whānau around the house while the rangatahi were away. Rangatahi and whānau also described improvements in the way they were getting on with each other as rangatahi returned to the whānau home through the community phase.

Areas of change and support	Support and indications of change in the residential phase	Support and indications of change in the community
Positive social relationships	Relationships with most residential phase kaimahi were positive relationships for rangatahi. The residential phase leadership were physically present in the residence and spent time with the rangatahi. Rangatahi looked up to the physically fit, charismatic kaimahi. Some came from similar backgrounds and they could easily relate to each other even in the residential setting.	Connections with friends could be positive and support rangatahi to make good decisions in the community. They could also be triggers for offending behaviour. Rangatahi who described reoffending often talked about the start of those episodes being receiving a message from a mate or seeing a video of a mate and feeling like they were missing out. Some of the rangatahi saw the people they had offended with in the past start to make different choices. Some mentors described friends maturing and becoming focused on their own children or on working. These connections helped rangatahi stay out of trouble.

Whānau outcomes (Table 8): There were some successes in supporting whānau, particularly through parenting support in one region. One cluster of whānau accessed a shared parenting and life coach and benefited from their support. Other changes included purchase of new furniture and cleaning up the whānau property. Positive changes for whānau also benefitted rangatahi.

Table 8. Support and indications of change in whānau wellbeing through the residential and community phases.

Areas of change and support	Support and indications of change in the residential phase	Support and indications of change in the community
Parenting coaching	Parenting coaching helped some of the MSA whānau process their experiences and strengthen their ability to support their rangatahi.	Whānau saw more maturity in their rangatahi and rangatahi saw whānau interacting with them better after parenting coaching. Histories of conflict with whānau were common, but some of the rangatahi who had returned to the whānau home through the community phase described improved relationships and less conflict.
Practical support	Plans for practical support for whānau were included in rangatahi transition plans.	Practical outcomes included access to housing, furniture and other support to improve the physical environment for the whānau, rangatahi and siblings.

3.1.1. Safety for rangatahi and kaimahi improved in the residential phase

There were no physical fights between rangatahi or with kaimahi in the residential phase. Kaimahi considered the reduction in the number of safety incidents was an indication of positive engagement with the residential phase and positive change for rangatahi. Over the twelve-weeks of the residential phase, there were only three admissions of rangatahi to secure care, and four minor accident-related incidents. The low number of incidents was markedly different from what would be expected in other Youth Justice Residences where physical conflict between rangatahi or between rangatahi and staff were a regular occurrence.

3.1.2. Psychometric assessments showed improvement across the programme, but the biggest shifts came in the residential phase

The initial assessment phase included assessments of rangatahi by the MSA clinical psychologist. Appendix Four includes the results of assessments of rangatahi before the residential phase then again later in the programme. Two assessments were later repeated showing where rangatahi had achieved change in the residential and community phases:

- **Treatment readiness, responsivity and gain (TRRG) (before and after the residential phase):** The TRRG short version results showed average scores of the cohort improved through the residential phase showing reduced likelihood of reoffending. Improvements in each of the domains signify improvements in rangatahi ability to participate in and benefit from treatment, as well as improvement from doing so. Clinical kaimahi attributed improvements to the collective impact of residential phase support.

- **Structured assessment of protective factors for violence risk** (**SAPROF**) **(before and after the residential phase and at the end of the community phase):** The youth version of SAPROF assessed each of the protective factors in place for each rangatahi. Post-residence assessments showed improvement across all domains (resilience, motivation, relationships and external factors). Results at the end of the community phase were more mixed. Overall, the number of rangatahi with low or low-moderate rating for their protective factors decreased from eight before the residential phase to two by the end of the community phase. Although average ratings for most of protective factors decreased they were all still higher than before the residential phase.

3.2. Changing the trajectory for rangatahi was a realistic aim for MSA rangatahi

Stakeholders were realistic about the challenges and timelines to achieve changes in reoffending given the profile and histories of the participating rangatahi. Kaimahi and stakeholders were concerned the public would not recognise the importance of reductions in the seriousness and frequency of offending.

> *… Each one of these boys could do better than they've ever done in their lives and it still wouldn't be seen as success by the public and by the politicians because these are boys who, by and large, have never done more than a week or ten days successfully in the community after being in residence. (Oranga Tamariki stakeholder)*

In defining success stakeholders wanted to see improvement in rangatahi wellbeing, for example engagement with education, training or employment and receiving support for broader needs. Active engagement with positive activities and positive social connections were also commonly identified as outcomes showing progress towards eliminating or reducing offending.

> *Success for me looks like some who have reoffended being integrated back into community and us being able to re-engage them in employment and education. Success for me looks like the health needs of these young people have been identified and are being remediated. Success looks like that where whānau relationships have not been as strong and/or they've been strained for whatever reason, we have collectively worked to help restore the integrity of those relationships. (Oranga Tamariki stakeholder)*

Whānau were optimistic that their rangatahi would change their behaviour, that the MSA pilot was giving the rangatahi a chance. However, some had reservations about whether the MSA pilot would work. They hoped it would work but their expectations were tempered by years of rangatahi reoffending and moving in and out of residence.

3.3. Seriousness and frequency of rangatahi offending reduced and rangatahi spent longer in the community

Oranga Tamariki analysis of data from New Zealand Police

The key points of the reoffending outcomes analysis are highlighted in boxes in this section with the report from Oranga Tamariki included in full in Appendix Five.

Oranga Tamariki analysis of proceedings data from New Zealand Police showed indications of positive changes in reoffending outcomes for the MSA pilot cohort compared to their own offending histories and the offending patterns of a matched SwR cohort. Results are based on:

- The offending of the MSA rangatahi in the six-months prior to entering residence compared to the offending in the six-months after the end of the residential phase of MSA. Note that all rangatahi were sentenced to SwR before agreeing to participate in MSA.

- Comparison between the MSA rangatahi and a matched cohort of rangatahi with similar characteristics and offending history.

It is important to keep in mind that the pilot supported a small number of rangatahi. Findings are indicative only.

3.3.1. The majority of MSA rangatahi returned to residence within two months of release

Returning to residence: The majority of MSA rangatahi reoffended within two months of release and returned to residence on custodial remand, largely similar to the matched SwR cohort.

The community phase has seen most of the MSA rangatahi breach their Supervision order conditions and allegedly reoffend, some minor and some more serious. The majority, but not all, MSA rangatahi returned to Youth Justice Residences on remand during the community phase. This result was consistent with results for the matched SwR cohort. Many of the rangatahi described how hard they had tried to stay out.

> *I tried to change but f**k it's hard ... I tried to stay out, but it didn't last very long. (Rangatahi)*
>
> *I always think I'm not going to get caught. I know I can stop. I was a dumb c**t then, when I was 13. I've matured since then. Everyone always regrets what they do. I do a little bit. Got some money, clothes, shopping. I don't get the adrenaline rush anymore. I get paranoid. (Rangatahi)*

A small number of the rangatahi did not return to a Youth Justice Residence during the community phase. Oranga Tamariki stakeholders considered that disrupting a trajectory to adult prison and avoiding a return to residence for even a small number of the rangatahi was an achievement for MSA. Kaimahi highlighted these rangatahi as successes and held them up as examples of what rangatahi could achieve.

> **Spending more time in the community before returning to residence:** MSA rangatahi were slower to reoffend than was previously the case for them, and therefore spent more time in the community before returning to residence.

Spending more time in the community was an achievement, even if it was followed by reoffending. Many of the MSA rangatahi had previously only managed short periods of time in the community since entering the youth justice system. Qualitative data from evaluation interviews supported the finding that rangatahi had spent more time in the community after the residential phase than they had in returns to the community over the preceding years.

> *And we've got a … young man who I believe, in the last two years had not been out of residence for longer than six days. (MSA kaimahi)*
>
> *Based on his ability to stay out in the community longer than he ever has, something's happened, whether it's within himself or the programme itself, has supported him to make that happen. (Youth Justice social worker)*
>
> *He's quite proud of himself for being out this long. He's mentioned it too. Like, he was like, 'Bro, they all thought I was going to be the first one to get locked back up.' He's like, 'Nah, I don't want to go back in there.' So yeah, I think he's quite proud that he's doing good as well. (Mentor)*

Rangatahi could still achieve positive outcomes after returning to residence in the community phase. In interviews in the community phase some rangatahi who had returned to residence said this would be the last time they returned. Final interviews for the evaluation found some of these rangatahi had transitioned to the community again and were on track. One had just attended Youth Court to have his supervision order discharged.

> *This is the last time I'm coming back. (Rangatahi)*

> **Reduced seriousness and frequency of offending:** Two-thirds (67%) of MSA rangatahi reduced the seriousness of their most serious offence compared to only 22% of the matched SwR cohort. Violent offences (including robbery-related offences and injury causing acts) by MSA rangatahi reduced by two-thirds. Five (59%) of the nine rangatahi on the MSA pilot reduced the frequency, total seriousness and maximum seriousness of offending compared to only two (22%) of the nine matched SwR cohort.

Almost all rangatahi left the residential phase with a positive attitude and hope not to reoffend. Oranga Tamariki kaimahi thought they saw differences in attitudes towards reoffending and being in residence than before MSA. Kaimahi and whānau described changes for rangatahi who returned to residence in the community phase, including increased remorse and determination not to reoffend. Reductions in the seriousness and frequency of offending were significant indicators of positive change.

> *In terms of [rangatahi]'s offending, we've seen a decrease, he hasn't gone back up to violent offending. So to me, that would already be a success. (Oranga Tamariki kaimahi)*

4. Implementation highlighted MSA strengths and opportunities to improve support for rangatahi

4.1. Rangatahi selection aligned with MSA design and the stable cohort formed underpinned the residential phase

Strengths of the MSA pilot	Learnings, challenges and opportunities
• In-depth assessments supported clinical work in the residential phase. • Use of criminogenic assessments informed residential phase work. • Voluntary participation increased motivation to be active participants. • The stable cohort approach contributed to safety in the residential phase and strengthened the clinical aspects of the programme.	• Involving youth justice social workers in selection of rangatahi could strengthen connections between the residential and community phases. • Setting clear expectations and being consistent with them throughout could ensure rangatahi do not form a perception of broken promises. • Rangatahi and whānau need accurate information about what is involved and what support they will be offered.

Oranga Tamariki social workers described MSA to rangatahi and whānau and supported them to decide whether to take part. Both rangatahi and whānau said they understood what MSA would involve and how it would be different from their other Youth Justice Residence experiences. Rangatahi participation was voluntarily and rangatahi described being motivated by:

- The view that participating in MSA would help them move from the Youth Justice Residence and into the community as soon as possible

- The promise of the extra support available for their whānau

- The military aspects of the MSA pilot were attractive to some rangatahi and one was interested in pursuing a career with the military.

Some rangatahi were initially reluctant to take part because they were used to the Youth Justice Residence where they were and understood the environment.

Social workers did not have input on the selection of rangatahi for the pilot and 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.

Investing time in in-depth assessments of rangatahi before the residential phase prepared the clinical team to work with the rangatahi, made use of the data available in Oranga Tamariki databases and initiated relationships between rangatahi and the clinical team. There were some challenges in bringing social work and clinical psychology approaches together in the assessments. Oranga Tamariki kaimahi 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.

Kaimahi considered working with a consistent cohort of rangatahi was a key strength of the MSA residential phase. Clinical and other aspects of MSA could build session to session without needing

to reset to accommodate new participants. Stability in the rangatahi group contributed to a safer environment in the residential phase for rangatahi.

> *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. (Oranga Tamariki stakeholder)*

While one rangatahi dropped out and was replaced in the early weeks of the residential phase, MSA was far more stable than in other Youth Justice Residences. Maintaining a stable cohort avoided disruption caused by the arrival and departure of rangatahi as they enter on remand, are sentenced and released.

> *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 got to reassess and re-evaluate that because someone leaves and then someone's coming in. (Oranga Tamariki stakeholder)*

Stability was enhanced by pre-existing relationships between rangatahi, which continued to develop as the residential phase progressed. Kaimahi saw how rangatahi came together, connected and supported each other.

4.2. The team delivering MSA was strengthened by bringing different parts of the Oranga Tamariki and community youth justice workforce together

Strengths of the MSA pilot	Learnings, challenges and opportunities
- A multi-disciplinary approach brought social work, youth work and clinical psychology together in the residential phase. - The LSV training programme prepared residential phase kaimahi and created a strong basis for teamwork. - MSA brought community expertise and youth justice social work together through the partnership between mentors and social workers. - High-intensity support from community mentors particularly through the transition period was a success factor for some rangatahi.	- Though staffing levels exceeded other youth justice residences, the residential phase needed more capacity to run smoothly. Kaimahi and particularly the clinical team worked in an unsustainable way to implement the residential phase. - Social workers needed more training and development and more capacity through reduced caseloads to prepare for their roles in MSA. - Involving and connecting social workers with the rangatahi, kaimahi and activities in the residential phase could strengthen transitions to the community and cohesion of MSA as a whole. - Flexibility to respond to rangatahi was important for mentors but the mentor role in supporting whānau, working outside hours and adjusting to rangatahi returns to residence could be further clarified.

The table below provides an overview of the kaimahi team that delivered the MSA pilot.

Table 9. Overview of kaimahi roles in delivering the MSA pilot

Residential phase	**Residential phase leadership** • MSA commander holding overall responsibility for all kaimahi, rangatahi and the residence • Residence manager responsible for the smooth operational running of the residence **Care team** • Three team leaders responsible for ensuring the residential phase was delivered as designed including health, safety and security for rangatahi and kaimahi • Youth workers responsible for day to day safety and security of young people, delivering some sessions where they hold specific skills • Transitions lead responsible for developing transition plans and leading transition hui but role taken up by the clinical team due to staff changes **Programme team** • Three staff put the MSA syllabus into effect in the programme for rangatahi • The programme accounted for all hours of each day **Clinical team** • A manager of therapeutic support role was in place for part of the residential phase • Clinical psychologist as case leader and senior psychologist supporting rangatahi and later responsible for writing transition plans • Two social workers delivering sessions for rangatahi and social work support for rangatahi
Community phase	**Oranga Tamariki social workers** • Social workers supported rangatahi decisions to participate and connected with rangatahi and whānau before the residential phase. However, they were most involved in the community phase preparation and delivery • One of the social workers took a practice leadership role in the community phase, supporting other social workers **Community mentors - from community organisations** • Intensive community mentors working to support rangatahi to succeed in their transitions to the community **Practice leadership and support** • Social work and youth justice practice leaders provided training and support for social workers

Residential phase kaimahi were drawn to MSA because they saw potential value in the MSA approach. The training for residential phase kaimahi was an in-depth introduction to the purpose of MSA, how it would operate and the Good Lives Model. Spending this intensive time together laid the foundation for effective teamwork but the group needed to develop ways to work together to support rangatahi. Ultimately the team that delivered the residential phase had a stability that mirrored the stability of the cohort.

Social workers learned through weekly community of practice sessions run by the national practice team. The sessions provided training on the Good Lives Model and other aspects of MSA. They also allowed the social workers to problem solve and share reflections on their practice, including what was working well. There was some valuable learning in the sessions and social workers found support from their peers and the national practice team strengthened their practice. Stakeholders reflected that the Oranga Tamariki learning and development team was not involved in social worker

training. Stakeholders thought their involvement could have strengthened preparation and support for social workers.

Many of the social workers found it difficult to attend training because of the demands of their caseloads and attendance dropped over time. Though social workers were told that their caseloads would be reduced during MSA, they had to continue to manage their existing caseloads throughout. This approach limited social worker capacity to prepare for MSA or deliver the parts of MSA that distinguished it from other youth justice social work.

> *The social workers told us that they learned from each other. …. They found a support structure about the intensity and expectations of this body of work. But unfortunately, the supervisors and practice leaders, they needed to come together more. (Oranga Tamariki stakeholder)*

Late completion of the design and planning for MSA and the community phase overall limited the time available for the practice team to clarify social worker roles, put the right tools and guidance in place and prepare social workers for the transition and their role in the community phase. Limited connections between youth justice social workers and the MSA residential phase kaimahi meant social workers did not have a good understanding of rangatahi plans or how they had been supported during the residential phase.

Following the transition period, Oranga Tamariki supported one of the social workers to step into a leadership role for the social work team. They performed many of the functions a team leader or supervisor would in supporting other social workers and sheltering social workers from some of the pressure of the role.

4.2.1. Those involved with MSA showed commitment to rangatahi by working beyond the point of sustainability

The residential phase was implemented through a period of extraordinary effort from Oranga Tamariki kaimahi in residence and in the national MSA project team. Although staffing levels for the residential phase exceeded levels for other Youth Justice Residences the pilot roles were not sustainable.

In addition to capacity, challenges came from:

- Living away from home was difficult even with Oranga Tamariki support to visit home a handful of times through the residential phase.

- High intensity and long hours, particularly for the clinical team who were under very high pressure with unsustainable workloads.

- Unplanned work arising from the pilot context and short timeframes alongside team changes. Examples included clinical team involvement in unplanned work on transition planning after staff changes, supporting rangatahi engagement with whānau and the professional development of care team members.

Making residential phase roles sustainable would require:

- Additional clinical capacity in the form of one or two more case leaders so critical components of functions were not dependent on one kaimahi

- A 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.

Like the Oranga Tamariki kaimahi in the residential phase, the MSA national office team, youth justice social workers and mentors demonstrated a strong commitment to supporting rangatahi. They worked intensively to support rangatahi in the weeks immediately following transitions because they saw the transition as a period of heightened risk and need for their rangatahi. The demands were more consistent with their other youth justice work as the community phase progressed.

4.2.2. Mentors were a key part of rangatahi transitions to the community

Success of the mentor role depended on establishing a strong relationship with rangatahi. Mentors had to have the right skillset and experience but they also had to be a good fit with their rangatahi at a personal level to establish trusting, high-quality and adult relationships in a relatively short time.

Mentors were brought into MSA early in the residential phase so they could start building relationships with rangatahi before they transitioned to the community. Mentors visited rangatahi in the residence. 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. In most cases, the mentors were a good fit with rangatahi though social workers thought their input could have further strengthened the selection of mentors.

Service specifications set out many aspects of the new mentor role. However, flexibility was required so mentors could respond to the changing needs of rangatahi and whānau. Some stakeholders thought there could have been greater clarity in how mentors were intended to:

- Support whānau: The extent of mentor support for whānau and how to align support for whānau needs and rangatahi needs. Stakeholders often raised the importance of connecting the mentors with whānau as well as rangatahi. Some cautioned that relationships with rangatahi could be compromised if mentors were not clear they were there to focus on rangatahi and not report on them to their whānau.

- Adjust their hours to fit rangatahi and whānau needs: The need for contact time with mentors shifted when rangatahi had main activities during the day. They needed mentor support in the evenings and weekends. Rangatahi were least likely to be working or training in the evenings, weekends and on public holidays, increasing risk at these times. Some mentors did not make themselves available through the evenings and weekends.

- Continue mentoring if rangatahi returned to residence: It was realistic to expect that at least some of the MSA rangatahi would return to residence during the community phase. The 30 hours of contact time was not feasible when rangatahi were in residence. Stakeholders, mentors and social workers were all unclear about the requirements of the mentor role if a rangatahi returned to residence. Generally, mentors maintained contact with rangatahi who returned to residence through regular visits and phone calls. Some also shifted the allocation of their resource to supporting rangatahi whānau, including siblings.

The mentoring model was higher intensity than other Oranga Tamariki programmes. Some mentors exceeded their allocated hours in the period immediately after rangatahi transitioned and saw it as

an essential part of success for their rangatahi. Planning, preparation and rangatahi needs for support were most intense in that period as rangatahi settled into new living arrangements. Many also needed to bridge the time from release to starting employment or courses.

4.3. The focus on therapeutic support was a key aspect of the residential phase

Strengths of the MSA pilot	Learnings, challenges and opportunities
• The residential phase had a greater focus on therapeutic support than other Youth Justice Residences. • Therapeutic support included a combination of clinical psychologist, counselling and social work support in the residential phase.	• Increasing the capacity of the clinical team could have enabled them to deliver the planned individual support and increased sustainability. • Rangatahi found the therapeutic work challenging so intensity had to be adjusted to explore the right balance as the residential phase progressed. • Continuity of care was broken as rangatahi transitioned to the community. • Connecting rangatahi with support that could continue through the community phase could enable the development to continue through the full twelve-months to build-on and lock in the benefits.

4.3.1. Therapeutic support was delivered by a multidisciplinary team in the residential phase

Stakeholders observed the MSA cohort and all rangatahi fitting the MSA target group needed specialist therapeutic support informed by experience in transitioning young men from youth justice or prison into the community. 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.

> *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)*

Providing therapeutic care to address rangatahi offending requires expertise built on extensive specialist training. In the residential phase rangatahi received group support from a clinical team made up of a clinical psychologist, counsellor and social workers 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. Group 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.

Individual clinical support was part of the plan for the residential phase but was not delivered due to lack of capacity in the clinical team. As a result rangatahi did not get as many hours of clinical support as planned, though still far more than they would have received in other Youth Justice Residences.

The therapeutic work was particularly demanding for rangatahi because it was new and challenging. Kaimahi said rangatahi found it hard to maintain their concentration and participation through longer sessions. Finding the right amount of therapeutic support to include in rangatahi programmes took time.

> *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)*

4.3.2. Transitions to the community broke the continuity of therapeutic support

The transition to the community was also a transition from an environment surrounded by therapeutic support to one where it was much more limited. The MSA residential phase clinical team was able to provide some therapeutic support in the community, but it was irregular because they had returned to their other roles. In some cases, support was in person but more often over video.

> *We started that in residence, and we did not carry those golden threads through into the community effectively enough because the transition hui were rushed. (Oranga Tamariki stakeholder)*

Therapeutic support for rangatahi in these circumstances required specialist skills. While some stakeholders saw the social worker role as central to supporting rangatahi in the community it needed to be supported by robust practice models, training and development along with additional capacity. Social workers and mentors could have therapeutic conversations during their interactions with rangatahi but they did not have the depth of expertise for the specialist support rangatahi needed. The social workers' positions of authority and connection with the legal processes could also make it difficult for rangatahi to be open with social workers and mentors in therapeutic conversations.

It was difficult to connect rangatahi with appropriate sources of therapeutic support in the community. Beginning with a new person or service in the community for that therapeutic support would require rangatahi to build trust in a new relationship. Social workers and mentors reported that rangatahi often did not want to participate in counselling. This was also an issue for rangatahi receiving support inside other Youth Justice Residences.

> *And we'd offered them, like some kind of therapy, whether it be family therapy or individual therapy. [Rangatahi] obviously wasn't keen for that at all, wouldn't even entertain the idea of just meeting someone. (Social worker)*

Despite these challenges, some rangatahi were successfully connected with mental health support services in the community including alcohol and drug treatment and a psychiatric assessment. One social worker was requesting psychological assessments through the Courts.

4.3.3. Loss of one of the MSA rangatahi impacted the cohort and required additional support

One of MSA cohort passed away early in the transition to the community. This unexpected event had a significant impact on the other rangatahi. Many had formed close bonds and had known the rangatahi who passed before MSA. The Oranga Tamariki response included supporting rangatahi to attend the tangi, offering additional support through mentors and social workers and offering counselling though none of the rangatahi took up the offer. Later Rangitāne provided additional support focused on helping rangatahi process their grief but whānau and stakeholders felt it could have been put in place earlier.

4.4. Rangatahi were most engaged during the cultural components of the residential phase

Strengths of the MSA pilot	Learnings, challenges and opportunities
• Kaimahi made efforts to include te ao Māori and te reo Māori across many of the residential phase activities. • Activities with a te ao Māori focus were the most engaging for rangatahi. Mau rākau and noho marae were particularly successful.	• Involving tangata whenua earlier in design and implementation could have strengthened the cultural aspects of MSA. • Building MSA on te ao Māori rather than adding components in may have strengthened the fit with the MSA cohort and increased engagement. • Greater focus on cultural connection in the community could build on work done in the residential phase.

MSA was not a kaupapa Māori programme but all MSA kaimahi brought te ao Māori and te reo Māori into the work they did with rangatahi. Many of the MSA kaimahi were Māori and brought their own identities, value and whakapapa to the programme. The MSA rangatahi included several fluent te reo Māori speakers and some had grown up attending kohanga reo and kura kaupapa.

Care and clinical staff 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. They 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)*

MSA also had to connect with rangatahi Māori disconnected in different places in their engagement with te ao Māori and their whakapapa. 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.

Rangitāne iwi strengthened the cultural aspects of the programme as tangata whenua. Rangitāne iwi added depth to the cultural aspects of the programme through the Mana Tāne, which connected

rangatahi to their whakapapa and the community and provided a stable connection to a caring adult. Rangitāne iwi also hosted two noho marae offsites that included mau rākau, sharing kai, guest speakers and Mana Tāne. 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. As capable guardians external to the residence and to Oranga Tamariki, they were also a safety mechanism for rangatahi.

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

> *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 Rākau]. 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. (Youth worker)*

Many of the community transition plans for rangatahi included activities to continue to connect with their whakapapa and their culture following their transitions to the community. Connecting with whakapapa required joint planning with whānau and whānau involvement so took time to plan. Progress for many was disrupted by returns to residence. Later in the transition period, Oranga Tamariki provided funding for Rangitāne to visit rangatahi and connect with rangatahi to carry that connection through into the community phase. This included visiting rangatahi who had returned to supervision in residence. Mentors and social workers could be sources of support for rangatahi connections with their culture and their whakapapa.

> *I definitely think that there could have been more resource to make [rangatahi and whānau connection] to cultural side happen because there was a really cool cultural component … of how they could reconnect our rangatahi but then funding was an issue, even though, at the start, we were told funding wasn't an issue. Like, we went and made this amazing programme and then we couldn't even run it. (Social worker)*

4.5. MSA engaged rangatahi in learning and positive activities in the residential and community phases

Strengths of the MSA pilot	Learnings, challenges and opportunities
• An experienced external provider with understanding of trauma delivered individualised tutoring. • The military aspect of MSA connected with clear structure and routine for daily life in the residential phase.	• Education in the residential phase supported rangatahi to achieve more than they did in other Youth Justice Residences in less time. • Rangatahi had a focus on employment for their returns to the community, so it was difficult to continue education beyond the residential phase.

4.5.1. The residential phase included military routine and physical activity including drill and marching

Military routine in the residential phase began with morning routine and physical activity. Routine ended with an early bedtime for rest and recovery. Rangatahi expressed pride and self-respect in cleanliness, tidiness, uniforms and well-ordered living spaces. Military drill and marching also

connected with physical training and teamwork. Most often stakeholders and kaimahi did not identify the military aspects of the programme as significant contributors to rangatahi outcomes. However, some saw it as an important part of the programme in that it provided a purpose for the discipline and routine that provided a beneficial structure for the residential phase.

Military-style activities were not continued in the community, but mentors supported rangatahi with maintaining a routine.

4.5.2. Focus on education in the residential phase shifted to employment for rangatahi in the community

The rangatahi spent less time on curriculum-based education in MSA than they would have in other Youth Justice Residences. Kaimahi thought the approach to education in MSA was more effective and rangatahi achieved more in the shorter time. The educator was skilled and experienced, which included an understanding of working with trauma. The residential phase had a known three-month timeframe the educator could plan around and keep rangatahi engaged throughout. The small size of the MSA cohort meant education sessions were delivered in a small group.

> *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)*

Some of the rangatahi exited into courses but many transitioned to the community without knowing what their main activity would be. For example, some wanted to begin a course or find a job but had not yet been accepted on one. Transition plans for other rangatahi focused on working with mentors, youth justice social workers and other supports like Work and Income to find the right opportunity.

Continuing the focus on education and training in the community was difficult. The main option available to rangatahi for continuing the education was Te Kura, which was not a suitable option.

> *Because of the way education is structured, the option provided to them was online Te Kura, and it just wasn't what these boys need. … There's got to be something better. Had a couple of these boys been able to go to a classroom environment, we could have very different outcomes today, because Te Kura was not, it wasn't the right tool. … If we're trying to change the trajectory of someone's life, we need to either do it through … education or employment. (Oranga Tamariki stakeholder)*

Rangatahi graduated from the residential phase late in the year when few courses were available for an immediate start. Some courses also had an entry age of 16 which meant younger rangatahi could not take part. Mentors and youth justice social workers supported rangatahi to search for the right opportunity. Not having a main activity added risk of boredom and having too much time available.

Many of the rangatahi were much more focused on moving into employment, particularly for those close to turning eighteen. Many of the rangatahi thought finding a job would help to keep them from reoffending and had employment, predominantly labour or trades jobs, as part of their transition plan. For some, obtaining money had motivated their offending.

These are all young men that kind of want to work, they want to earn money, they want to live independently, and even if we know they're not going to be fully ready for that. (Oranga Tamariki stakeholder)

The residential phase supported rangatahi to build vocational skills to prepare them for employment. Three rangatahi had employment arranged to start as soon as they were back in the community. However, starting rangatahi with a main activity in the community was an area kaimahi often identified as having potential to be strengthened, particularly for older rangatahi who were focused on employment and earning their own money.

4.6. Supported transitions aimed to mitigate the risks of moving into the community and engage rangatahi in positive activity

Strengths of the MSA pilot	Learnings, challenges and opportunities
• Transition plans were based on the Good Life plans rangatahi developed in the residential phase. • Transition hui were an improvement on other youth justice residence transition processes and brought rangatahi together with their whānau and community connections. • Community mentors formed relationships with rangatahi and provided intensive support particularly through the transition phase. • Transition planning and work in the community combined working to address risk factors and engaging rangatahi in positive activities and relationships.	• Preparation for the community phase could be strengthened by earlier planning of transitions and taking a whole-of-programme approach to planning rangatahi and whānau journeys through the residential phase, transitions and the community phase. • Moving from highly structured residential environment to the community was a big adjustment for rangatahi and they may have benefited from an intermediate step through time in a supported living arrangement. • Exiting rangatahi directly into a positive main activity (education, employment or training) could reduce reoffending risk and support other MSA outcomes. • Exiting the residential phase in the period before Christmas made it more difficult to arrange activities for rangatahi in the community because training and courses often began in the new year.

The MSA transition process bridged the residential and community phases for rangatahi. Bridging the phases required MSA to provide the physical environment rangatahi required (living situations), support relationships and address risk factors associated with reoffending.

Planning and design focus did not shift to the detail of the rangatahi transitions to the community until later in the residential phase. Oranga Tamariki organisation restructuring also disrupted the detailed planning required for the transition phase. Adding more resource could have helped but beginning planning for the transition phase late was the main issue.

Transition planning and hui were built on rangatahi My Good Life plans. Rangatahi Good Life plans included thinking about the things rangatahi found triggering and the things that might get in the way of achieving their goals. Rangatahi, whānau, mentors and social workers thought the plans for rangatahi transitions were a good fit for what they wanted and needed and were better than transition plans from other Youth Justice Residences. However, some stakeholders thought the plans

had too much focus on physical items for rangatahi and whānau living arrangements and not enough focus on activities and supports to engage rangatahi and reduce the likelihood of reoffending.

Youth justice social workers and mentors revisited rangatahi transition plans for rangatahi who had a second transition to the community following a return to residence. Generally, they found the plans remained a good reflection of what rangatahi wanted and what support needed to be put in place. The main point of feedback was the plans were very extensive and could be overwhelming. Social workers took the approach of focusing rangatahi on a small number of the plan elements at a time.

Kaimahi, mentors, social workers, rangatahi and whānau all considered the transition hui were successful. Transition hui were a new approach and represented a greater investment in preparation for transition than the approach in other Youth Justice Residences. Rangatahi, whānau and the professionals supporting them came together to understand and support the transition plans. Although mentors and social workers thought the hui found the right balance, they noted the risk of including too many professionals in the hui and overwhelming whānau.

4.6.1. Mentors and social workers worked to identify and address factors that created a risk of reoffending for rangatahi

Transition to the community exposed rangatahi to many risk factors that had contributed to their previous offending and were not present in the residential phase. Stakeholders emphasised the importance of addressing the criminogenic factors for the rangatahi to reduce the risk of reoffending. Table 10 provides an overview of the risks identified for MSA rangatahi and how they were managed in the community phase of MSA.

Table 10. Reoffending risks identified for rangatahi and their management within MSA.

Risk	Management within MSA
Avoiding boredom: There were times rangatahi were not engaged with a positive activity like education or employment or weren't with their mentor. The evening and weekend hours were higher risk times.	• Mentors could not be present all the time but they were expected to be available afterhours and on weekends if needed, though this varied. Rangatahi plans for the transition period were detailed and included positive activities for rangatahi to minimise the amount of unplanned time, which was higher-risk. • Two rangatahi had a mentor or social worker living with or adjacent to them for some periods where they were considered at higher risk. • Rangatahi had to resist the urge to chase the adrenaline of offending when they were bored.
Lack of daily structure in the community phase: Though rangatahi had the support of their mentors and in some cases their whānau, stakeholders recognised that maintaining a structured routine would be challenging for any rangatahi.	• Rangatahi had day to day plans laid out for the first twelve-weeks in the community but not all parts of plans were in place immediately. • Mentors helped rangatahi shift into a new day-to-day structure in the community by picking rangatahi up, travelling with them to appointments and activities and spending time with them. • In the community rangatahi could also choose not to adhere to the agreed plans and structure, though this was a significant issue for only one of the rangatahi where there was a breakdown in the relationship with the mentor.

Risk	Management within MSA
Christmas period: Christmas holidays occurred in the first few months of transition to the community. Work and courses were on break and some mentors and social workers were not available as they spent time with their whānau. Rangatahi also spent time with whānau, who in some cases were offending triggers.	• Mentors and social workers developed plans with rangatahi for the Christmas period that included when they would be available and would visit rangatahi. • Mentors provided rangatahi with ways of getting in touch and put back-ups in place to cover time away. Two rangatahi attended Christmas programmes run by the mentors' organisations. Some other rangatahi had courses provided by one of the mentor organisations arranged and paid for but did not attend.

Social connections: Rangatahi most commonly identified their social connections when asked what might lead them to reoffending. Rangatahi found it difficult to say no to offending with mates who they do not want to let down. They could also find it harder to resist offending when seeing their peers with possessions and money that they do not have.	• Rangatahi experienced pressure from friends to go out and do things outside their plans including offending, drugs and alcohol.
	• Rangatahi strategies to reduce the risk from mates included:
	  o Showing maturity in distancing themselves from mates who might influence them to offend and being a good role model for mates who might influence them.
	  o Some rangatahi exited the residential phase away from their home communities to be away from the mates they offended with. This distancing was particularly successful for two of the rangatahi who did not go on to reoffend and was also used for subsequent exits from residence for the MSA rangatahi who did reoffend.

Substance use: For many rangatahi, use of substances was a part of their daily life in the community before entering supervision with residence. Five of the rangatahi profiles included drug and alcohol use as a trigger for their offending behaviour. Returning to the community meant rangatahi were able to access alcohol and drugs, which increased the risk of reoffending and destabilised living situations.	• Though Alcohol and Drugs (AOD) use was addressed in the therapeutic care provided in the residence, it had not been possible to arrange for a specialist drug and alcohol counsellor. • It was difficult to connect rangatahi with AOD support in the community because service offerings were limited and rangatahi did not want to engage. Four rangatahi had AOD counselling in their plans and three had been referred. One refused to engage. • Some rangatahi returned to alcohol, cannabis and methamphetamine use once they returned to community. Methamphetamine use was involved in the more serious offending of one of the rangatahi in the community but he participated in specialist AOD support after returning to residence. Alcohol use destabilised some of the independent living arrangements.

4.6.2. Rangatahi exited the residential phase into a range of different living situations

Rangatahi preferences for living situations were important but availability of an appropriate place to stay with whānau and the views of the Courts and Oranga Tamariki kaimahi all influenced the outcome. Transition plans specified that half of the rangatahi would return to whānau with the others moving into independent living arrangements or transitional housing (Table 11). Many stakeholders considered a shift to 'step down' accommodation or 'supported living' as an intermediate step between residence and the community would have been beneficial for the rangatahi. They considered this approach would allow rangatahi to adapt to maintaining a routine.

Table 11. Oranga Tamariki community rangatahi profiles and interview information, living location at time of release to community.

Initial community placement	Number of rangatahi
'Home', with parents or other whānau member	5
Transitional housing – independent living	2
Supported Oranga Tamariki house	1
Independent living	1

An early challenge was delay in the preparation of living environments and the physical needs identified in the transition plans. Failure to provide the needs identified in the transition plans eroded rangatahi trust as they felt like 'broken promises'. Stakeholders attributed delays to lack of funding availability and too much focus on physical items in transition plans.

Rangatahi often found several aspects of their plans unprepared:

- Basic essentials: Rangatahi moving into independent living found that when they arrived their accommodation was not prepared with the necessities such as food for the first days, furniture, plates and cutlery. Internet connections took weeks to be arranged in some cases.

- Memberships for activities: Activities like gym memberships, club memberships and driving lessons had to be paid for, which required approvals to come through from Oranga Tamariki. In some cases, mentors paid from their budget instead or accessed free support through their personal connections.

- Work and Income support: Arranging for rangatahi to receive their correct entitlements from Work and Income took an extended period in some cases. Later work with the national MDT oversight group helped improve access to Work and Income support including employment brokering.

- Medication: One rangatahi began their transition without a supply of an important medication, leading to a gap in treatment while appointments could be arranged for a new prescription.

- Purchases for entertainment: Transition plans also included significant purchases like televisions and gaming consoles to provide rangatahi safe entertainment options for downtime. A number of these purchases were declined by Oranga Tamariki as inappropriate, which rangatahi saw as a broken promise and a failure to deliver part of MSA. Social workers and mentors were put in a difficult position explaining why things in rangatahi plans could not be delivered.

4.6.3. Community transitions highlighted the need for strong connections between the residential and community kaimahi

Disconnection between the residential kaimahi and youth justice social workers was a key challenge for MSA highlighted in feedback from kaimahi and stakeholders. It was evident in:

- Selection phase: Selection of rangatahi did not involve youth justice social workers but they thought they could contribute to decisions about who would be a good fit for MSA and the support they may need.
- Residential phase: Youth justice social workers visited rangatahi in the residence but did not have a good understanding of what was delivered, what rangatahi experienced or how well they were doing.
- Transition planning: Social workers had little to no involvement in developing the My Good Life plans that formed the basis for the transition plans resulting from the transition hui. The short timeframe for developing plans meant residential phase clinical kaimahi developed the transition plans with the rangatahi without input from social workers, whānau, mentors and MDTs then handed them over for the transition hui.

I think early on in the transition phase, in the transition planning stage, it should have been social work-led because we know what's in our community, we know what's likely to work, we know how the individual agencies work, we know what vendors we have and we know how to do it. We get kids out of residence all the time. Let us do it, is what it kind of comes down to. (Social worker)

4.7. Whānau support was one of the points of difference in MSA design

Strengths of the MSA pilot	Learnings, challenges and opportunities
• Oranga Tamariki looked at the needs of the rangatahi and the whānau. • MSA delivered more support for whānau through MSA than other experiences with youth justice. Whānau had more contact with Oranga Tamariki and improved communication.	• Whānau support could have begun earlier in the residential phase or at the point of selection for MSA to better prepare whānau for supporting their rangatahi. • Clarifying where responsibility whānau support sat and ensuring the responsible roles or organisations have the capability and capacity to work with whānau could strengthen this aspect of MSA. • Parenting coaching and peer support for whānau was particularly successful in the region it was offered and could be a core part of the intervention.

4.7.1. Whānau support was a point of difference for MSA

Whānau support aimed to strengthen the environment rangatahi would return home to following the residential phase. The focus on support for whānau was a different experience for whānau, who had asked for and not received support in the past. Oranga Tamariki kaimahi and stakeholders and saw it as a movement towards good practice in youth justice. For rangatahi, including support for whānau was a motivation for choosing to take part in MSA because it felt like a way they could give something back to their whānau.

The implementation plan was that social workers and mentors would support whānau but there was a lack of clarity about what each role was to do. The uncertainty affected whānau as well, who were unsure about the boundaries between the mentor and social worker roles.

Social work support for whānau fits within youth justice social worker expertise and training but was not a focus within wider youth justice practice at Oranga Tamariki. Oranga Tamariki stakeholders reported some social workers were less familiar with whānau needs in the early stages of MSA than they would have expected given the amount of time they had worked with their rangatahi. For social workers, it reflected their focus on the rangatahi and they wanted more opportunity to bring their knowledge into planning processes.

Some social workers were enthusiastic about working more with whānau because they saw it as a gap in their normal practice in youth justice. Others wanted more support to develop their skills to support whānau. Social workers took a longer time than the MSA team expected to reconnect and build relationships. Social workers also had very limited capacity to work with whānau and rangatahi while managing their wider caseloads.

Mentors' experiences working with whānau varied depending on the organisations they came from. Most mentors worked with whānau but some thought working with whānau was not their role or doing so would compromise their relationship with their rangatahi. They were concerned rangatahi would not be comfortable being open with mentors if they thought mentors were reporting back to whānau. Some stakeholders raised that skills and experience needed to deliver therapeutic intervention for whānau were different from those needed to support rangatahi.

The mentor role represented a significant part of the resource allocated to supporting rangatahi in the MSA pilot. Some stakeholders suggested the role could be developed to encompass or be a part of a wider package of care for whānau:

- **Shift from mentoring alone to mentoring as part of a package of care:** Consider moving away from contracting individual mentors to contracting a package of care from providers that could include mentoring along with other forms of support tailored to the needs of rangatahi and whānau.

- **Whānau-based model:** Mentors from organisations who supported whānau considered supporting the whānau to be a core part of their role. Some of the other mentors were unclear about the extent of the support they should be offering to whānau. Some mentors considered the rangatahi to be their client and the one they were supporting so they did not have a focus on providing support for whānau.

4.7.2. Supporting whānau aimed to provide a positive and stable environment for rangatahi

MSA aimed to work with whānau to strengthen their connections with rangatahi and their ability to provide a safe and supportive environment. Some whānau had not had full custody of their rangatahi for some time, and there was a need to strengthen the relationships between rangatahi and the whānau who would support them during the community phase.

Because it's like, I haven't had the chance to even nurture him because he left here when he was about 11 or 12. He hasn't been in my care full-time ever since. And that's one of the things I think I grieve for, is that I want my baby home but I want him to stay the baby too, I think. You know, just wanting to make up for that lost time. Whereas [rangatahi], you know, he's a teenager now, he's not a baby and he wants to do teenage things. (Whānau)

The importance of beginning transition planning early also applied to working with whānau while rangatahi were in the residential phase. Stakeholders thought the process with whānau was rushed and could have made better use of the knowledge and understanding some social workers already had.

Understanding whānau needs before or early in the residential phase would mean whānau support could be provided before rangatahi returned to the community, preparing whānau to support rangatahi transition plans. Some whānau said they did not experience adequate connection or support during the residential phase.

> We should absolutely relentlessly focus on bringing those people together before [rangatahi] goes into the academy. Then we've got a starting position of understanding, then we've got a starting position of engagement, of rationale ... understanding whānau need and rangatahi need should absolutely be much more parallel. (Oranga Tamariki stakeholder)

Interviews provided good examples of whānau engaging with and benefiting from the whānau support. Most whānau were happy with the level of support they received. Before MSA one whānau described making multiple requests through their social worker to access relationship counselling to support mum and rangatahi to strengthen their relationship. Whilst initially placed in independent living, the rangatahi needed to return to home but the relationship and home environment was strained. The requested counselling or other support may have helped the home environment to be better equipped to support that rangatahi. They received support immediately once their rangatahi was part of MSA.

> I'm walking on eggshells in my own home lately, since he's been home, because I don't want to upset him because he gets very angry. (Whānau)

Rangatahi transition plans often included an element of practical support for their whānau including new furniture and support to access new housing. Seeing these changes happen for whānau because of their involvement with MSA was meaningful for rangatahi and a source of pride.

> His mum getting stable housing has been probably a bigger factor to [his non-reoffending] than any of the other interventions. Well, the mentoring and that. (Social worker)

One rangatahi requested a rubbish skip in his transition plan to enable his whānau to do a clean-up of their house. This was arranged in the transition period and the rangatahi helped to clean the property, which was a source of pride for the rangatahi.

Whānau of the MSA rangatahi often had other tamariki and rangatahi who needed support. Many of the rangatahi wanted support for their younger siblings as well as their parents. Some social workers and mentors connecting with whānau through MSA created opportunities to offer support to siblings to help siblings avoid following a pathway into youth justice.

> Some of these whānau have younger children who need a welfare lens as well as a justice accountability lens. So that's also really exciting. (Oranga Tamariki stakeholder)

In one case, both local whānau and those located in another region were funded to access a parenting and life coach. Whānau had received individual and group support and were very positive about how it had benefited them. It had helped them to prioritise their needs, identify strategies for improving the relationship between rangatahi and their whānau, and work through other issues that affected them in their daily lives.

Just with [life coach], I'm just in a much better place now with myself and my family and my children. Like, everything is slowly working out for us and we're all being more involved as a family. So yeah, it's going really good. (Whānau)

Although support from the life coach had been successful, some stakeholders suggested the support could be tailored more to each whānau member. One had experienced difficulties accessing the life coach due to their whānau schedule and often struggled to access and engage with the support offered. Another stakeholder suggested whānau might have appreciated the opportunity to connect with support from their own local and/or iwi providers. Oranga Tamariki stakeholders saw this whānau support as one of MSA's most significant successes.

Whānau were unclear about where the boundaries sat for the social worker and mentor roles. One whānau shared a challenging experience where both they and the mentor were present and unsure of each of their roles in addressing rangatahi behaviour. Some whānau said they wanted to know more about the boundaries of the mentor role in supporting rangatahi and whānau.

4.8. Regional MDTs can contribute but their role must be clearly defined

Strengths of the MSA pilot	Learnings, challenges and opportunities
• Some regions developed the MDT concept into an important source of support for kaimahi, rangatahi and whānau. • Flexibility, consistency of membership, good relationships and a whānau-centred approach were enablers.	• Groups tailored to the needs of whānau and rangatahi were more difficult to establish but made a stronger contribution. • Provider and community led MDTs could strengthen community leadership and involvement in rangatahi transitions.

4.8.1. Regional multidisciplinary teams supported youth justice social workers and mentors but varied in their effectiveness

Regional MDTs provided social workers with a direct connection to other agencies and helped social workers to prepare detailed progress reports for the Courts. They leveraged Fast-Track MDTs because they included government (Police, Ministry of Social Development, Kainga Ora and Ministry of Education, Health New Zealand – Te Whatu Ora and others), iwi, marae and community provider representatives. MSA added social workers and mentors.

The Regional MDTs contributed through:

- **Holistic and coordinated support:** Cross-agency collaboration was central to the success of MDTs, enabling flexible, responsive, and holistic support for rangatahi. Regular cross-agency forums and information sharing maintained accountability, reduced confusion, and ensured timely interventions, especially during crises. The shared responsibility model reduced stress on individual rangatahi and prevented their needs from being overlooked.

- **Whānau-centred approach:** In most regions MDT support was extended to whānau which participants noted indirectly benefitted rangatahi by helping them to focus on their own progress and wellbeing.

- **Pathways to positive change:** MDTs and MSA provided training, ideas, and structured programmes that helped rangatahi shift mindsets, reduce offending, and engage more

positively. Some rangatahi experienced notable behavioural improvements, especially within structured environments like MSA.

Regional MDTs played an important role in two regions and were most effective when they had:

- **Consistent and open communication:** Close working relationships between social workers and mentors and MDT members enabled agencies involved to contribute to MSA. Some agencies consistently attended and engaged in the MDT, contributing to a stable and committed network.

- **Member commitment, leadership and experience:** Committed and engaged MDT representatives brought extensive knowledge, connections and leadership within their agencies enabling immediate decision making. Participation could be challenging for members added to already busy roles, so there was a risk of meeting fatigue and limited capacity. Some agency participation diminished over time.

- **Transparency and accountability:** Agencies and organisations were transparent and held each other accountable for following through on planned actions. This aspect of the MDTs was stronger where there was a role in the group for recording and following up on planned actions supported by strong leadership.

- **People and relationships:** The success of the MDTs depended heavily on the individuals involved. Consistency helped build trust across members and with whānau. Strong whānau support for one rangatahi further enhanced the effectiveness of MSA.

- **Governance and strategic oversight:** A strong governance structure in one region provided strategic direction, support, and escalation pathways for complex issues. These mechanisms helped resolve challenges and maintain alignment across agencies.

- **Flexibility and adaptability:** MDTs remained effective by adapting their structure, processes, and communication methods to meet changing needs.

- **Community leadership and ownership:** There was a strong push to increase community and whānau ownership of solutions to ensure culturally relevant support. Whānau involvement in rangatahi support (for example, participation in MDTs and leadership in making decisions to support rangatahi) was consistently linked to better long-term results.

5.   Rangatahi journeys through MSA

The diagrams on the following pages provide examples of rangatahi experiences through the MSA pilot. They combine the experiences across multiple whānau and rangatahi to protect privacy.

Composite case study: Sam

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

Sam is a 17-year-old rangatahi Māori passionate about music, working out, and rugby. He grew up without stable housing, and his fragile relationship with his parents had deteriorated in recent years. He was grateful for the strong support of his girlfriend. Sam struggled with consistent schooling, attending around 10 different schools. He had a learning disorder, difficulty regulating emotions, and interpersonal issues. Frequently truant, he left school altogether at 16. He began using cannabis and alcohol at 13, later joining peers who used methamphetamine. That same year, he was first charged with unlawfully entering a motor vehicle.

Oranga Tamariki records note a lack of respect for authority and remorse for offending. His offending tended to follow school exclusions or relationship breakdowns, and was also linked to material desires, peer influence, and funding his substance use.

> I tried to change but f**k it's hard... I tried to stay out but it didn't last.

History with Oranga Tamariki

Sam first came to the attention of Oranga Tamariki at a young age and had his first Family Group Conference as a child offender at 13.
- Prior remands in custody: 8
- Prior Youth Justice Family Group Conferences: 17
- Prior Reports of Concern: 6
- Prior findings of behavioural and relationship difficulties: 2

> ...I knew all the kids weren't going to come up and be miraculously changed, some of them did, but my son needed more help. (Whānau)

Involvement with the justice system

Sam first came to the attention of police at age 13. Since then, Sam has accumulated a number of active charges including:
- Aggravated robbery
- Unlawfully takes motor vehicle
- Burglary
- Unlawfully gets into motor vehicle
- Aggravated assault
- Possessing an offensive weapon

Entering MSA

Sam chose to take part in MSA to get out earlier than if he was in Youth Justice residence. He did not have much faith it would make a difference.

> I didn't want to do it at the start, I just want to finish now... MSA will help me get support when I leave [and I'm] hoping to see my mentor when I get out of this s**t. (Sam)

Residential phase

Sam came to enjoy the daily routine of MSA and got on well with other rangatahi, many of whom he already knew from Youth Justice residence. He built strong bonds with them during the residential phase and felt MSA was better than normal residence. He was proud to achieve some needed NCEA credits and improve his reading.

Treatment Readiness
- 9 — Pre- MSA
- 11 — Post- Residence

Treatment Responsiveness
- 12 — Pre- MSA
- 14 — Post- Residence

Preparation to transition

Sam spent some time identifying goals as part of his transition plan. He met his mentor and things appeared to be well set up for his transition to community. One big goal for him was to gain employment. From his perspective, this would keep him busy and allow him to be independent as he could spend money on whatever he wanted. His plan included:
- Signing up to music lessons
- Gaining employment
- Joining a rugby team.

Community Phase

When the community phase began, he was released to a transitional home. Excited to leave MSA, he made a list of things he would need and got them all. Enjoying his new freedom, he binge drank one night with a friend, was caught by the housing provider, and was kicked out, moving to a remand house. Back in the community, he used cannabis, alcohol, and sometimes methamphetamine. Although referred to AoD services, he refused to participate. He had a job lined up and was due to start the week he was arrested for reoffending. He believed his living situation contributed to his reoffending. Given the seriousness of his latest offence and his age, he is likely to be transferred to adult prison.

Te Whare Tapa Whā Outcomes

Taha Wairua
Sam felt his wairua was unchanged by MSA. He said he hadn't gained self-understanding, belonging, purpose, or stronger connections with his whānau, iwi, or culture.

Taha Hinengaro
Although Sam didn't think he had changed, SAPROF assessments showed he improved across all four resilience domains; social competence, coping, self-control and perseverance. He also showed an improvement in the motivational domain of future orientation.

Taha Tinana
Sam was fitter than he had been before, playing in a rugby team and going to the gym. He felt he was getting fitter. Since returning to residence, he has lost some motivation, and says he is getting bloated.

Taha Whānau
Although some of his whānau relationships remain fragile, he has a supportive girlfriend who he is grateful for.

Good life plan

Sam identified that his good life would look like:
- Being a leader
- Being famous for rugby
- Feeling proud
- Being kind, caring and strong.

> Currently I would rate his protective factors about the same as what he had when he first came out of residence because he's kind of gone back to residence and he's been in residence now for a long time, but he's done better in residence than what he's done in the past in terms of like engagement and incidents and things like that. (Clinician)

> He'd made some change, but probably not enough to really cement them, or for him to know how to put it into practice. (Clinician)

Clinical Assessment Outcomes

Sam felt MSA made little difference, saying *'everyone is all locked up'* now. He said he didn't enjoy it, learn anything, or get much out of it, though he would do it again for the early release. In some ways, he felt MSA suited him because of the set structure.

Pro-social engagement

Responding positively to challenging or stressful situations: Sam improved on the power and control domain, progressing from feeling life is unfair and to take what you can, to trying to be fair in resolving disputes.

Using positive communication tools: Clinical assessments noted Sam's progress from recognising the harm of his anger to eliminating intimidating behaviour, though this was inconsistent with his new charges.

Responds well to using routine/structure: Sam has been in and out of Youth Justice much of his life, and prefers the structure in residence. He struggles to set structure when he returns to the community.

Composite case study: Teone

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

Teone is a 15-year-old rangatahi Māori who is passionate about hunting, fishing, the gym, and spending time in nature. He didn't have any issues at school and was attending kura kaupapa Māori, but stopped before reaching high school age. For the past two years, he has been attending education within the Youth Justice facilities. Teone first got into trouble at 11, coming to the attention of Oranga Tamariki around the same time.

Clinical experts believed his offending began to meet basic needs such as food and clothing, as well as wanting things like a phone—patterns consistent with family history. Teone linked his offending to anger from whānau conflict. He was noted as loyal to his peer group, with little engagement in prosocial activities. He regularly used cannabis and may have undiagnosed ADHD.

> Cultural identity was a good thing I learned. The Māori things, my pepeha, stories and s***. It was good to learn about that.

History with Oranga Tamariki
Teone first came to the attention of Oranga Tamariki at age 11.
- Prior remands in custody: 4
- Prior Youth Justice Family Group Conferences: 11
- Prior Reports of Concern: 7
- Prior findings of behavioural and relationship difficulties: 4

> When my son first got into trouble, he was young, 11 or 12, and he was taken off me, he was doing [crime]. (Whānau)

Involvement with the justice system
Teone first came to the attention of police at age 11. Since then, Teone has accumulated a number of active charges including:
- Burglary
- Unlawfully takes motor vehicle
- Aggravated robbery
- Rioting
- Intentional damage
- Escape lawful custody

> At the start of the MSA I was like f***in done. I just wanted to leave the MSA… Then when I got in like the finish, then I was all good…

Entering MSA
Though initially reluctant, he decided to take part in MSA. He wanted to get out of residence early and said he would have had to stay in significantly longer if he did not take part.

Residential phase
He liked that he knew the other boys in MSA. His whānau noted he had quite a close relationship with one of the boys. Whānau thought the residence was challenging for him because he is quite mature for his age. He was not a fan of the therapeutic interventions and said they were a waste of time.

> On the protective factors scale, everything else was zero. He was socially struggling. He had no coping skills, no self-control. There was no future thinking. Things at home were not good. He didn't have good friends. He didn't have any supports. (Clinician)

Treatment Readiness
- 16 Pre- MSA
- 20 Post- Residence

Treatment Responsiveness
- 11 Pre- MSA
- 20 Post- Residence

Preparation to transition
All the whānau who needed to be there attended his transition hui and supported the plan. It was his first transition plan for leaving residence, which included:
- Going to the gym
- Spending more time with his whānau
- Gaining NCEA credits through correspondence school.

Community Phase
Teone got on well with his mentor, describing him as having *'good intentions'* and sharing common interests.

> They were getting all the support they needed while they were in bootcamp. When they came out of bootcamp they were given a plan, and they were given a day when they could go out with their mentors for the day, but my son didn't last long when he was out. He was one of the first ones that went back in. (Whānau)

His whānau agreed he was a good fit and valued that he was also Māori. Despite this, Teone mostly disengaged, finding mentoring boring. His plan was initially working well. He was getting fitter, lifting heavier, not offending, and engaged in correspondence school until the holidays, when boredom set in. He said it was hard in the community as staying home left him restless. The death of another MSA rangatahi affected him deeply. He increased his cannabis use, was referred to AoD services, and soon after reoffended, being taken in close to Christmas. He and his whānau were upset not to spend that time together. Now back in residence, his mentor still plans to visit him.

Outcomes
He felt the MSA programme made a positive difference for everyone, including himself: *'I know it changed me a little bit.'* Teone noted he stayed out for around two months after MSA, compared to his usual one month, crediting the activities and learning for helping him last longer in the community. He said he would recommend the programme to boys who want to change. Back in residence, he continued to make use of the opportunities available.

> Cultural identity, that was a good thing I learned there. The Māori things like my pepeha, stories … it was good to learn about that" (Teone)

> He completed a gateway programme while he was in residence and he obtained his learners license. (Whānau)

Good life plan
He identified his key good life goals as relationships, excellence at play, knowledge and learning, happiness, and agency. He acknowledged that pursuing happiness can fuel his offending, as it is often tied to getting money, which makes him happy.

Reduction in risk factors
Engaging with health and wellbeing supports in place: Teone was reguarly going to the gym and lifting weights.
Contributing to team-based activities or situations: Before offending, Teone and some of the others from MSA were planning to go camping together.
Engaged in education, training, or employment: Teone was completing correspondence school to gain further NCEA credits.

Prosocial engagement
Using positive communication tools: Clinical data shows Teone moved from intimidating behaviour to greater awareness of how his anger affects others, though further progress is needed to stop using intimidation altogether.
Used coping mechanisms to regulate emotions: His whānau felt he was more patient and better at regulating his emotions since MSA.
Responds well to using routine/structure: Although he had a plan and schedule, it derailed once he had more free time.

Composite case study: Rawiri

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

Rawiri is a 17-year-old rangatahi Māori who is passionate about sports, learning, and spending time with his mum and siblings. After his father left, Rawiri fell in with older, antisocial peers, spending time unsupervised and trying to impress them. Although he enjoyed school and was described by his Mum as diligent, he disengaged early in high school after being excluded for poor attendance. He lost contact with pro-social friends and stopped pursuing his positive interests.

Rawiri first got into trouble at age 9 for minor theft and came to the attention of Youth Justice at 13. Clinical experts reported his offending was connected to the adrenaline rush, difficulty managing emotions and feeling let down in relationships. Rawiri said he wanted to belong, was easily influenced by those around him and often felt remorse after offending thinking about the people he may have hurt.

> I learnt how to make a hut with sticks and tarpaulin. I learnt how to march.

History with Oranga Tamariki

Rawiri came to the attention of Oranga Tamariki shortly after birth, following community reports of family violence and emotional and physical abuse. His history included:

- Prior remands in custody: 12
- Prior Youth Justice Family Group Conferences: 15
- Prior Reports of Concern: 10
- Substantiated findings of abuse or neglect: 5
- Previous plans included: FGC plans, supervision order, supervision with activity order, supervision with residence order.

Involvement with the justice system

Rawiri first came to the attention of police at age 13. Since then, Rawiri 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.

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

Entering MSA

Rawiri took part in MSA because he felt it was a fast option to get out sooner than if he went to residence. He didn't know much about the programme except that it would involve a lot of exercise, which he was excited for.

Residential phase

Rawiri enjoyed the physical training parts of the programme and wished there had been more. His favourite activities were the off-sites, especially the overnight bush trip. He liked spending time with boys he knew from the community and from previous Youth Justice placements. He wasn't sure about the therapeutic component but said he learnt a breathing exercise that helped him calm down.

Treatment Readiness

(13) Pre- MSA   (18) Post- Residence

Treatment Responsiveness

(13) Pre- MSA   (18) Post- Residence

Preparation to transition

During the residential phase, Rawiri built a strong connection with his mentor and looked forward to continuing this outside. His whānau visited and contributed to his transition plan, alongside his mentor and social worker. Rawiri felt heard and that the plan reflected his aspirations. His plan included:

- Transitioning to living independently
- Gaining employment in a trades job
- Exercising regularly, including signing up for kickboxing.

Good life plan

Rawiri's good life goals related to:

- Being part of a community (specifically related to gangs)
- Life: being safe and healthy
- Relationships.

> 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. (Rawiri)

> When he came out of the boys home he had this staunch gangster persona, but it didn't take me long to get that out of him. Setting boundaries and being clear about expectations, providing a routine, snapped him out of that. (Whānau)

Community Phase

Rawiri has mostly stayed out of trouble since residence. He recognised some challenges like shoplifting and breaching conditions need addressing, but has remained in the community and out of residence. His relationship with his mentor is strong, helped by shared interests. The mentor supported him into independent living, which Rawiri described as *'big enough for me'*. He has some whānau support, though none he can stay with long term. Independent living has eased pressure at home and strengthened his relationship with family, as fewer people under one roof has reduced his mum's stress.

Te Whare Tapa Whā Outcomes

Taha Wairua
Rawiri is working on strengthening relationships with his whānau. He said he is interested in learning more about his iwi and culture.

Taha Hinengaro
His whānau noticed he was more patient and better able to manage his temper and self-regulate. He has made progress in taking ownership of his actions, with clinical data showing clear growth and development.

Taha Tinana
Rawiri was prioritising staying fit and healthy. He initially started kickboxing and recently joined a gym. He planned to go at least every other day.

Taha Whānau
Rawiri stays in regular contact with supportive whānau, knowing this support system is key to helping him avoid reoffending.

Prosocial engagement

Using positive communication tools
Clinical data show Rawiri transitioned from using anger as a means to meet his goal to not intimidating others by the end of MSA.

Used coping mechanisms to regulate emotions
Rawiri mentioned using the breathing tool provided through the therapeutic support to help him calm down.

Responds well to using routine and structure
Rawiri is used to the structure of Youth Justice residence, so responded well to the structure of MSA. He struggled with the transition from a structured environment of residence to independent living. His mentor has supported him to establish a schedule, but Rawiri acknowledges it is hard for him to stick to.

6.   Conclusions by evaluation questions and sub-questions

6.1.   How well did MSA align with the objectives?

6.1.1.   What were the objectives?

MSA aimed to:

> *Make a difference in the lives of the teenagers involved, by enabling them to positively contribute and thrive within their whānau and community, without offending.* [9]

Stakeholders were realistic that achieving reductions in the seriousness and frequency of offending would be a success with the background and profile of the MSA rangatahi. They also hoped to see improvements in the broader wellbeing of rangatahi and their whānau, which were meaningful as indications of progress towards offending outcomes.

6.1.2.   To what extent did the design of the MSA pilot align with the objectives?

The MSA design drew on evidence of what works in supporting serious youth offenders alongside the policy intent for a military style intervention. The interagency approach could have been strengthened by stronger input from a te ao Māori perspective and from the Department of Corrections and potentially other organisations with experience and expertise in reducing reoffending for young men, especially rangatahi Māori.

In the pilot, the expert advisory groups were a valuable resource but were underutilised in the design phase. As tangata whenua, Rangitāne iwi should have been involved earlier and were well placed to contribute to both the te ao Māori and therapeutic aspects of the design.

Oranga Tamariki were successful in selecting a cohort of rangatahi to participate in MSA who fitted the target group of serious youth offenders.

6.1.3.   To what extent did the MSA design align with the needs of the participating rangatahi and whānau?

Key elements of the MSA design aligned with both the evidence for what works in programmes with similarities to MSA and the needs of the participating rangatahi. Limited Service Volunteers and Miliary-style Activity Camps were highlighted in the Cabinet paper as points of reference. [10] Elements of the design aligning with existing evidence included:

- Comprehensive assessment: Emphasis on comprehensive assessment and addressing criminogenic pathways for rangatahi through therapeutic care in the residence.

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[9] https://www.orangatamariki.govt.nz/youth-justice/military-style-academies/
[10] Cabinet Minute of Decision CAB-24-MIN-0209. Accessed at: https://www.orangatamariki.govt.nz/assets/Uploads/Youth-justice/Military-Style-Academies/Cabinet-Minute-of-Decision-CAB-24-MIN-0209-Military-Style-Academy-Pilot-June-2024.pdf

- Military style: The cohort approach mirrored military training intakes and the Limited Services Volunteer Programme (LSV) and gave a reason and a structure for physical fitness.

- Supported transitions to the community: The emphasis on providing rangatahi with intensive support through the transition into the community. Support included intensive mentoring and investment in supporting whānau to provide the right environment for their rangatahi.

All the MSA rangatahi were Māori. Though te ao Māori was incorporated into the MSA design, the design could have been strengthened by starting with te ao Māori rather than adding it on.

6.2. How was the MSA pilot implemented in each phase (assessment, residential and community)? What was learnt during implementation?

6.2.1. What were the key features of the MSA pilot implementation in each phase (assessment, residential and community)?

Comprehensive assessment of the MSA rangatahi included review of administrative data as well as in-person psychometric assessment by a clinical psychologist. This work provided a foundation for therapeutic support in the residential phase. The implementation identified the importance of a stable cohort to build trust and for more effective delivery of interventions.

Key features	Opportunities to strengthen implementation
Assessment phase	
• Comprehensive assessment of rangatahi using administrative data and in-person assessment by a clinical psychologist. • The cohort of rangatahi took part voluntarily with the hope of returning to the community sooner, which increased motivation for active participation.	• Including social worker input in rangatahi selection because they knew rangatahi and whānau and play an important role in the community phase. • Considering rangatahi location and its impact on social worker and mentor capacity in the community phase.
Residential phase	
• The LSV training programme prepared residential phase kaimahi and created a strong basis for teamwork. • The residential phase had a focus on therapeutic support delivered by a clinical team that included a clinical psychologist, counsellor and social workers. • Kaimahi made efforts to include te ao Māori and te reo Māori across many of the residential phase activities, which were strengthened by Tangata whenua. • Activities with a te ao Māori focus were the most engaging for rangatahi. • Oranga Tamariki supported whānau to connect with their rangatahi.	• Though staffing levels exceeded other Youth Justice Residences, the residential phase needed more capacity to run smoothly and allow time for planning. Kaimahi and particularly the clinical team worked in an unsustainable way to implement the residential phase. • Increasing the capacity of the clinical team could have enabled them to deliver the planned individual support. • Whānau access to rangatahi was important and though Oranga Tamariki provided support it was still difficult particularly for those with pēpi and tamariki. • Mentor and rangatahi connections could have been strengthened by having more time to connect in the residential phase and having activities to do together.

- The military aspect of MSA connected with clear structure and routine for daily life in the residential phase.
- Comprehensive programming including tutoring from an experienced external provider.
- Mentors visited rangatahi to establish relationships before community transitions.
- The MSA cohort was stable with only one change through the residential phase.
- Transition planning included plans based on rangatahi Good Life plans and transition hui, an improvement on other youth justice residence processes.

- Preparation of the community phase could be strengthened by earlier planning of transitions and taking a whole-of-programme approach to planning rangatahi and whānau journeys through the residential phase, transitions and the community phase.

Community phase

- MSA brought community expertise and youth justice social work together through the partnership between mentors and social workers.
- Community mentors formed relationships with rangatahi and provided intensive support particularly through the transition phase.
- Mentors and youth justice social workers provided intensive support for rangatahi through transitions to the community.
- Oranga Tamariki looked at the needs of the rangatahi and the whānau.
- MSA delivered more support for whānau through MSA than other experiences with youth justice. Whānau had more contact with Oranga Tamariki and improved communication.
- Some regions developed the MDT concept into an important source of support for kaimahi, rangatahi and whānau. Flexibility, consistency of membership, good relationships and a whānau-centred approach were enablers.

- Social workers needed more training and capacity through reduced caseloads to prepare for their roles in MSA.
- Involving and connecting social workers with the rangatahi, kaimahi and activities in the residential phase could strengthen transitions to the community and cohesion of MSA as a whole.
- Moving from the highly structured residential environment to the community was a big adjustment for rangatahi and they may have benefited from an intermediate step in a supported living arrangement.
- Flexibility to respond to rangatahi was important for mentors but their role in supporting whānau, working outside hours and adjusting to rangatahi returns to residence could be further clarified.
- Rangatahi had a focus on employment so it was difficult to continue education beyond the residential phase.
- Exiting rangatahi directly into a positive main activity (education, employment or training) could reduce reoffending risk and support other MSA outcomes.
- Exiting the residential phase in the period before Christmas made it more difficult to arrange activities for rangatahi.
- Greater focus on cultural connection in the community could build on work done in the residential phase.
- Whānau support could have begun earlier in the residential phase or at the point of selection for MSA to better prepare whānau for supporting their rangatahi.
- Clarifying responsibility for whānau support and ensuring the responsible roles or organisations have the capability and capacity to work with whānau could strengthen this aspect of MSA.

	• Parenting coaching and peer support for whānau was successful in the region it was offered and could be a core part of the intervention. • MDT groups tailored to the needs of whānau and rangatahi were difficult to establish but made a stronger contribution. Provider and community led MDTs could strengthen community leadership and involvement in rangatahi transitions.

6.2.2. How did the practice approaches of kaimahi, community mentors and Oranga Tamariki social workers contribute to the MSA pilot?

MSA called for social workers to take on a different role from their usual youth justice practice and they were not well supported to do so. Definition of their roles, training in GLM and other aspects of MSA came too late and were not sufficient. Maintaining normal youth justice caseloads alongside work with MSA rangatahi meant social workers did not have capacity to develop their skills to fit MSA.

Te Puna Oranga, a social worker model integral to the Oranga Tamariki practice approach, still applied. It was complemented by the GLM from the residential through the community phases. Residential phase kaimahi worked with rangatahi to develop Good Life plans and used them for transition planning. In the clinical work, residential phase kaimahi felt the GLM enabled rangatahi to express themselves and their identity. Once in the community, GLM was less prominent because social workers had limited preparation.

Though untested from a te ao Māori perspective, stakeholders considered GLM worked for kaimahi and supported a strengths-based approach. Plans for rangatahi in the community based on GLM were a good fit. Additional testing with more training for kaimahi would further understanding about whether GLM is the best model for programmes like MSA.

6.2.3. How did the community mentors contribute to the MSA pilot?

Alongside social workers, community mentors were key supports for rangatahi in the community phase. They generally formed good relationships with rangatahi, though not all were successful. Social workers thought their input could have strengthened the matches between mentors and what rangatahi needed in a mentor to keep them on track.

The intensity of the role and commitment to supporting rangatahi was a success factor for some, particularly through the transition period. Some were able to draw on support and resources from their wider organisations and personal networks to create opportunities for rangatahi.

The mentor role suffered from a lack of clarity around whānau support and flexibility in how the role could continue if rangatahi returned to supervision with residence. Mentors were expected to connect with whānau as well as rangatahi but many found it challenging because their skills and experience were youth focused.

6.2.4. What support and interventions were most effective in engaging rangatahi and whānau?

Several aspects of the residential phase were most appealing to rangatahi including offsites, noho marae and mau rākau and physical activities. Kaimahi observed rangatahi as most engaged during the cultural activities.

Group therapeutic sessions with the clinical team were difficult for rangatahi, especially at the higher initial intensity. They often described the sessions as a waste of time but kaimahi thought they were a critical contributor to outcomes. Whānau observations about the changes in maturity, communication and ability to articulate feelings were also connected to the therapeutic work.

Rangatahi appreciated the support from both mentors and social workers in the community. They liked spending time with the mentors and enjoyed the activities they did together. Help to get their living situations set up and to access work where it was able to be arranged also stood out.

Rangatahi resisted engaging in therapeutic care in the community. They were willing to speak with the clinician from the clinical phase remotely and with one of the guest speakers from the residential phase but access was limited. Rangatahi were not interested in beginning new therapeutic care or engaging with alcohol and other drug support.

Parenting coaching for whānau in one region, which included a peer support element, was effective in engaging whānau.

6.2.5. 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?

Short timelines moving from design to implementation meant support for whānau, preparation for transitions and for rangatahi arrivals in the community was not complete in time. This had a significant impact on the quality of transition planning and preparation.

Implementation of the residential phase was very challenging for the MSA team and required unsustainably long hours. The pressure on the clinical team was especially acute as they picked up transition planning late in the residential phase. Individual therapeutic care was planned for the residential phase but was not delivered due to insufficient clinical team capacity.

Time pressure also meant the national practice team did not have enough time to prepare social workers in the community for their roles in MSA. Social workers were disconnected from the residential phase and inadequately prepared for the community phase.

Engagement and support for whānau began late. Beginning earlier may have strengthened the home environment for rangatahi as they transitioned out of the residential phase.

6.3. To what degree did the MSA pilot contribute to meaningful change? Including short-term outcomes?

Interpretation of outcomes should keep in mind that the MSA cohort is made up of a small number of rangatahi and due to timeframes outcomes could only be measured over a short period of time.

6.3.1. To what extent did the MSA pilot objectives need to be achieved to consider it effective?

Stakeholders described success in terms of improvements in rangatahi wellbeing coupled with improvements in rangatahi reoffending including reductions in the frequency and seriousness of offending. These changes could represent a change in long-term trajectory for rangatahi. While there was hope some rangatahi would not reoffend at all, stakeholders were realistic about the challenge that represented for the MSA rangatahi.

6.3.2. What outcomes were achieved by rangatahi? By whānau?

Rangatahi, whānau and kaimahi all gave examples of changes in rangatahi behaviour indicating progress towards positive outcomes for rangatahi. Changes in how rangatahi interacted with whānau, including communication and openness were particularly meaningful where many relationships had been strained over long periods of time.

Evidence from reoffending data and clinical assessments support qualitative feedback, evidencing positive change for rangatahi. Spending more time in the community before reoffending and showing a higher degree of remorse indicated positive change even for some of the rangatahi who returned to supervision with residence.

Safety in the residential phase was particularly meaningful for kaimahi who were often exposed to physical risk from fighting among rangatahi and between rangatahi and kaimahi in other residences.

6.3.3. How did the different aspects of the MSA pilot contribute to the outcomes achieved?

Te ao Māori was an important part of MSA and kaimahi throughout the residential phase looked to incorporate elements of te ao Māori into the work they did with rangatahi. Rangitāne iwi strengthened this aspect of the programme through contributions to the advisory group and to work directly with rangatahi through the Aunties programme and the noho marae. However, te ao Māori could have been the starting point for the residential phase. In the community, there were plans to build on progress in the residential phase by connecting rangatahi with their own iwi and whakapapa in the community. Plans were difficult to put in place and were disrupted by returns to residence but some rangatahi participated in activities like noho marae with the support of their mentors.

A key aspect of the programme was the transition between the residential and community phases. A disconnection between the residential and community phases caused challenges for kaimahi and rangatahi, particularly through the transition period. Social workers did not have visibility into the residential phase and did not have the chance to contribute to transition planning. Better preparation of the social workers for their roles and connection between the residential and community phases could have built on residential phase gains.

6.3.4. What were barriers and challenges to achieving outcomes? What factors contributed to or were barriers to the sustainability of MSA?

The evaluation highlighted the following barriers and challenges to achieving outcomes:

- Insufficient time for implementation: Short timeframes impacted the translation of the MSA design into implementation. Their impact was evident in kaimahi working to design the residential phase as they delivered it, the extraordinary effort required to deliver the residential phase and the pressure on kaimahi. Preparation for transition and whānau support began late which impacted the quality of transitions and preparation for rangatahi in the community. Timeframes also meant social workers were not involved in the residential phase or adequately prepared for their roles in supporting rangatahi in the community.

- Transitions were a challenge: Transitions represented a large shift away from a highly structured environment with minimal risks to a less structured environment where risks like mates, social media, drugs and alcohol were present. Intensive support through the transition period addressed the risks but a step between the residential phase and community phase like supported living could further reduce risk.

- Continuity of therapeutic support: Lack of continuity of therapeutic support also meant work focusing on criminogenic factors could not continue in the community phase. Continuation of therapeutic support was not clearly assigned to any role though Oranga Tamariki expected some support to be provided by mentors and social workers. However, capacity and clinical skills limited the extent mentors and social workers could provide therapeutic support.

- Clinical capacity in the residential phase: The clinical team could not deliver the planned individual interventions in the residential phase due to insufficient capacity. Additional clinical capacity would also have strengthened transition planning.

- Whānau intervention: The need to support whānau to provide a positive environment for rangatahi in the community was highlighted in the MSA design but support began too late in the residential phase for significant change to be made before rangatahi returned home.

6.4. What factors are key for a future MSA programme?

MSA was established as a pilot so that approaches could be trialled and refined in future initiatives. The pilot was also an opportunity for Oranga Tamariki to design and test a new model for Youth Justice residences that included a therapeutic approach and addressed known challenges with the existing model. The evaluation highlighted factors in MSA that should be considered for future MSA implementation and for programmes in other youth justice settings.

6.4.1. Does evidence from the evaluation show the MSA Pilot achieved its objectives?

MSA was successful in testing new ideas and generating learnings relevant to other Youth Justice Residences and future programmes. Overall, evidence from qualitative interviews, clinical assessments and reoffending data indicate MSA has contributed to meaningful and positive change for rangatahi. Reductions in frequency and seriousness of offending were potential changes in the trajectories of MSA rangatahi and showed progress towards longer-term outcomes. Longer-term follow-up and higher numbers of participants are needed to confirm conclusions about effectiveness.

6.4.2. What aspects of the MSA pilot are most important to bring through into future roll-outs? To change for future roll-outs? What are the implications of MSA roll-out on other services and programmes e.g. Youth Justice?

The MSA pilot design incorporated many elements stakeholders saw as consistent with best practice and opportunities to improve on what is delivered in other Youth Justice Residences. Timeframes for the pilot made it difficult for the design to be fully implemented in the pilot. Opportunities to support whānau to provide a positive environment for their rangatahi and for fully planned and supported transitions were most impacted. Even with these challenges, there were improvements in MSA rangatahi reoffending patterns and there were other indicators and examples of positive change.

Aspects of MSA most important to inform future roll outs and other youth justice programmes
Detailed assessment: Assessment established whether rangatahi were suitable for MSA and informed the clinical team's therapeutic work in the residential phase. Considering the fit of rangatahi for the programme and the overall fit of the cohort may be more important in future programmes to provide the safe and stable environment in the residential phase.
Kaimahi preparation and support: Kaimahi taking on different roles need access to training and support to prepare them and ongoing support to deliver their roles. Working in a pilot environment can take kaimahi out of their line management so it is important that they have supervision and leadership in place within the pilot environment.
Stability and safety: MSA had a stable cohort with only one change through the residential phase. This was a key contributor to rangatahi and kaimahi safety and an enabler for therapeutic and other interventions. Future programmes should carefully consider how to form a stable cohort.
Therapeutic care: The MSA emphasis on therapeutic care in the residential phase. Results from clinical assessments and other indications of positive rangatahi outcome support taking a therapeutic focus in future programmes. Further research may provide more information about the way therapeutic care can most effectively be provided to this cohort. Providing continuity of care between the residential and community phases may enhance and maintain improvements for rangatahi and contribute to improved outcomes.
Cultural fit of the intervention: The MSA cohort were all Māori and were most engaged in activities with a cultural focus. Future cohorts should build the programme around the culture of participants rather than adding on cultural elements. Future cohorts may include Pacific, Asian or other cultures as well as rangatahi Maori, which may require different approaches.
Programme cohesion: Connection between work in residences and in the community is a challenge in youth justice. Cohesion between these two parts of the programme including shared practice approaches, communication between kaimahi, visibility and shared planning could enhance effectiveness.

Supported transitions to the community: Transition planning and preparation in the community should begin as early as possible to give rangatahi the best chance of success. Setting clear expectations with rangatahi and whānau and following through builds trust but can be more difficult where Oranga Tamariki interacts with the justice system. Support for the transition period and the community phase needed flexibility to adjust intensity to fit rangatahi needs and ensure the right supports are in place for both rangatahi and whānau.

Learning and measuring outcomes: Efforts to put reporting and assessment processes in place to track rangatahi outcomes through mentors and social workers had limited success. Finding the right balance and making reporting a core part of usual practice rather than an add-on could help to collect more consistent information.

Appendix One: Logic model

MSA Pilot outcomes

Rangatahi outcomes

Taha Hinengaro
- 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

Taha Wairua
- Increased understanding of where they came from, who they are
- Increased feelings of belonging, purpose, identity
- Built new/stronger relationships with whānau, iwi, culture

Taha Whānau
- Feel supported by whānau, friends and other important people in their life
- Rebuilt or strengthened whānau relationships and connection with whānau
- Employed or engaged in education and training
- Reduced offending

Taha Tinana
- Healthier and aware of the importance of healthy living
- Safe and stable housing
- Healthy eating and nutrition
- Good personal hygiene

Whānau outcomes
- Strengthened relationships and connections with their rangatahi
- Whānau more able to support their rangatahi

Other outcomes

Oranga Tamariki outcomes
- Partners have positive relationships with Oranga Tamariki and sites/residences
- Partners are achieving their own kaupapa/goals through engagement with the pilot
- Cross-agency MDT has established good connections and processes to provide better and more timely/coordinated support
- Kaimahi have a high level of engagement and satisfaction with their work
- Kaimahi have good wellbeing and retention

Community outcomes
- Communities feel better placed to support young people and address underlying causes of youth offending in the local community
- Improved community cohesion and trust, seeing positive contributions from youth
- Enhanced public safety from reduction in offending
- Victims are invited to be involved in rangatahi rehabilitation

Rangatahi, whānau, community and other outcomes

MSA pilot delivery

Programme phase outputs

Assessment phase
- Rangatahi cohort matches the desired profile
- Rangatahi have Academy Personal Plans
- Rangatahi are engaged and motivated to participate fully
- Rangatahi and whānau are aware of the aims and objectives of MSA
- Kaimahi understand the MSA pilot aims and objectives and their roles

Residential phase (three months)
- Rangatahi successfully engage in MSA and are committed to maintaining progress as they move to the community phase
- Rangatahi have My Good Life Plans
- Rangatahi have a strong community mentor relationship
- Rangatahi enjoy a sense of teamwork and bond with peers
- Kaimahi have a safe and supportive work environment

Community phase (nine months)
- Rangatahi maintain connection to their community mentor
- Rangatahi have a detailed and bespoke plan for the community phase
- Rangatahi are supported to transition to the community
- Rangatahi successfully transition and reintegrate into whānau and/or community

Support for whānau

Assessment phase
- Oranga Tamariki meets with whānau
- Oranga Tamariki work with whānau to build connection with rangatahi and ensure they are well-placed to support rangatahi

Residential phase (three months)
- Oranga Tamariki continue to work with whānau to build connection with rangatahi and ensure they are well-placed to support rangatahi

Community phase (nine months)
- Whānau are provided with skills to support and help their young person succeed and avoid reoffending
- Home situations negatively impacting young person are addressed where possible (housing insecurity, food scarcity, family violence, gang influence, etc...)

Work to support rangatahi

Assessment phase
- Clinicians
  - Pull together existing rangatahi assessments and carry out any additional assessments required
  - Develop clinical plans for each rangatahi and the cohort as a whole
  - Work with rangatahi to understand offending behaviour and identify intervention focus
- Kaimahi meet with rangatahi and whānau and the professionals involved
- Oranga Tamariki summarises rangatahi histories and whānau background information

Residential phase (three months)
- Deliver a focussed programme of courses, activities and therapeutic care to rangatahi including:
  - Physical health and activity
  - Mental health and wellbeing
  - Life skills
  - Education, training and employment pathways
  - Culture and connection with tangata whenua
  - Accountability and victim interests.
- Prepare rangatahi for community phase including:
  - Connection with community mentors
  - Transition planning (My Good Life Plan) and transition hui
  - Connection with local communities and their iwi.

Community phase (nine months)
- Community mentors provide intensive support for rangatahi
- Rangatahi gain independence and build on gains
- Community mentors and Oranga Tamariki work with rangatahi communities to build connections
- Rangatahi have safe and stable living arrangements
- Rangatahi are supported in family history research and whakapapa
- Rangatahi are supported to connect with supportive whānau and friends
- Rangatahi are supported with cultural learning and practice
- Rangatahi mental health and wellbeing are supported - counselling, AODT

Supporting kaimahi

Assessment phase
- Recruit kaimahi for residential phase
- Train and support kaimahi as required to successfully undertake their roles within the pilot

Residential phase (three months)
- Support kaimahi in their roles with adequate resourcing, supervision and sustainable work plans

Community phase (nine months)
- Support the community mentors to fulfil their roles

Working with partners

Assessment phase
- Oranga Tamariki begins working with community partners including tangata whenua
- Oranga Tamariki engage with partners to deliver services within residences and communities

Residential phase (three months)
- Work with community partners
- Build strong and lasting relations with partners that can support the aims of the pilot
- Engage with partners to deliver services within residences and communities to support the aims of the pilot

Community phase (nine months)
- Provide support to the community to ensure that they are well-placed to support the young person (if appropriate)

Inputs

Assessment phase
- Rangatahi eligible to participate
- Existing rangatahi case notes, assessments and plans and data
- Oranga Tamariki staff including social workers
- Clinicians

Residential phase (three months)
- Infrastructure (venue and facilities) in place for the residential phase
- Full staff of kaimahi appropriately qualified, experienced and trained for their roles
- Assessments, plans and other tools and resources in place
- Governance and oversight
- Partners prepared to deliver aspects of the academy programme

Community phase (nine months)
- Health, Safety and Security protocols for work with rangatahi in the community
- Oversight, advisory and governance groups
- Participation of other agencies in MDTs

| Assessment phase | Residential phase (three months) | Community phase (nine months) |

Appendix Two: 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?	- 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	- 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?	- 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	- 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?	- 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	- 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	- 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	- Rangatahi and whānau interviews - National stakeholder interviews - MSA leadership interviews

Evaluation questions and sub-questions	Indicators	Main data sources

phase (assessment, residential and community)?	• Description of the key supports enabling MSA pilot delivery and the adequacy of the supports:
	    ○ 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
		• 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?	• 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	• 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?	• 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	• 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?	• 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 • Rangatahi perceptions of the extent of whānau involvement – whānau support and whānau challenges	• Rangatahi and whānau interviews • Kaimahi interviews • MDT interviews • External providers

Evaluation questions and sub-questions	Indicators	Main data sources
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?	- Reasons for variation: e.g. Timeline pressure, resourcing, unanticipated challenges or opportunities and others - Impact of variations on the MSA pilot for: - Rangatahi - Whānau - Kaimahi – residential kaimahi, community mentors, Oranga Tamariki social workers - MDT approach to delivery.	- 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?	Criteria for success defined by national stakeholders	- National stakeholder interviews - MSA leadership interviews
What short-term outcomes were achieved by rangatahi? By whānau?	- 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	- Review of MSA documentation – intervention logic - Rangatahi and whānau interviews - Clinical and case management assessments and case studies - Rangatahi and whānau plans - Kaimahi interviews - Interviews with community providers supporting whānau - Interviews with Oranga Tamariki social workers - Case studies
Were there indications of progress towards longer-term outcomes?	Progress towards the longer-term outcomes reported by rangatahi, whānau and kaimahi	
How did the different aspects of the MSA pilot contribute to the outcomes achieved?	Kaimahi, rangatahi and whānau perspectives about how the MSA components (assessment, residential, community) were effective in achieving progress towards outcomes	- Rangatahi and whānau interviews - Kaimahi interviews - Academy kaimahi and leadership

Evaluation questions and sub-questions	Indicators	Main data sources
	• The extent the different MSA components fitted together to provide a collective impact • The importance of te ao Māori	• Clinical advisory group
What were barriers and challenges to achieving outcomes?	• Kaimahi, rangatahi and whānau perspectives about barriers and challenges to achieving progress towards outcomes	• 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?	• The extent national stakeholders considered the criteria for success were achieved for each of the MSA pilot objectives	• 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?	• 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	• All information sources
What are the implications of MSA roll-out on other services and programmes e.g. Youth Justice?	• Insights into considerations about rangatahi selection for MSA to inform future cohort selection	• All information sources
What factors contributed to or were barriers to the sustainability of MSA?	• Factors influencing sustainability for kaimahi in the assessment, residential and community phases • Factors influencing sustainability for connection with tangata whenua • Other factors influencing sustainability	• All information sources

Evaluation questions and sub-questions	Indicators	Main data sources
What lessons learned in the implementation of MSA could strengthen future implementations?	• Barriers encountered in delivery and how they were overcome • Opportunities identified to strengthen future implementation	• All information sources

Appendix Three: Literature on expectations of MSA outcomes

What impact could we expect from the Military-style Academy pilot?

Farrington et al. (2022)[11] summarised the findings of selected systematic reviews looking at interventions for reducing youth offending and antisocial behaviour. Twelve kinds of intervention were reviewed and the effectiveness of boot camps (Wilson et al., 2008)[12], mentoring (Tolan et al., 2013)[13], and multisystemic therapy (Van der Stouwe et al., 2014)[14] are shown in the table below. These are chosen because boot camps and mentoring are closest to the types of intervention offered in the residential and community phases of the MSA pilot, and MST as a point of comparison because it is seen as an effective family intervention and is similar in effectiveness to mentoring. For some interventions more than one systematic review met the selection criteria and, in that case, the review chosen was where the outcome measure was for more severe behaviour, that is 'recidivism' and 'delinquency' rather than 'behaviour problems' or 'externalising behaviour'. These papers may seem dated but were assessed, in 2021, as being the "best and most recent" systematic reviews of effectiveness available at that time.

Intervention	Review article	Outcome measure	N	d	OR	%D25	%D50
Boot camps	Wilson et al. (2008)	Recidivism	17	-0.03	0.94	5%	3%
Mentoring	Tolan et al. (2013)	Delinquency	25	0.21	1.46	-26%	-19%
Family therapy (MST)	Van der Stouwe (2014)	Delinquency	20	0.20	1.44	-25%	-18%

Key:

- **N**   Number of studies contributing to the pooled result
- **d**   Cohen's d is a measure of effect size calculated from aggregated studies (meta-analysis)
- **OR**   Odds Ratio is a measure of effect, results greater than one indicates an effective intervention
- **%D25** Percentage change assuming the baseline prevalence of the outcome measure is 25%
- **%D50** Percentage change assuming the baseline prevalence of the outcome measure is 50%

For a detailed explanation of what the various statistics in Table 1 mean, and how they relate to each other, see the source paper and citations (Farrington et al., 2022). Briefly, 'Cohen's d' is a statistic that

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[11] Farrington D.P., Gafney H., and White H. (2022). "Effectiveness of 12 types of intervention in reducing juvenile offending and antisocial behaviour." *Canadian Criminal Justice Review*. doi: *10.3138/cjccj.2022-0022*

[12] Wilson D.B., Mackenzie D.L., and Mitchell F.N. (2005). "Effects of Correctional Boot Camps on Offending." *Campbell Systematic Reviews* 2005:6. doi: 10.4073/csr.2005.6

[13] Tolan P., Henry D., Schoeny M., Bass A., Lovegrove P., and Nichols E. (2013). "Mentoring Interventions to Affect Juvenile Delinquency and Associated Problems: A Systematic Review." *Campbell Systematic Reviews* 2013:10. doi: 10.4073/csr.2013.10

[14] Van der Stouwe T., Asscher J.J, Stams G.J., Deković M., and van der Laan P.H. (2014). "The effectiveness of Multisystemic Therapy (MST): A meta-analysis." *Clinical Psychology Review* 34 (2014) 468-481.

can be used to pool the results from multiple studies. The number of contributing studies is given by 'N', and each study is evaluated against best practice standards for research to be included. Farrington et al. consider Cohen's d to be a difficult statistic to interpret and have converted it, via odds ratio, to give the percentage change assuming a baseline prevalence of either 25% or 50% (%D25 or %D50). What this means, using mentoring as an example from Table 1, if the baseline prevalence of delinquency in the target population is assumed to be 50%, then delivering an effective mentoring intervention could reduce this by 19%, resulting in a prevalence of 41% in the intervention group.

Boot camps were found not to be effective overall. Although camps that included counselling, or where the primary focus was on "rehabilitation", have been found to be more effective than other types of boot camps. The residential phase of the MSA pilot includes some military routine and training but emphasises therapeutic support along with mental health and wellbeing, education, whānau contact, cultural education, community service and transition preparation. The detrimental aspects of boot camps were deliberately avoided.

Mentoring programs often target at-risk youth and assign a peer, an older youth, or a non-parental adult as a mentor. The kinds of programs reviewed focus on prosocial relationships, life skills, employability, self-esteem, problem-solving, communication skills, tutoring, and academic support. Tolan et al. found that mentoring programs were more effective when mentors were enrolled for professional development purposes, and when programs included components on emotional support and advocacy. The mentoring component in the community phase of the MSA-pilot offers up to 30-hours per week of one-to-one support from a mentor but is not closely aligned to a specific approach or intervention model.

MST, a family and community-based intervention, aims to improve family functioning, build on strengths, and address risk factors associated with antisocial behaviour. It is an intensive treatment with a strong programmatic approach.

It will be difficult to assess the effect of the MSA-pilot because the intervention population is very small and only observational statistical techniques will be possible. Measuring the impact of an intervention with a very small sample size presents several challenges, including reduced statistical power to detect real effects, difficulty generalizing findings to a broader population, and potential for misleading or spurious results.

Table 2 below shows the size of the intervention and control groups needed to detect real effects for the MSA-pilot assuming effects similar in size to interventions like mentoring, or MST, (shown in table 1 above).

Table 2: Sample size calculation for the MSA-pilot assuming effect size given in table 2 (at 95% confidence level and 80% power).

	%D25	%D50
Effect size	-26%	-19%
Control	0.25	0.50
Intervention	0.19	0.41
Control group (n_1)	744	477
Intervention group (n_2)	744	477

If we assume a very high baseline prevalence of reoffending for the target population, say 90%, and assume intervention through the MSA-pilot could reduce the prevalence to 70%, then the numbers needed for the control and intervention groups would be around 60 in each group.

In summary, if the MSA-pilot is similarly effective to mentoring, or MST, and the effect on reoffending is similar to that of delinquency, then it might be expected to reduce reoffending by around 19% to 26%.

The prevalence of reoffending is likely to be higher than the prevalence of delinquency.[15] It is well established that reoffending escalates and peaks in the adolescent period before declining in early adulthood and that this pattern holds independent of other variables[16]. Reoffending outcomes should be seen against this background.

All of this is to say that interventions known to be effective could have a modest impact on serious reoffending, and the sample size required to detect level of impact we could expect from an intervention like the MSA pilot is much larger than the cohort of rangatahi who are currently in the pilot programme.

How much time before the impact of intervention can be seen?

A study[17] comparing multi-systemic therapy (MST) to a business-as-usual youth justice service delivered in London from 2003 to 2009 found that the impact of the intervention was not evident until 12- to 18-months after the intervention was delivered. Noting that the time needed before the behaviour change becomes evident also needs to be set against the fact that the cumulative risk of reoffending increases over time[18].

The benefits of an intensive intervention, such as the MSA pilot, may take some time to be fully realised.

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[15] Cottle C.C., Lee R.J., and Heilbrun K. (2001). "The Prediction of Criminal Recidivism in Juveniles." *Criminal Justice and Behavior* 28(3) (2001) 367-394.

[16] Richards, K. (2011). "Technical and background paper: Measuring juvenile recidivism in Australia." Australian Institute of Criminology https://apo.org.au/node/24957

[17] Borduin, C. and Dopp, A (2012).

[18] Richards, K. (2011). "Technical and background paper: Measuring juvenile recidivism in Australia." Australian Institute of Criminology https://apo.org.au/node/24957

Appendix Four: Psychometric assessments

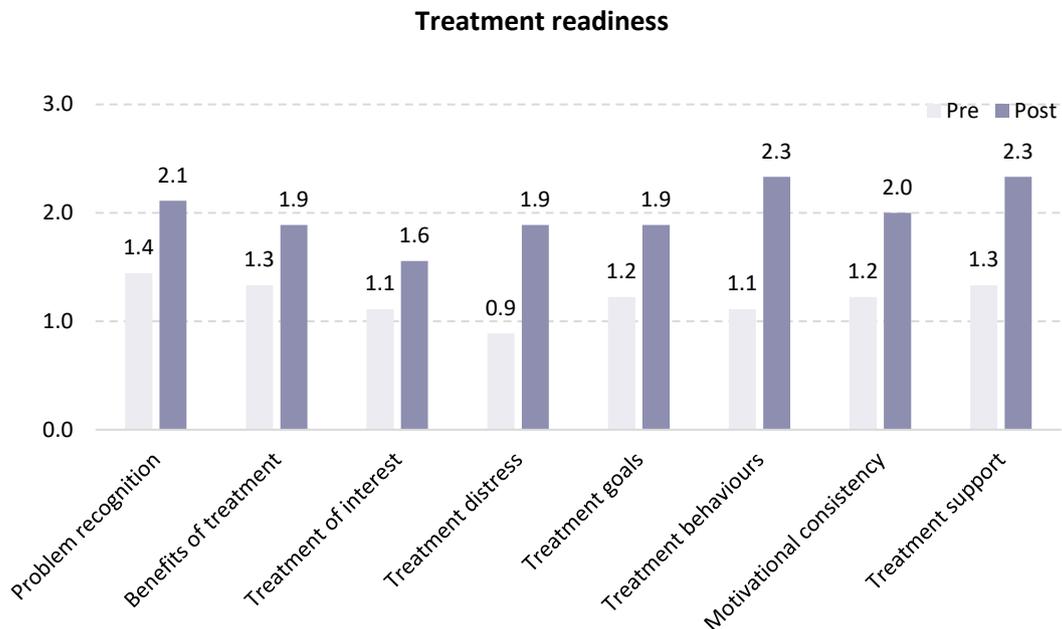## Treatment Readiness, Responsivity, and Gain Scale: Short Version (TRRG:SV)

The Treatment Readiness, Responsivity, and Gain Scale: Short Version (TRRG:SV) was used to assess rangatahi before the residential phase and after the residential phase. The manual for the assessment tool describes its purpose as:

> *… To assist staff to systematically assess an offender's readiness and responsivity to treatment and to subsequently measure the degree to which gains have been made.*

It contains three domains that each include eight questions scored from 0 to 3:

- Treatment readiness: An individual's willingness to engage in the treatment process
- Treatment responsivity: Potential responsivity factors in offender's compliance with, and response to, therapeutic intervention and treatment programs in general.
- Treatment gain: a combination of knowledge, participation and competencies to provide an overall estimate of an offender's performance in a correctional programme.

Results for each domain are presented in the charts below. The results show an improvement in the average across the cohort in all items within all three domains and consequently in the overall scores.

Treatment readiness

Treatment responsivity

	Pre	Post
Callousness	1.3	2.0
Denial	1.8	2.1
Procrastination	1.2	2.0
Intimidation	1.3	2.9
Power and control	1.6	2.4
Rigidity	1.1	2.0
Victim stance	1.2	2.0
Pro criminal views	1.0	2.1
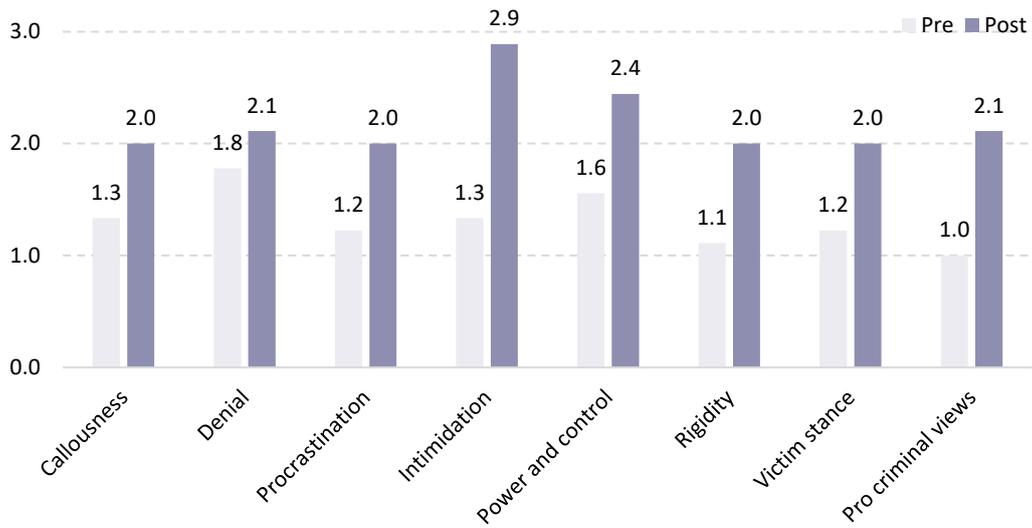
Treatment gain (note: Post only)

	Post
Increased skills	1.7
Disclosure	1.7
Application of knowledge	1.7
Application of skills	1.3
Depth of emotional understanding of content	1.8
Appropriateness of behaviour in group	2.0
Participation	1.9
Therapeutic alliance	1.9
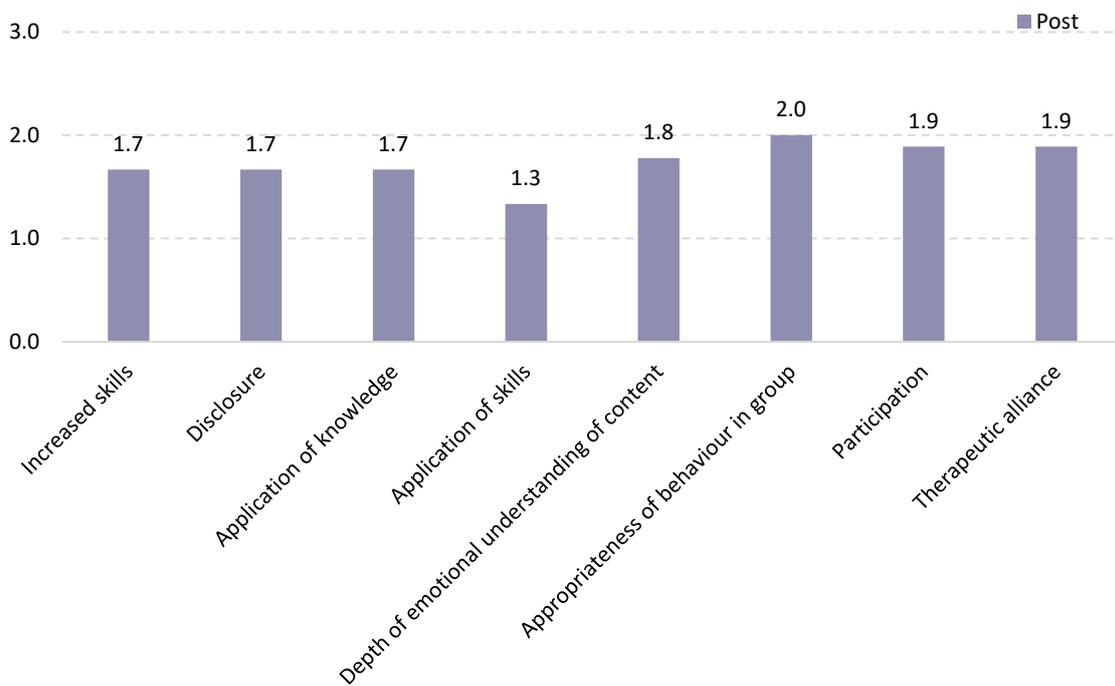
Scores for each domain can be totalled to provide overall measures to compare pre- and post-residential phase results overall.
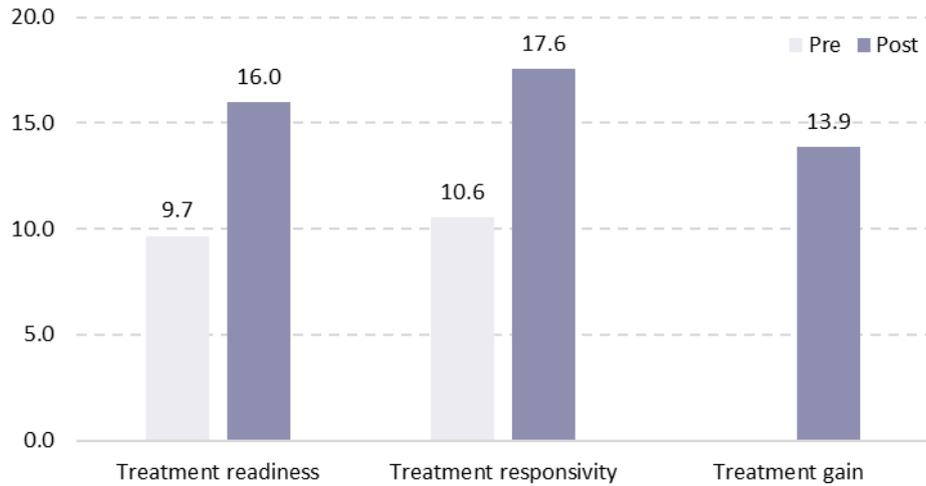
Structured Assessment of Protective Factors for Violence Risk in Juveniles (SAPROF)

The clinical team used the SAPROF to assess rangatahi in the assessment phase, at the end of the residential phase and the end of the community phase showing a measure of rangatahi progress. It was developed to assess protective factors relating to young adult risk of reoffending and complements risk-focused assessments. Rangatahi are given ratings for each factor on a three-point scale from 0 (not or hardly present) to 2 (clearly present).

The four domains are:

- Resilience: Social competence, coping, self-control, perseverance.

- Motivation: Future orientation, motivation for treatment, attitude towards agreement and conditions, medication, school/work and leisure activities.

- Relationships: Parents/guardians, peers, other supportive relationships.

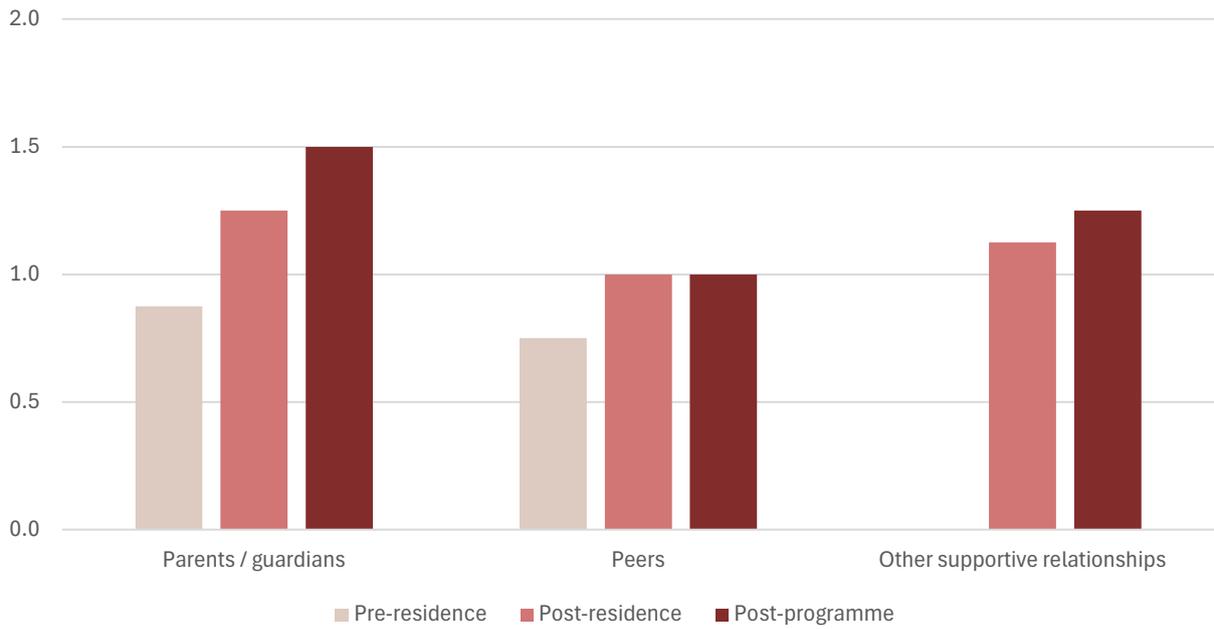- External factors: Pedagogical climate, professional care and court order.
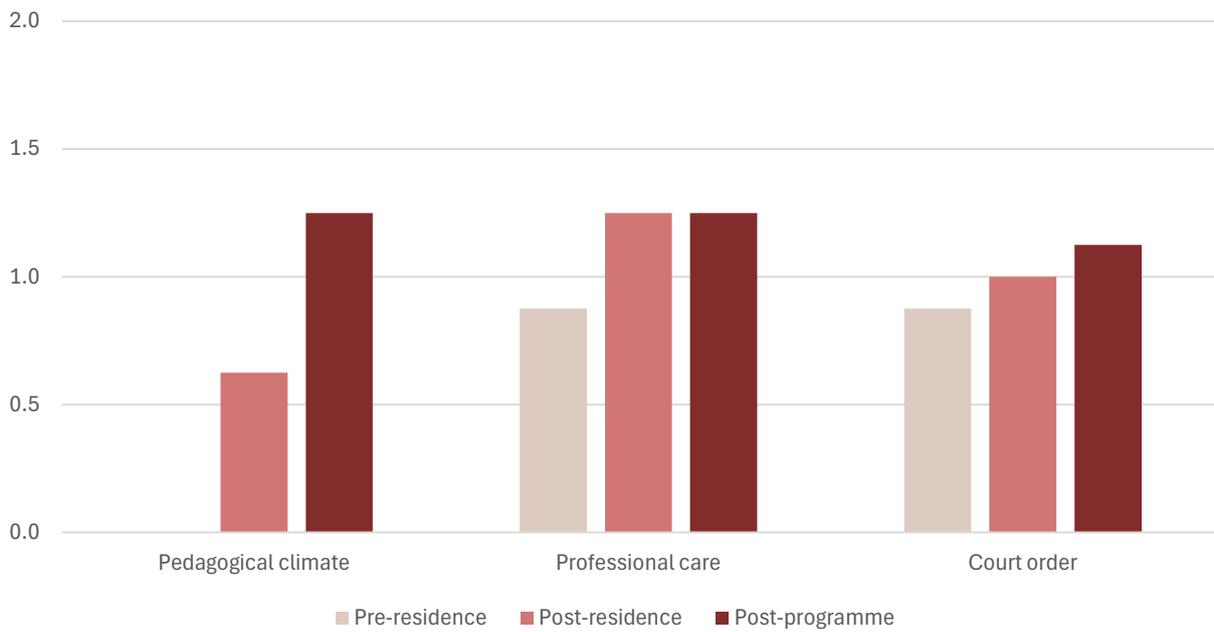
Resilience

Pre-residence   Post-residence   Post-programme

Motivation

Pre-residence   Post-residence   Post-programme
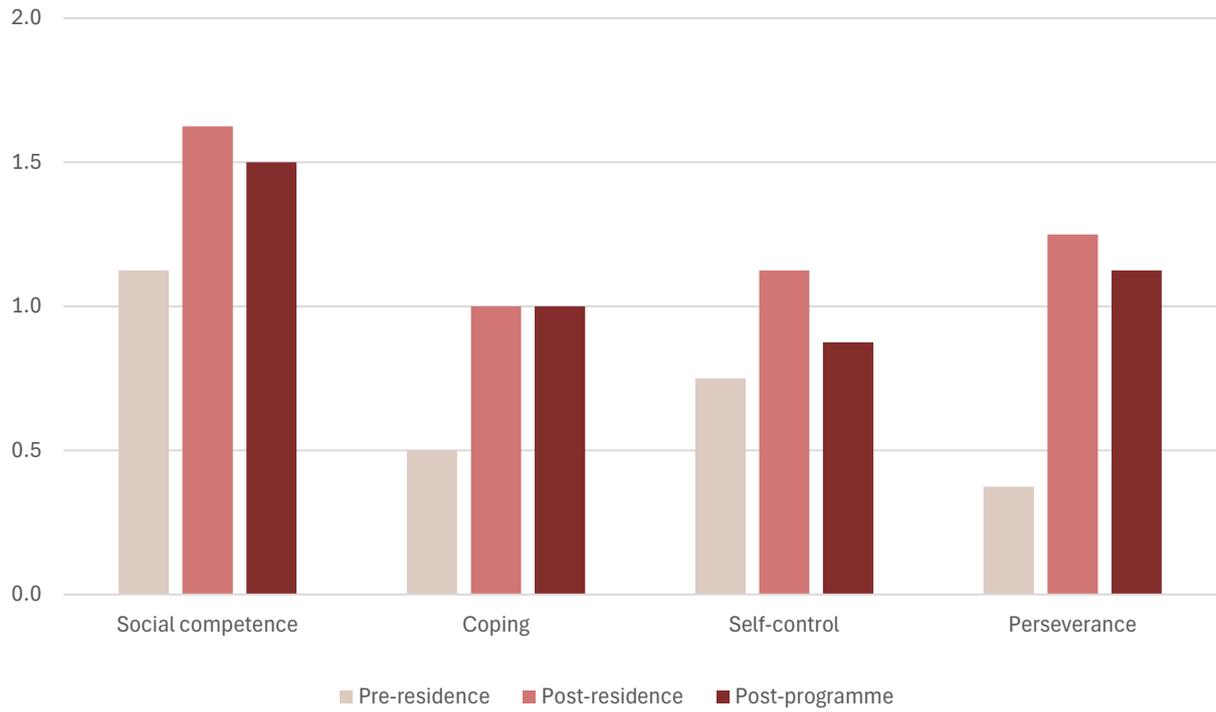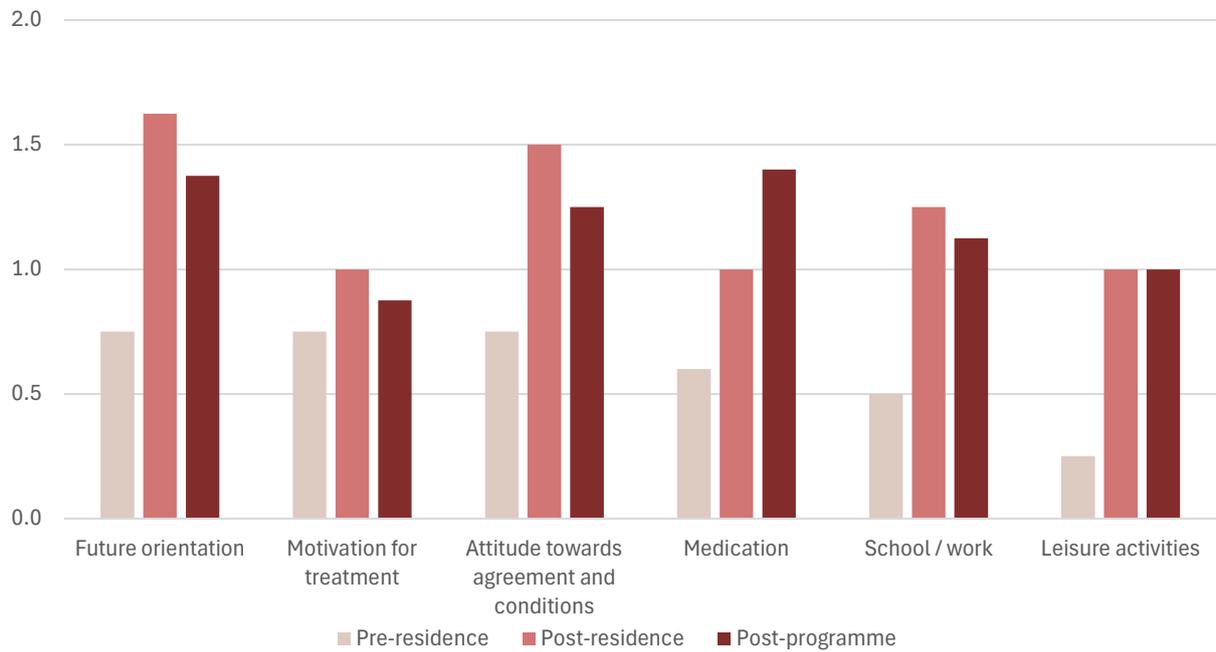
Relationships

External factors

Combining the scores gives an overall rating for protective factors. The number of rangatahi in the low and low to moderate ratings, linked to a higher risk of reoffending, decreased from eight before the assessment phase to 2 at the end of the community phase.

Overall protective factor rating	Pre-residence	Post-residence	Post-programme
Low	2	0	0
Low - Moderate	6	3	2
Moderate	0	3	3
Moderate - High	0	1	1
High	0	0	1

Appendix Five: Six-month reoffending outcomes for Military-style Academy pilot participants

Introduction

This report focuses on six-month reoffending outcomes for the nine rangatahi who participated in the Military-style Activity (MSA) pilot during their Supervision with Residence (SwR) orders.[19] These reoffending outcomes are contrasted to those for two cohorts of rangatahi who received a SwR order within a year of the MSA pilot commencing, but who did not participate in the pilot.

Analyses of reoffending outcomes for custodial populations typically examine reoffending in a set window (e.g., 6 or 12 months) after release from custody, and compare this to offending patterns in the same window before entering custody.

The MSA pilot participants spent an average of three months remanded in custody in a Youth Justice Residence directly before commencing their SwR orders (which also averaged three months duration). Therefore, in this analysis reoffending was examined in the six months after release from residence and was compared to offending patterns in the six months prior to entering residence on custodial remand.

Offending patterns were examined using Police *Recorded Crime Offender Statistics* (RCOS) data current to 30 April 2025 at the time of this analysis. RCOS data comprises all offences where Police have taken formal proceedings (e.g., formal warnings, Alternative Action, intention-to-charge family group conferences, or prosecution) against individuals they believe are the offenders responsible based on prima facie evidence. While these offences may not always have been formally proven, in many cases the individuals will have admitted to the offending.

Given the very small numbers in the MSA pilot and matched SwR cohorts, findings are limited to those where the privacy of individual rangatahi can be protected.[20]

Findings

The majority of the MSA pilot participants reoffended within two months

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[19]   This analysis excludes one rangatahi who sadly passed away in the community phase of the pilot.

[20]   Police RCOS data is shared with Oranga Tamariki under Information Privacy Principle 10(1)(b)(ii) of the Privacy Act 2020. That is, the data is to be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the individual[s] concerned.

It was over two weeks after release from residence before the first of the pilot participants reoffended. After two months, five (56%) had reoffended (Figure 1). This percentage is based on a 14-day moving average (smoothed data).

Figure 2: Cumulative percentage of MSA pilot participants who reoffended over the first two months following release from the Youth Justice Residence
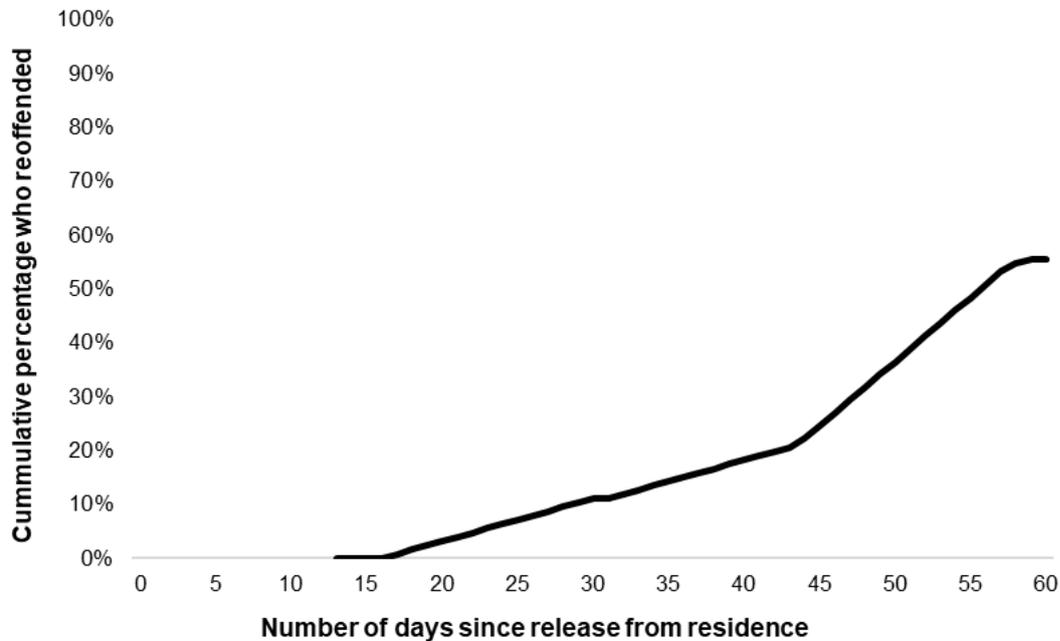
Note: Given the small numbers, to protect the privacy of the individuals, the cumulative reoffending rate is only shown for the first two months after release from residence and is shown as a 14-day moving average to make it less obvious when individuals reoffended.

On average, there was a reduction in the seriousness of offending by MSA pilot participants, but a much smaller decrease in the frequency of offending

The pilot participants committed an average of nearly nine offences each in the six months before entering residence, and an average of just over 11 offences each in the six months before this (Figure 2). Over the six months after release, the average number of offences per participant was lower at just under seven.

The nine pilot participants committed a total of 59 offences (from 40 distinct offending events) in the six months after release from residence. This is fewer than the 78 offences (from 52 distinct offending events) in the six months before entering residence. Distinct offending events (referred to by police as 'occurrences') can result in more than one offence e.g., because different types of offences were committed as part of the same offending event or because the offending event involved more than one victim.

Figure 2: **Average frequency of offences by MSA pilot participants in each six-month period before entering, and after exiting, the Youth Justice Residence**
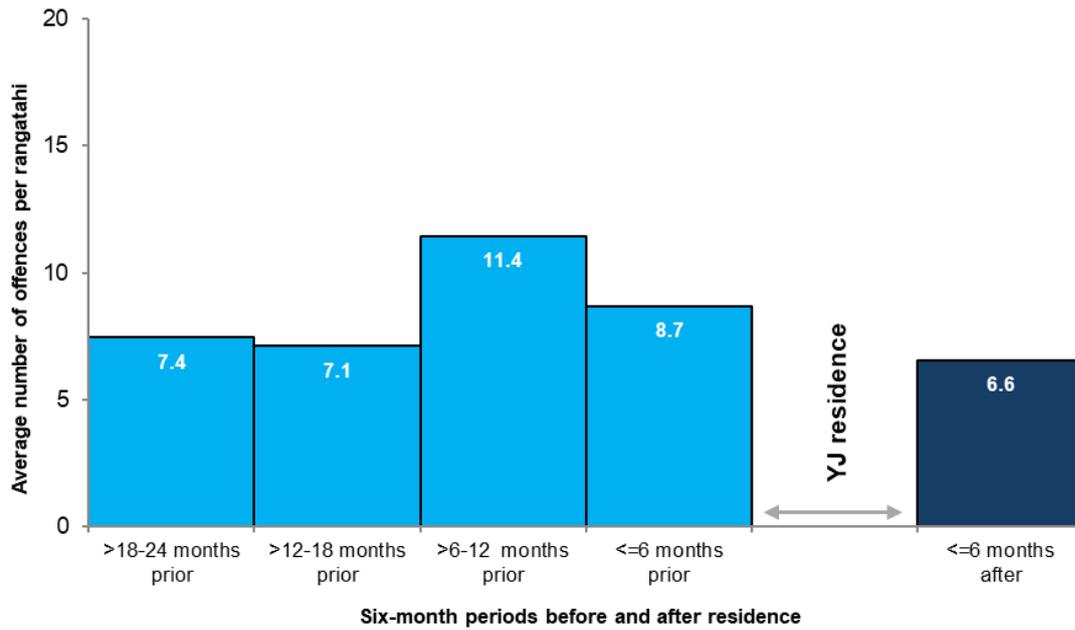
Figure 3 shows there was an escalation in the average total seriousness of the offences committed by pilot participants over the 24 months before entering residence.[21] However, the average total seriousness in the six months after release was nearly half that in each of the previous two six-month periods before entering custody.

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21 Offence seriousness was measured using the *Justice Sector Seriousness Scale*. Seriousness scores are a statistical representation of the average severity of penalties imposed by adult courts for every offence type. As seriousness scores are averages, they have statistical error, but the magnitude of this error is difficult to quantify given the way scores are calculated. As a rule of thumb, differences of at least 10% in seriousness between two periods are considered a significant change.

Figure 3: Average total seriousness of offences by MSA pilot participants in each six-month period before entering, and after exiting, the Youth Justice Residence
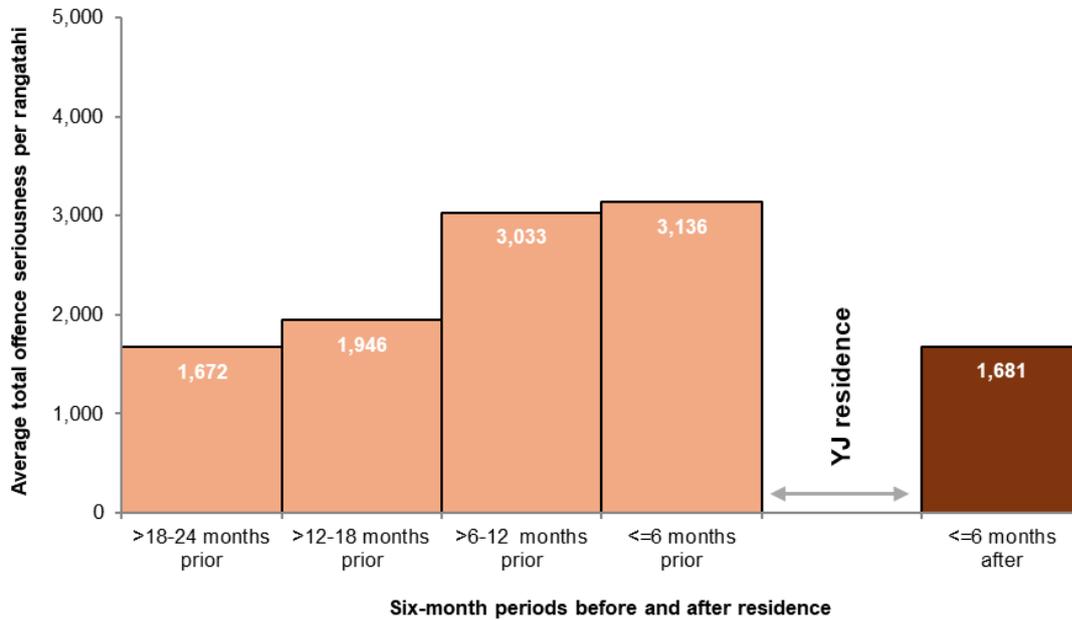
Violent offences by MSA pilot participants reduced by two-thirds

The number of offences by pilot participants involving the use or threat of violence (i.e., robbery-related offences and injury causing acts) dropped by two-thirds in the six months after release compared to the six months prior to entering residence (Figure 4).

Figure 4: Total number of offences of each type by MSA pilot participants in the six-months before entering, and after exiting, the Youth Justice Residence

Total number of offences of each type committed by MSA pilot participants
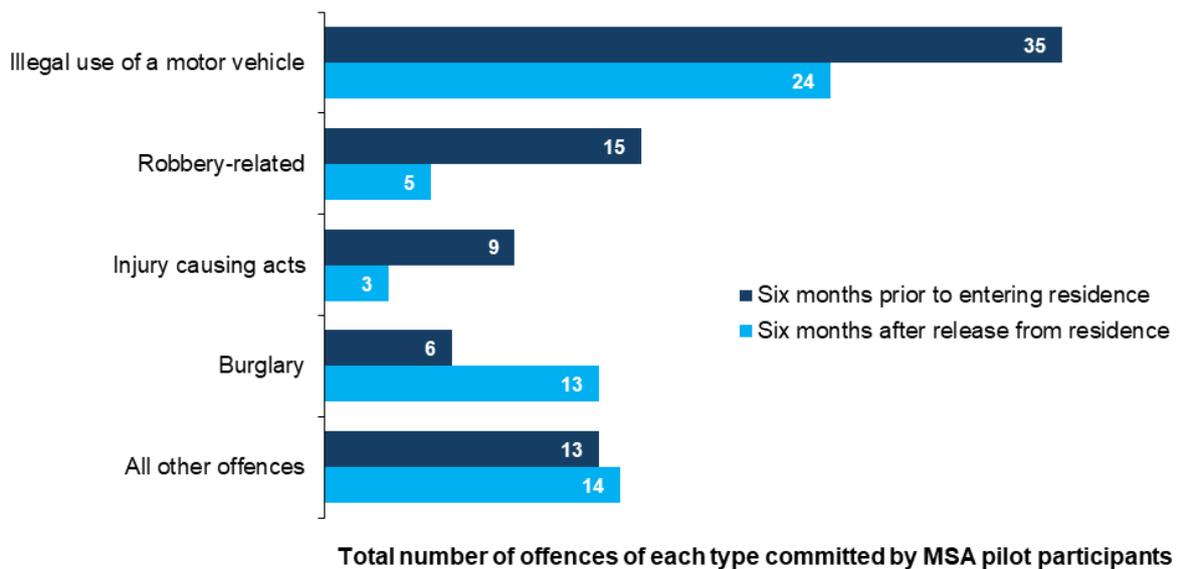
Illegal use of a motor vehicle[22] continued to be the most frequent offence committed by pilot participants, but the number of such offences dropped by 31% (11) in the six months after release compared to the six months before entering residence.

In contrast, the number of burglary offences by participants more than doubled from six in the six months before entering residence to 13 in the six months after release.

Two-thirds of MSA pilot participants reduced the frequency or seriousness of their offending

Table 1 presents three reoffending outcomes for pilot participants. Each outcome is assessed for each rangatahi separately and then are summarized as percentages who had a reduction in each measure. As such, these outcomes are not affected by outliers e.g., if a rangatahi committed a very large number of offences in the six months after release, this only affects how their own frequency or seriousness changed.

Two-thirds (six) of the pilot participants reduced the frequency, total seriousness, and/or maximum seriousness of their offending in the six months after release compared to the six months before (including rangatahi who did not reoffend). This includes five rangatahi who had reductions in all three measures.

Two (22%) of the nine rangatahi in the MSA pilot did not show improvement in any of the three frequency or seriousness change measures in the six months after exiting residence compared to the six months prior to entering residence.

Table 1: Reoffending outcomes for MSA pilot participants in the six months after release from residence

Outcome[1]	Percentage of rangatahi (n=9)
Reduced frequency of offending	67%
Reduced total seriousness of offending	67%
Reduced seriousness of most serious offence	67%

Note:

1. Reduced frequency or seriousness of offending includes rangatahi who did not reoffend as their frequency and seriousness went from a number greater than zero prior to residence to zero afterwards.

Placing the MSA pilot reoffending outcomes in context

This section places the reoffending outcomes for MSA pilot participants in context by contrasting them to outcomes for two cohorts of rangatahi who also served SwR orders but were not pilot participants. The two comparator cohorts are:

- "All SwR orders" which comprises all rangatahi aged at least 15 years who commenced a SwR order between 1 July 2023 and 31 August 2024 and who did not participate in the MSA pilot.

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[22] Unlawfully taking or getting into a motor vehicle; or attempted unlawful taking of a motor vehicle.

- "Matched SwR" which comprises nine rangatahi from the cohort above who had the closest frequency and seriousness of offending histories to each of the pilot participants in the 24 months prior to residence.

Table 2 shows that pilot participants had some differences to all other rangatahi who received SwR orders within a year of the pilot ('All SwR orders' cohort). pilot participants were all Māori, but 24% of other rangatahi with SwR orders were non-Māori. Also, in the 24 months prior to entering the Youth Justice Residence, pilot participants had committed fewer offences but had higher offence seriousness. The 'Matched SwR' cohort has similar characteristics to the pilot participants.

Table 2: Demographic and prior 24 months offending history summary, by cohort

Characteristic	MSA pilot (n=9)	All SwR orders[1] (n=51)	Matched SwR[2] (n=9)
Male	100%	100%	100%
Māori	100%	76%	100%
Average age at SwR start	16.1	16.0	16.0
Average frequency of offences (24m prior)	35	47	36
Average total offence seriousness (24m prior)	9,788	8,872	9,974
Average maximum offence seriousness (24m prior)	1,123	838	1,057

Notes:

1. All rangatahi aged at least 15 who received a SwR order between July 2023 and August 2024, who did not participate in the MSA pilot, and who had a complete six-month follow-up period.

2. A subset of nine rangatahi from the All SwR orders cohort whose frequency and seriousness of offending in the prior 24 months was the closest match to each of the pilot participants.

The pilot participants spent an average of 93 days remanded in custody in residence directly before commencing their SwR orders, longer than the All SwR orders cohort (78 days on average), but similar to the Matched SwR cohort (98 days on average). For all cohorts, reoffending in the six months after release from residence was compared to offending patterns in the six months prior to entering residence on custodial remand.

MSA pilot participants were slower to reoffend than others with SwR orders

The pilot participants were slower to reoffend than both SwR comparator cohorts (Figure 5). Within six weeks of release from residence, 49% of the All SwR orders cohort and 67% of the Matched SwR cohort had reoffended compared to 20% of the pilot participants. These percentages are based on 14-day moving averages.

Figure 5: **Cumulative percentage who reoffended over the six weeks following release from residence, by cohort**
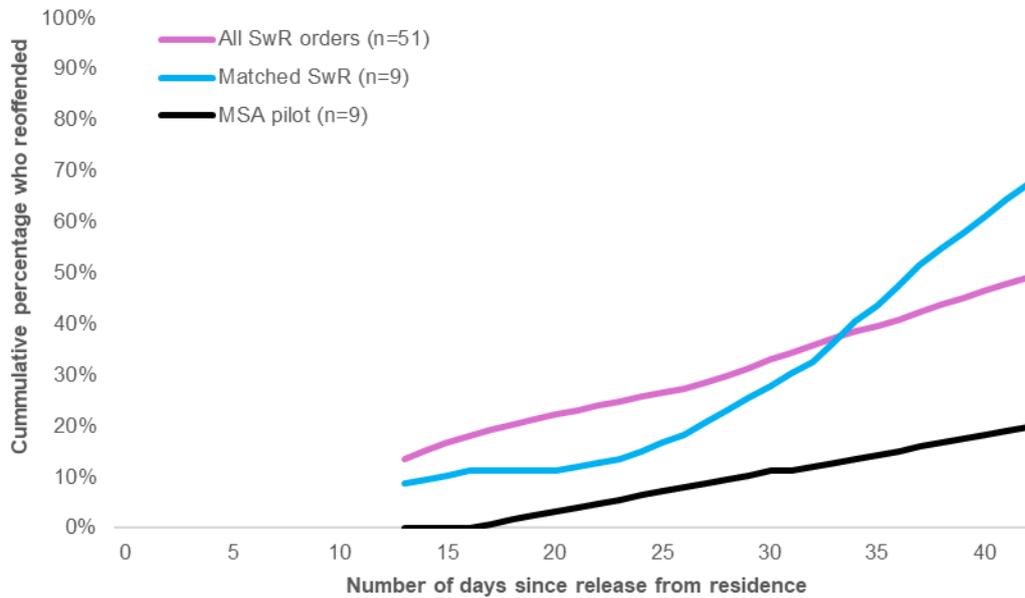
Note: Given the small numbers in the MSA pilot and Matched SwR cohorts, to protect the privacy of the individuals, cumulative reoffending rates are only shown for the first six weeks after release from residence and are shown as 14-day moving averages to make it less obvious when individuals reoffended.

A greater proportion of MSA pilot participants reduced the seriousness of their most serious offence than was the case for the matched SwR cohort

Table 3 presents reoffending outcomes for the three cohorts. Reoffending outcomes for the MSA pilot cohort and Matched SwR cohort were largely similar, but two-thirds (6) of the pilot participants reduced the seriousness of their most serious offence compared to only 22% (2) of the Matched SwR cohort.

Five (56%) of the nine pilot participants reduced all three of the frequency, total seriousness, and maximum seriousness reoffending measures in the six months after release compared to the six months before. Only two (22%) of the nine Matched SwR cohort had reductions in all three measures.

Two of the nine rangatahi in both the MSA pilot and Matched SwR cohorts did not show improvement in any of the reoffending measures.

Table 3: Reoffending outcomes in the six months after release from residence, by cohort

Outcome[1]	MSA pilot (n=9)	All SwR orders (n=51)	Matched SwR (n=9)
Reduced frequency of offending	67%	75%	78%
Reduced total seriousness of offending	67%	69%	67%
Reduced seriousness of most serious offence	67%	49%	22%

Note:

1. Reduced frequency or seriousness of offending includes rangatahi who did not reoffend as their frequency and seriousness went from a number greater than zero prior to residence to zero afterwards.

Summary

Offending patterns for nine MSA pilot participants were examined using Police *Recorded Crime Offender Statistics* data. To put the pilot cohorts' reoffending outcomes in context, they were contrasted to reoffending outcomes for two other cohorts of rangatahi with SwR orders. This includes a matched cohort of nine rangatahi with similar characteristics to those of the pilot cohort.

Given the very small numbers in the MSA pilot and matched SwR cohorts, findings are limited to those where the privacy of individual rangatahi can be protected.

Violent offences by pilot participants reduced by two-thirds in the six months after exiting residence compared to the six months before entering residence. This includes robbery-related offences and injury causing acts.

Illegal use of a motor vehicle was the most frequent offence committed by pilot participants, but the number of such offences dropped by 31%. In contrast, the number of burglary offences by pilot participants more than doubled from six in the six months before entering residence to 13 in the six months after release.

The majority of pilot participants reoffended within two months of release. However, pilot participants were slower to reoffend than the matched SwR cohort.

Two-thirds (6) of pilot participants reduced the frequency or seriousness of their offending in the six months after exiting residence compared to the six months before entering residence.

Reoffending outcomes for the pilot cohort and matched SwR cohort were largely similar. However, two-thirds (67%) of the pilot participants reduced the seriousness of their most serious offence compared to only 22% of the matched SwR cohort.

Five (59%) of the nine rangatahi on the MSA pilot had reductions in all three of the frequency, total seriousness, and maximum reoffending measures, compared to only two (22%) of the nine matched SwR cohort.

Only two of the nine rangatahi on the MSA pilot did not show improvement in any of the reoffending measures, the same number as for the matched SwR cohort.