ORANGA TAMARIKI
Ministry for Children

Te Kāwanatanga o Aotearoa
New Zealand Government

Military-Style Academy Pilot

Interim Evaluation Report
Assessment & Residential Phase

5 December 2024

The Evaluation of the Military Style Academy Pilot

- This interim report documents learnings from the implementation of the assessment & residential phases.
- Subsequent evaluation reports will examine the transition from the residential to community phase and the community phase. A final summative evaluation report will then reflect on all findings across the pilot.
- This is a **process evaluation**, with a focus on how the intended design for the MSA was implemented in practice, lessons learnt to inform **continuous improvement** and examining **early outcomes** for rangatahi
- This report is both descriptive and evaluative. The focus on describing the intervention is for the purpose of clearly documenting the evaluation and correcting any misconceptions of what the pilot, frequently described in the media as a "bootcamp", entailed in reality.
    - *The MSA pilot offered rangatahi and their whānau more extensive support than was available for young people in other Youth Justice Residences. The key points of difference were detailed programmes for each day of the twelve-week residential phase, extensive therapeutic care, a multi-disciplinary team, detailed transition planning and support including connection with community mentors.*

Topline Findings: Early indications of positive outcomes

Te Whare Tapa Whā was used as the framework for assessing early outcomes.

- **Taha wairua**: The cultural components of MSA like the noho marae and the Mana Tāne sessions supported rangatahi to re-engage with their whakapapa or to express their identity as Māori more freely in the residence. Kaimahi and whānau saw changes in strength of identity and attitudes towards reoffending.

- **Taha tinana**: Support to access primary healthcare led to health conditions being identified and properly managed. Rangatahi built their fitness through regular engagement with physical activity.

- **Taha hinengaro**: Therapeutic work was a focus in the residence. Although rangatahi did not speak much to how it had benefited them, kaimahi and whānau observed changes in rangatahi through their time in the residence. Kaimahi saw rangatahi express themselves and their feelings more clearly, showing an unexpected level of self-awareness.

- **Taha whānau**: Rangatahi formed a stable group dynamic and bonded with each other. Kaimahi saw rangatahi helping each other and supporting each other in their day to day lives in the residence and in the challenges posed by the MSA activities. Whānau saw changes in rangatahi relationships with them.

Topline Findings: Different results from the MSA

This early-stage evaluation cannot attribute outcomes to specific components of MSA. However, some interesting results were observed (fuller results, p.56):

- High levels of educational attainment at NCEA levels 1, 2 and 3 for the rangatahi, with individualised learning plans being delivered by the CRHS teacher, with teacher aide support
  - Two achieved 47 and 49 credits respectively towards NCEA level 1
  - Four achieved NCEA level 1 and achieved credits towards NCEA level 2
  - Two achieved NCEA level 2 and earned credits towards NCEA level 3
  - Two advanced towards within NCEA level 2 towards NCEA level 3.

- Strong engagement throughout the programme
  - *"Now, when you have a korero to these young fellas, they're using words like changing mindset and having to think about things and wanting to try and follow this path." (MSA kaimahi)*

- Very few incidents of any type compared to other YJ residences
  - *One of the most memorable moments for kaimahi was when a rangatahi voluntarily turned a paring knife in at the end of the fishing trip. In other residences a missing knife could have resulted in a serious safety incident.* (Evaluation Report, p.49)

Topline Findings: Critical success factors & key points of difference from other YJ Residences

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

Topline Findings: Key barriers & areas for improvement

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

- The Good Lives Model worked for the Pilot but some stakeholders recommended existing models like Te Whare Tapa Whā as particularly appropriate given the pilot location in the Rangitāne iwi and the all-Māori cohort of rangatahi.

- Clarification regarding the role of site social workers vis-à-vis the in-residence team.

- Programme success was largely reliant on huge levels of discretionary effort from kaimahi at all levels who went the extra mile to ensure the programme was a success. This is not sustainable for future planning.

Key Learnings from the Design Phase

- The MSA design was based on a military style approach complemented with other components based on evidence about what works to change the trajectory of repeat young offenders.

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

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

Key Learnings about developing the MSA Team

- The different advisory groups which informed the pilot were found to be helpful in supporting the Executive Sponsor with relevant expertise to guide governance level decisions. However, for some it was difficult to reconcile the diversity of opinions represented within these groups.

- There were challenges in bringing the multi-disciplinary team together inside the residential phase and connecting it to site social workers outside the residence. Bringing different perspectives to supporting rangatahi was a strength of the residence. There was room to clarify the role of site social workers in the residential phase.

- MSA kaimahi found the programme needed additional capacity to run smoothly and sustainably including: Additional clinical capacity in the form of one or two more case leaders; a dedicated full-time administrator; addition of a small number of care team kaimahi to ease demand during off-sites and other intensive periods as well as staff illnesses.

Key Learnings in Assessment and Planning

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

- Choice of participation and setting appropriate expectations was important for rangatahi and whānau engagement. Rangatahi and whānau need accurate information about what is involved and what support they will be offered.

- Reviewing which assessments were most helpful will be important in developing recommendations on the suite of tools to be used in future MSA programmes. On the pilot the time of clinical professionals was at a premium, and it was important that the same professional repeat assessments due to the element of judgement inherent in some tools and ratings.

Key Learnings in Implementation

- A stable cohort of rangatahi was a key feature of the programme. It enabled safety and stability in the residence and strengthened the therapeutic aspects of the programme.
- The more intensive therapeutic support and programme for rangatahi in the residential phase was a key point of difference compared to other Youth Justice Residences and was strongly supported by stakeholders.
- Te ao Māori was a significant part of MSA. Many MSA kaimahi were Māori and brought their own identities, values and whakapapa to the programme. Stakeholders highlighted the importance of te ao Māori in engaging rangatahi but recognised some were disengaged from their culture and that cohorts may include non-Māori
- Rangatahi spent less time on education in MSA than they would in other Youth Justice Residences but kaimahi reported the individualised education sessions in MSA were much more focused and much higher quality. They thought the approach in MSA was more effective.
- Kaimahi thought the transition education and particularly the vocational skills activities could be further developed to give them the same effectiveness as the individually tailored approach in the education activities.
- Connections and whānau time were important and will be key to the transition phase. Whānau visits were supported by Oranga Tamariki, but travel was difficult, especially for whānau with younger tamariki. Appropriate arrangements were not always made and it was not always clear what was/wasn't allowed regarding accommodation bookings. Resolving these issues to enable whānau to connect and support their rangatahi kanohi ki te kanohi is important.

Key Learnings in Transition Planning

- Rangatahi connected with mentors in the residential phase. There is more understanding needed about how to match rangatahi with mentors and how to enhance the time and connection between rangatahi and their mentor.

- The residential phase included preparation for community transition. Staff involved in transition planning thought it should have started earlier with more input from social workers, rangatahi and whānau. Completing the plans late in the residential phase put undue pressure on kaimahi and created unnecessary risk.

- Clinicians considered they had good input from rangatahi on plan content but wanted more information from social workers on how whānau needed to be included in plans.

Sustainability: Reflections for MSA 2.0

- The clinical team felt their workloads were unsustainable and felt under very high pressure throughout the pilot. Their workload was exacerbated by unexpected work on transition planning and additional work to support engagements between rangatahi, their whānau and the professional development of care team members.

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

- Realistic expectations of this cohort who have had challenging lives and have complex needs:

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