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# HE POUTAMA RANGATAHI EVALUATION REPORT



16 July 2023

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## Disclaimer

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The Integrated Data Infrastructure (IDI) is a research database managed by Stats NZ. Results using the IDI in this evaluation have been created for research purposes and are not official statistics. For more information about the IDI please visit <https://www.stats.govt.nz/integrated-data/>.

The results are based in part on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes and is not related to the data's ability to support Inland Revenue's core operational requirements.

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# ABBREVIATIONS AND TERMS

Abbreviation or terminology	Explanation
c.f.	To compare, and used to reference the reader to specific sections or figures elsewhere in the report
CI	Confidence interval
EET	Employment, education and/or training
FTE	Full-time equivalent
HPR	He Poutama Rangatahi
IDI	Stats NZ Integrated Data Infrastructure
KEQ	Key Evaluation Question
MBIE	Ministry of Business, Innovation and Employment
MSD	Ministry of Social Development
NEET	Not in employment, education or training
PDU	Provincial Development Unit
PGF	Provincial Growth Fund
PSM	Propensity Score Matching
Rangatahi	All young person(s). Where findings are specific to Māori or Pacific, <i>rangatahi Māori</i> or <i>Pacific rangatahi</i> are used respectively.
RGP	Regional Growth Programme



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# HE POUTAMA RANGATAHI EVALUATION

In 2022, 11.6% of 15 to 24 year olds were not in employment, education or training (NEET). This rate is higher for rangatahi Māori (19.0%) and Pacific rangatahi (16.5%). These rangatahi are at risk of inequitable life outcomes. Being NEET, in particular over a long period while young, is linked to a range of inequities later in life.

He Poutama Rangatahi (HPR) started as a regionally-led pilot initiative in 2018/19, with 17 providers in four regions supporting rangatahi, aged 15 to 24 years old and at risk of long-term unemployment, into sustained employment. In 2021, and during the COVID-19 pandemic, the Ministry of Social Development (MSD) took over the delivery of HPR, where HPR continued to fund providers to identify and respond to local needs, and to support the unique needs of their rangatahi through pastoral care, health, education and employment related services.

As at January 2023, HPR had grown to provide support to 63 providers targeting 3,603 rangatahi across Aotearoa.

## THE EVALUATION

MSD wanted to know how:

- effective HPR was in helping rangatahi progress and achieve employment, education, training and positive life outcomes.
- relevant the initiative was in relation to community needs and aspirations, and rangatahi unique pathways.
- coherent the design and delivery was with the programme's intent and MSD's key policy objectives.

The evaluation assessed HPR against these criteria. The evidence will be used to inform MSD's decisions about the future HPR design and funding.

The evaluation evidence included:

**Provider site visits (n=9) and interviews (n=137)** across four regions, speaking with 44 kaimahi representing nine providers, 67 rangatahi, 10 whānau members, four iwi representatives and 12 employers.

**HPR administrative and secondary documents (n=70).**

**Interviews with key government officials (n=6),** including officials from national and regional offices.

**Stats NZ Integrated Data Infrastructure (IDI)** comparing outcomes amongst 510 rangatahi enrolled in the HPR pilot (2018-2019) programme, with a similar cohort of rangatahi over the same period. As such, the results reflect the pilot HPR programme only.

**Programme data,** including monitoring information submitted by providers about 2,998 rangatahi enrolled in HPR between 2018 and 2022.

## WHAT WAS ACHIEVED

**1 HPR WAS RELEVANT TO THE COMMUNITY NEEDS**

## KEY FINDINGS

### HPR REMAINED ALIGNED TO MANY OF ITS PRINCIPLES

- While HPR shifted away from funding regions with emerging employment opportunities in the pilot programme, HPR continued to support rangatahi in regions with high NEET rates
- HPR retained the requirement for providers to report employment placements, while providers' ability to connect rangatahi to employment opportunities remained a condition for funding
- HPR retained its focus on individuals' needs, community leadership and local intelligence, with government oversight
- HPR continued to enrol those rangatahi who face the greatest challenges

### THE TRANSITION FROM MBIE TO MSD LIKELY INCREASED AWARENESS OF HPR, AND THUS ENABLED SUPPORT TO MORE RANGATAHI ACROSS THE REGIONS

- Integrating HPR with existing employment supports likely supported the programme to grow
- Communities were largely unaware of the transition
- There was no or little impact on frontline staff and delivery was seamless, while the transition presented challenges for a few providers

**2 HPR MOSTLY ALIGNED WITH ITS INTENT AND MSD'S STRATEGIC POLICIES**

### HPR CONSISTENTLY DIRECTED ITS FOCUS TO COMMUNITY ASPIRATIONS AND NEEDS

- The funded providers considered local needs and have addressed rangatahi needs
- Relational approaches helped build partnerships and respond to community needs
- Working in partnership with others, including iwi, helped meet community needs

### HPR PROVIDERS CONNECTED WITH THE LABOUR MARKET, AND ENABLED RANGATAHI WHO FACE THE GREATEST CHALLENGES MOVE TOWARDS THEIR EMPLOYMENT GOALS

- HPR providers were required to show existing and/or potential links to the labour market
- Providers worked in various ways to meet labour market needs
- Providers supported rangatahi towards work that mattered to them

### ALTHOUGH PROVIDER MODELS VARIED, PROVIDERS HAVE BEEN SUCCESSFUL AT WORKING IN MANA-ENHANCING WAYS.

- Overall, providers successfully delivered pastoral care and worked in mana-enhancing ways to support rangatahi

**3 HPR WAS EFFECTIVE AT ACHIEVING ITS SHORT TERM GOALS**

### HPR RANGATAHI MADE PROGRESS TOWARDS POSITIVE LIFE OUTCOMES

- In general, providers supported rangatahi into happy, healthy and productive pathways
- Rangatahi set goals, achieved success and experienced improved outcomes
- Rangatahi experienced personal growth, improved relationships, better connections, and positive behaviour change
- Rangatahi received training, experience and credits

### HPR ACHIEVED ITS INTENDED GOALS IN THE SHORT TERM

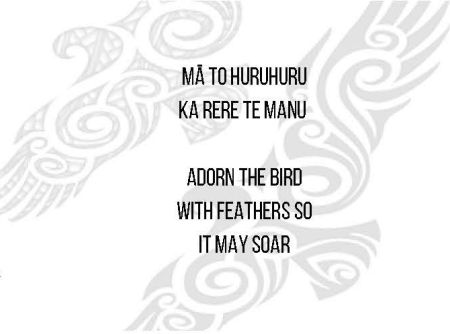
- HPR enrolled rangatahi who the programme was designed to support, with the majority of participants being 15 to 24 years-old and NEET, or likely to experience long-term unemployment.
- The employment, education and training (EET) outcomes were achieved up to 12 months after enrolment.
- The HPR pilot (2018-2019) participants did not appear to sustain these benefits over longer periods of time. However, these effects are reflective of the HPR pilot programme and do not reflect the changes made to the delivery of the programmes.

### HPR GAVE EFFECT TO TE PAE TATA

- HPR funding had an explicit and intentional focus on enabling Māori
- HPR had an intentional focus on recruiting Māori providers and the recruitment of rangatahi Māori
- HPR recognised te ao Māori as a key enabler
- The majority of providers implemented kōtahitanga and kia takutū tatou.

### HPR HELPED ITS PACIFIC PARTICIPANTS BUT IT DID NOT YET FULLY ENABLE PACIFIC PROSPERITY.

- HPR helped some Pacific rangatahi towards their education, employment and training goals.



# EXECUTIVE SUMMARY

In Aotearoa New Zealand, approximately 11.6 percent of 15- to 24-year-olds were not in employment, education or training (NEET) in the year to December 2022. This statistic was higher for rangatahi<sup>2</sup> Māori (19.0 percent) and Pacific rangatahi (16.5 percent). Being NEET when you're young, in particular over a long period, is linked to a range of inequities later in life.<sup>3</sup>

As a response to national concerns about high rates of NEETs, He Poutama Rangatahi (HPR) was developed in 2017 by a cross-agency group led by the Ministry of Business, Innovation and Employment (MBIE). HPR programmes started in 2018 as a regionally-led initiative to support young people at risk of long-term unemployment into sustained employment.<sup>4</sup> In July 2021, HPR transitioned from the MBIE to the Ministry of Social Development (MSD). The programme continued to support young people aged between 15 and 24 who are NEET and facing the greatest challenges in gaining sustained employment by funding community providers to identify and support needs in their community. HPR was initially envisioned as a targeted pilot initiative, distributing approximately \$13 million to 17 providers in 2018-2019. By 2022-2023, it had grown to distribute \$44 million in funding to 63 providers, providing support in 12 regions to approximately 3,603 rangatahi (as at January 2023).

MSD has commissioned this evaluation to determine if the design and delivery of HPR is:

- **relevant** in relation to the communities in which the programme operates and the rangatahi it supports
- **coherent** in relation to its alignment to MSD's strategic frameworks, integration with the wider MSD system and alignment with the programme's original intent
- **effective** in so far as rangatahi made progress, achieved employment, education and training outcomes, and positive life outcomes over time.

The evaluation adopted a mixed-methods approach, weaving qualitative and quantitative data to address both its learning and accountability purposes. Using the standards of success agreed with MSD, these triangulated data were used to make judgements about whether or not HPR met its expectations.

The qualitative workstream included the review of 47 current and historical HPR administrative documents (e.g. for planning, applications and monitoring) and 23 case studies submitted by 21 active HPR providers about 22 different HPR programmes. Key stakeholder interviews (n=6) were undertaken with MSD national and regional office officials. Data was collected across four regions, Auckland, Canterbury, Bay of Plenty and Hawke's Bay, with providers (n=9) and their staff (n=44), rangatahi (n=67) and their

<sup>2</sup> Throughout the report 'rangatahi' refers to all young people unless specified otherwise.

<sup>3</sup> Ralston, K., Everington, D., Feng, Z., & Dibben, C. (2022). Economic Inactivity, Not in Employment, Education or Training (NEET) and Scarring: The Importance of NEET as a Marker of Long-Term Disadvantage. *Work, Employment and Society*, 36(1), 59-79. <https://doi.org/10.1177/0950017020973882>

<sup>4</sup> Sustained employment is defined as being in continuous employment, but does not require continuous employment with the same employer.



whānau members (n=10), iwi (n=4), and employers (n=12). Although these results are not generalisable and likely present a positive bias, they provide a variety of recent experiences of how HPR is administered nationally and regionally and, more specifically, in the unique contexts.

The quantitative workstream made use of existing datasets, adopting relevant statistical techniques to estimate the progress and impact of HPR. The available programme-level data were aggregated and used to examine the progress rangatahi made while receiving support, in particular among rangatahi enrolled in HPR between 2018 and 2022 (n=2,998). The majority of these (94 percent) were enrolled between 2021 and 2022. The Stats NZ Integrated Data Infrastructure (IDI) was used to estimate the longer-term impact of HPR on employment, education and training outcomes, as well as benefit receipt and engagement with corrections on HPR participants who enrolled between 2018 and 2019 (n=510). While this statistical matching technique, Propensity Score Matching (PSM), ensures there are no significant differences between participants and the counterfactual based on observed characteristics, unobserved and uncorrelated differences could still exist. For example, participants may be easier to contact and therefore recruit into the programme than matched non-participants. This may mean that the impacts in this report, in part, reflect these prior unobserved differences between the two groups in addition to the effect of participating in the programme or not. Further, these longer-term, sustained outcomes could only be assessed for the rangatahi engaged in the pilot HPR programme (2018-2019), and as such do not reflect the outcomes achieved by rangatahi engaged in the programmes from 2020.

## Findings

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### How, and how well, has HPR enabled coherence and relevance?

**HPR has remained aligned to many of its principles and has continued to focus on community aspirations and needs to enable rangatahi towards their employment goals.**

The interviews with key government officials echoed HPR's administrative documents, showing HPR has remained aligned to the foundational principles relevant to communities and rangatahi. Most notably, HPR has continued to focus on community leadership and local intelligence through the proposal development process and has used a high-trust model of delivery. HPR has also retained government oversight and continued to focus on funding providers who support those rangatahi at greatest risk of long-term unemployment.

A strong relational approach has helped to build partnerships, respond to community needs and work in partnership with others, including iwi. This relational approach requires strong connections but current programmes have been operating independently. It will take time and sufficient resource to build genuine partnerships with iwi beyond those providers who already have these in place.

HPR has grown over time, and the transfer of HPR from Kānoa (the Regional Economic Development & Investment Unit) in MBIE, with its emphasis on funding large regional development projects, to MSD meant that funding was no longer aligned to expected employment growth and opportunities from those developments. Nonetheless, HPR has continued to fund providers with existing or potential links to the labour market, who then support rangatahi who face the greatest challenges towards “bite-sized” goals and work to place them into employment, education and training opportunities.

### **The transition from MBIE to MSD has likely enabled more support to more rangatahi across the regions.**

Interviews with both national and regional MSD officials, and the supporting evidence in HPR application trends, showed that HPR’s transition from MBIE to MSD had some challenges. Nonetheless, it likely increased awareness of the HPR fund while having little to no impact on existing providers. For the first time, HPR proposals greatly exceeded the available funding. The number of programmes expected to be delivered in the 2022-2023 financial year means that HPR support will be more widely available to NEET rangatahi across Aotearoa New Zealand.

### **HPR has given effect to Te Pae Tata.**

In terms of alignment to Te Pae Tata, MSD’s Māori strategy and action plan, the enrolment data showed that HPR’s funding has been predominantly benefiting rangatahi Māori (83 percent of those participating in HPR) and has often been delivered through Māori providers (55 percent of HPR providers). The regional interviews demonstrated that the majority of providers have been implementing aspects of te ao Māori that reflect the key shifts in Te Pae Tata: mana manaaki (ensuring a positive experience every time), kōtahitanga (partnering for greater impact) and kia takatū tātou (supporting long-term social and economic development). To bring more consistency and ensure responsiveness to Māori it would be good to develop this capability across all providers.

### **While HPR has helped Pacific participants, it does not yet fully enable Pacific Prosperity.**

As shown in HPR’s administrative data, Pacific rangatahi have been exceeding employment, education and training outcomes attained by other HPR participants. However, HPR could be enhanced for Pacific rangatahi if there was an explicit and intentional focus on Pacific rangatahi who have high NEET rates, similar to Māori rangatahi, but are still not being reached by HPR at similar levels.

## How, and to what extent, has HPR assisted NEETs aged between 15 and 24 to overcome barriers to positive outcomes in the labour market and their lives?

**Although contextual factors influence success for providers and rangatahi, rangatahi have made pathways towards positive life outcomes through mana-enhancing support from providers.**

The administrative data and documents, and interviews with government officials in the regions collectively highlighted the contextual factors and progress being made by rangatahi enrolled in HPR. Through these different data sources, rangatahi and providers underscored the multiple factors and barriers for rangatahi. For example, trauma and stress from adverse experiences and unstable whānau environments have impacted rangatahi trajectories and their ability to realise their potential. Also, structural systemic issues related to education, poverty, unconscious bias and discrimination have compounded inequities.<sup>5</sup> Various literature on adolescence development also illustrates that transitioning to adulthood can be a confusing and unsettling time for rangatahi. There are many challenges to navigate and constant change and uncertainty, and this can undermine the general sense of safety and security for rangatahi.<sup>6</sup>

Living in crisis with exposure to sustained stress and/or trying to cope with uncertainty and change negatively impacts a person's mental health and wellbeing, and behaviour.<sup>7</sup>

<sup>8</sup> Effects can be considerable, including but not limited to, depression, compulsive and higher risk taking, offending, and a lack of motivation and inability to plan for the future.<sup>9</sup> These factors all relate to long-term unemployment and were identified early in HPR and have not changed. The recent COVID-19 pandemic has further exacerbated the stressful conditions and mental wellbeing of rangatahi. It has also intensified barriers for rangatahi as they aspire towards safe and secure housing, employment and financial security.<sup>10</sup>

The success of rangatahi has not been a straight trajectory, and with a good understanding of rangatahi needs the providers have largely enabled rangatahi to make progress on their pathways. The HPR providers have delivered pastoral care and worked in mana-enhancing ways to support rangatahi. Their models have been strengths-based and focused on the potential of each rangatahi, fostering hope and optimism. The providers have been helping rangatahi towards better hauora and wellbeing.

HPR rangatahi have been benefiting from this support. Rangatahi have set goals and achieved success and improved outcomes. They have received training, gained

<sup>5</sup> Auckland co-design lab, Ministry of Education, & the Southern Initiative. (2020). Know me, Believe Me. Aotearoa New Zealand.

<sup>6</sup> Harris R, Tobias M, Jeffreys M, Waldegrave K, Karlsen S, Nazroo J. Effects of self-reported racial discrimination and deprivation on Māori health and inequalities in New Zealand: cross-sectional study. *Lancet*. 2006 Jun 17;367(9527):2005-9.

<sup>7</sup> Harris R, Tobias M, Jeffreys M, Waldegrave K, Karlsen S, Nazroo J. Effects of self-reported racial discrimination and deprivation on Māori health and inequalities in New Zealand: cross-sectional study. *Lancet*. 2006 Jun 17;367(9527):2005-9.

<sup>8</sup> Shum, R. (2021). Rangatahi opportunity: A literature review. National Institute of Economic and Demographic Analysis. University of Waikato. Hamilton

<sup>9</sup> Liddle, M., Boswell, G., Wright, S. and Francis, V. (2016). Trauma and young offenders: A review of the research and practice literature. London: Beyond Youth Custody

<sup>10</sup> The Southern Initiative, TSI & SIDA. (2021). Exploring the Youth Economy. Phase 1: Discovery Insights report. Aotearoa New Zealand.

experience and achieved formal credits. Rangatahi have experienced personal growth and development, positive behaviour changes and better relationships and connections through HPR support.

### **HPR has achieved its short-term goals.**

For those participants enrolled in 2018 and 2019, the IDI data showed that the HPR pilot was successful in contributing to higher rates of employment, education and/or training (EET). Over 12 months after enrolment, the proportion of HPR participants engaged in EET was, on average, 62.3 percent. For similar non-participating rangatahi, the proportion was, on average, 56.3 percent. This indicates the HPR pilot contributed to an increase of 6.0 ( $\pm$  3.6) percentage points of rangatahi who face the greatest challenges moving into EET outcomes. This finding was supported by the programme data, which showed that most participants across all years of support achieved an EET outcome by the end of receiving HPR support.

For those participants enrolled in 2018 and 2019, the HPR pilot also contributed to lower rates of benefit receipt. Over 12 months after enrolment, the proportion of these participants receiving a main benefit was, on average, 39.0 percent. For similar non-participating rangatahi, the proportion was, on average, 47.2 percent. This indicates the HPR pilot contributed to a decrease of 8.2 ( $\pm$  5.3) percentage points of rangatahi receiving a main benefit.

However, indications from rangatahi involved in the pilot programme (2018-2019) are that the HPR pilot did not sustain these higher rates of employment. There were no statistically significant differences in the proportion of these participants in employment 19-24 months after enrolment compared to similar non-participating rangatahi. There were also no statistically significant differences in the proportion of these participants in sustained employment (defined as being in continuous employment for 6 months) over 12 months after enrolment compared to similar non-participating rangatahi.

These estimated impacts are reflective of HPR during the pilot years (2018-2019). The subsequent changes made to the delivery of the programmes, such as longer contracts for HPR providers, are therefore not reflected in these results given the lack of available evidence at the time of reporting. Further, the outcomes assessed 12 and 24 months after enrolment coincide with the COVID-19 pandemic, with rangatahi facing financial instability and existing inequalities for Māori and Pacific likely exacerbated during this time.<sup>11</sup> However, we expected that these COVID-19 effects would be experienced similarly for participants and non-participants and assumed the matching technique used could detect the effects of the HPR pilot on participant outcomes, albeit within the COVID-19 context.

<sup>11</sup> Webb, S., Kingstone, S., Richardson, E., & Flett, J. (2020). *Rapid Evidence Brief: COVID-19 Youth Recovery Plan 2020-2022*. Te Hiringa Hauora/Health Promotion Agency. <https://hpa.org.nz/sites/default/files/Rapid%20Evidence%20and%20Covid-19%20Youth%20Recovery%20Plan%202020-2022.pdf>



# Conclusions

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HPR was successful in meeting or exceeding the expectations established by government officials, although some gaps were evident.

**HPR was relevant to community aspirations and needs.** The proposal process and funded projects reflected community needs and aspirations. Most projects focused on local labour market needs by providing relevant support to rangatahi to gain access to local employment.

**HPR was mostly coherent to its intent and MSD's strategic priorities.** HPR activities aligned to many of HPR's principles. HPR has continued to focus on delivering through community leadership and local intelligence, and enrolling rangatahi who face the greatest challenges while supporting their employment pathway. One notable change was the shift from distributing the HPR fund as a targeted regional approach, moving away from funding regions with likely emerging employment opportunities.

**HPR has been coherent with the principles of Te Pae Tata.** HPR has retained an intentional focus on recruiting Māori providers and recognised te ao Māori as a key enabler, with the majority of providers implementing aspects of te ao Māori. HPR has shown mostly consistent positive mana manaaki, kōtahitanga and kia takutū tātou experiences. Among rangatahi, increased capacity in terms of good health, success, economic security and connectedness was evident.

In terms of Pacific Prosperity, MSD's Pacific strategy and action plan, there were good outcomes for Pacific rangatahi. HPR was established as a targeted initiative focused on areas with relatively lower proportions of Pacific rangatahi. Since Pacific Prosperity was launched, and HPR expanded into more regions and urban areas, HPR has increased its focus on Pacific populations and providers. However the HPR administrative documents showed that there is not yet an explicit focus on Pacific peoples as a group. For example, HPR providers could be required to intentionally develop their relationship with Pacific communities in their geographical areas and develop their own plans to strengthen their responsiveness to Pacific rangatahi.

**HPR has been effective at achieving its short-term goals.** It achieved excellent enrolment rates of rangatahi who the programme was designed to support, with the majority of participants being 15 to 24 years old and NEET or likely to experience long-term unemployment. HPR's further success at getting rangatahi into employment, education and training was highlighted across the evaluation evidence.

The initial evidence available on the longer-term benefits, which only reflects the earliest cohorts of HPR rangatahi (2018-2019), suggested that the early model of the HPR programme was not effective in supporting rangatahi to sustain employment over time. Helping rangatahi stay in sustained employment has remained a challenge for HPR. This is not a new issue for rangatahi who are NEET or otherwise at risk of long-term unemployment. Key government officials believed that the scope and duration of early HPR contracts was insufficient to sustain the EET goal achieved early on, in particular for rangatahi who face the greatest challenges. Since 2020, HPR has been awarding longer-term contracts with providers which also allow for longer-term pastoral care and

support, particularly while transitioning into employment. Data for rangatahi supported in this way is not yet available.

# INTRODUCTION

This report serves as an evaluation of He Poutama Rangatahi (HPR). It assesses how effective HPR was in helping rangatahi progress and achieve employment, education, training and positive life outcomes. It also assesses how relevant HPR was in relation to community needs and aspirations, and rangatahi unique pathways; and how coherent the design and delivery was with HPR's intent and the Ministry of Social Development (MSD) key policy objectives.

## Youth unemployment in Aotearoa New Zealand

In Aotearoa New Zealand, as overseas, NEETs (individuals not in employment, education or training) have become the focus of government policies due to the broad social and economic implications for its nations' people.<sup>12</sup> In Aotearoa, those who experience a long period of being NEET in their youth are less likely to be employed and more likely to be inactive and/or receive a benefit two years after their unemployment period.<sup>13</sup> In addition, NEETs are negatively impacted, disproportionately, during an economic downturn.<sup>14</sup> Economic recessions have also consistently had a disproportionately negative effect on Māori in comparison to non-Māori.<sup>15</sup> <sup>16</sup> This impact has been exacerbated for youth during COVID-19 and the associated disruptions to the labour market.<sup>17</sup> While the effects of COVID-19 in Aotearoa New Zealand were still unfolding at the time of writing this report, the pandemic thus far has magnified youth unemployment, including job losses and income decline.<sup>18</sup>

In Aotearoa, approximately 11.6 percent of 15- to 24-year-olds were NEET in the year to December 2022.<sup>19</sup> Proportionally more Māori and Pacific rangatahi were NEET, with 19.0 percent of rangatahi Māori and 16.5 percent of Pacific rangatahi NEET in the same year,<sup>20</sup> and these higher rates are persistent over time.<sup>21</sup> More specifically, Māori and Pacific rangatahi aged between 15 and 24 were recorded as NEET almost twice as much as European and Asian rangatahi. Therefore, it is critical to examine these inequities and evaluate interventions for equitability.

<sup>12</sup> Ralston, K., Everington, D., Feng, Z., & Dibben, C. (2022). Economic Inactivity, Not in Employment, Education or Training (NEET) and Scarring: The Importance of NEET as a Marker of Long-Term Disadvantage. *Work, Employment and Society*, 36(1), 59–79. <https://doi.org/10.1177/0950017020973882>

<sup>13</sup>(Ralston et al., 2022).

<sup>14</sup>(Webb et al., 2020).

<sup>15</sup> Te Puni Kōkiri Ministry of Māori Development. (2009). *Implications of a Recession for the Māori Economy*. <https://www.tpk.govt.nz/en/o-matou-mohiotanga/maori-enterprise/the-implications-of-a-recession-for-the-maori-econ>

<sup>16</sup> Cochrane, W. & Pool, I. (2017). Māori in New Zealand's Contemporary Development. *Policy Quarterly Supplementary Issue*, 13. <https://ojs.victoria.ac.nz/pq/article/view/4555/4043>

<sup>17</sup> Stats NZ. <https://www.stats.govt.nz/news/covid-19-lockdown-has-widespread-effects-on-labour-market>

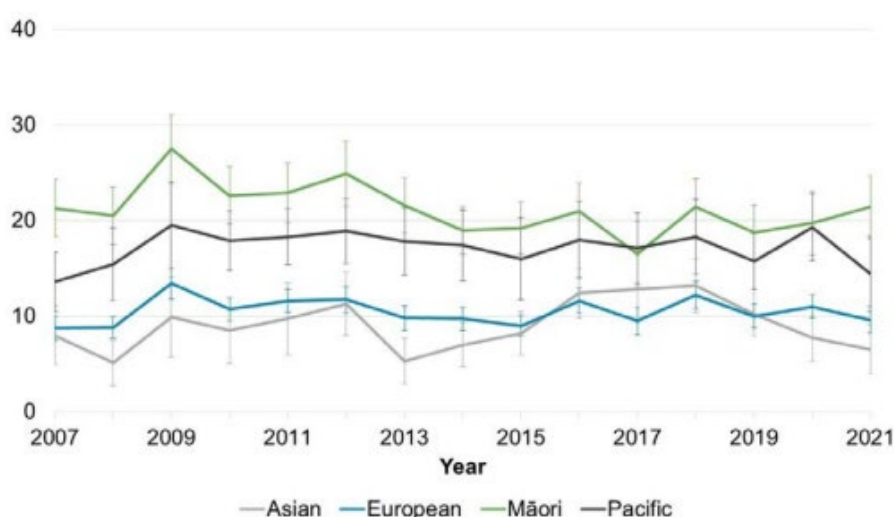
<sup>18</sup> Barford, A., Coutts, A., & Sahai, G. (2021). *Youth Employment in Times of COVID: A global review of COVID-19 policy responses to tackle (un)employment and disadvantage among young people*. International Labour Organization. [https://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/documents/publication/wcms\\_823751.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_823751.pdf)

<sup>19</sup> Stats NZ. (2022). *Household Labour Force Survey*. <https://infoshare.stats.govt.nz/>

<sup>20</sup> (Stats NZ, 2022).

<sup>21</sup> Samoilenko, A., & Carter, K. (2015). *Economic Outcomes of Youth not in Education, Employment or Training (NEET)* (Treasury Working Paper Series 15/01). New Zealand Treasury.

**Figure 1: Percentage of people aged 15 to 24 not in education, employment or training by ethnicity over time. Source: Stats NZ Household Labour Force Survey<sup>22</sup>**



In addition, Māori and Pacific rangatahi are more likely to encounter a long-term period (6 months or longer) of NEET than rangatahi who are not Māori or Pacific.<sup>23</sup> In Auckland Māori have the highest NEET rate, at 23 percent, and Pacific rangatahi have the second-highest rate, at 20 percent.<sup>24</sup>

## Understanding NEET

### Further describing NEET

The NEET category is far reaching and includes a range of rangatahi who may not be in the labour force for a variety of reasons.<sup>25</sup> Rangatahi are more likely to have casual or insecure employment and be NEET periodically, for different periods of time.<sup>26</sup> For example, rangatahi NEETs may be unemployed, jobseekers, have caregiving responsibilities, may be ill or have a disability, undertaking unpaid work experience, volunteering, or spending time participating in unpaid activities.<sup>27</sup> Rangatahi NEETS tend to fall into one of three areas: (i) Not in the labour force (i.e. not actively seeking work) and caregiving (ii) Not in the labour force (i.e. not actively seeking work) and not

<sup>22</sup> Hughes, T., Cardona, D., & Armstrong, C. (2022). *Trends in Wellbeing in Aotearoa New Zealand: 2000–2020, Background Paper for the 2022 Wellbeing Report*. New Zealand Treasury. <https://www.treasury.govt.nz/sites/default/files/2022-04/bp-trends-wellbeing-aotearoa-new-zealand-2000-2020.pdf>

<sup>23</sup> (Samoilenko & Carter, 2015).

<sup>24</sup> Huang, T. (2021). *Youth Not in Employment, Education or Training (NEET) in Auckland: Trends June 2011 to June 2021*. Auckland Council Research and Evaluation Unit.

<sup>25</sup> Clark, T., Gontijo de Castro, T., Pillay-Hansen, K., Shaw, G., Fenaughty, J., Tiatia-Seath, J., Bavin, L., Peiris-John, R., Sutcliffe, K., King-Finau, T., Crengle, S., Le Grice, J., Groot, S., & Fleming, T. (2022). *Youth19 Rangatahi Smart Survey: The Health and Wellbeing of Youth Who Are Not in Education, Employment or Training (Y-NEETS)*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington.

<sup>26</sup> Smeaton, D., Hudson, M., Radu, D. & Vowden, K. (2017). *The EHRC Triennial Review: Developing the Employment Evidence Base*. Policy Studies Institute. [https://www.researchgate.net/profile/Maria-Hudson/publication/312190495\\_The\\_EHRC\\_Triennial\\_Review\\_Developing\\_the\\_Employment\\_Evidence\\_Base/links/58751dd808ae329d62205cf1/The-EHRC-Triennial-Review-Developing-the-Employment-Evidence-Base.pdf](https://www.researchgate.net/profile/Maria-Hudson/publication/312190495_The_EHRC_Triennial_Review_Developing_the_Employment_Evidence_Base/links/58751dd808ae329d62205cf1/The-EHRC-Triennial-Review-Developing-the-Employment-Evidence-Base.pdf)

<sup>27</sup> (Ralston et al., 2022).



caregiving (iii) Unemployed (i.e. actively seeking work).<sup>28 29</sup> In 2016, over 40 percent of rangatahi NEETs in Aotearoa New Zealand were classed as being unemployed, while 45 percent were aged between 22 and 24 years old.<sup>30</sup>

## Factors contributing to being NEET

Broad factors such as highest qualification, having a driver licence, having children, having a parent receiving benefit income and the level of area deprivation were found to be strong predictors of long-term NEET status.<sup>31</sup> Caregiving, for instance, is a significant contributor to national rangatahi NEET rates. Of rangatahi NEETs in Aotearoa New Zealand, 19 percent were in caregiving roles.<sup>32</sup> It has also been found that over 40 percent of Māori NEET are caregivers, compared to between 20 percent and 33 percent in other ethnicities.<sup>33</sup> Pacific peoples also have high rates of volunteering and unpaid work, including caregiving.<sup>34</sup> Between 2011 and 2021, female rangatahi were over 90 percent of Aotearoa New Zealand's NEET in caregiving roles.<sup>35</sup> In 2018, for NEETs aged between 20- and 24-years-old, 62 percent were young mothers, while 15 percent were young men.<sup>36</sup> Caregiving roles impact employment pathways in a variety of ways. For example, single mothers find it more difficult to obtain employment and need more working flexibility than other women of the same age.<sup>37</sup> Since these young mothers are aged 24 and younger, their children are often young, and childcare needs are of even more significance.<sup>38</sup> Therefore, caregiving, specifically for young women looking after children, requires careful consideration when evaluating programmes that work with NEET young people.

The labour market both regionally and nationally also impacts on young NEETs. Labour market supply and demand determines how many jobs are available and ultimately how many employees are needed.<sup>39</sup> Depending on fluctuating economic factors and influences, the need for certain jobs in different industries and regions varies.<sup>40</sup> These variations are exacerbated during a period of economic downturn when young people

<sup>28</sup> Pacheco, G., & Van der Westhuizen, D. (2016). *Y-NEET: Empirical Evidence for New Zealand*. New Zealand Work Research Institute. <https://foundation.vodafone.co.nz/wp-content/uploads/2017/05/Y-NEET-Empirical-evidence-for-NZ.pdf>

<sup>29</sup> Bivens, J. (2018). *The fuzzy line between "unemployed" and "not in the labor force" and what it means for job creation strategies and the Federal Reserve*. Economic Policy Institute.

<sup>30</sup> (Pacheco & Van der Westhuizen, 2016).

<sup>31</sup> Apatov, E. (2019). *The drivers behind the higher NEET rate for Māori and Pacific youth: Insights from administrative data*. MBIE. <https://www.mbie.govt.nz/dmsdocument/10355-the-drivers-behind-the-higher-neet-rate-for-maori-and-pacific-youth-main-report>

<sup>32</sup> Huang, T. (2021). *Youth Not in Employment, Education or Training (NEET) in Auckland: Trends June 2011 to June 2021*. Auckland Council, Research and Evaluation Unit. <https://www.knowledgeauckland.org.nz/media/2247/tr2021-20-youth-not-in-employment-education-or-training-neet-in-auckland-trends-2011-2021.pdf>

<sup>33</sup> Warburton, D., & Morrison, P. S. (2008). Domestic responsibilities and the employment of young Māori women. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 3(2), 149-167. <https://doi.org/10.1080/1177083X.2008.9522439>

<sup>34</sup> Ministry for Pacific Peoples. (2021). *Pacific Economy Research Report on Unpaid Work and Volunteering in Aotearoa*. <https://www.mpp.govt.nz/assets/Reports/Pacific-Economy-Research-Report-on-Unpaid-Work-and-Volunteering-in-Aotearoa.pdf>

<sup>35</sup> (Huang, 2021).

<sup>36</sup> Potter, D., & Macky, R. (2018). *Mostly-NEET through 2015: Integrated data insights by motherhood status*. Ministry for Women. [https://women.govt.nz/sites/public\\_files/Mostly%20NEET%20through%202015.pdf](https://women.govt.nz/sites/public_files/Mostly%20NEET%20through%202015.pdf)

<sup>37</sup> (Potter & Macky, 2018).

<sup>38</sup> (Potter & Macky, 2018).

<sup>39</sup> McGirr, M. (2019). *Not just about NEETs: A rapid review of evidence on what works for youth at risk of limited employment*. Ministry of Education. [https://www.educationcounts.govt.nz/\\_\\_data/assets/pdf\\_file/0005/194513/Not-just-about-NEETs.pdf](https://www.educationcounts.govt.nz/__data/assets/pdf_file/0005/194513/Not-just-about-NEETs.pdf)

<sup>40</sup> (McGirr, 2019).

are disproportionately negatively impacted.<sup>41</sup> Socioeconomic factors are linked to the long-term NEET rate gap Māori and Pacific rangatahi experience. This impact has been magnified for rangatahi, specifically on unemployment, during COVID-19 and the ongoing effect it has had on the labour market.<sup>42</sup> In particular, there have been severe disruptions to education and training, difficulties for young people entering the labour market, and job losses and income decline.<sup>43</sup>

Soft skills and work experience have been identified as two key factors that limit rangatahi employment options over a sustained period of time.<sup>44</sup> Employers value soft skills such as attitude, conscientiousness and interpersonal skills, which rangatahi can find difficult to demonstrate, especially in an interview-like setting.<sup>45</sup> In addition, rangatahi are often placed in a difficult position when trying to find employment and competing for available jobs.<sup>46</sup> Work experience, or a lack thereof, impacts employability.<sup>47</sup> Helping young NEETs overcome some of these barriers and engage in employment pathways could help spur economic productivity, impacting both the rangatahi and their community.<sup>48</sup>

## He Poutama Rangatahi

As a response to national concerns about high rates of NEETs, He Poutama Rangatahi (HPR) was developed in 2017 by a cross-agency group led by the Ministry of Business, Innovation and Employment (MBIE). The initiative was established to address two issues that have not been resolved by current policy settings: high concentrations of rangatahi more likely to fall into patterns of long-term unemployment in some provincial areas, and the inability of the regional labour market to meet demand by employers for unskilled and skilled workers in the same regions.

HPR was developed and implemented through a partnership approach between central government and regional leadership and was designed to facilitate the regional delivery of life skills, education, training and employment opportunities to local rangatahi (c.f. *Factors contributing to being NEET* section). A Cabinet paper (July 2017) set out nine initial operating principles for HPR that were agreed across agencies, outlining how the initiative would operate. While these earlier principles guided the design of HPR, they were later aligned with what communities identified as important to achieve successful outcomes for their rangatahi in a later Cabinet paper (13 December 2017). Appendix A outlines these delivery principles. Through these principles, HPR focused on a sub-group

<sup>41</sup> Tipper, A., & Fromm, A. (2013, July 3-5). *Earning, learning, or concerning? Youth labour market outcomes and youth incomes before and after the recession*. [Paper presentation]. New Zealand Association of Economists (NZAE) Conference, Wellington, New Zealand.

<sup>42</sup> Jalal, F. (2021). *Corona Pandemic and World of Work: Employment Crisis and Need of Visible Government Hands*. 7th Conference of the Regulating for Decent Work Network, Geneva, Switzerland.  
[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---inst/documents/genericdocument/wcms\\_818113.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---inst/documents/genericdocument/wcms_818113.pdf)

<sup>43</sup> (Jalal, 2021).

<sup>44</sup> (McGirr, 2019).

<sup>45</sup> (McGirr, 2019).

<sup>46</sup> (McGirr, 2019).

<sup>47</sup> (McGirr, 2019).

<sup>48</sup> MBIE. (2019). *Our Youth Employment Action Plan: Setting our young people on a strong pathway to fulfilling working lives*. <https://www.mbie.govt.nz/dmsdocument/6613-our-youth-employment-action-plan>

of rangatahi, in particular those 15- to 24-year-olds who are NEET and face the greatest challenges in gaining sustained or continuous periods of employment.<sup>49</sup>

In January 2018, HPR was piloted in four regions: Te Tai Tokerau (Northland), Te Moana-a-Toi (the eastern Bay of Plenty), Te Tairāwhiti (the East Coast) and Te Matau-a-Māui (Hawke's Bay). Historically, these regions have seen high rates of NEETs, especially affecting rangatahi Māori. HPR prioritised supporting community-based youth employment programmes in order to strengthen rangatahi skills for work-readiness and employment.

In 2019, the programme received further funding as an investiture workstream of the Provincial Growth Fund to lift productivity potential and support improved outcomes for rangatahi in all regional communities, especially for rangatahi Māori. The programme was expanded beyond the initial four pilot regions.

In July 2021, HPR was transferred from MBIE, the New Zealand government agency charged with delivering a "strong New Zealand economy", to the Ministry of Social Development (MSD), the New Zealand government agency charged with helping New Zealanders be safe, strong and independent. The transfer reflected HPR's community and individual focus, and aligned provision of employment-related services to MSD's core functions. Further, the transfer was believed to assist continued consolidation of service delivery, improve clarity for providers, employers and clients on how to access work-readiness and employment supports and services, and to support the alignment of reporting requirements.

HPR started engaging with small community providers and some employers from 2018, offering services to approximately 2,300 rangatahi in late 2019.<sup>50</sup> By mid-2022, this had grown to 63 providers offering services to 3,603 rangatahi.

MSD set out the logic behind HPR in an intervention logic model (c.f. Appendix B). There are several features that are believed to be integral in relation to meeting locally identified needs. These are:

- the use of regional and community initiatives, in partnership with central government, to achieve the common goals of assisting rangatahi at risk of long-term unemployment and supporting local employers to recruit and hold staff
- recognising that rangatahi at risk of long-term unemployment face distinctive barriers to finding and holding a job, and that these barriers can differ from place to place
- flexibility and innovation in addressing barriers faced by rangatahi at risk of long-term unemployment
- the need for greater support for longer periods of time for rangatahi (and their employers) to find and hold a job than is available through existing initiatives – a pathway approach.

<sup>49</sup> Sustained employment is defined as being in continuous employment, but does not require continuous employment with the same employer.

<sup>50</sup> Standard of Proof. (2020). *HPR Monitoring Report*.

As of January 2023, there were 63 active HPR initiatives across 11 regions. HPR supports community providers to enrol rangatahi into their programmes based on their local knowledge, expertise and connections. When they apply to receive HPR funding, providers are asked to demonstrate how they will enrol the rangatahi who are NEET and face challenges gaining sustained employment. Some rangatahi are referred by whānau, peer groups and government agencies such as MSD, Oranga Tamariki and the Police.

## He Poutama Rangatahi evaluation

The evaluation was commissioned by MSD to help understand the relevance, coherence and effectiveness of HPR to inform decision making about the future of the programme and its development. Specifically, the evaluation seeks to answer two key evaluation questions (KEQs).



### Key evaluation questions (KEQs)

#### **KEQ 1: How, and how well, has HPR enabled coherence and relevance?**

- a. How well does HPR enable meeting the community and local labour needs?
- b. To what extent did the current HPR programme retain alignment to its original intent over time?
- c. How has the transition from MBIE to MSD enabled or hindered support available for rangatahi and communities?
- d. To what extent does the current HPR programme and the providers' delivery enable Te Pae Tata and Pacific Prosperity?

#### **KEQ 2: How, and to what extent, has HPR assisted NEET aged between 15 and 24 to overcome barriers to positive outcomes in the labour market and their lives?**

- a. To what extent has HPR achieved its intended education, training, and/or employment goals for the targeted rangatahi, in particular for Māori?
- b. How well and to what extent have HPR rangatahi progressed on a pathway, overcoming barriers to positive life outcomes?
- c. How well and in what way are providers' different pastoral care and mana-enhancing models of service helping rangatahi overcome barriers to positive life outcomes?
- d. What can be learned from the experience, identifying any intermediary steps or cues that signal when rangatahi are becoming more engaged with the programme and their futures?



# EVIDENCE & APPROACH OVERVIEW





# Evaluation approach and methods

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The evaluation serves a learning purpose for MSD. The information will be used to contribute to MSD's work supporting the Māori Employment Action Plan Te Mahere Whai Mahi Māori<sup>51</sup> and Pacific Prosperity – Our People, Our Solutions, Our Future<sup>52</sup> and in improving the design of HPR moving forward. The evaluation also serves an accountability purpose, to inform decision making about the future of HPR and future budget bids.

Serving these different purposes required a combination of multiple, complementary evaluation methods and strategies. The quantitative workstream prioritised capturing evidence to serve the accountability function, highlighting longer-term effects across the early participants in the pilot programme (2018-2019 enrolments). The qualitative component contributed to this by providing context and performance stories, and more recent evidence of the impact of the HPR programme. The quantitative workstream prioritised capturing evidence to support MSD's learning, helping shape the future design of the service and MSD more broadly, with the qualitative results supporting this where possible.

Although not a kaupapa Māori evaluation, a kaupapa Māori methodology guided the qualitative component of the evaluation by drawing on ngā uara (values), tikanga (practices), te reo Māori and Māori practice models.<sup>53</sup> Kaupapa Māori literally means a 'Māori way' of doing things and the concept of kaupapa implies a way of framing and structuring how we think about and do evaluation with Māori.<sup>54</sup> This approach acknowledged that rangatahi Māori make up the largest proportion of HPR participants and supported the kaupapa Māori evaluators in their engagements with providers, rangatahi and whānau. Specifically the kaupapa Māori evaluators practice was underpinned by:

- Whanaungatanga – building and maintaining respectful relationships
- Rangatiratanga – acting with authority and acknowledging leadership
- Manaakitanga – looking after those we interact with and taking care of ourselves
- Mana Motuhake – recognising rights, responsibilities and independence
- Kaitiakitanga – ensuring the protection and safety of people, information and the environment
- Kotahitanga – collaboration and working toward synergistic outcomes for all.

A kaupapa kōrero or narrative inquiry approach was utilised to meet the aim of the evaluation – to gather rangatahi and provider voices and experiences. Drawing on

<sup>51</sup> MBIE. (2022). *Te Mahere Whai Mahi Māori: The Māori Employment Action Plan*.

<https://www.mbie.govt.nz/dmsdocument/18759-te-mahere-whai-mahi-maori-maori-employment-action-plan-english>

<sup>52</sup> The purpose of Pacific Prosperity, MSD's Pacific strategy and action plan, is to rejuvenate MSD's delivery of services for Pacific peoples, families and communities so they are safe, thrive and flourish in Aotearoa.

<sup>53</sup> Smith, L. T. (1999). *Decolonising Methodologies*. Research and Indigenous People's London, UK: Zed Books and Otago University Press.

<sup>54</sup> Cram, F. (2009). Maintaining indigenous voices. In *The handbook of social research ethics* (pp. 308-322). SAGE Publications, Inc.

whanaungatanga, the kaupapa Māori evaluation team facilitated discussions with rangatahi, whānau, providers and employers. The use of kaupapa kōrero or narrative as a tool helped to explore and express experiences as Māori and also to understand the lived experiences of all rangatahi, whānau, providers and community stakeholders.<sup>55</sup>

This qualitative approach was coupled with the quantitative approach, which formed a separate evaluation report.<sup>56</sup> This later approach focused on using secondary data available from the programme and within the IDI using a quasi-experimental approach and statistical techniques to understand the HPR cohorts and progress made by HPR participants. The evaluation approach was accepted by MSD's privacy team and ethics panel on 8 November 2022. It integrates evidence collected across the qualitative and quantitative evaluations to provide greater confidence in the findings (c.f. overview in Appendix C).

The evidence used as part of this evaluation is detailed below.

### **Secondary (programme) documents (n=70 documents)**

First, the evaluation team reviewed HPR administrative documents, data and secondary documents, both historical and current. The specific 47 documents were those created as part of the administration of HPR such as planning documents, administration documents and operational process maps and reports. The reviewed documents also included 23 case studies submitted by 21 active HPR providers about 22 HPR programmes.<sup>57</sup> The case studies were selected by the HPR evaluation team as a cross section of what was most readily available at that time. They represent 22 unique programmes across nine different regions in Aotearoa New Zealand (c.f. Appendix D).

### **Interviews with government officials (n=6 individuals)**

The evaluation team also undertook interviews with six MSD government officials, five from MSD national office and one from a regional office. The officials involved with the administration of HPR were selected by MSD as those individuals who could describe and provide views about the local and national application processes and engagements, monitoring, management and planning for HPR, and overall national oversight. The engagements used a semi-structured interview approach, using interview schedules as a guide while selecting questions relevant to each person's role and experience with HPR (Appendix E).

The evaluation team used an inductive thematic analysis approach, identifying themes that emerged from the interviews, which were coded and organised around each evaluation question. These were then tested against the logic model (c.f. Appendix B) to identify evidence supporting and/or contradicting the expectations.

<sup>55</sup> Ware, F., Breheny, M., & Forster, M. (2018). Kaupapa Kōrero: a Māori cultural approach to narrative inquiry. *AlterNative: An International Journal of Indigenous Peoples*, 14(1), 45-53.

<sup>56</sup> Wang, N., Jarvis-Child, B. (2023). Quantitative Evaluation of He Poutama Taitamariki and He Poutama Rangatahi. Ministry of Social Development.

<sup>57</sup> Two case studies were provided for one provider, covering two time periods; Two case studies submitted by one provider highlighted two different funded programmes.

### **Provider site visits (n=9 sites) and interviews or hui with providers, rangatahi, employers, iwi and whānau members (n=137 individuals)**

Two kaupapa Māori evaluators also carried out site visits and interviews across two regions with historical significance to HPR (Bay of Plenty and Hawke's Bay) and two further regions (Auckland and Canterbury). They collated information from 44 kaimahi, 67 rangatahi, 10 individual whānau members, four iwi representatives<sup>58</sup> and 12 employers associated with nine HPR providers. A semi-structured interview schedule was used as a guide (c.f. Appendix E), alongside the interviewee's knowledge and interests.

All of the interviews with Māori providers, rangatahi and whānau were undertaken by the kaupapa Māori interviewers. Interviews were transcribed and coded to align to the KEQs. The evaluators then undertook a synthesis process to draw the different strands of information together and map them against the KEQs.

### **Stats NZ Integrated Data Infrastructure (n=510 rangatahi)**

The Stats NZ Integrated Data Infrastructure (IDI) was used to assess the longer-term impacts up to 24 months after enrolment. This longer-term impact analysis was undertaken on those HPR participants who enrolled between 2018 and 2019 (n=510) because of the availability of data in the IDI, and the impact of the pilot programme was estimated through a counterfactual design. Using the statistical matching technique propensity score matching (PSM), participant outcomes were compared to similar statistically matched rangatahi who did not participate in the programme (the counterfactual). Therefore, the impacts above and beyond what would have been achieved without HPR support were estimated (c.f. Technical Report: He Poutama Taitamariki and He Poutama Rangatahi Quantitative Evaluation).

### **Programme-level data (n= 2,998 rangatahi)**

Programme-level data, collected by HPR providers about their HPR participants, was used to understand current and past HPR participants and their achievements, and to identify any changes over time.

Rangatahi enrolment information made clear the participants' age, gender and ethnicity, as well as their qualification level, NEET status, and whether they have: a driver licence, been stood down or expelled from school, any previous criminal convictions, and caregiving responsibilities.

The programme data also highlighted participants' achievements. These data helped to understand the diversity of rangatahi achievements among the 2,998 rangatahi who were enrolled in HPR between 2018 and 2022. The majority of these (94 percent) were enrolled between 2021 and 2022. Using these data, participant education, employment and training outcomes were analysed and broken down by key groups of interest (for example, ethnicity, gender, region and age). Further, regression techniques were used to estimate whether the programme outcomes were significantly different among subgroups (for example, comparing Māori to non-Māori rangatahi). The outcomes

<sup>58</sup> Iwi representatives are working in an iwi service or member on iwi trust boards



analysed include entering employment and/or training but also include outputs achieved along their pathway (where available).

## **Synthesis and evaluative judgements**

These data were woven together to achieve a useful and coherent evaluation of HPR (c.f. Appendix C, Table 7), while allowing for triangulation. Triangulation was first done in the initial sense-making session with the evaluation team who each focused on different elements of the evidence to test it. A storyline was developed from this initial session. The data to support or challenge this storyline were further integrated through the report writing process, weaving together the different quantitative and qualitative workstreams across an iterative writing process. A further sense-making workshop was held with the evaluation team and MSD. This helped to validate and contextualise the conclusions reached.

This triangulated evidence was used to test and validate judgements about whether or not HPR was meeting expectations in terms of:

- relevance to communities in which they operate, and the rangatahi that they support
- coherence with HPR's original intent, and MSD's organisational system of support and key policy objectives Te Pae Tata and Pacific Prosperity
- effective insofar as enrolling rangatahi who face the greatest challenges, and helping them achieve their employment, education and/or training goals and positive life outcomes (e.g. wellbeing, social participation and connectedness).

The judgements to determine whether HPR met these expectations were guided by the standards of success agreed with MSD (c.f. Appendix C, Table 8).

## **Strengths and limitations**

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The quality of the evidence and approach were appropriate for the agreed purpose of this evaluation, as per the agreed evaluation plan with MSD. Nonetheless, the findings should be read within the context of the strengths and limitations of each evaluation approach.

First, the results describe a variety of experiences of how HPR is administered nationally and regionally and, more specifically, in the unique contexts of nine providers. Although these experiences are recent and not generalisable, they provide a contextualised picture and have been triangulated to identify salient themes of success and opportunities for HPR.

The nine providers helped guide the evaluation in selecting and engaging staff, rangatahi and employers relevant to their programme. This approach to participant selection likely introduced a positive bias. Nonetheless, the interview questions aimed to elicit information about what works and doesn't work for these engaged individuals.

Although providers from all regions were examined as part of the programme data, there were only nine regions included across the secondary data case studies, and four regions included as part of the regional visits. Those regions missing from the qualitative evaluation include the West Coast and Marlborough regions. However, there were few active programmes within these regions (n=3), and all of these had commenced after the evaluation began, resulting in very limited data submitted as part of delivery. These were therefore excluded from the qualitative evaluation.

A kaupapa Māori approach positioned Māori world views and what Māori value and believe as authoritative, legitimate and valid to help guide the evaluation with rangatahi Māori, whānau and iwi. It also ensured that the methods were appropriate for participants and findings were critically analysed with respect to Māori, as Māori, their values, identity and experiences.

Kaupapa Māori in the context of this evaluation is concerned with both methodology (a process of enquiry that determines the methods used) and method (the tools that can be used to produce and analyse data). This dual focus ensures both the appropriateness of methods for Māori and a critical analysis of the findings with respect to Māori. This includes a respect for people (aroha ki te tangata), looking and listening before speaking (titiro, whakarongo, kōrero) and being humble (ngākau māhaki), being careful in our conduct (kia tūpato) and ensuring we uphold the mana of all people (kaua e takahia te mana o te tangata).<sup>59 60 61</sup>

A second key requirement for this evaluation, notably for the quantitative evaluation, was to help MSD understand the effects of the HPR programme above and beyond what would have been achieved otherwise (without the programme). Precise estimates of the effect were essential given that the resultant decisions could affect the continuation of funding. As such, the results statistically quantify the expected longer-term benefits of HPR, at least for a cohort of rangatahi in the two-year period following enrolment in 2018-2019. However, these benefits are reflective of HPR during the pilot years (2018-2019). The results are therefore limited and reflect only the early *pilot programme* rather than the current HPR programme. The subsequent changes made to the delivery of the programmes, such as longer contracts for HPR providers, are not reflected in these results.

The statistical matching technique PSM ensures there are no significant differences between participants and the counterfactual based on observed characteristics. While a wide variety of characteristics have been included, unobserved and uncorrelated differences could still exist. These differences may mean the impacts in this report in part reflect these prior unobserved differences between the two groups rather than just the effect of participating in the programme or not. Nevertheless, this method provides the best available counterfactual, considering the programmes were not designed to be evaluated using a randomised-control trial that requires random allocation of eligible rangatahi to participate in the programmes or a control group. This would have accounted for any unknown differences between the groups.

<sup>59</sup> Cram, F. (2001) *"Rangahau Māori: Tona Tika, Tona Pono"* in M. Tolich (ed.) *Research Ethics in Aotearoa*, Longman, Auckland, pp.35-52.

<sup>60</sup> Smith, G.H. (1997) *The Development of Kaupapa Māori Theory and Praxis*, doctoral thesis, University of Auckland.

<sup>61</sup> Smith, L.T. (1999) *Decolonising Methodologies: Research and Indigenous Peoples*, Zed Books, New York, and Otago University Press, Dunedin.

Further, the counterfactual groups may have also received other forms of assistance, either through MSD or other agencies. Therefore, the reported impacts represent the contribution of HPR on participant outcomes against any benefits these alternative forms of assistance offered the counterfactual group. However, this issue would also apply to a randomised control-trial.

Nonetheless, the approach makes use of a balanced, matched comparison group to provide robust estimates of HPR's impact on the 2018-2019 cohort of rangatahi in terms of increased engagement in employment, education and training, and reduced benefit receipt. These impact estimates are overall statistics on this group, but they are not able to describe the potentially profound effects the programme may have had on some individuals.

The programme data also highlighted participants' achievements. However, there are no standardised output categories that providers are expected to report on, which limits what the evaluation can say about the system-wide achievements of the programme. Additionally, the outcomes assessed 12 and 24 months after enrolment coincide with the COVID-19 pandemic, with rangatahi facing financial instability and existing inequalities for Māori and Pacific rangatahi likely exacerbated during this time.<sup>62</sup> However, we expected that these COVID-19 effects would be experienced similarly for participants and non-participants and assumed the matching technique used could detect the effects of the HPR pilot on participant outcomes, albeit within the COVID-19 context.

The majority (94 percent) of programme-level data came from rangatahi enrolled between 2021 and 2022, meaning it is not representative of the earlier years of the programme (2018-2020). There was also no comparison group for this data, meaning it is primarily used to help tell a broader story than would otherwise be available with the administrative (IDI) data.

<sup>62</sup> Webb S, Kingstone S, Richardson E, Flett J. Rapid Evidence Brief: COVID-19 Youth Recovery Plan 2020-2022. 2020. Wellington: Te Hīringa Hauora/Health Promotion Agency



# FINDINGS



# FINDINGS

The findings and the supporting evidence are presented below as answers to each KEQ. The salient themes that emerged from the data, as a high-level result, are presented as a series of bolded, numbered findings statements. The evidence justifying each finding statement are summarised below each statement.

Individual finding statements are cross-referenced throughout the report as 'c.f. finding statement' and guide the reader to similar findings in the report.

## To what extent did the current HPR programme retain alignment to its original intent over time?

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HPR was initially announced on 12 July 2017. The original, key operating principles were defined in the original Cabinet paper (22 June 2017), which were later aligned with what communities identified as important to achieve successful outcomes for their rangatahi in a later Cabinet paper (13 December 2017). These later principles, as set out in the December 2017 Cabinet paper, served as the **HPR principles**, and for the purposes of this evaluation, define its "original intent" (c.f. KEQ1b). These principles were established when HPR was in MBIE's Regional Development Unit (RDU). In late 2018, it was moved to the MBIE's Provincial Development Unit (PDU), and then in July 2021 HPR was moved to MSD. This section documents how the programme has evolved since these key operating principles were in place.

### HPR has remained aligned to many of the principles relevant to communities and rangatahi

#### **1.1. While HPR shifted away from funding regions with emerging employment opportunities in the pilot programme, HPR has continued to support rangatahi in regions with high NEET rates.**

According to its principles, HPR would prioritise funding to *regions with the greatest proportions (relative to population size) of youth who are most at risk of long-term unemployment* (Principle 2). It would also have at least a partial focus on employment opportunities, and: *Focus on the employers who are telling us through the Regional Growth Programme (RGP) (and likely to grow through the Provincial Growth Fund<sup>63</sup> (PGF) that they have jobs available...* (Principle 5). Both these principles reflect the early

<sup>63</sup> The Provincial Growth Fund was established to raise the productivity potential of regional New Zealand. The PGF was particularly targeted towards towns and sub-regions, and the six PGF 'surge' regions were: Tai Tokerau (Northland); Te Moana-a-Toi (Bay of Plenty); Tairāwhiti (East Coast); Te Matau-a-Māui (Hawke's Bay); Manawatū-Whanganui, including Horowhenua; and the Te Tai Poutini (West Coast). (c.f. <https://www.mbie.govt.nz/dmsdocument/21594-evaluation-of-the-provincial-growth-fund>)

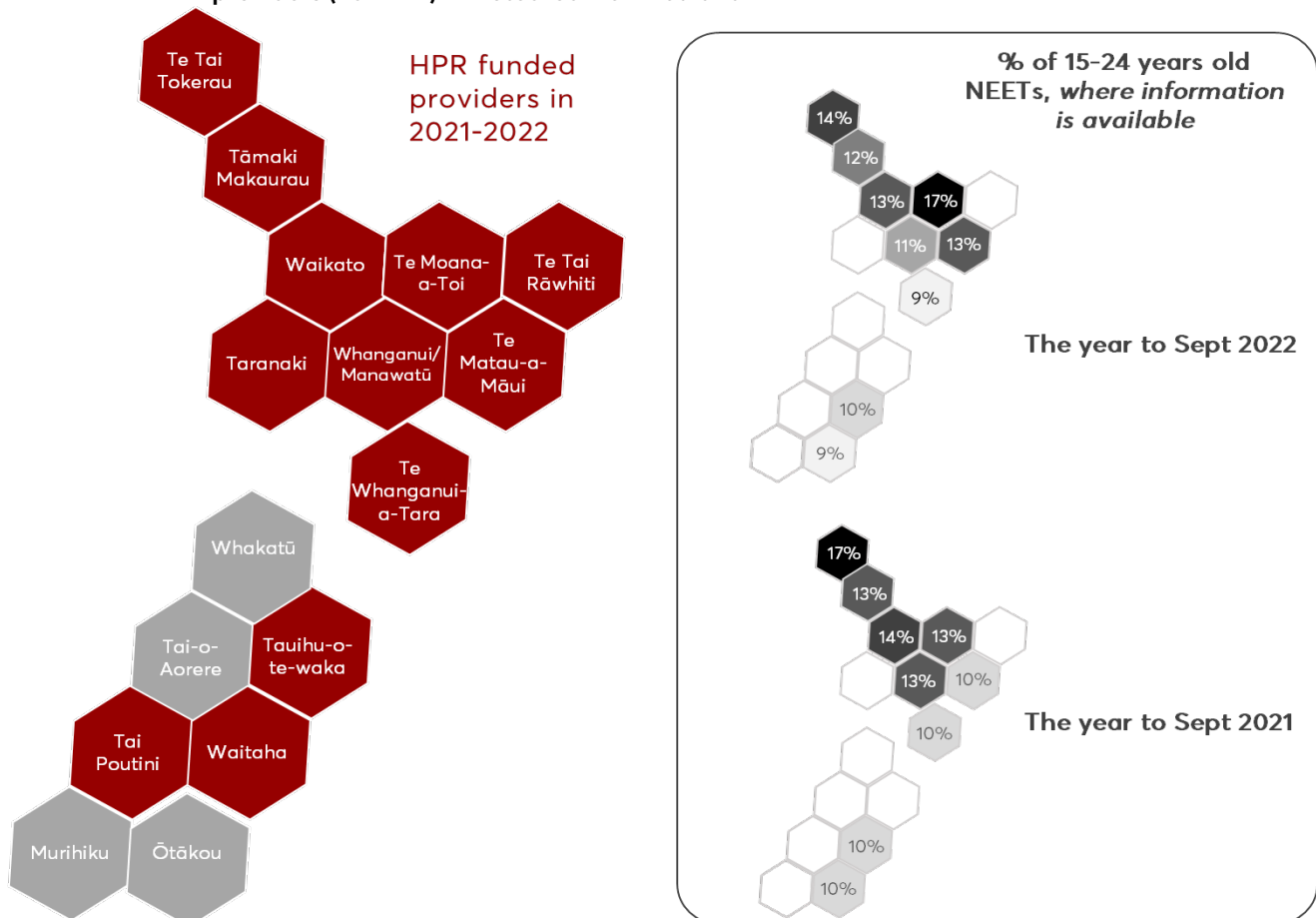


pilot approach to the programme, targeting specific regions linked to unemployment and emerging employment opportunities.

During the time that HPR was managed by MBIE, the pilot programme focused funding on regions with the greatest proportion of 15- to 24-year-old NEETs, as reflected in HPR's principles. These regions were Te Tai Tokerau (Northland), Te Moana-a-Toi (the eastern Bay of Plenty), Te Tairāwhiti (the East Coast) and Te Matau-a-Māui (Hawke's Bay). HPR funding was also linked to "surge regions" or areas – regions identified by the Provincial Development that needed investment, as further reported by a key official (interview). MBIE aligned HPR funding to potential job opportunities which were expected to emerge from large infrastructure funding from the Provincial Development Unit (PDU). HPR also funded at least two employers to provide HPR support to rangatahi between 2018 and 2019, as reported by a government official, which further highlights this initial "closeness" to the labour market. HPR was, at least in part, building local capability to support the expected capacity demand in those regions.

Government officials reported that the impacts of COVID-19, at least in part, prompted wider allocation of HPR funding to more regions and urban areas. When HPR transitioned from MBIE to MSD in 2021, HPR-funded projects were no longer linked to the PDU's infrastructure projects. Although the clear link to the RGP and the focus on potentially emergent employment opportunities via these funded infrastructure projects was lost, at least in part, HPR continued to support rangatahi in regions with high NEET rates, as shown below.

**Figure 2: NEET rates among 15- to 24-year-olds (year to September 2022) and the numbers of HPR providers (2021-22) in Aotearoa New Zealand**



## **1.2. HPR has retained the requirement for providers to report employment placements, while providers' ability to connect rangatahi to employment opportunities has remained a condition for funding.**

Two of HPR's principles highlight the initial focus on employers and employment opportunities, alongside the focus on communities:

- Principle 1: *Focus on the needs of people – both rangatahi and employers – not on designing new programmes from the centre.*
- Principle 5: *Focus on the employers who are telling us through the RGP (and likely to grow through the PGF) that they have jobs available. Support employers to identify how local youth can meet their future labour skills needs, and to employ and retain them in employment.*

HPR administrative documents highlighted how the programme has kept a focus on employers. Notably, the HPR funding application forms, which have remained largely similar over the years, require providers to provide information about employers they are targeting (c.f. finding statement 2.4).

While government officials had continued to expect providers to engage with employers as part of delivery, HPR reduced the requirement for providers to periodically report about employers in relation to potential employment opportunities. HPR administrative documents showed that HPR providers were required to capture and report information from employers defining their sector, and the number of current and potential employment opportunities available for HPR rangatahi. While the early HPR programmes reported this information, the summary of the HPR monitoring data (21 January 2020) showed that these data were "low quality" given the low completion rates for this information. Similarly, one government official noted that it was difficult to keep employers engaged with the reporting. These monitoring requirements changed over time, as one official noted, in response to providers' feedback and upon consideration of MSD's information needs. Although the requirement to capture information from employers and identifying demand-side *opportunities* was removed from the formal monitoring requirements, the requirement to capture actual *placements* into employment, education or training was retained in the monitoring, and the consideration of providers' relationships and experience working with employers has been retained in the application forms.

## **1.3. HPR has retained its focus on individuals, community leadership and local intelligence, as intended.**

HPR administrative documents, alongside interviews with government officials and HPR providers, clearly and consistently demonstrated an explicit focus on the needs of the people, community leadership and local intelligence. Principle 1 highlights a focus on "the needs of the people". Over time, this focus was maintained, as clearly and consistently demonstrated through the administrative documents and secondary data. Prior to 2020, the unique needs and progress of each enrolled rangatahi were measured and reported according to 20 characteristics relevant to the individual's wellbeing (e.g. self-belief, sense of belonging, cultural connection), health (e.g. physical health, broader health),

employment (e.g. relevant training, work experience, time management) and the broader context (e.g. caretaking, influential people). The later programme data showed that the monitoring requirements shifted from 2021, as providers reported on outputs achieved by each rangatahi.

In terms of community leadership, the HPR team has supported potential providers to develop their proposals, but the proposals are led by the provider, who reflects upon local issues and needs and how they can respond to these within their community. In most cases, providers were reported to have connected with community organisations and services to ensure that their programme design reflected community need.

This approach, reported as consistent over time, largely reflects HPR intentions across two separate principles:

- Principle 4: *Start with understanding community aspirations, and what they already have underway, and consider how we could support them including scaling up and/or adapting.*
- Principle 3: *The approach should be led from the region (or sector).*

Several government official interviewees also reported that the HPR team seeks advice from different agencies, such as Te Puni Kōkiri and their local regional offices. This activity was believed to reduce duplication and aligns to the HPR principles that:

- Principle 6: *HPR will complement rather than duplicate existing government services or programmes; new services or some re-packaging of existing services may be needed and will be considered only if gaps are clearly identified.*
- Principle 7: *New funding to address any identified gaps should only be proposed where the support of the community and the Senior Regional Official under the RGP is clear, local capability to utilise it is transparent, and where the realignment of existing services is unlikely to meet needs.*

#### **1.4. HPR has continued to enrol those rangatahi who face the greatest challenges in gaining sustained employment, as intended.**

The principles set the expectation that HPR would focus *on the regions with the greatest proportions (relative to population size) of youth who are most at risk of long-term unemployment ...* (Principle 2). As documented in early HPR administrative documents, characteristics identifying those “most at risk of long-term unemployment” were described by community groups, iwi, employers, local agencies and government officials. These characteristics were supplemented with published literature about indicators of long-term unemployment. These characteristics included, for example, being NEET for extended periods of time, having low level qualifications or having been expelled or stood down at school (c.f. Table 1).

Secondary data showed that the earlier (2018–2019) and more recent (2021–2022) HPR cohorts were markedly similar across the range of characteristics that suggested they faced the greatest challenges in gaining sustained employment.

**Table 1: Comparison of enrolled rangatahi according to specified characteristics over time. Source: He Poutama Rangatahi Monitoring Report 2019 and collated data from the 2022 monitoring reports**

Characteristics of enrolled rangatahi	Enrolments in 2018–2019 (n=1,152) <sup>64</sup>	Enrolments in 2021–2022 (n=2,819) <sup>65</sup>
Demographic details upon enrolment		
Māori	85%	83%
Pacific	3%	12%
Male / Female / Gender-diverse	59% / 41% / Unspecified	55% / 44% / 1%
Aged 15–24	96%	93%
Indicators of "at risk of long-term unemployment" (upon enrolment)		
NEET	73%	74%
NEET for 6 or more months	33%	36%
No qualification	35%	46%
Low level qualification (Level 1–3 certificate)	58%	50%
No driver licence	52%	56%
Expulsions or stand-downs from school	37%	36%
Receiving benefit	36%	30%
Caregiver	Unspecified	9%
Criminal convictions	Unspecified	8%

However, in terms of demographics Table 1 shows that there were proportionally more Pacific rangatahi in later cohorts than the earlier cohorts. This finding supports reports by government officials and suggests that Pacific rangatahi became a greater focus for HPR in more recent years, particularly after HPR moved into the Auckland region and urban areas.

### **1.5. Government oversight has been maintained, as intended.**

HPR's principles highlighted two areas of oversight:

- Principle 8: *We will evaluate actions on regular cycles, so that we are confident He Poutama Rangatahi is on track.*

Administrative documents and government official interviews consistently demonstrated alignment with this, and how the Government has maintained oversight. Contracts continue to be monitored. In 2017, the established monitoring system included quarterly enrolment and progress reports and six-monthly case studies, while the most recent reporting requirements have required monthly updates on enrolments and achievements, quarterly reports and six-monthly case studies.

<sup>64</sup> The results come from 14 HPR providers in four regions who began their projects in 2018 and represent 50% of total enrolled rangatahi.

<sup>65</sup> The results come from rangatahi who enrolled with 61 providers in 12 regions between 2021 and 2022. Results in the quantitative evaluation report also include rangatahi who enrolled with these providers between 2018 and 2020 (n=2998).

The secondary documents showed that, since 2017, HPR was formally (and externally) evaluated in terms of the implementation (November 2020). The monitoring results were also collated and summarised in terms of findings in January 2021.

A formal HPR governance group with membership from different regions and government agencies no longer exists. Nonetheless, senior MSD officials were using the monitoring reports to examine how HPR funding aligns with needs and to inform further funding allocation. The senior officials were also using the monitoring reports to examine who is benefitting from the programme (e.g. enrolment information), to be sure they are getting “the right kids through” and to monitor completions and placements into education and training. The HPR operational team were reviewing the case studies to help them advocate for the programme. However, it was recognised that the case studies were not easy to aggregate and report more broadly.

## Lessons learned

### **1.6. Although there was a reduced focus on reporting emerging employment opportunities, HPR providers had continued to focus on employment.**

HPR shifted from MBIE to MSD in 2021, where HPR providers continued to place rangatahi into employment, education and training (EET). Specifically, the monitoring data showed that 64 percent of rangatahi were placed into EET by the time they completed HPR support in 2018–2019, while 72 percent were similarly placed after receiving support in 2021–2022. Many things may have influenced this result, including local employment opportunities and regional conditions at these two unique points in time. This could also be due to longer contracts in later years (c.f. Figure 3). Nonetheless, the result underscores the continued focus among HPR providers on employment, education and training outcomes, irrespective of the reduced focus for them to report on emerging employment opportunities (c.f. finding statement 1.2) and the HPR fund no longer aligning projects to specific large-scale emerging employment opportunities (c.f. finding statement 1.1).

### **1.7. Longer HPR contracts in later years were believed to benefit service delivery and support.**

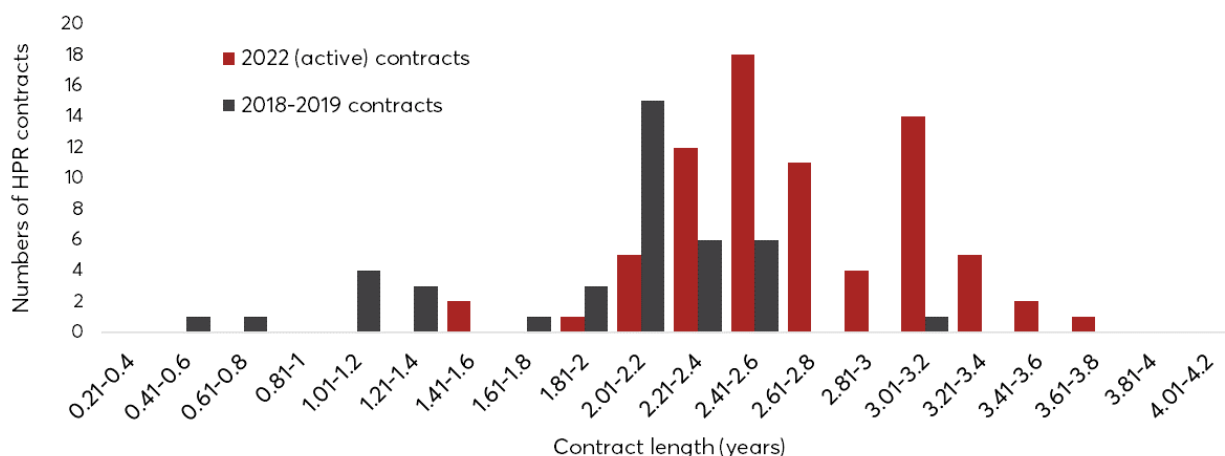
In the first year after HPR transitioned to MSD, 28 percent of all rangatahi in the programme data completed or withdrew from the programme<sup>66</sup> without being placed in an EET outcome. These non-placement rates were similar to those rangatahi who enrolled in 2018–2020 (30 percent, n=130) and those rangatahi who enrolled in 2021–2022 (28 percent, n=1795). Providers said that rangatahi leave the programmes for many reasons, including a change in life circumstances (e.g. becoming pregnant) or moving out of the area. A government official further noted that whānau circumstances or influence can affect whether or not rangatahi continue. In these instances, providers reported that the door was always kept open for rangatahi to return.

<sup>66</sup> A participant completed HPR if they either completed the training component of the programme and are receiving ongoing pastoral support or they have completed the programme and are no longer receiving pastoral support. A participant withdrew if they left the programme before completion.



As noted by key stakeholders and providers, contract duration was one barrier to providing continuous care for rangatahi and enabling them into employment. More recent HPR contracts are longer than projects funded in 2018-2019. As shown below, currently active contracts tend to be longer (averaging 2.5 years) than the 2018-2019 contracts (averaging 1.8 years). As reported by a government official, this reflects MSD's wish to give providers more security and enable longer pastoral care support for rangatahi.

**Figure 3: Distribution of HPR contracts in 2018–2019 (grey) and 2022 (red) by length of contract.**  
*Source: MSD administrative data*



The providers reported that longer contracts can benefit their service delivery in many ways, such as providing confidence and security in what they wanted to deliver and how they could support rangatahi, and being more able to recruit staff for supporting rangatahi (c.f. finding statement 3.3).

Government officials further believed that these longer contracts benefited service support for rangatahi too. As shown above (c.f. finding statement 1.6), these later contracts were more successful than the earlier pilot programme contracts at placing proportionally more rangatahi into EET. Although we cannot be sure with the given evidence, it may be that longer support was what rangatahi needed to obtain a placement.

**1.8. Although the relational kaupapa was retained, more focus on continued engagements between HPR providers and MSD would be beneficial.**

HPR has retained a clear focus on relationships, and although this is not a principle it is clear that this kaupapa has remained consistent since the programme's inception. HPR has its own stakeholder engagement framework – Kia Puāwai – demonstrating the commitment to establishing high-level work relationships and enduring partnerships with HPR partners and stakeholders across Aotearoa. As noted in the framework, the vision exemplifies the importance given to genuine and meaningful relationships that take time to grow and sustain. The vision is:

*Kia Kākano, Kia Tupu, Kia Hua, Kia Puāwai  
To seed, to grow, to prosper, to flourish.*

This focus on relationships between community providers and MSD officials is most clearly evidenced during the proposal development phase, and as described by key officials has remained the same over time. However, as HPR grew and matured, engagements between government officials and HPR providers during delivery lessened. After funding, several government officials noted that HPR programmes were “more hands-off” and apply a “high-trust model.” Providers also shared similar views.

This reduced support was believed to be largely due to limited capacity within the HPR team alongside the growth of the programme. HPR originally provided \$13 million in funding across four regions. It now distributes nearly \$44 million to 63 providers (as at January 2022) across 12 regions (c.f. finding statement 3.1). As such, the relevant relationships on the ground were expected to be existing or made by the community providers. The attention to relationships, with the HPR team helping providers “to prosper, to flourish” (as described in Kia Puāwai), was missing. Such continued engagements and coordination are important for relationships, and to further support accountability.

## How well does HPR enable meeting the community and local labour needs?

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**HPR has consistently directed its focus to community aspirations and needs**

### **2.1. Providers have considered local needs and have addressed rangatahi needs.**

Across all the programmes, as noted above (c.f. finding statement 1.3), the HPR application form and associated processes guided providers towards identifying and making clear their community's needs. Once programmes were funded, monitoring reports and regional interviews showed that providers were delivering programmes and services that aligned to rangatahi needs and considered local community issues. In general, all providers had a good understanding of what was happening in their communities, particularly the broader social and health determinants, and how these determinants impacted on rangatahi. Providers also realised the importance of involving whānau and encouraged their input at the time of enrolment, at graduation celebrations and throughout the programme. However, importantly, whānau involvement only occurred with the permission of the rangatahi as some rangatahi-whānau relations were strained, rangatahi were of an age where whānau were less involved in their day-to-day lives, and/or whānau lived in another town.

The majority of providers were applying an equity lens, and were developing programmes that improve access to employment, education and training opportunities, particularly for rangatahi Māori. While they were focusing on the needs of rangatahi Māori they knew that involving whānau (where possible) and other supports helped to

bring about meaningful change. When whānau were involved and understood the programme and the purpose and support available, they were also able to provide better support to their rangatahi, including encouraging them to attend the programme.

Providers were designing and delivering programmes that respond to rangatahi needs and aspirations and local context, while still maintaining the overarching HPR objectives. The majority of providers were undertaking some form of holistic needs assessment to capture needs and aspirations. They were commonly using the Māori health model, Te Whare Tapa Whā, as a framework, making use of the four dimensions of hauora: taha tinana, taha hinengaro, taha whānau and taha wairua, as outlined by Durie.<sup>67</sup> Providers were applying this model in different ways. In some instances they used it to capture the needs of rangatahi, identify their aspirations and/or self-assess and track individual progress.

*We've got an equity lens. And so what we will do is we will push as much resourcing their way to try and [get] that balance. It may mean that they take longer to get to where they want to be, but if they maintain that engagement and they're making those incremental steps towards where they wanna be and we can support them [in that], then I would say that's an equity response. (HPR provider)*

Many programmes receiving HPR funding had already been operating at a smaller scale to effect transformational change for rangatahi. In many cases a community need was identified and projects were established through the actions of one or two people.

*And that was basically cos a dad was like, "We've got these kids at school, but what happens when they drop outta school, when they leave and who's helping them to get the [skills]? It's all very well to say they need to get a job, but a lot of them don't have those employability skills." And he was like, "They need something to kind of help get them ready for work." And so that was where that idea came from. And then he talked to this person, that person, and then the idea of a programme [started]. (HPR provider)*

## **2.2. Relational approaches have helped build partnerships and respond to community needs.**

There was a clear assumption that HPR's success depends on providers' relationships with rangatahi. This sentiment was echoed in interviews with government officials and providers and in the providers' case study reports.

Providers were aware they could not provide everything rangatahi need, or respond to wider community issues that impact rangatahi, without the help of others. Therefore, they were building partnerships and relationships and generally making efforts to ensure they were well connected in their communities and involved with whānau where possible. Through these relationships the providers were more able to respond effectively to rangatahi.

<sup>67</sup> Durie, M. (1994). Te whare tapa whā. Mental Health Foundation of New Zealand.

The majority of providers had strategic relationships they could use to connect rangatahi to the services they needed and strengthen what they could offer through their programmes. As with most provincial communities in Aotearoa, word of mouth and who you know were critical to providers having a clear understanding of what was happening in their community. For example, in a programme where rangatahi had significant education needs, the provider continued to develop relationships with local school staff, including senior leadership.

*So for us it was, what can we do? Who else around the table can support [HPR]? That was guiding [our] decision to put in an application ... And then working together. (HPR provider)*

In most cases, providers were referring rangatahi to other services. Where it was available, they leveraged the expertise of clinical and non-clinical support within their own organisations and externally. For HPR programmes operating within organisations that delivered a range of services, including health, education, counselling, restorative justice and vocational support, rangatahi were being automatically informed about these and referred if required. Some providers had invited other like-minded services to share a space with them. Rangatahi were then able to access these services more efficiently.

*So there'll be some steps in place when the young person [turns up] ... we call it an introduction to service, but basically it's [a] referral that [she] completes with the young person. So any transfer of information, we do that with the young person [so it] can be seen exactly what's been shared, and how it's being shared and who with. And that will be lodged with the [entire] organisation. (HPR provider)*

### **2.3. Working in partnership with others, including iwi, has helped meet community needs.**

To some degree, all providers developed their programmes by drawing on the knowledge and expertise of other local services agencies and community groups. To a lesser degree, providers were working with iwi, and although there were some examples of good communications and input, there was insufficient evidence to know whether iwi were extensively involved across the programmes or not. All providers did acknowledge that relationships with iwi were important.

Where iwi was involved with providers there was strong cultural responsiveness and incorporation of te ao Māori within the programme. With iwi support, providers were able to incorporate mātauranga (traditional knowledge) about whenua, whakapapa and tikanga ā-iwi (responsibilities and guidelines for everyday living). Iwi stakeholders and HPR providers working together saw this partnership as an opportunity to respond to the over-representation of rangatahi Māori in youth unemployment with Māori-led programmes. HPR was enabling iwi and local community participation, including kaupapa Māori providers. HPR recognised that iwi and kaupapa Māori providers are part of the solution and that they understood how to reach whānau.

*You know, not beyond our own, of course, but other Māori that may have not been exposed to that manaakitanga, that kaitiakitanga, the aroha and so, you*

*know, that really underlines who we are as mana whenua, or more as ahi kā. That we're, you know, we just – we live and breathe that. And so that's something we want to impart ... that, you know, we get the opportunity to influence in a positive way. (Iwi representative)*

Many providers were working with a pou whakahaere (cultural advisor). This person brought mātauranga around local iwi, tikanga Māori and te ao Māori. Their engagement with the programme supported providers to apply tikanga Māori practices. Including Māori in the planning of a programme also helped ensure that the diverse needs of rangatahi and the community were acknowledged.

Support from Māori, whether by engaging with iwi or a pou whakahaere, helped providers to build in appropriate activities and services incorporating kaupapa Māori practices and connection with te ao Māori.

*I did a project with [an iwi], it was a collaboration with us too. It was about taking young people out to learn about their culture. To walk in the footsteps of their ancestors ... The whole concept was about learning about kaitiakitanga and knowing the importance of looking after the whenua. But also in terms of our body and whenua connection. (HPR provider)*

## HPR providers have connected with the labour market, and enabled rangatahi who face the greatest challenges towards their employment goals

### **2.4. HPR providers were required to show existing and/or potential links to the labour market.**

The administrative process clearly showed the expectation that community providers are able to link to the labour market to obtain HPR funding. More specifically, the HPR information sheet made clear that those applying for HPR funding should be able to demonstrate their connections to training and employment opportunities. The application form also required community applicants to identify the sectors they were targeting, and to provide examples of relationships with employers and any history of placing rangatahi into employment with these employers. A government official reiterated this expectation in the application stage, further noting MSD's standard practice (as was MBIE's) was to require HPR applicants to obtain letters of support from local employers.

### **2.5. Providers were working in various ways to meet labour needs.**

One government official made clear that they expect providers to make connections with employers relevant to their rangatahi. All providers clearly understood this expectation.

Some providers had developed targeted approaches to support rangatahi into employment and respond to the labour needs within the community. Providers built relationships with employers and/or a work brokerage organisation and connected



rangatahi to employment opportunities. A few programmes also had built-in work placements and weekly site visits to companies to introduce rangatahi to a range of future employment opportunities. These established pathways between HPR providers and employers provided a regular source of employment opportunities for rangatahi. Supporters of the programme, including whānau connections, also provided employment opportunities.

*That's where the beauty of doing the site visit comes in ... we try to do three visits a week from about week five onwards, you know, so often [getting a job] naturally takes care of itself. (HPR provider)*

Many providers were establishing relationships with like-minded employers who wanted to help rangatahi and give them an initial or second chance. Providers were maintaining regular communication with the employers once they hired a rangatahi to ensure that both employee and employer were happy.

*And so our connection with [that employer] is pretty strong. So, I actually met with him yesterday and said, "Hey, what's the go, is there going to be a role for her or not?" Because I need to make sure that we've got a pathway. He says, "Look, if she carries on what she's doing, and now that she's decided to do Level 3, there's a definite opportunity but she [will] have to probably hang in there until a job comes up." And that's, that's the beauty of having that relationship with the employers. (HPR provider)*

## **2.6. Providers were supporting rangatahi towards work that mattered to them.**

Providers were aware of the employment shortages in sectors like tourism, hospitality and agriculture and were building relationships with employers in those sectors. However, the regional visits demonstrated that local labour needs were not at the centre of current programmes. Providers broadly considered labour needs but in the first instance there was more of a focus on rangatahi hauora. Providers found out what rangatahi were interested in, who they are, and what is important to them. The "why" of being employed was as important as their aspirations and goals to help sustain long-term employment.

*Our outcome is the holistic and the person themselves. Because if we can get them in a space where they're ready to work, give them employability skills, then they're going to have more success. Whereas if they're just collecting like credits, say, to get their Level 2s and then think they're going to go get a job or yeah ... They're not ready. (HPR provider)*

There was not one pathway to employment, and providers were trying to match rangatahi and employers based on what both their needs were. Providers attempted to support rangatahi into work that mattered to them, helping them to think about careers that interested them and then placing them on that pathway. Providers believed that this would help rangatahi sustain employment. Experiences of both the providers and rangatahi highlighted how placing rangatahi into workplaces and jobs that did not fit with their interests, culture and identity (including physical appearance) was more likely to result in rangatahi not staying in the job. Providers were taking rangatahi through a work-ready process where they learned basic employability skills, including writing CVs

and cover letters, interview training and communication courses. Some providers researched local labour market opportunities and incorporated activities into their programmes to get rangatahi work-ready for specific industries like agriculture.

Employers shared how the programmes were helping rangatahi and successfully preparing them for employment. They felt that providers had an in-depth understanding of their business and organisational needs alongside an in-depth understanding of rangatahi. With the sharing of information between providers and employers, providers were more likely to successfully match rangatahi and employers.

*They know my business and they know every part of the business where we might need labour. And they'll pick the phone up to say, "What about this person?" You know, they'll call and have a chat. But I think it's more they know what my business might need. And they know the kids here well enough to know where they might fit. (Employer)*

Although for rangatahi some jobs may be a stepping stone into better employment or education, employers were pleased their immediate labour needs were being met. They saw this as a successful outcome for HPR and themselves.

*We are aware that we're a minimum wage factory [and] we realise that a lot of these kids will come and go, and we're quite happy for them to come and go and move onto bigger and better things. That's a win for me to think, "Oh, they have gone off to do something more amazing." If we had a kid that was hardworking and just wanted to earn some money, because they didn't know what they want to do, they would just give anything a go, I wouldn't care. I just want them to turn up on time, do your work, don't be a pain, and just get into it. (Employer)*

*It really depends on where their passions lie, and I think that that's something we are seeing more and more with a lot of young people. I guess we know [our industry], it's not something that's going to necessarily be long term for everyone, but at least if we can give them the basic customer service skills and get them into some form of workplace, we are pretty happy with that. (Employer)*

## Lessons learned

### **2.7. Coherence and relevance in meeting community needs depends on how well-connected providers are with community agencies, and their understanding of local issues.**

The HPR programme was viewed as an important mechanism for positive change by all those engaged, drawing on local intelligence and responding to rangatahi needs. Each provider developed a project or service approach that was unique to the needs of rangatahi and the community context. HPR was supporting providers to action the whakataukī "Mā to huruhuru ka rere te manu (Adorn the bird with feathers so it may soar)." Within the programmes, providers worked to "adorn" rangatahi with skills, tools and positive, solution-based strategies. They were drawing on local knowledge and expertise and building relationships with those who support the HPR kaupapa.

*For me, it's around making sure that we are purposeful practitioners and that we are providing our rangatahi as much support as we can. (HPR provider)*

Government officials viewed this local knowledge as key to the success of the initiative and a point of difference. Each community knows its local needs and people best and can identify and engage with the rangatahi who are not engaged in other or existing services.

The wider structural and social barriers that impact all rangatahi are complex and often require a collaborative response. However, while the success of the programme relies on providers' knowledge and connections within their community, within the regions it appeared that the programmes operated independently and did not know about each other. This disconnect between programmes affected how well they could cohere. There were opportunities to work more collaboratively and break down those silos, and build opportunities to learn from each other. A few providers welcomed the idea of regional "co-labs" and other ways to learn from each other.

## **2.8. Rangatahi needs are highly complex and meeting those needs requires diverse expertise, skills and support within the HPR programmes.**

Many of the rangatahi participating in the programmes who were long-term unemployed and not in education required support and services to deal with issues such as anger, grief, mental health, neurodiversity and trauma. All providers undertook a form of assessment where they talked with each rangatahi, and in some cases whānau, to develop a good understanding of the rangatahi and their challenges and needs. In many cases, providers were using Te Whare Tapa Whā. This enabled them to apply a holistic cultural lens and provide particular support for rangatahi Māori to consider their hauora in a way that resonated with them. However, the assessment process highlighted to providers that the programmes were not able to meet all rangatahi needs, and staff may be unable to deal with highly complex needs. Therefore, providers acknowledged the importance of facilitating access to health and social services for rangatahi, including specialised clinical support services and hauora Māori providers.

Providers also emphasised the importance of employing staff who reflect the needs and aspirations of all rangatahi, including rangatahi Māori. This enabled providers to respond appropriately and effectively to the complex needs of rangatahi and whānau. Some providers actively recruited kaimahi who reflected age, ethnicity and the lived experiences of rangatahi. Kaimahi with lived experience were more able to connect with rangatahi and foster trusting, respectful relationships faster and more effectively.

*So you know, they've always sort of been there to support me and if I needed someone to talk to I had them and then I heard [the provider's] story, I was like ... if he can do it, I can do it. The story was out the gate relatable as, man.*  
(Rangatahi)

## **2.9. A whānau ora, wraparound, holistic-type service is needed to support all rangatahi into the right places of work and meet labour needs.**

As described above, rangatahi who are long-term unemployed often have complex needs. Providers offered pastoral care to support all rangatahi to find and stay in employment. However, when this support ended some rangatahi found themselves unemployed or unable to hold down work for sustained periods.

Therefore, building a programme that focuses only on work-readiness and employability skills does not get to the heart of why rangatahi have been long-term unemployed or help them to stay employed. Providers understood that this requires a whānau ora, wraparound approach so all rangatahi are better equipped to deal with life crises and form a positive future focus.

Providers had also learned to develop clear processes to help rangatahi become work-ready, building on their aspirations and linking them to opportunities within the labour market. Providers understood the benefits of short-term, non-career jobs and how these could build confidence and help rangatahi gain valuable experience. An essential part of supporting all rangatahi into appropriate employment is providing opportunities where they can explore what they are interested in. As one rangatahi said, *“It just opens your eyes and when you’re there it sort of sparks an interest in certain stuff, that you don’t even know you are interested in.”*

## **How has the transition from MBIE to MSD enabled or hindered support available for rangatahi and communities?**

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**The transition likely increased an awareness of HPR, and thus enabled support to more rangatahi across the regions**

### **3.1. Integrating HPR with existing employment supports likely helped the programme to grow.**

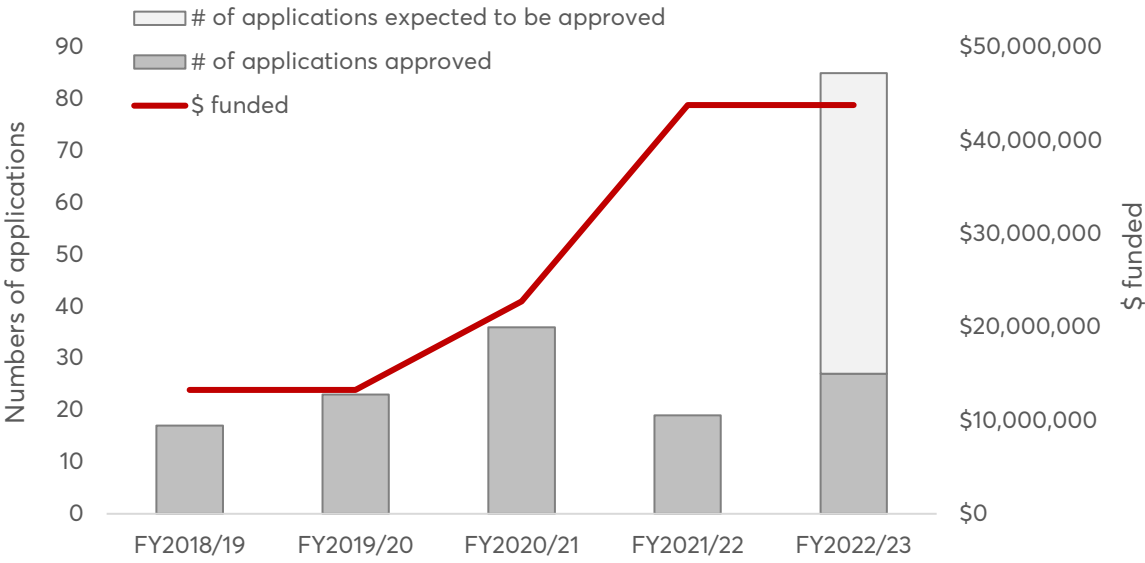
MSD focused their efforts on developing proposals with providers. In the initial years, MBIE worked with the senior regional official in each region to better understand community needs in relation to employment and to contextualise applications. For at least one government official, the focus was trying to get the funding proposals developed and approved, ensuring the HPR fund was fully utilised.

The transition to MSD was not without its challenges, as many government officials expected. There were staff losses. It was also necessary to build an awareness of HPR and the programme’s ways of working across MSD while ensuring the necessary processes and equipment were in place. This was occurring while moving over the existing HPR contracts with MBIE to MSD contracts. As a result, fewer HPR applications were approved during the transition year, as shown in Figure 4.

All officials agreed that there were advantages in moving to MSD. Most notably, HPR could draw upon MSD’s wider regional resources, as well as its familiarity with similar types of services. Although it reportedly took time to develop an awareness of HPR across the regions, government officials in the national and regional offices highlighted a stronger relationship with HPR under MSD compared to MBIE. The noted benefit of this strengthened relationship was that HPR could further test the relevance of all incoming proposals with those who knew about employment-focused support.

General awareness of HPR reportedly increased as information sharing flowed through to regional staff. Government officials noted that HPR applications exceeded the available funding for the first time in 2022, which they believed was due (in part) to an increase in awareness of the HPR fund. As shown in Figure 4 below, the fund grew from \$13.275 million a year between 2017/18 and 2019/20, to \$22.753 million in 2020/21, and due to an underspend, this temporarily increased to \$43.802 million in 2021/22 and 2022/23.<sup>68</sup> Government officials further anticipated that the 2022/23 financial year will likely total 85 funded HPR projects – more than double the highest number of approved applications in any previous year.

**Figure 4: Numbers of HPR applications approved (grey bar) and anticipated to be approved (light grey bar) and total funding (red line), by year. Source: MSD**



**3.2. Communities were largely unaware of the transition.**

Government officials and providers noted that programme delivery was not impacted by the transition from MBIE to MSD. Rangatahi and whānau were unaware of the contractual arrangements of the programme, and although some employers did know of the changeover, they were unaffected.

<sup>68</sup> HPR appropriations is \$33 million moving forward, as reported by a government official.



## The transition had little to no impact on HPR providers

### 3.3. There was no or little impact on frontline staff and delivery was seamless.

Providers and their frontline staff and stakeholders did not identify any notable differences resulting from the MBIE to MSD transition. However, frontline staff did mention becoming more aware of and engaged in HPR.

In some instances, MBIE contract managers moved to MSD, allowing for a seamless changeover for their providers. In these cases, contract relationships remained the same, which providers appreciated.

*And the thing that's been great is having our regional contract [manager] come over [to MSD]. They've had that kōrero ... And so when I rang and I go, "Hey look, I've got this situation, can we have a conversation around this?" It's like, how can we make it work? ... There's never been any no. (HPR Provider)*

Many providers mentioned that the MSD transition came at the right time. They were all moving out of the pilot stage and brought their learnings into the new contract cycle with MSD. Providers felt more confident and secure in what they wanted to deliver and how they could support rangatahi. They were better positioned to negotiate more relevant conditions. Providers also appreciated that the contract continues to be less prescriptive than other contracts they may hold and enables them to be flexible.

Overall, providers preferred their contracting through MSD. They felt MSD had a greater understanding of the context and their kaupapa is more relevant to rangatahi and community needs. Providers also felt that more opportunities were available to them because of the transition, including full-time equivalent (FTE) positions and longer-term contracts. Most HPR providers had two-to-three-year contracts (c.f. Figure 3), giving them greater certainty and confidence to develop relationships, particularly with iwi and Māori providers. Providers commented on the unethical nature of starting relationships and offering services when they would only be available for one year. Longer contracts also helped with recruiting staff and offering job security.

*So the MSD contract provided us that greater period of time, which has given us a stronger footing to really grow and develop the way that we are working, and also just even from a staffing perspective. We've put a lot of time and energy into making sure that these guys are purposeful practitioners. So that having their contract for the two years and an understanding we're looking at getting an extension that means that we can actually hold onto them. (HPR Provider)*

Also, one provider mentioned that transitioning from MBIE to MSD eased the process to become a provider of MSD services. They noted that typically gaining MSD accreditation and funding is difficult and time intensive. Moving from MBIE to MSD fast-tracked those normal processes.

*I think, what [she] explained was that we had had room to develop [and] how we could work better. So with MBIE, when we got the contract, we were just thrown in with no [idea] of how to do it. We had to kind of develop that ourselves. So by the time we got to the MSD contract, we knew what worked and what didn't. And so*

*when [we] went to MSD, [we] knew what worked and what didn't and kind of pushed for what we needed as well as what [rangatahi] needed. (HPR Provider)*

### **3.4. The transition presented challenges for a few providers.**

Ongoing changes in MSD staffing impacted on reporting and providers had to invest time in educating new kaimahi and bringing them up to speed with HPR. It took some providers time to understand and become comfortable with MSD structures and systems. Providers no longer had one person to deal with. Instead, there were multiple work brokers, departments and reporting requirements.

*With MSD you've got a multitude of heads all over the show that are intertwined into this thing [and] that makes it a little bit more difficult, because we've got people on the benefit. So because you've got people on the benefit, they've got obligations, and then you've got reporting. And then you've got, you know, what happens if they don't attend? Do we cut their benefit? It's much more tricky now. (HPR Provider)*

Not all providers had their MBIE contract manager come to MSD with them and so had to build new relationships. One of the biggest challenges for some providers was the staff turnover within regional offices of MSD and having to educate new staff about their programmes.

A few providers experienced issues with communication that impacted on their reporting. There were examples of reports getting waylaid because they were being sent to an MSD contact who was no longer employed. One provider explained how they had to report to both MBIE and MSD before the final shift was made. Another shared how they had been asked to change their reporting to suit a new staff member.

Notably, the majority of providers mentioned that reporting has been an issue across both MBIE and MSD. Monthly reporting was seen as repetitive and of little value. Most providers saw more meaning and usefulness in the quarterly narratives, as they could give a narrative about what they were doing within the programme and the difference it was making. However, not all providers were clear about what they were expected to report on and felt that some prompts or more detailed questions could help them organise their responses better.

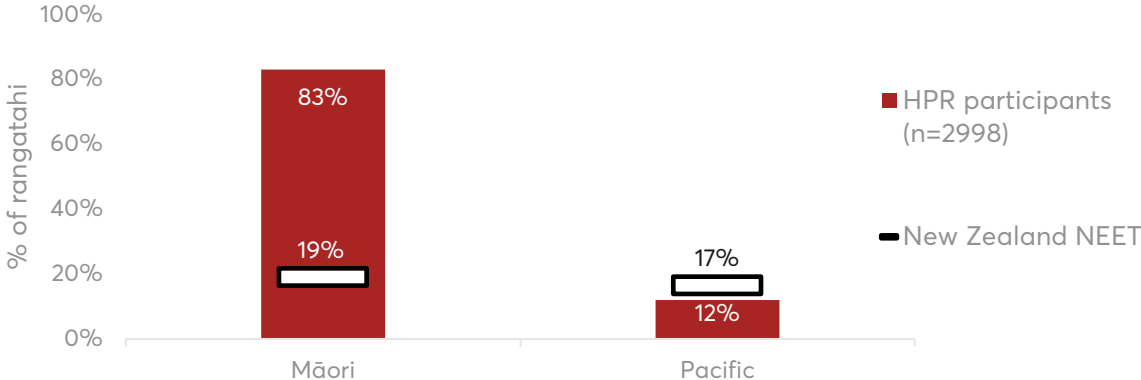
# To what extent does the current HPR programme and the providers' delivery enable Te Pae Tata and Pacific Prosperity?

HPR has given effect to Te Pae Tata but support for developing provider capability in te ao Māori and engaging with iwi is needed

## 4.1. HPR funding has had an explicit and intentional focus on enabling Māori.

More than four-fifths (83 percent) of rangatahi participating in HPR identified as Māori compared to 19 percent of Māori rangatahi not in employment, education or training (c.f. Figure 5 below). Given the broader inequities experienced by rangatahi Māori, HPR is a positive programme setting rangatahi Māori on a pathway to achieve improved education, employment, training and wellbeing outcomes. Taking a longer-term view, HPR has the potential to positively contribute to addressing the persistent negative life and employment outcomes later in life associated with rangatahi Māori who are NEET.

Figure 5: Māori and Pacific HPR participants (red) in comparison to Māori and Pacific rangatahi not in education, employment or training in New Zealand (white bar). Source: New Zealand NEET rates from Figure NZ, year-end December 2022; HPR monitoring reports (enrolments 2018–22)



Further, rangatahi Māori participating in HPR were achieving equitable placements into employment, education and training compared with non-Māori participants. Although the rate of placement into EET was lower for rangatahi Māori who completed the programme or withdrew (70 percent, n=1,657) compared to non-Māori (79 percent, n=313), these differences were not statistically significant.<sup>69</sup>

<sup>69</sup> Logistic regression analysis, odds ratio=0.96 (95% CI: -0.74, 1.24), p=0.73, df=2409. See Wang, N. & Jarvis-Child, B. (2023). *Quantitative Evaluation of He Poutama Taitamariki and He Poutama Rangatahi*. Ministry of Social Development.

#### **4.2 HPR has had an intentional focus on recruiting Māori providers and rangatahi Māori.**

High rates of participation by rangatahi Māori are not by chance. As noted by government officials and providers, HPR has an intentional focus on recruiting Māori providers and enrolling rangatahi Māori.

As at March 2023, 44 of the 80 providers were "Māori providers" (as identified by MSD). This makes up 55 percent of community providers, underscoring how HPR is increasing capacity building and contributing to Māori development through the providers it funds.

The programme data also showed that at least half of the 61 providers active from 2020 to January 2023 offered activities related to te ao Māori as part of their programmes, such as learning karakia, haka and pepeha, registering with iwi and visiting marae. The programme data also showed that rangatahi Māori were more likely to take part in these activities compared to non-Māori.

#### **4.3. HPR was recognising te ao Māori as a key enabler.**

HPR was shown to recognise that Māori and community providers are best positioned to lead and design engagement and ways of working with rangatahi, whānau, iwi and employers. As noted by government officials, providers have the local knowledge, networks and relationships to support rangatahi. A clear expectation was that providers have or will develop capability in te ao Māori – that is, the ability to engage with iwi and Māori, and offer culturally grounded and responsive services. In terms of improving equitable outcomes for rangatahi Māori, providers understood their responsibilities to create a culturally responsive environment. Providers placed rangatahi Māori at the centre of an equity strategy and prioritised their needs. They built the capability of individuals and, to some extent, whānau and community. Providers were also increasing employment opportunities for rangatahi Māori and working with employers to create positive pathways. Some providers were developing their programmes to respond to the broader factors impacting rangatahi, including safe and stable housing.

#### **4.4. The majority of providers were implementing aspects of te ao Māori.**

Te ao Māori practices and ways of working give effect to Te Pae Tata, the Ministry of Social Development Māori action and strategy plan. This plan intends to guide MSD staff and providers working with MSD towards achieving better outcomes for Māori.

In line with the overall vision of Te Pae Tata, providers were implementing aspects of te ao Māori and trying to embed a Māori worldview that honours their commitment to Te Tiriti o Waitangi.

Where they can, some providers were using basic te reo Māori, while the majority were practising some form of tikanga Māori daily, for example karakia, use of te reo and mihi mihi. Providers were taking steps to provide Māori perspectives and within most programmes there are clear visual signs of Māori cultural identity, from tikanga Māori, ngā uara (values) and karakia displayed on the walls, to whakapapa exercises in rangatahi workbooks.

Through HPR, some providers were taking the opportunity to engage in cultural events, including waka ama and kapa haka, promoting positive healthy activities that are firmly grounded in te ao Māori.

*[There is] whakataukī and karakia to build up from that. [It's] about showing up, not [just] physically but mentally as well. (Rangatahi)*

Most interviewed providers were incorporating traditional Māori practices and hauora models like pōwhiri and Te Whare Tapa Whā to engage more effectively with Māori. Providers who were working in partnership with iwi embedded tikanga ā-iwi and kawa. Iwi mātauranga and traditional practices guided service provision and the way things were done within the programmes.

*So [our] pōwhiri process is very similar to what you would see on the marae. You're inviting them to come and participate in the classes, or you're inviting them to come along and join ... And when they get here, there is a kind of mauri here that settles them. It's not serious after that, come have a feed and they'll stay and have a kai. Everyone feels a little bit more relaxed now and just talks about things. (HPR Provider)*

While providers are rangatahi-centric they apply a whānau-centred approach, which "refer(s) to an approach that is culturally-grounded, holistic, focused on improving the wellbeing of whānau and addressing individual needs within the context of the whānau."<sup>70</sup> Therefore, providers work towards addressing the needs of rangatahi while attempting to:

- acknowledge whānau needs and aspirations and develop programmes that are integrated and accessible set up and maintain effective relationships that benefit rangatahi and whānau
- affirm the capability of whānau, with support where needed, to design; and lead their development
- use or develop culturally competent and technically skilled workforce able to adopt a holistic, whānau-centred approach to supporting whānau and rangatahi

In practice providers' whānau-centred approach acknowledged the context of the rangatahi and, where permission has been given, engaged with whānau by inviting them to programme events and activities including, pōwhiri and graduations. Alongside rangatahi some whānau were involved in orientation to the programmes. A few providers also interviewed whānau and rangatahi together prior to the rangatahi enrolling on the programme. Across all programmes, the door to whānau was always open and whānau commented on the warm and welcoming invitations they received from providers with some staying in regular contact with whānau.

As the providers consistently showed up for rangatahi and became more visible in the community, whānau learned to respect and trust them. This relationship between whānau and the programmes was noted by several providers as key to rangatahi being able to embed positive change and learnings.

<sup>70</sup> Wehipeihana, N., Sebire, K. W., Spee, K. & Oakden, J. (2020). More than just a jab: Evaluation of the Māori influenza vaccination programme as part of the COVID-19 Māori health response. Wellington: Ministry of Health, pg. 26.



Providers were also using cultural expertise to build their competency and capability by taking advice on how to contribute positively to outcomes for rangatahi Māori.

As providers grew, they gave effect to mana manaaki. The impact for rangatahi Māori was considerable. They felt affirmed and respected. Rangatahi Māori wanted to engage with the programme, and for some, the cultural component of the programme was the deciding factor when choosing to be involved, “[I chose the programme because of] my culture and because I’m Māori and want to learn about that.” (Rangatahi)

#### **4.5. The majority of providers were implementing kōtahitanga.**

Providers understood the need to partner, and they knew it “takes a village” to support rangatahi aspirations – “Nāu te rourou, nāku te rourou, ka ora ai te iwi” (With your food basket and my food basket the people will thrive).

Working with rangatahi Māori requires genuine partnerships with Māori and relationships with stakeholders who also want better outcomes for Māori. To this end, HPR was supporting providers to build a network of like-minded collaborators and partners. Some of the programmes were providing opportunities for Māori to engage in decision making and service design from frontline to governance positions. When this occurred it was helping to break down barriers and silos between services. This led to more open and transparent communication and joined-up efforts.

Within the programmes, and based on the principle of kōtahitanga, providers were improving access and engagement, building on a whānau ora holistic approach. Some providers worked closely with kaupapa Māori health and social services. Together, they worked with rangatahi to respect the rangatahi decision about who was best to provide support along the way.

*It’s untraining that stuff, the silos and developing [together] ... that’s why whanaungatanga is so important, developing that relationship so they can go yes, if it’s meeting your goals and it’s what we’ve talked about, then yes, we can support [the programme]. (Pou whakahaere)*

#### **4.6. The majority of providers offer opportunities to support kia takatū tātou.**

HPR was viewed as a platform to support long-term social and economic development for rangatahi, whānau and communities, including healthy relationships, financial stability, stable homes and sustainable employment. Providers recognise the challenges and barriers that exist for rangatahi Māori when trying to make these long-term changes and they see their role as supporting Māori aspirations; growth and development of Māori. Therefore, all providers considered themselves kaitiaki – stewards, or guardians – of rangatahi participating in HPR, with the majority of programmes working in a way that supports success “as Māori.” They were doing this with empathy and compassion and a deep understanding of rangatahi Māori needs and aspirations.

Providers were connecting rangatahi to society by providing opportunities for them to positively participate and engage with their local community. They encouraged rangatahi to plan for their future, to dream and aspire. Within the programme, rangatahi Māori were supported to lift their gaze and consider a positive future that they are in

control of. Across the providers there were examples of rangatahi Māori who had maintained positive change for themselves over considerable time. They shared their transformative change from being incarcerated, victims of abuse and childhood trauma to working in stable employment with healthier relationships and secure, safe housing.

HPR providers can also develop programmes that build rangatahi responsibility and accountability, and establish relationships with successful Māori-owned businesses that act as positive role models and potential employers.

*We talk about mana motuhake, you know, to being able to be self-determining [in the] future ... we [are] growing leaders of tomorrow. And these employment opportunities are giving us that opportunity to do that in a real way. This is, I think, a real stepping stone to broaden where people's passion is. I mean this is the start to have some whānau prosperity, to be working, to be bringing in money is the first step [and then] getting in a position to upskill [and] move into other areas. (Provider)*

## HPR has helped its Pacific participants, but it does not yet fully enable Pacific Prosperity

### **4.7. HPR helped some Pacific rangatahi towards their education, employment and training goals.**

The purpose of Pacific Prosperity, MSD's Pacific strategy and action plan, is to rejuvenate MSD's delivery of services for Pacific peoples, families and communities so they are safe, and thrive and flourish in Aotearoa. Strategic focus areas include a positive experience every time, partnering for greater impact, and supporting long-term social and economic development. High-level actions for Pacific peoples, families and communities include increasing sustainable employment opportunities.

HPR began providing services in 2018 in regions that had relatively high proportions of Māori, with 36 percent of people in Northland, 29.1 percent in the Bay of Plenty, 52.9 percent in the Gisborne region, and 27 percent in the Hawke's Bay region identifying as Māori.<sup>71</sup> These same regions have relatively low proportions of Pacific peoples, with 4.2 percent of people in Northland, 3.5 percent in the Bay of Plenty, 4.5 percent in the Gisborne region and 5.6 percent in the Hawke's Bay region identifying as Pacific peoples.<sup>72</sup>

Since Pacific Prosperity was launched, HPR has pivoted to try and support Pacific prosperity. Two years following HPR's establishment as a fund (2019), MSD established the Pacific steering and reference groups, and from there developed the strategy and action plan known as Pacific Prosperity.

The secondary documents relevant to the HPR application process had few or no references to Pacific rangatahi. The information sheet and application forms did not mention any specific group of youth, other than those "most at risk."

<sup>71</sup> Statistics based on the 2018 New Zealand Census (<https://www.stats.govt.nz/tools/2018-census-place-summaries>)

<sup>72</sup> Statistics based on the 2018 New Zealand Census (<https://www.stats.govt.nz/tools/2018-census-place-summaries>)

At least two government officials recognised that the introduction of HPR in Auckland meant that a greater focus on Pacific was important given Aotearoa's largest Pacific population is in Auckland. HPR began supporting providers in the Auckland region from 2020. As 15.5 percent of people in Auckland identify as Pacific,<sup>73</sup> this meant that more Pacific people could be supported.

The officials noted endorsing HPR applications from Pacific providers in Auckland who know and engage with Pacific communities. One government official confirmed that two of the 80 providers, or 2.5 percent, are Pacific providers as of March 2023. It was also reported that these providers embed Pacific cultural elements to support connections and ensure Pacific people have access to holistic support.

Despite the recent increase in Pacific rangatahi participating in HPR, there is potential to engage a higher proportion. As shown in Figure 5 above, 12 percent of HPR participants identify as Pacific, in comparison to 17 percent of Pacific rangatahi in Aotearoa New Zealand not in employment, education or training. While Māori and Pacific NEET rates are closely aligned (19 percent and 17 percent respectively), the HPR programme serves a much lower proportion of Pacific NEETs as only 12 percent of HPR rangatahi are Pacific, compared to 83 percent who are Māori. This result is unsurprising given the initial focus on targeted regions and communities with proportionally more rangatahi Māori than other regions. Nevertheless, Pacific rangatahi participating in HPR were exceeding other rangatahi achievements. The programme data showed that more Pacific participants who completed or withdrew achieved education, employment or training outcomes (80 percent, n=218) when compared to non-Pacific participants (71 percent, n=1,752). This data also showed the likelihood of achieving a life essential skill, soft skill, wellbeing, work-readiness or cultural related output was greater for Pacific compared to non-Pacific participants.<sup>74</sup> While Pacific make up only 12 percent of HPR participants, the programme was successful in helping these rangatahi towards their EET goals.

## Lessons learned

### **4.8. There is a need for capability and capacity building to ensure responsiveness to Māori across providers.**

Rangatahi Māori make up the majority of participants across programmes and therefore relationships with hapū and iwi were critical. Building genuine partnerships with iwi takes time and sufficient resource is needed (for all partners – Ministry, provider and iwi) to acknowledge whakawhanaungatanga processes. Typically, iwi are overburdened with requests to collaborate and are often asked for their advice and expertise. One provider explained how they developed a relationship with iwi from the start of the HPR tender process. Initially, to acknowledge iwi rangatiratanga in the rohe, the provider approached them to discuss HPR. This relationship eventually culminated in a partnership where they co-designed the programme, and iwi continue to be involved.

<sup>73</sup> Statistics based on the 2018 New Zealand Census (<https://www.stats.govt.nz/tools/2018-census-place-summaries>)

<sup>74</sup> Outputs achieved for Pacific over non-Pacific rangatahi: Life essentials odds ratio = 2.5 (95% CI: 1.79, 3.55, df=1694); Soft-skill odds ratio = 2.35 (95% CI: 1.42, 3.93, df=760); Wellbeing odds ratio = 2.27 (95% CI: 1.36, 3.93, df=1005); Pastoral care odds ratio = 2.10 (95% CI: 1.53, 2.86, df=2308); Work-readiness odds ratio = 1.92 (95% CI: 1.40, 2.66, df=1996); Cultural odds ratio = 1.75 (95% CI: 1.17, 2.54, df=1386). Wang & Jarvis-Child, 2023.

All providers, both Māori and non-Māori, are on a tikanga journey, and some are more open to expanding and growing their understanding and knowledge than others. As explained by the pou whakahaere and iwi representatives interviewed, learning starts with developing explicit values and understanding the whakapapa of those kupu and the application of them.

The overarching goal of Te Pae Tata is that *Whānau are strong, safe and prosperous, active within their community, living with a clear sense of identity and cultural integrity and with control over their destiny*. Although there were examples of this goal being reflected across the programmes, providers did not specifically refer to it as their overarching strategy to support Māori.

In some cases, providers discussed their responsiveness to Māori and Pacific as being inclusive of all. This approach does not recognise rangatahi Māori as tangata whenua and their uniqueness due to colonisation, negative stereotyping, discrimination, structural racism, and over-representation in poverty rates and poor health outcomes. However, with limited knowledge, some providers did not know who to contact for support in the community to develop better responses for Māori. They were busy with implementing the programmes and dealing with day-to-day challenges. As mentioned previously, iwi are overburdened with requests to collaborate and provide support. The point is that building a responsive service or organisation takes considerable time.

Māori values and kaimahi need to be present across all levels of an organisation, from governance to frontline. In some instances, HPR programmes were embedding cultural practices and tikanga that were not shared by the wider organisations they were part of. In these situations a united focus and approach is needed to empower Māori to be self-determining and bring about positive transformation.

In a few cases, kaimahi Māori were under-utilised as a potential resource. There is an opportunity to create space for kaimahi Māori and support them to guide and lead service responses for Māori and to engage with mana whenua.

*One of my wero to the organisation was that I can't work in isolation [and] just come in and do a segment or programme. It has to be a whole organisation. And so that's where they're starting to move to. And so now they're looking at a Māori advisor who sits alongside the CEO ... They're [also] trying to figure out a co-governance design. And so, rather than just looking at a kaumatua, they're looking at more of an advisor role [for] the whole organisation, [because] there's huge holes in how they work. (Pou whakahaere)*

#### **4.9. More intentional action is needed to enable Pacific Prosperity.**

A Pacific strategy specific to HPR would better enable Pacific Prosperity. The focus areas for Pacific Prosperity include partnering for greater impact and supporting long-term social and economic development. One of the high-level actions for Pacific peoples includes increasing sustainable employment opportunities. However, in general, providers showed little distinct consideration of Pacific peoples, their values, ethnicities and cultural practices. Being relevant to local communities requires intentional action to engage across diversities. HPR officials and providers need to intentionally learn about the profile and needs of the Pacific peoples in their particular location, and providers

need to intentionally build their relationships with local Pacific communities in order to partner for greater impact. The HPR data showed that the programme is currently under-serving Pacific NEETs as a proportion of the total, therefore limiting its impact on increasing sustainable employment opportunities for Pacific rangatahi.

## To what extent has HPR achieved its intended employment, education and training goals for targeted rangatahi, in particular for Māori?

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Through the IDI, the evaluation estimated the effects of HPR on rangatahi employment, education, and training outcomes, as well as uptake of benefits and interactions with the justice system. The evaluation design provides an estimate of the impact of HPR above and beyond what would be achieved by those possibly receiving other services for the early cohort (2018–2019 HPR pilot participants). Programme data was also used to examine the extent to which HPR achieved its intended goals, albeit shorter-term goals, for all HPR participants.

### HPR has achieved its intended goals in the short term

#### **5.1. HPR has been enrolling rangatahi who the programme was designed to support, with the majority of participants being 15- to 24-years-old and not in education, employment or training, or likely to experience long-term unemployment.**

HPR was originally designed to support 15- to 24-year-olds who are NEET and are likely to experience long-term unemployment. Upon enrolment, demographic information about participants is collected, as well as indicators of long-term unemployment.

The programme's focus at enrolment extends beyond rangatahi who are NEET, as the definition of NEET is known to miss those who require support but are moving between low-paid or short-term jobs, or low-level education.<sup>75</sup> Therefore, rangatahi were considered to be in the group that the programme was designed to support if they were aged 15 to 24 and were either NEET at enrolment or had experienced at least one indicator of long-term unemployment.

Likelihood to experience long-term unemployment was defined as having one of the following indicators at enrolment:<sup>76 77 78 79</sup>

<sup>75</sup> McGirr(2019).

<sup>76</sup> Ball, C, Crichton, S, Templeton, R, Tumen, S, Ota, R & MacCormick, C (2016). *Characteristics of Children at Greater Risk of Poor Outcomes as Adults*. The Treasury Analytical Paper 16/01.

<sup>77</sup> Crichton, S, Templeton, R & Tumen, S (2015). *Using Integrated Administrative Data to Understand Children at Risk of Poor Outcomes as Young Adults*. New Zealand Treasury Analytical Paper 15/01.

<sup>78</sup> Research New Zealand (2016). *Mid to Far North Employer Engagement*. Prepared for Ministry for Primary Industries. MPI Technical Paper.

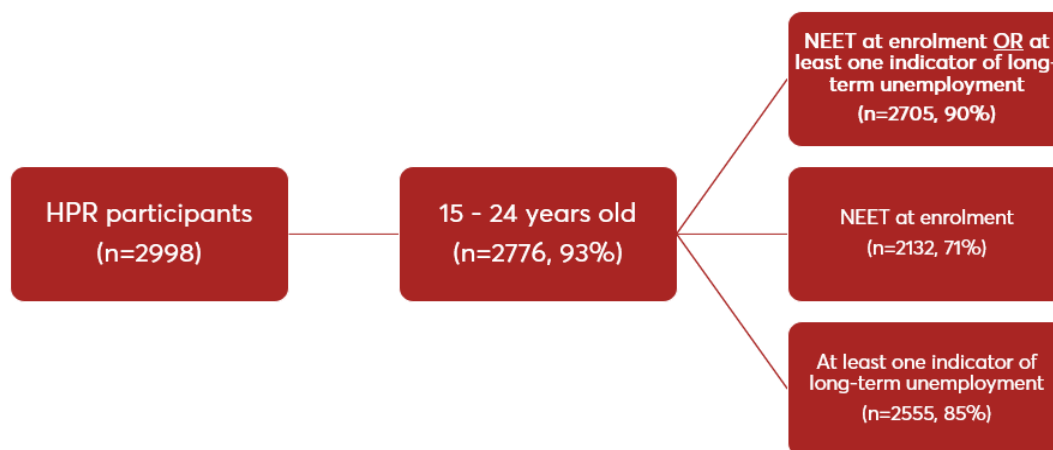
<sup>79</sup> Smits, R (2017). *Kaikohe GROW: End of Project Report*. Te Puni Kōkiri, Ministry for Primary Industries, Ministry of Social Development, Te Pai Aronga Taitamariki.



1. NEET for at least 6 of the last 12 months
2. Highest qualification is Level 2 or lower
3. Has experienced stand-down or expulsion while at school
4. Has a criminal conviction history
5. Is receiving a benefit.

Ninety percent of participants were within the target age group and were either NEET at enrolment or had at least one indicator of long-term unemployment. Additionally, 71 percent of participants were in the target age group and were NEET at enrolment. Further, 85 percent of HPR participants were in the target age group and were at risk of experiencing long-term unemployment as defined above. These results are summarised in Figure 6 below.

**Figure 6: Proportion of HPR participants who met criteria**

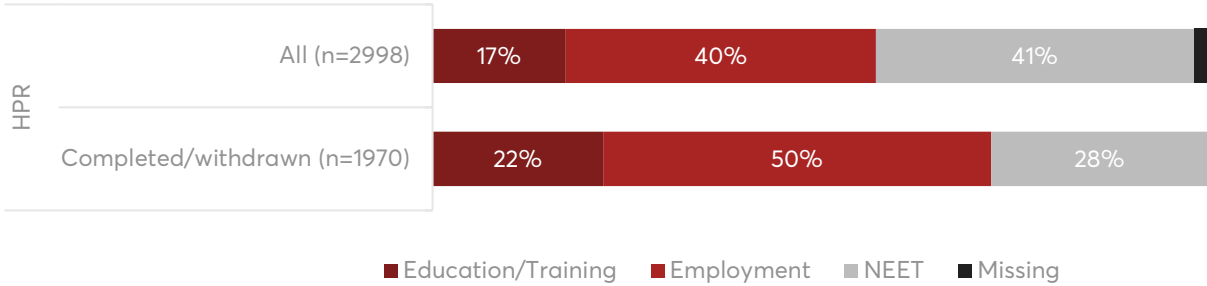


## **5.2. The majority of participants achieved an EET outcome by the end of receiving HPR support.**

HPR collects information on EET outcomes achieved by rangatahi while the programme is being delivered. This data provided ongoing and recent evidence for the programme's success in placing rangatahi into EET at any point in time.

The data showed that 57 percent of participants achieved an EET outcome during the programme. However, this includes rangatahi who were still actively participating in the programme and who therefore may still have been working towards their goals. If we include only those rangatahi who had completed their support or withdrew from HPR, the percentage increased: 72 percent of these participants achieved an EET outcome. This result is a significant success given this unique cohort of rangatahi (c.f. finding statement 5.7).

**Figure 7: Proportions of HPR outcomes, comparing rates for all participants with those who completed/withdrew. Source: Programme data**



Government officials recognised that this group of rangatahi would be the most challenging to support towards employment, education and training. The terms of contracts with providers were seen as one potential barrier as they limited the length of time providers could continue to support the rangatahi (c.f. finding statement 3.3). This barrier would have been exacerbated in earlier cohorts, given that earlier contracts were shorter (c.f. finding statement 1.7). Contracts were limited to government funding cycles, and as reported by one government official, resulted in some insecurity for providers to plan services for this unique and high-needs cohort beyond the Government’s established funding cycle.

**5.3. The employment, education and training impact was over and above what would have been achieved without HPR up to 12 months after enrolment, at least for the HPR pilot participants.**

Using HPR pilot (2018-2019) participants linked to the IDI, the outcomes for rangatahi who enrolled between 2018 and 2019 were tracked and compared to similar rangatahi who had not participated in the pilot programmes.<sup>80</sup> Although the group of similar rangatahi did not participate in the programmes, they may have received other MSD support. The impact is therefore above and beyond other forms of assistance offered by MSD and others.

This cohort of HPR pilot (2018-2019) participants would have likely experienced a different programme and potentially a briefer period of support than the participants later in the programme (c.f. finding statement 1.7).

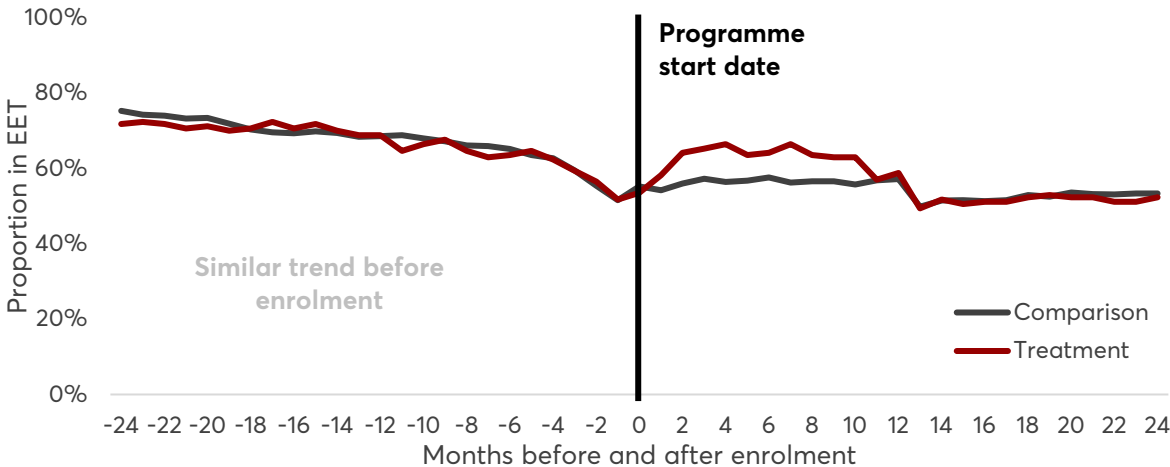
Figure 8 below shows the proportion of HPR pilot (2018-2019) participants in EET in the 24 months leading up to enrolment, highlighting the similarity between the programme participants and the matched comparison groups and emphasising their comparability.<sup>81</sup>

The impact of the HPR pilot was estimated as the additional proportion of rangatahi engaged in EET at different time periods after enrolment. As shown in the figure, there was a sharp increase in the proportion of rangatahi engaged in EET after enrolment, but this decreased over time.

<sup>80</sup> HPR rangatahi were matched to comparable rangatahi based on individual-level data in the IDI. The variables used to identify a matched comparison group included age, region, sex, ethnicity and previous life events (benefit receipt, child youth and family, corrections, employment and earnings, social housing, education, offending, victimisations and mental health). Further details on propensity score matching are available in the HPR quantitative evaluation.

<sup>81</sup> There was no significant difference found between these two groups in relation to their participation rates in EET before enrolment.

**Figure 8: Proportion of HPR pilot (2018-2019) participants (treatment) and matched comparison group (comparison) in employment, education or training before and after programme enrolment, by month. Source: IDI**



**5.4. The HPR pilot contributed to an additional 6.0 (± 3.6) percentage points of rangatahi into employment, education or training within the 12-month period following enrolment but had limited impact 24 months after enrolment.**

Table 2 below shows the proportion of HPR pilot (2018-2019) participants and similar non-participating rangatahi that achieved an EET outcome 6, 12 and 24 months after enrolment. Mean differences between the proportions (impact estimate) with a 95 percent confidence interval that did not overlap with 0 were deemed statistically significant at an alpha=0.05 level.

**Table 2: Impact estimates on employment, education and training outcomes for HPR pilot (2018-2019) participants and similar non-participating rangatahi**

Proportion of participants in EET after enrolment	Mean HPR rangatahi	Mean other rangatahi	Impact estimate	Standard error	95% confidence intervals	
0 to 6 months	62.5%	56.1%	<b>6.4%*</b>	2.0%	2.5%	10.3%
0 to 12 months	62.3%	56.3%	<b>6.0%*</b>	1.8%	2.4%	7.8%
0 to 24 months	57.3%	54.4%	2.9%	1.8%	-0.8%	6.6%

\* = statistically significant results

The table clearly demonstrates the benefits of the HPR pilot. It shows the proportion of HPR pilot (2018-2019) participants engaged in EET 6 months after enrolment was 62.5 percent compared to 56.1 percent of similar non-participating rangatahi over this same period. This statistically significant impact estimate shows the HPR pilot contributed to improved EET outcomes that would not have been achieved without the programme. The impact is also statistically significant 12 months after enrolment, showing a net increase of 6.0 ( $\pm 3.6$ ) percentage points of additional rangatahi furthest from employment engaged in EET.

The impact of the HPR pilot is not significant 24 months after rangatahi enrolment. Government officials reflected that the funded projects were limited in their ability to continue to provide support to rangatahi. Many contracts were less than 24 months, and the period after support would have experienced any COVID-19 effects on employment. The result may suggest that the pilot programme had significant impact while the rangatahi were being supported, but limited impact after the support had stopped. It is reassuring that HPR adapted its delivery after 2020 (c.f. finding statement 1.7) and extended the length of the HPR provider contracts. Although the available data cannot yet demonstrate if these longer contracts had an effect on rangatahi outcomes, this change would have likely offered more opportunity to provide continuous support to rangatahi.

### **5.5. The HPR pilot programme did not contribute to sustained benefits on employment.**

For a beneficial sustained impact due to HPR the proportion of rangatahi in employment would be expected to be maintained for 24 months after enrolment and beyond.

Figure 9 shows the proportion of the HPR pilot (2018-2019) participants engaged in employment (rather than EET as above) compared to similar non-participating rangatahi each month before and after enrolment. Again, the early benefits are clear for this pilot cohort as there was a sharp increase in the proportion of participants engaged in employment after enrolment, over and above the comparison group. However, the net impact decreases over time, though a slight increase is maintained at 24 months.

**Figure 9: Proportion of HPR pilot (2018-2019) participants (treatment) and matched comparison group (comparison) in employment by month before and after enrolment. Source: IDI**

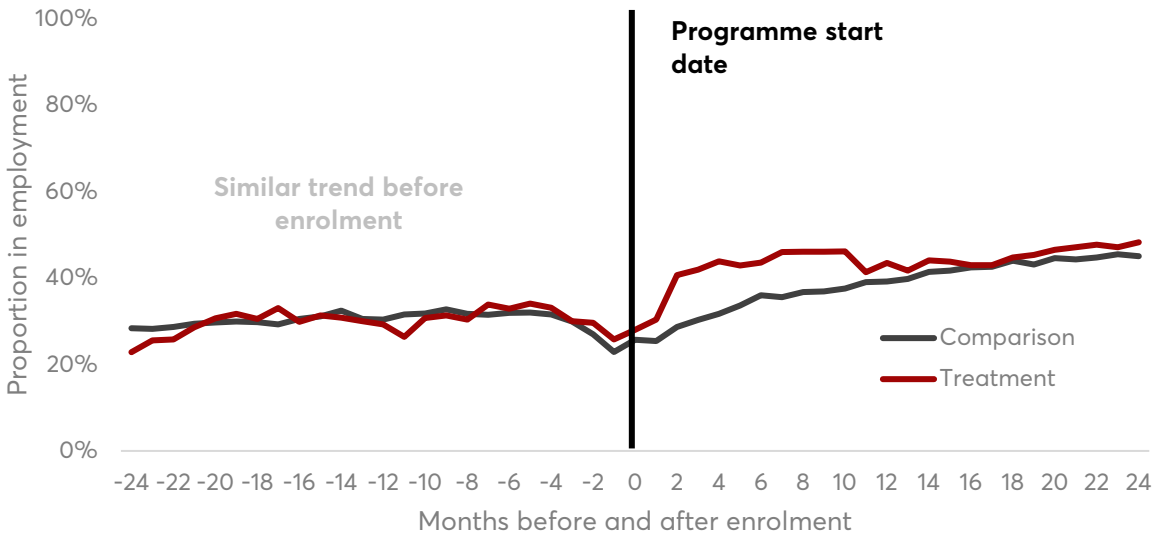


Table 3 below shows employment rates, and the impact of the pilot programme on their participants, in 6-monthly periods after enrolment to assess the time-dependent nature of engagement in employment. The estimate for 19 to 24 months after enrolment was used to assess the longer-term employment impact (i.e. sustained benefits of employment).

The programme was also expected to increase the proportion of rangatahi who were in sustained employment, defined as being in continuous employment for 6 months.<sup>82</sup> Rangatahi were therefore considered to be in sustained employment each month if they were employed that month and the previous 5 months. Sustained employment was measured from enrolment to 24 months after enrolment to summarise the collective impact of the programme.

<sup>82</sup> This measure is different to MSD's measure of sustained employment used in its operational reporting. The MSD measure is based on Income Support data only and counts sustained employment as an exit from main benefit to 26 weeks of continuous employment. This excludes part-time work while on a main benefit and can only be applied to people on a main benefit at the start of the programme. For these reasons, the measure defined using IDI data is preferable.



**Table 3: Impact estimates on employment outcomes for the HPR pilot (2018-2019) participants and similar non-participating rangatahi**

	Periods of time from enrolment	Mean HPR rangatahi	Mean other rangatahi	Impact estimate	Standard error	95% confidence intervals	
Proportion in employment	0 to 6 months	38.6%	30.1%	<b>8.4%*</b>	2.0%	4.5%	12.4%
	7 to 12 months	44.7%	37.5%	<b>7.2%*</b>	2.1%	3.1%	11.3%
	13 to 18 months	43.4%	41.9%	1.5%	2.7%	-3.8%	6.8%
	19 to 24 months	47.0%	44.5%	2.5%	2.7%	-2.8%	7.8%
Proportion in sustained employment	0 to 24 months	21.3%	22.6%	-1.3%	1.8%	-4.8%	2.2%

\* = statistically significant results

Again, the early benefits of the HPR pilot programme are clear for this cohort. However, the proportion of HPR pilot (2018-2019) participants in employment 19 to 24 months after enrolment was not different, in a statistically significant sense, compared to similar non-participants. This suggests the HPR pilot may not have contributed to sustained employment benefits over time. Additionally, the proportion of HPR pilot (2018-2019) participants in sustained employment for any 6-month period (up to 24 months after enrolment) was not statistically different compared to similar non-participants, suggesting the HPR pilot did not contribute to improved sustained employment for those enrolled between 2018 and 2019.

This result could be due to the time it takes to establish desired employment goals, especially whilst these rangatahi experiment with different EET opportunities. While this two-year follow up period provides insight into the longer-term effectiveness of the HPR pilot, longer periods of time may be required to examine the effect on sustained employment. The result could also reflect the period of time coinciding with COVID-19.

**5.6. The HPR pilot contributed to a reduction of 8.2 (± 5.3) percentage points of pilot (2018-2019) rangatahi receiving a benefit within the 12-month period following enrolment. This impact was negligible 24 months after enrolment.**

The programme was expected to reduce benefit receipt along with engagement in EET. Benefit outcomes for the HPR pilot (2018-2019) participants were measured from enrolment to 6, 12 and 24 months after enrolment to measure the collective programme impact on benefit receipt. The results are summarised in Table 4 below.

**Table 4: Impact estimates on benefit outcomes for HPR pilot (2018-2019) participants and similar non-participating rangatahi**

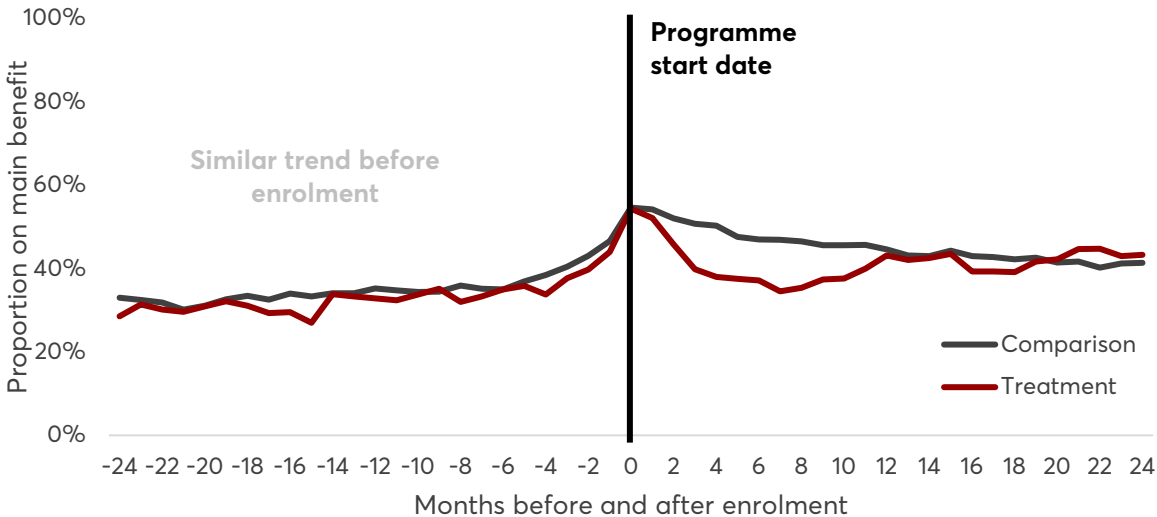
Periods of time from enrolment	Mean HPR rangatahi	Mean other rangatahi	Impact estimate	Standard error	95% confidence intervals	
0 to 6 months	41.8%	50.5%	-8.7%*	3.4%	-15.4%	-2.1%
0 to 12 months	39.0%	47.2%	-8.2%*	2.7%	-13.4%	-2.9%
0 to 24 months	39.3%	43.1%	-3.8%	2.4%	-8.6%	1.0%

\* = statistically significant results

Yet again, the early benefits of the HPR pilot for those rangatahi enrolled in 2018-2019 are clear. Table 4 shows the proportion of HPR pilot participants aged 18 or over in receipt of the benefit (column 2) compared to similar non-participating rangatahi (column 3). The result (column 3) shows there were 8.7 (± 6.6) and 8.2 (± 5.3) percentage points less HPR rangatahi in receipt of the main benefit than similar non-participating rangatahi 6 and 12 months after enrolment, respectively.

These impact estimates are statistically significant up to 12 months after enrolment, but not thereafter, indicating the net reduction in benefit receipt was not sustained. The rangatahi enrolled in HPR in 2018-2019 eventually returned to benefit receipt at a rate similar to similar non-participating rangatahi. This decrease over time is demonstrated in Figure 10 below.

**Figure 10: Proportion of HPR pilot (2018-2019) participants aged 18 or over receiving a main benefit by month before and after enrolment and matched comparison group. Source: IDI**



**5.7. The HPR pilot did not contribute to reduced interactions with corrections, however very few participants had these interactions.**

HPR was also expected to achieve wider benefits such as reduced interactions with corrections. This was defined as being in prison, in remand, on home detention or

community sentences and orders. Again, we measured corrections outcomes for those rangatahi enrolled in HPR in 2018-2019, from enrolment to 6, 12 and 24 months after enrolment to measure the collective effect of the programme impact on corrections interactions. These are summarised in Table 5 below.

**Table 5: Impact estimates on corrections outcomes for HPR pilot (2018-2019) participants and similar non-participating rangatahi**

Periods of time from enrolment	Mean HPR rangatahi	Mean other rangatahi	Impact estimate	Standard error	95% confidence intervals	
0 to 6 months	3.3%	5.0%	1.7%	1.2%	-0.7%	4.2%
0 to 12 months	3.6%	5.3%	1.7%	1.3%	-0.7%	4.2%
0 to 24 months	4.1%	5.3%	1.2%	1.2%	-1.1%	3.5%

\* = statistically significant results

Table 5 (column 3) shows there was no statistically significant difference in the proportion of HPR pilot participants in prison, remand, home detention or sentenced with community work compared to non-participants. Although this suggests that HPR did not result in net reductions in corrections interactions, the proportion of those with these interactions across this time period was extremely low (less than 4.1 percent, n=510). This result should therefore be treated with caution.

## Contextual factors influenced success for providers and rangatahi

### 5.8. There were multiple contextual factors and barriers for rangatahi to overcome.

Broadly speaking, HPR providers have been meeting rangatahi needs and helping them to achieve their employment, education and training goals. However, there were many reported barriers for rangatahi as they worked towards gaining employment and engaging in the programmes. The most common obstacle for rangatahi was trauma. This may be related to intergenerational experiences of poverty or family violence, bullying and discrimination, and recovering from a major event like the COVID-19 pandemic. Rangatahi Māori are also likely to experience trauma in distinct ways linked to the experience of colonisation, racism and discrimination, negative stereotyping and subsequent unequal rates of violence, poverty and ill health.<sup>83 84</sup>

<sup>83</sup> Pihama, L, Smith, L T, Evans-Campbell, T, Kohu-Morgan, H, Cameron, N, Mataki, T, Te Nana, R, Skipper, H & Southey, K(2017). Investigating Māori approaches to trauma-informed care. *Journal of Indigenous Wellbeing*, 2(3), 18–31.

<sup>84</sup> Jackson, M (1988). *The Māori and the Criminal Justice System: He Whaipaanga Hou – A New Perspective, Part 2*. Wellington: Department of Justice.

*One of the biggest barriers for us is the kids' bad environment at home. That's not great for them. Mum and dad are not around and [they] have nowhere to live. So if we can have accommodation for them to get, even if it was six months to get them on their feet, somewhere safe to live, away from the abuse, you know? Because there's a lot of trauma in some of these houses as well. (HPR Provider)*

*I've got anger problems and they've helped me realise how to deal with them, when to know when to recognise that. So yeah, and I haven't had a problem with police with courts since then. Like now I'm working full time and if it wasn't for the [the programme] I honestly wouldn't be here. That's why I wanted to come tonight because obviously they have helped me so much. (Rangatahi)*

Similarly, Pacific rangatahi employment prospects, including pay gaps, are impacted by broader unconscious bias and discrimination.<sup>85</sup>

Other common barriers for rangatahi noted in the regional visits include:

- **Disengaged from school and services.** Most rangatahi were disengaged from education for some time. The majority of (interviewed) rangatahi aged between 16 and 24 reflected on how the school environment was not suited to them. Some rangatahi were bullied or ignored, while others felt they were unfairly treated. While attending school, rangatahi typically experienced ongoing attendance and achievement issues and may have been excluded or suspended. This impacted on their confidence and ability to find employment.
- **Alcohol and drug consumption.** Many rangatahi were experiencing issues with alcohol and/or drug consumption. This was often in response to stress and trauma, negative peer influences and boredom. The impact of this consumption included difficulties in finding and maintaining employment, relationship issues and problems in school.
- **Offending and entering the justice system.** Offending is closely linked to experiences of childhood neglect and violence, and several rangatahi were involved in offending and had received a conviction. Some had served jail time, while others had been on home detention. These rangatahi shared how they had learned the importance of developing new patterns of positive behaviour and building healthy relationships.
- **Adverse experiences and unstable whānau environments.** Rangatahi may have faced emotional, physical or sexual abuse, or be living in a house where domestic violence or alcohol and drug abuse was present. Rangatahi may have witnessed family members being incarcerated, or in long-term unemployment and benefit receipt.
- **Teenage parenting.** As young parents, rangatahi juggled self-care, sleep, exercise and childcare, while they tried to complete school or find employment. They were often living in high deprivation and there was a lack of resources.

<sup>85</sup> Cochrane, B & Pacheco, G(2022) *Empirical analysis of Pacific, Māori and ethnic pay gaps in New Zealand*. NZ Work Research Institute.

- **Mental health needs and access to services.** Many rangatahi needed support to deal with issues of anger management, grief, mental health, neurodiversity and trauma. There was limited access to specialist clinical support and some rangatahi had negative experiences while accessing support and were not open to it anymore.

These factors were identified by MBIE as indicators of long-term unemployment in the early programme documents, and these regional engagements demonstrated that these factors remain a challenge. It is no surprise for those engaged in HPR that the success of rangatahi is not a straight pathway.

### **5.9. Providers were supporting rangatahi to overcome barriers in many ways.**

Providers go to great lengths to break down the barriers that rangatahi were experiencing. They were rangatahi-centric and dealt with individual issues and concerns. Providers responded to the immediate need first to ensure that each rangatahi could at least turn up to the programme or personal appointments. They built genuine relationships with rangatahi and provided safe, stable environments. Rangatahi accepted consequences because of the relationship the providers had established.

*It's like a second home really. You can walk through the door and like all the facilitators that run these groups here, we all know each other, we have conversations with everyone who works in the buildings. So you feel more than welcome to come here, it doesn't matter who is here, you just pop in and have coffee and a chat. (Rangatahi)*

Most providers also provided opportunities where rangatahi Māori could experience success as Māori, linking them to aspects of culture and te ao Māori. They also set clear boundaries and rules for rangatahi in safe, nurturing environments. They were kind, consistent and firm, and all rangatahi were treated fairly. Providers nurtured and protected rangatahi while holding them accountable for poor behaviour. They broke down barriers of mistrust by being consistent and doing what they said they would do.

*If they haven't got consistency and they can't communicate it's just the first basic. How are we gonna get them into mahi, study, or get them progressing in their life with anything if they lack that consistency. So I'm real big on the consistency and super big on the growth zone. (HPR Provider)*

Promoting attendance was key to rangatahi engaging with the programmes and services, and providers physically picked them up. Providers did a lot of work that may be outside of the scope of the contract or "around the edges." They ensured that rangatahi had all the information they needed to make an informed choice to participate. This placed the power in rangatahi hands.

*Well, we sort of came in here on the first day, and I like didn't really want to engage, cos I didn't know what it was going to be like, but then, soon as I got into my first week, you know, you feel so welcome ... and you just want to actually try and engage. (Rangatahi)*



Where rangatahi had declined whānau involvement, most providers continued to create opportunities for rangatahi and whānau to heal relationships that had broken down. They saw this as an important way to bring about sustainable change for rangatahi.

Opportunities for personal success and achievement were offered to rangatahi. Through physical activities like surfing, cycling, abseiling and tramping, rangatahi were learning to overcome their fears and challenges and could test their capabilities and realise their potential. As they started to achieve success, they felt more positive about themselves and would start to open up and trust others with their stories.

*Every week we go out and do a different thing. At that point when I was doing [the programme] I'd been confined to my house for 15 to 16 months at that time. And I wasn't allowed outside really apart from going to the League thing. So getting that outdoors experience, doing different things, different activities that really helped everything not just in the moment but [my] whole life. (Rangatahi)*

Being part of a larger organisation helped providers to provide wraparound support and resources – a whānau ora approach. Extreme importance was placed on creating a safe space and a positive environment where rangatahi could access a range of support with education, culture, health and youth justice issues. Many providers supported rangatahi by paying for resources like rugby league shoes, sports fees and uniforms, and making themselves available after hours. They understood that transformation cannot just happen in programme hours between 9am and 4pm, and provided support accordingly.

## Lessons learned

### **5.10. Whānau involvement supports and enables engagement in the programme and their buy-in and trust and confidence in providers is important.**

Although whānau involvement varied across the providers they all agreed that positive whānau support for rangatahi participating in HPR adds to the programme's value. If whānau understand what the goals and aspirations of the rangatahi are, and how the programme is enabling them, then they can also support and encourage the rangatahi. Occasionally, when there was financial hardship within the home, rangatahi have been asked by whānau to leave the programme and do seasonal work. However, in situations where providers engaged whānau in aspects of the programme, and whānau were able to see the positive change in rangatahi, the needed trust and respect were built. In these cases, providers understood whānau better and were more likely to offer additional support. Whānau were also more likely to reach out for help, either for themselves or for their tamariki.

### **5.11. There is a need to link to cultural identity, te reo Māori and tikanga with more consistency.**

For rangatahi Māori it is important to ensure that te ao Māori is part of the HPR programme so that whānau and rangatahi can visibly see themselves and their culture represented. Rangatahi Māori and whānau will then be more likely to engage and connect better with the programme and its intended goals. Rangatahi Māori are also

more likely to stay motivated and committed to the programme if providers are perceived as culturally responsive and caring.

## How well, and to what extent, have HPR rangatahi progressed on a pathway, overcoming barriers to positive life outcomes?

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### HPR rangatahi have made pathways towards positive life outcomes

#### **6.1. In general, providers were supporting rangatahi onto happy, healthy and productive pathways.**

Impacts and outcomes for rangatahi were evident across the programmes. With provider support, rangatahi shared that they had overcome barriers and were better equipped to start work and make positive change in their lives. Some rangatahi felt like somebody cared, and this had given them the confidence and motivation to do well. Rangatahi typically reported feeling safer and happier, and able to act with increased confidence, consider new positive pathways and make better decisions. They were also making better choices about their health and wellbeing and were engaging in training and fitness activities.

Rangatahi were being guided and directed onto positive pathways through the HPR programmes. These pathways were transformational for many. Rangatahi expressed how different their lives would have been without the programme, expressing how they would have been in jail, homeless or dead.

*Because without them I had nowhere to stay. And so yeah, without even giving me a place to come out to on probation, I would still be in [jail]. And I can guarantee if I was still in, I wasn't going to come out at all ... I was depressed and I felt like I had nothing, nothing to work for. (Rangatahi)*

*That's completely turned my life around. It's helped me get off drugs, it has helped me get back into work and commit to routine and just being like a normal person again, and not having to like worry and stress about things and not have to look over my shoulder and worry about the police. (Rangatahi)*

#### **6.2. Rangatahi are achieving success and improved outcomes.**

Rangatahi, whānau and providers all identified similar changes they attributed to the programme. They reported that rangatahi:

- were motivated to work, and understood what it takes to keep a job
- could identify where they need further education or training and plan how to achieve it
- communicated better, with respect and openness

- were limiting their consumption of alcohol and reducing drug taking
- were more aware of their behaviour and the consequences of their actions
- engaged in healthier, positive relationships
- were not offending.

Government officials consistently emphasised providers' focus on wellbeing, with one referring to this as "a foundational need" towards positive life outcomes. HPR case studies further emphasised the attention paid to wellbeing within the providers' practice models, with nearly all case studies focusing on enhancing the mana of rangatahi. The case studies also reiterated the progress rangatahi were making in terms of wellbeing. These areas of success highlighted improvements in, for instance, motivation, self-esteem, trust and confidence.

These results were echoed in an earlier independent summary of 2018-2019 HPR monitoring reports, which noted that "HPR rangatahi appear to be making significant improvements in individual wellbeing and overall employability."<sup>86</sup> Similar to the improvements bulleted above, the summary from 2018-2019 also showed that about 5 percent of HPR rangatahi (n=420) began to see work as a priority, began finding solutions to challenges rather than giving up, and opened up to working with others. Further, 4 percent had reduced their alcohol or drug consumption to less than multiple times a week following HPR support.

### **6.3. Rangatahi were setting and achieving goals.**

All rangatahi identified that they are now clearer about what their goals are and how to achieve them. They also shared that they are less likely to sabotage their plans by reverting to negative attitudes and behaviour. Rangatahi learned that goal-setting is an active process and that plans need to be reviewed frequently, not only to "check off" progress but to make any changes. To support this process providers checked in with the rangatahi about their progress, and rangatahi learned to break down their goals into "bite sizes" to support their success. As explained by some rangatahi, setting goals gave them direction and helped them stay focused and positive about their futures.

*And I had my goals from the start of last year. And I looked at them a couple of months ago and they've changed a lot. I've ticked a lot off. Like getting my learner's licence. It's just my learners [but] I have been so stoked for myself, and now I need to get my restricted ... it's really cool. (Rangatahi)*

*We kind of have our six-month goals and then we have our year goal, and then we have like five years. So we can look forward to things cos I'm someone that needs to look forward to things. Otherwise I don't feel very hopeful. (Rangatahi)*

These results are mirrored in the 2022 HPR monitoring reports, which underscored a significant emphasis on these "bite-sized" goals identified by HPR providers. Specifically, at least 83 percent of HPR providers helped rangatahi complete documents and plans. This included, for example, creating CVs, writing cover letters, developing interview skills and career plans. Further, at least 60 percent of providers helped rangatahi access systems and documents that enable employment, such as setting up bank accounts,

<sup>86</sup> *He Poutama Rangatahi Monitoring Report* (21 Jan 2020), pg 17.

getting an IRD number or passport. Nearly all providers (98 percent) helped rangatahi obtain driver licences.

These areas of focus and achievements were consistent over the years. Between 2018 and 2019, the summary of monitoring data similarly showed that approximately 4 percent of HPR rangatahi eliminated financial barriers to employment and 7 percent addressed their access barriers, such as transport to work, after receiving HPR support. About 5 percent of the rangatahi also identified reliable support for their caregiving responsibilities.

#### **6.4. Rangatahi were experiencing personal growth and development.**

As shared by rangatahi, whānau and providers there has been significant development in the personal growth and learning for most rangatahi. In general, rangatahi felt they had a better sense of purpose and were more mature. Many rangatahi shared that they had a far better understanding of what was good for them, and how to stay positive and away from negative influences. The majority of rangatahi felt they could communicate more effectively and were more confident in themselves. As a result, they were more likely to seek advice and ask for help.

*Well, she's definitely gained a lot of confidence. I've noticed that in her interactions with people, she's a lot more relaxed around people. She was very socially anxious before. And she still has bouts of it, don't get me wrong. [But] she is working now, engage[s] more with me and her sisters, so she's more engaged in the family. She is broadening her horizon, starting to think about goals, which is massive. (Whānau)*

The programmes provided opportunities for self-growth and, as reported throughout the evaluation by rangatahi, providers and whānau, rangatahi had developed new skills, behaviours and attitudes that had a positive impact on their lives and overall wellbeing. The programmes supported rangatahi to step outside their comfort zones and stick with uncomfortable processes until they were ready to engage. Slowly, as they became more receptive, rangatahi shared how they expanded their thinking and started to view their lives and future possibilities more hopefully.

*I wanted to change my life [but] when I first got to the group, I didn't like it. I tend to get angry at little things ... it took about three weeks for me to start learning stuff about myself that I didn't know, and that helped me stay on the path of change. You surround yourself with people that are on the same path as you and you're not hanging around with all your bros. [You're] never challenging each other, you're "Brother, that's mean you are doing this and I can see the change." A lot of it is the people you surround yourself with. (Rangatahi)*

These gains likely reflected the providers' efforts. The 2022 monitoring reports showed at least 28 percent of HPR providers were focusing on developing rangatahi soft skills. These included developing communication skills and time management training. Time management was also an area of development early on in HPR. As shown in a

programme document,<sup>87</sup> there were proportionally fewer rangatahi (3 percent, n=402) reported being consistently late or absent, or not completing tasks.

### **6.5. Rangatahi were experiencing positive behaviour change.**

Within safe spaces and healthy, positive adult relationships, some rangatahi shared how through their involvement with the provider and HPR they were able to heal from adverse childhood experiences. They were making life-changing decisions and were on much more positive pathways, such as employment, no drug and alcohol consumption, no offending, and improved relationships with whānau. Several rangatahi shared that because of HPR they now saw themselves as a person of value, someone who could work and engage positively with others. Conscious decisions were made to cut off previous relationships that were harmful and connect with healthier places, environments and people.

Engaging with other rangatahi improved their understanding not only of others but of themselves as well. Rangatahi shared how working with others who have had similar challenges or life experiences encouraged them to open up about themselves.

Generally, rangatahi across the programmes identified how they developed a sense of purpose and felt better within themselves. Self-worth is fundamental to behavioural change, and rangatahi gave examples of this change as they started to realise they have something positive to offer and could play a valued role within their whānau and community. They shared how they had started to take personal responsibility and become accountable to themselves, making sure they were living in a way that was of value to them. In turn, they started to get rid of the negative labels they may have had and started to see the good in themselves. Providers also consistently talked about the affirmation of rangatahi self-belief and self-worth as key to supporting positive behaviour change.

### **6.6. Rangatahi were experiencing better relationships and connections.**

Rangatahi interviewed all felt they are connecting in healthier and more productive ways. They were able to identify how past behaviour contributed to the breakdown of relationships with others and landed them in trouble, including crime. With improved understanding of who they are, rangatahi felt they were taking greater responsibility for their decisions and actions.

This improved understanding can also be linked to a growing sense of positive self-identity, reigniting and reaffirming of their mana. Rangatahi shared they now saw themselves as part of a collective, be it with their whānau, programme cohort or in personal relationships. They were learning how their actions can diminish personal mana and that of the collective. As they became mentally and emotionally stronger the desire to act in ways that enhance their mana and the mana of others increased.

*For me ... it would be the ability that I have now to build healthier relationships. Because before that I was a piece of shit too. I'm not going to blame anybody. I*

<sup>87</sup> The results from the report are described in terms of the full population of data, and no statistical tests had been carried out.



*was a piece of shit. People I was around were pieces of shit. That was my group, who I was hanging out with. And now I have been able to recognise a healthy relationship [and] that helped my relationship with me and dad cos he [was] just one of those dads, like real manly ... he didn't talk very much, smack you over type of thing. But [now] me and him are sweet you know, like we talk. Like it's just so much nicer, life. It has improved my quality of life by quite a lot. (Rangatahi)*

Some rangatahi Māori shared how they feel proud "as Māori" with a stronger sense of identity through attending events like pōwhiri and engaging in tikanga Māori practices throughout the programmes. Where programmes were partnering with iwi, rangatahi gained employment or work experience through them. They were also able to build stronger relationships with whānau and other rangatahi Māori participating in the programmes.

This result reflects the work providers are putting into building connections. The 2022 monitoring reports demonstrated that at least half of the providers were helping rangatahi connect to their culture. This included activities such as learning pepeha, karakia and haka. It also included activities such as registering rangatahi Māori with their iwi or visiting a marae.

The earlier 2018-2019 monitoring reports also demonstrated that approximately 9 percent of the 402 HPR rangatahi developed a connection with their culture after HPR support was provided.

## **6.7. Rangatahi were receiving training, experience and credits.**

Historically, HPR rangatahi were achieving their training and experience goals. The 2018-2019 monitoring reports showed that about 13 percent of rangatahi completed at least some training relevant to their desired job. While about 10 percent gained more than a few months of relevant work experience and 7 percent identified job opportunities available to them after commencing HPR support. There were also gains in literacy and numeracy.

The later 2022 monitoring reports showed that at least 18 percent of providers were helping rangatahi gain NCEA credits. At least 70 percent were helping rangatahi gain formal qualifications (e.g. first aid certificate, food safety certificate) and at least 42 percent were helping rangatahi gain industry-specific training qualifications (e.g. forklift endorsement, scaffolding training, farming projects).

When they have qualifications and training certifications, rangatahi felt more capable and confident to engage with employers and seek out employment. With tools and skills, they had a clearer sense of direction and could make progress towards future goals. For some rangatahi, this may have been the first time they experienced achievement in any formal sense. This experience helped to build their sense of worth.

# How well and in what way are providers' different pastoral care and mana-enhancing models of service helping rangatahi overcome barriers to positive life outcomes?

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Although provider models varied, providers have been successful at working in mana-enhancing ways

## **7.1. Overall, providers were successfully delivering pastoral care and working in mana-enhancing ways to support rangatahi.**

Providers were engaging with rangatahi based on where they were at the time and focusing on their needs. This approach affirmed the feelings and experiences of rangatahi. Providers were positive role models for rangatahi, supporting healthy emotional connections and relationships.

Providers were strengths-based and focused on the potential of each rangatahi. They did this by focusing on rangatahi strengths and helping them identify ways to work through their problems. Solutions were not predetermined and providers encouraged rangatahi and helped them to identify what worked for them. Supporting rangatahi to make their own decisions and choices was key to this strengths-based practice. Providers needed to develop trusted relationships with rangatahi so genuine advice could be shared and accepted.

Within these strength-based approaches, providers were able to foster hope and optimism in rangatahi. Essentially, providers believed in the rangatahi until rangatahi could believe in themselves. They kept asking the rangatahi to step up and do better, and set standards, structures and expectations that helped rangatahi realise their potential.

Across the programmes, providers were also engaging in mana-enhancing practices. They were helping rangatahi towards better hauora and wellbeing, supporting them to address trauma and helping them feel safe and access healing. To some extent all providers were engaging with rangatahi in ways that acknowledged their realities and experiences as young people. Some providers were also recognising the cultural realities for rangatahi Māori and Pacific rangatahi, and how they may differ from non-Māori and non-Pacific. A few providers, however, saw themselves as mana-enhancing for all rangatahi but did not recognise the difference in cultural realities.

Most providers were developing strong relationships with rangatahi and trying to fully understand them. Providers who developed significant connections with rangatahi could offer excellent support, and rangatahi made transformational changes such as working in full-time employment and living healthier, happier lives.

Essentially, providers "did what it takes." Since this looked different for each rangatahi, they needed to be adaptable and responsive. Providers used the flexi fund to support

successful entry into employment, and to help rangatahi buy work boots, get a driver licence or complete courses. Where possible they connected rangatahi to mental health support such as counsellors and psychologists. A few providers were also finding additional resources and funding to provide rangatahi with what they needed to be successful. This included buying scooters and developing safe housing options. Also, some providers worked early mornings, late evenings and weekends outside funded hours. If this was the difference between rangatahi getting to a course or work on time, then that was what providers would do. A few providers were also considering how they could extend their programmes or develop additional ones to provide rangatahi with support until they were ready for employment. These providers were also working towards being able to offer additional support for rangatahi, particularly in housing.

A key feature of the providers' practice was that they did not give up. Programme providers knew that transitioning to adulthood was a confusing and unsettling time for rangatahi. They were also cognisant of other, more recent factors that impacted rangatahi, such as the COVID-19 pandemic and rising living costs. Therefore, they were empathetic and did not judge. They expected that rangatahi would make mistakes and that their pathways would have challenges to overcome, but throughout they offered consistent support and aroha.

*I mean there's people that have dropped off [but] they still have the opportunity to come back whenever they want, you know. The door's never closed with [this programme]. No matter what happens they will always help you, [and] that's one good thing. There's been a few times where I haven't engaged with these fellas and he calls, says "I'm coming to get ya." (Rangatahi)*

Pastoral care generally continued for 12 months following the end of the programme and providers engaged and stayed in touch with rangatahi by:

- continuing to meet and stay in contact with employers of rangatahi in work
- phone calls, texts and home visits with rangatahi
- transporting rangatahi to work and back home until a routine was established
- offering an open-door policy to all rangatahi and making it clear they were welcome to visit at any time and that providers will be there to help where they can.

*Actually yesterday, I my car got dinged up by somebody. I've never had insurance before [because] the lifestyle I was living I didn't need [it]. But with this stuff, insurance, I've never worked with it before [so] I just rocked up here [and said] "I need help. I've got this insurance, help me with this." And I was freaking out, I was angry, because I don't know who did it. [And the provider] are like, "You will be alright, just ring [the insurance] and just tell them what happened." Literally advice like that, that's what I still need. (Rangatahi)*

*[Even when I finished and got a job] they ring up, "Oh, we haven't heard from you in a while, what's going on?" So they all like chase you down and find out what's going on. Yeah, they aren't people that wait for you to come to them. If they think something's not right, they'll find you and they'll get onto it. They'll start getting you out there to do things if you're not in a good space. To take your mind off it, they'll offer you things to do. And I think that's the best help that goes on here. (Rangatahi)*

Rangatahi appreciated the way the providers engaged with them and felt that providers genuinely cared about them and wanted them to succeed.

*They weren't there for their pay cheques. They were there to actually help all of us. And that's why I clicked on with these fellas I guess. (Rangatahi)*

*I've always been like, money motivated, so I was always going to find a job. I needed the emotional side, I needed the shit that your father is meant to teach you as a kid, your mother's meant to teach you, but I didn't have any of them. So I was just fighting the world by myself. I was doing shit that I was shown. Like I was shown fighting, I was shown disrespect. I thought that was the norm. I thought that's just what you were meant to do. I wanted to connect with people. I wanted to be able to wake up in the morning, be off it but still be on. When I couldn't do that if I had an off day, then I [was] doing something to distract me and that was a lot of drugs ... So I needed help from them to be able to deal with the emotional shit. (Rangatahi)*

## **What can be learned from the experience, identifying any intermediary steps or cues that signal when rangatahi are becoming more engaged with the programme and their futures?**

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Overall, providers were designing and delivering programmes that were well aligned to rangatahi needs and aspirations. However, there was considerable variability across the providers in terms of the ways they were responding to Māori and Pacific rangatahi, their engagement with employers and the local labour market, and the involvement of whānau in the programmes. Through programme observation and interviews with rangatahi, whānau, employers and providers, it was clear that key strategies and approaches (as outlined below in Table 6) were effectively engaging rangatahi and supporting them to overcome challenges and embark on positive pathways.

**Table 6: Effective strategies for engaging and supporting rangatahi**

<b>PLACE RANGATAHI AT THE CENTRE</b>		
Work to truly understand rangatahi needs and use that knowledge to plan and make decisions	Intentionally focus on the holistic needs of rangatahi and integrate programme responses and activities	Prioritise longer term relationships with rangatahi and ongoing engagement with them
<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Identify and respond to barriers considering the local context and labour needs</li> <li>• Connect with whānau, iwi and community</li> <li>• Be diverse and adaptable in design and delivery of the programme</li> <li>• Take a whānau ora wraparound approach</li> <li>• Focus on responsiveness to Māori and Pacific rangatahi</li> <li>• Create employer programme partnerships</li> <li>• Strengthen workforce capability to work with rangatahi Māori and Pacific rangatahi</li> <li>• Consider the broader determinants impacting on rangatahi</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Provide structured programmes and schedules for rangatahi with clear boundaries and responsibilities</li> <li>• Invite whānau to engage in aspects of the programme like orientation events, interviews with rangatahi and graduations</li> <li>• Co-design programme delivery and activities with iwi and/or pou whakahaere (cultural advisors)</li> <li>• Assign and resource staff to build a portfolio of employers and broker workplace opportunities for rangatahi</li> <li>• Develop relationships with local health and social services, including clinical support and hauora Māori providers</li> <li>• Gather support in the community through promotion, fundraising events and attending local community events</li> </ul>	

When providers worked in a way that reflected the key strategies and approaches in Table 6 rangatahi became more engaged in the programmes. To a certain extent, all rangatahi were cautious when first engaging with HPR programmes or services. They wanted to change their lives and had goals to be employed or get training in a certain area, but they lacked confidence, self-belief and knowledge about how to bring their goals into fruition. Over time, providers shared how rangatahi become more:

- punctual and start to turn up early, ready to start the day
- responsible for their actions and less likely to come up with excuses for lateness, inappropriate behaviour (e.g. swearing) or missed appointments – they sent texts or rang when they were going to be late or couldn't attend the programme or scheduled appointments
- confident to participate and engage with other rangatahi and share their opinions and experiences
- communicative and started to discuss issues they were facing with the providers
- enthusiastic about their futures and eager to start planning and goal setting.





# CONCLUSIONS

## What we can conclude

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Overall, HPR was found to meet expectations across all criteria. The results and evidence are presented below for each criterion.

### HPR was relevant to community needs

Success was defined initially according to HPR having a relevant design and delivery in relation to community needs and aspirations, and to the unique pathways rangatahi take towards positive life outcomes. Relevance, as such, refers to HPR's responsiveness to the communities in which they operate and the rangatahi they support.

Overall, HPR was found to have **achieved expectations** in relation to relevance to community aspirations, meaning that mostly consistent demonstrations of relevance were identified across the evaluation. The approach was consistently directing focus towards the community, with government officials taking a supporting role and enabling local leadership. The providers' support was firmly focused on rangatahi needs, meaning the support provided was as diverse, varied and unique as the needs themselves. Providers' capabilities to engage with rangatahi and attend to these needs were important as they must provide support for health and wellbeing needs, but also cultural needs, particularly for rangatahi Māori. These diverse needs stretched the providers' capabilities, with some needs not able to be met by a single provider. This meant that the providers' connections within the community to support the range of rangatahi needs towards employment was a vital element of rangatahi success.

Even though labour market needs were not the priority in terms of identifying projects to support, HPR providers were enabling rangatahi towards employment through pastoral support and making connections. These were believed to be key to enable access to local employment opportunities and facilitate sustained employment for rangatahi.

The results further demonstrated success in terms of rangatahi making pathways towards employment and, most notably, towards positive life outcomes. Rangatahi were leading happier, healthier and more productive lives. Providers were working with rangatahi to develop positive connections, and rangatahi were becoming mentally and emotionally stronger during the support. Providers were working with rangatahi to set and achieve "bite-sized" goals, making a pathway towards achieving success in terms of a positive and healthy life.

### HPR was mostly coherent with its intent and alignment to strategic policies

Success was defined initially according to HPR having a coherent design and delivery in relation to the programme's intent, while also fitting within MSD and its organisational systems of support and aligning with key policy objectives as set out in Te Pae Tata and Pacific Prosperity, MSD's Māori and Pacific strategies and action plans. As such, coherence in this evaluation refers to HPR's alignment to MSD's strategic frameworks, integration with the wider MSD system and alignment with HPR's original intent.



Overall, HPR was found to have **achieved expectations** in terms of coherence, with mostly consistent demonstrations of alignment with few exceptions. More specifically, HPR aligned to many of its foundational principles, most notably those focusing on local leadership and government oversight, while continuing to target rangatahi at greatest risk of long-term unemployment. One notable change was the shift away from an explicit focus on funding projects within regions with emerging employment opportunities. Although employment has remained the goal for HPR, the priority shifted firmly towards supporting the needs of rangatahi most at risk. Nonetheless, this move away from emerging employment opportunities in the regions did not appear to negatively affect placements into employment, education or training.

The transition from MBIE, an agency mandated to support a strong New Zealand economy, to MSD with a focus on helping New Zealanders be safe, strong and independent, aligned to the community and individual focus of HPR. The transfer resulted in at least the same level of support and clarity for providers, communities and rangatahi. Few of those engaged in HPR, other than government officials, detected the change, and when the change had implications for existing providers this was manageable. Most notably, the shift was seamless for those engaged in delivery, allowing them to continue their work to support rangatahi. There was only one gap noted, in that there was an initial period whereby proposals were not being processed as quickly as before because of the changing systems, personnel and processes. Nonetheless, applications continued to be processed and are now expected to exceed those in previous years given the greater awareness of the HPR programme.

HPR aligned well with Te Pae Tata, and it was possible to see how rangatahi had positive experiences of mana manaaki, kōtahitanga and kia takutū tātou. There was also consistent evidence showing HPR's focus on increasing rangatahi capability, wellbeing and hauora, relationships and connectedness. Rangatahi were exercising rangatiratanga, deciding what they wanted to achieve.

Although Pacific rangatahi engaged in HPR were exceeding the achievements of others, there needs to be a greater focus on enabling Pacific Prosperity and responding to the needs and aspirations of Pacific rangatahi, families and communities. This includes providing for greater numbers of Pacific providers and increasing the proportion of Pacific NEETs receiving HPR services. In doing so, HPR needs to be able to accommodate both first-generation Pacific rangatahi as well as Aotearoa New Zealand-born Pacific rangatahi and be responsive to the diversity of cultures within Pacific communities in different locations across Aotearoa New Zealand.

## **HPR was effective at reaching rangatahi facing the most barriers to employment, reducing benefit receipt and placing them into employment, education or training in the short term**

Success was defined as being effective in so far as rangatahi were achieving sustained employment and positive life outcomes. This includes HPR providers enrolling those rangatahi facing the most barriers to employment and helping them make progress towards employment, education and training; and realising improvements in mental and

physical wellbeing, social participation and connectedness, and sustained employment. It is also expected that there would be a reduction in benefit receipt and interaction with corrections.

HPR was enrolling high proportions of rangatahi facing the most barriers to employment. Specifically, 90 percent of participants were within the target age group and were either NEET at enrolment or had at least one potential indicator of long-term unemployment.

The programme data and the IDI clearly showed that HPR rangatahi were successfully placed into employment outcomes up to 12 months after enrolment. The IDI also showed that the programme was also more broadly successful at contributing to higher rates of engagement with employment, education and training and lower rates of benefit receipt. Specifically, HPR contributed to an additional 6.0 percentage points<sup>88</sup> of participating rangatahi being placed into employment, education or training, and a reduction of 8.2 percentage points<sup>89</sup> of these rangatahi receiving a main benefit. These net gains are over and above what other rangatahi not supported by the programmes achieved for up to 12 months after enrolment.

The IDI showed that these achievements were not sustained in the longer term for those participants in the HPR pilot (2018-2019) programme, suggesting that HPR has a significant impact while the rangatahi are being supported, but limited impact once the support ends. However, these estimated longer-term impacts are only reflective of the programmes during the pilot years. Changes made to the delivery of the programmes were therefore not reflected in these results. HPR adapted its delivery since the pilot years, and in extending the length of the contracts with HPR providers offered more opportunity for providers to continue to support rangatahi. It is possible that subsequent cohorts were more able to sustain employment. However, the impact of these changes to HPR contracts on rangatahi achievements cannot be confirmed with the data currently available.

It is important to note that the outcomes assessed 12 and 24 months after enrolment coincided with the COVID-19 pandemic. During this time, there was a sharp rise in the youth unemployment rate in Aotearoa New Zealand, with 13.2 percent of 15- to 24-year-olds unemployed in the September 2020 quarter compared to 9.5 percent in the September 2018 quarter. There was also a large increase in the number of young people accessing benefit support from early 2020.<sup>90</sup> The disruption of COVID-19 likely impacted HPR participants' (2018-2019) ability to access and retain employment and therefore the HPR pilot impact estimates presented in this report. However, youth employment rates returned to pre-COVID-19 levels in the September 2021 quarter<sup>91</sup> and the number of young people accessing benefit support rapidly decreased through 2021 and 2022.<sup>92</sup>

<sup>88</sup> 95% confidence interval indicates the true difference is between 2.4 and 7.8 percentage points.

<sup>89</sup> 95% confidence interval indicates the true difference is between -13.4 and -2.9 percentage points.

<sup>90</sup> Ministry of Social Development. *Insights Reporting Series: Young people 16-24 years old*.

<https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/insights-reporting-series-docs/insights-reporting-series-young-people.pdf>

<sup>91</sup> Stats NZ. (2021). *Youth unemployment rate three times the national average*. <https://www.stats.govt.nz/news/youth-unemployment-rate-three-times-national-average>

<sup>92</sup> Ministry of Social Development. *Insights Reporting Series: Young people 16-24 years old*.

<https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/insights-reporting-series-docs/insights-reporting-series-young-people.pdf>

Nonetheless, we expected that these COVID-19 effects would be experienced similarly for participants and matched non-participants, particularly as the matching technique ensured these groups had similar demographic profiles and similar patterns of engagement with EET before enrolment. This meant we assumed the technique could detect any programme effects on participant outcomes, albeit within the COVID-19 context.

## Considerations moving forward

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The evaluation highlights a number of opportunities to strengthen HPR programmes, including building a more collaborative approach among providers, workforce development initiatives to develop responsiveness to Māori and rangatahi with complex needs, and strengthening HPR's reach to Pacific rangatahi. Such investment could result in improved rangatahi access to a wider range of clinical and support services, allowing all programmes to refer and connect rangatahi and whānau more effectively.

Some more specific considerations are provided below.

### Consideration 1: Share insights regionally and nationally

MSD could provide a mechanism that enables providers to share insights and lessons learned regionally and nationally. Within the regions, providers would be able to share their insights into community needs. They could add components to their programmes that would deliver added value to rangatahi. Within the regions, they could identify common training needs and seek out workforce development opportunities. Improved communication between providers nationally could also potentially stop rangatahi "falling through the gaps" when they move to other areas (c.f. finding statement 2.7).

### Consideration 2: Extend service supports

To extend the ability of providers to respond to rangatahi with high or complex needs MSD could invest in workforce development in areas such as youth mental health, youth development and trauma-informed practice. Increased access to specialist health services would also support providers to respond to the needs of rangatahi. Working across agencies, MSD could link with health and education to support access to clinical and support services, for example social workers, psychologists and mental health professionals. Consideration 1 would also partially enable this, as providers could share resources and provide information on external services they are linked to.

MSD could also provide a mechanism for extending pastoral care on a case-by-case basis to enable sustained employment for rangatahi with high or complex needs. (c.f. finding statement 2.9).

### Consideration 3: Strengthen implementation of Te Pae Tata

Te Pae Tata is MSD's strategy to ensure that both MSD and the providers they work with embed a Māori world view, honour Te Tiriti o Waitangi and prioritise whānau needs. A more intentional approach to supporting providers to implement the strategy would improve the programme's responsiveness to Māori. This could involve providing resources and funding directly to hapū and iwi to engage with providers to better enable localised, place-based community solutions for rangatahi.



Additionally, encouraging continued workforce development opportunities for providers in cultural competence training, including courses in te reo Māori, could support a more consistent approach (c.f. finding statement 4.7).

#### **Consideration 4: Support implementation of Pacific Prosperity**

To better reach and support Pacific rangatahi, MSD could develop an HPR-specific plan to materialise the actions outlined in Pacific Prosperity. This would intentionally engage more Pacific NEET rangatahi in HPR. Providers also need to develop their understanding of and responsiveness to Pacific diversities, including linguistic, ethnic and location-specific diversities. To support this, MSD could provide prompts in the current reports that signal to providers that responsiveness to Pacific is a priority and needs to be actioned through their delivery (c.f. finding statement 4.9).

#### **Consideration 5: Evaluate impact**

A future impact evaluation is necessary to determine if the programme changes since the pilot years had the expected significant benefits for rangatahi in terms of sustained employment. However, the current limitations in data supply to the IDI means this will not be possible unless a more automated system is implemented by the HPR programme. Regular linkage of HPR participants (including future participants) would also enable MSD to assess the impact of any further changes made to the programme.

# APPENDICES





## Appendix A: HPR principles

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The HPR (pilot) initial operating principles, as submitted and agreed by Cabinet (22 June 2017), and reflects the focus of the Government of the day. The following principles were agreed at that time:

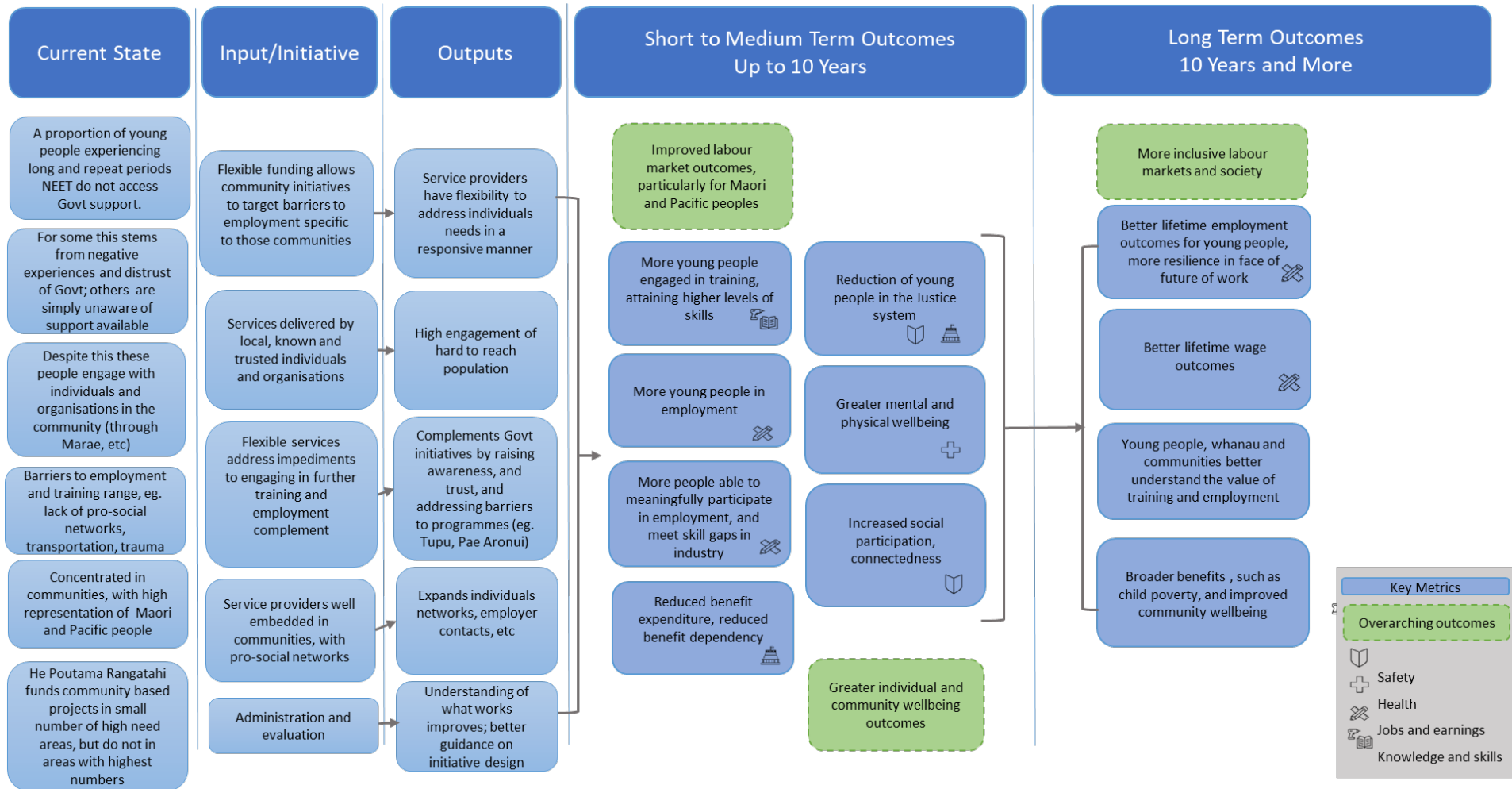
1. We focus on people – both in terms of the needs of NEET individuals and the people who can make a difference (employers, community/iwi leaders, pastoral carers) – not programmes.
2. Following a social investment model, we will use a range of official statistics, administrative data and evidence, and local intelligence to identify how and to whom we target support and resources most effectively.
3. The focus is on the regions with the greatest proportions (relative to population size) of youth who are most at risk of long-term unemployment – these are Northland, the (Eastern) Bay of Plenty, the East Coast/Te Tairāwhiti and Hawke’s Bay; within these regions, there are particular districts and towns that represent ‘hot spots’ of where youth are most at risk of long-term unemployment are; we will focus on youth within these hot spots, while also focusing on local employers with available jobs.
4. The approach will be regionally-led – regional leadership is critical; the response to local employment issues needs to be led by their communities. This means that we need to work in partnership with the regions, and at the community level to address what communities identify as their needs in addressing local employment issues and opportunities. Infrastructure developed through the Regional Growth Programme (RGP) will be utilised to this end, through the leadership of the Senior Regional Officials.
5. We’ll start with understanding community aspirations, and what they already have underway, and consider how we could support them to scale up and/or adapt.
6. We will focus on the employers who are telling us through the RGP that they have jobs available. Demand for labour force in each region is a critical element to the success of the strategy – employers need to be supported to identify how local youth can meet their future labour skills needs, and to employ them and retain them in employment.
7. There will be no duplication of services or programmes; new services or some re-packaging of existing services may be needed and will be considered only once gaps are clearly identified.
8. Ministerial oversight of any funding decision will be retained. New funding to address any identified gaps will only be proposed where the support of the community and the SRO is clear, local capability to utilise it is transparent, and where the realignment of existing services is unlikely to meet needs.
9. The governance group will be responsible for the collective monitoring and evaluation of progress against agreed targets. To know we are on track in

delivering on milestones for the target group, and to enable refocus if necessary, we will evaluate actions on regular cycles.

While these principles guided the design of HPR, these were aligned with what communities identified as important to achieve successful outcomes for their rangatahi in a later Cabinet paper (13 December 2017). These revised **HPR principles**, in Annex 3, were:

1. Focus on the needs of people – both rangatahi and employers – not on designing new programmes from the centre
2. Focus on the regions with the greatest proportions (relative to population size) of youth who are most at risk of long-term unemployment.
3. The approach should be led from the region (or sector)
4. Start with understanding community aspirations, and what they already have underway, and consider how we could support them including scaling up and/or adapting.
5. Focus on the employers who are telling us through the RGP (and likely to grow through the PGF) that they have jobs available. Support employers to identify how local youth can meet their future labour skills needs, and to employ and retain them in employment.
6. HPR will complement rather than duplicate existing government services or programmes; new services or some re-packaging of existing services may be needed and will be considered only if gaps are clearly identified.
7. New funding to address any identified gaps should only be proposed where the support of the community and the Senior Regional Official under the RGP is clear, local capability to utilise it is transparent, and where the realignment of existing services is unlikely to meet needs.
8. We will evaluate actions on regular cycles, so that we are confident He Poutama Rangatahi is on track.

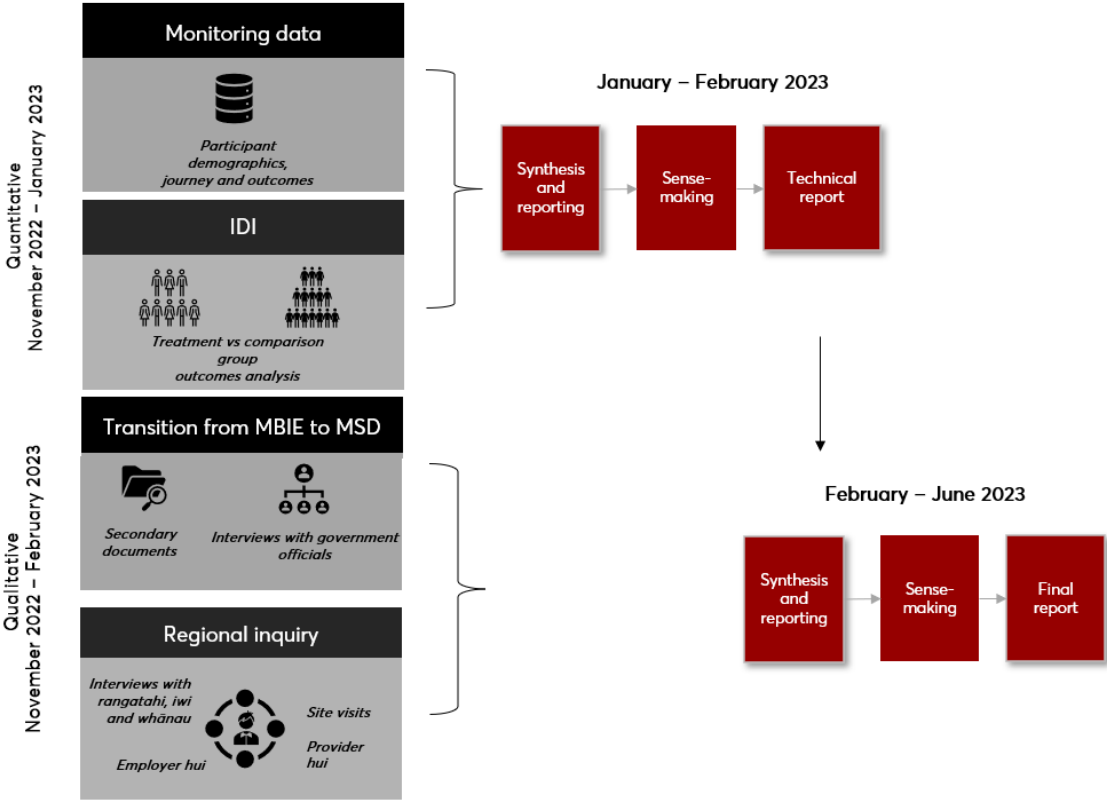
# Appendix B: HPR intervention logic model (developed by MBIE)



# Appendix C: Evaluation methods

An overview of the two evaluation workstreams is shown in Figure 11 below.

**Figure 11: Overview of the methods (black boxes) and reporting (red boxes) for the two evaluation workstreams**



Both the qualitative and quantitative evaluations used a collection of methods to answer the key questions. These methods are shown below (columns) alongside the evaluation questions that they addressed (rows).



**Table 7: Evaluation matrix, identifying how the qualitative methods (grey columns) and quantitative methods (white columns) addressed the evaluation questions (rows)**

Evaluation questions	Methods								
	Programme documents	Govt official interview	Provider visit: iwi interviews	Provider visits: employer interviews	Provider visits: provider interviews	Provider visits: rangatahi & whānau	Provider site visits	Programme data	IDI analysis
<b>KEQ 1: How, and how well, has HPR enabled coherence and relevance?</b>									
a. How well does HPR enable meeting the community and local labour needs?		X	X		X	X		X	
b. To what extent did the current HPR programme retain alignment to its original intent over time?	X	X			X			X	
c. How has the transition from MBIE to MSD enabled or hindered support available for rangatahi and communities?	X	X	X	X	X		X		
d. To what extent does the current HPR programme and the providers' delivery enable Te Pae Tata and Pacific Prosperity?		X	X		X	X		X	
<b>KEQ 2: How, and to what extent, has HPR assisted NEET aged between 15 and 24 to overcome barriers to positive outcomes in the labour market and their lives?</b>									
a. To what extent has HPR achieved its intended education, training, and/or employment goals for the targeted rangatahi, in particular for Māori?	X	X	X	X	X	X		X	X
b. How well and to what extent have HPR rangatahi progressed on a pathway, overcoming barriers towards positive life outcomes?	X			X	X	X		X	X
c. How well and in what ways are providers' different pastoral care and mana-enhancing models of service helping rangatahi overcome barriers to positive life outcomes?	X			X	X	X	X		
d. What can be learned from the experience, identifying any intermediary steps or cues that signal when rangatahi are becoming more engaged with the programme and their futures?	X			X	X	X	X		

Each method is described in the evaluation approach and methods section of this report. The qualitative evaluation workstream describes the recruitment process, who and how many engaged, how data was captured and analysed. The quantitative methods are similarly summarised, and further detailed in the full technical report (c.f. Wang, N., Jarvis-Child, B. (2023). *Quantitative Evaluation of He Poutama Taitamariki and He*

*Poutama Rangatahi*. Ministry of Social Development). The synthesis of these collective data is also described in the evaluation approach and methods section of this report.

## Standards of success

The key criteria – relevance, coherence and effective – were identified with MSD, and defined within the context of this evaluation. These definitions were used to establish standard of success as “not meeting expectations”, “achieving expectations” or “exceeding expectations. These were confirmed as part of the evaluation planning process with MSD officials prior to the commencement of the evaluation.

During the evaluation review process it became clear that whether or not HPR achieved “sustained employment” could not be determined; there was only data available on the early cohorts (2018-2019), which did not reflect the changes made to HPR after this point.

**Table 8: Agreed standards of success according to three success criteria: relevance, coherence and effectiveness.**

Dimension of success	Not meeting expectations	Achieving expectations	Exceeding expectations
<b>Relevance</b>			
<b>Community needs and aspirations</b>	Less than half of HPR projects have focused on the regional labour force market needs or demonstrate minimal reflection on community aspirations.	Most HPR projects have focused on the regional labour force market needs, and the proposal process and resultant projects captures and reflects community aspirations.	Consistent alignment between nearly all HPR projects with regional labour force market needs and community aspirations.
<b>Enabling pathways</b>	Systemic gaps in the HPR programme and projects that will result in limitations for those enrolled rangatahi to address the specific barriers they encounter.	Some easily rectifiable gaps identified in HPR programme and funded projects for enrolled rangatahi.	HPR programme enables communities to address any relevant needs for enrolled rangatahi.  HPR projects provide opportunities for needs <sup>93</sup> to be addressed.
<b>Coherence</b>			

<sup>93</sup> Attitudes, influential people, sense of belonging, cultural connection, caretaking responsibilities, self-management, physical and mental health, home environment, alcohol and drug use, work with others, financial barriers, work experience, relevant training, reading and numeracy.

<b>Intent of HPR</b>	Little to no alignment of HPR's current HPR programme, and the funded projects to HPR's principles.	Most HPR activities and projects align to the HPR principles, albeit with a few notable gaps.	HPR programme, and the funded activities, are all well aligned to HPR's principles.
<b>Integration within MSD</b>	Transition to MSD resulted in less support and clarity for providers, communities and rangatahi.	Transition resulted in the same level of support and clarity for providers, communities and rangatahi.	Transition to MSD resulted in greater support and clarity for providers, communities and rangatahi.
<b>Key policy objectives (Te Pae Tata)</b>	<p>Whānau, iwi and hapū have few or inconsistent positive experiences in relation to mana manaaki, kōtahitanga and kia takutū tātou.</p> <p>Little or inconsistent evidence of a focus on good health, success, economic security and connectedness.</p>	<p>Whānau, iwi and hapū have mostly consistent positive experiences in relation to mana manaaki, kōtahitanga and kia takutū tātou.</p> <p>Consistent evidence showing HPR's focus on increasing capacity in terms of good health, success, economic security and connectedness.</p>	<p>Whānau, iwi and hapū have consistent positive experiences in relation to mana manaaki, kōtahitanga and kia takutū tātou.</p> <p>Consistent evidence showing HPR's achievement in increasing capacity in terms of good health, success, economic security and connectedness among the community.</p>
<b>Key policy objectives (Pacific Prosperity)</b>	<p>Pacific rangatahi, communities and providers have few positive experiences with HPR.</p> <p>There is little or moderate evidence of Pacific partnerships, and inadequate recognition of Pacific aspirations for long-term social and economic development.</p>	<p>Pacific rangatahi, communities and providers have positive experiences with HPR.</p> <p>Consistent trust-filled partnerships with Pacific communities, and Pacific aspirations for long-term social and economic development are evidenced.</p>	<p>Consistent evidence of positive experiences among Pacific rangatahi, communities and providers.</p> <p>Consistent trust-filled partnerships with Pacific communities, and Pacific aspirations for long-term social and economic development are prioritised.</p>

Effectiveness: pathway

<b>Programme target group</b>	HPR is not enrolling sufficient proportions of the targeted rangatahi.	70-85 percent of HPR rangatahi are 15 to 24-year-olds who are NEET or have identified at least one indicator of long-term unemployment. <sup>94</sup>	More than 85 percent of enrolled HPR rangatahi are 15 to 24-year-olds who are NEET or have identified at least one indicator of long-term unemployment.
<b>Employment, education and/or training</b>	Minimal gains in employment, education or training outcomes (<70 percent).	70-85 percent <sup>95</sup> of HPR rangatahi gaining employment, education or training outcomes, where there are not significant regional barriers to realising these goals.  Statistically significant employment, education or training outcomes for HPR rangatahi when compared to other rangatahi.	More than 85 percent of HPR rangatahi gaining education, education or training outcomes, where there are not significant regional barriers to realising these goals.  Large <sup>96</sup> and statistically significant employment, education or training outcomes for HPR rangatahi when compared to other rangatahi.
<b>Mental and physical wellbeing;  Social participation and connectedness</b>	Minimal or no gains.	Some identified stories of notable (qualitative) significance for rangatahi, with few exceptions.	Notable (qualitative) stories of significance for rangatahi, wherever there was a specific need, without exception.
<b>Sustained employment</b>	No significant difference for HPR rangatahi when compared to other rangatahi.	Statistically significant employment outcomes for HPR rangatahi when compared to other rangatahi.	Large and statistically significant employment outcomes for HPR rangatahi when compared to other rangatahi.

## Effectiveness: other benefits

<sup>94</sup> Highest qualification achieved is Level 2 or lower, experienced stand-down or expulsions while at school, NEET for at least 6 months, history of any criminal conviction.

<sup>95</sup> These targets will be reconsidered in light of the HPT evaluation, trying to align these across HPR and HPT.

<sup>96</sup> Large will be quantified using effect sizes, which are calculated by taking the difference between the means of the control and treatment group and dividing this by the standard deviation.

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<b>Benefit receipt;</b>	Minimal or no reduction	Statistically significant	Large and statistically
<b>Interaction with</b>		reduction in the numbers of	significant reductions.
<b>justice system</b>		rangatahi when compared	
		to other rangatahi.	

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## Appendix D: Secondary documents

#	Document name	Provider, region (as relevant)
1	Monitoring and Evaluation Framework for: He Poutama Rangatahi/Youth Employment Pathways Strategy (MBIE, version 2017)	
2	Kia Puāwai Stakeholder Engagement Framework	
3	HPR active contracts list 011222	
4	He Poutama Rangatahi Monitoring Report, 21 January 2020	
5	He Poutama Rangatahi: Monitoring and evaluation guidance and tools	
6	Monitoring and Evaluation Framework for: He Poutama Rangatahi/Youth Employment Pathways Strategy (MBIE, 14 December 2017)	
7	Review of the implementation of He Poutama Rangatahi (November 2020)	
8	Memo (22 Feb 2022): He Poutama Rangatahi Evaluation Timeline and Approach	
9	HPR funding application form & Information sheet	
10	HPR information sheet	
11	HPR budget template	
12	HPR Intervention Logic (MSD)	
13	DRAFT Business process (December 2021)	
14	MSD HPR Actioning payments process	
15	MSD HPR Assessment and evaluation of application process	
16	MSD HPR client relationship management process	
17	MSD HPR escalation matrix	
18	MSD HPR events and announcement process	
19	MSD HPR executing a contract variation process	
20	MSD HPR existing and closure of projects process	
21	MSD HPR issue management process	
22	MSD HPR preparation and execution of funding documentation process	
23	MSD HPR end to end process A3 visual	
24-47	Approval memos for funding providers (n=24)	



Case studies		
48	Mangopare Programme: (Quarterly Report March-April 2022)	The pride project charitable trust, Auckland
49	Uawanui cultural nursing training programme: (Quarterly report July-September 2022)	Te Aitanga-a-Hauiti Centre of Excellence Trust, East Coast Tairāwhiti
50	Maaia Waahine: (HPR case study report July-September 2022) and Maaia Waahine (2) end of programme report	The Development Hub, East Coast Tairāwhiti
51	Matapuna Supported Employment Programme: (Quarterly Report April-June 2022)	Matapuna Trust, Northland Tai Tokerau
52	Talent Rise: (Quarterly report May-July 2022)	Talent Rise foundation (NZ) Limited, Wellington
53	Learner Me (Tech Camp): (Quarterly Report May-August)	Learner Me, Taranaki / King Country / Whanganui
54	Whakamana Taane o Wainuiomata: (Quarterly Report October 2022- January 2024)	Morehurehu LTD, Wellington
55	Waahine Whakamana o Wanuimata: (Quarterly Report April-July 2022)	Morehurehu LTD, Wellington
56	Workfit – Rangatahi NEET Integration Programme: (Quarterly Report March-May 2022)	Hikoi Kotou Charitable Trust, East Coast Tairāwhiti
57	Manawa Ora Rangatahi Programme: (Quarterly Report October 2022)	Kohutapu Lodge & Tribal Tours Limited, Bay of Plenty Waiariki
58	Youth Employment Plus – Rotorua: (Quarterly Report July-September 2022)	Rotorua Community Youth Centre Trust, Bay of Plenty Waiariki
59	Kia Tū Nga Tangata: (Quarterly Report July-September 2022)	Te Runanga o Toa Rangatira, Wellington
60	Bros for Change Timatanga Hou Christchurch: (Quarterly Report May-July 2022)	Bros for Change Charitable Trust, Canterbury
61	Te Taura Here: (Quarterly Report May-June 2022)	Industry Training Auckland, Auckland
62	Te Taura Here: (Quarterly Report June-August 2022)	Industry Training Auckland, Auckland

63	Northland Trades Initiative: (Quarterly Report July-September 2022)	Smart Trades Solutions Ltd, Northland Tai Tokerau
64	Steps to Success: (Quarterly Report July-September 2022)	Kaipātiki Community Facilities Trust, Auckland
65	Inspiring Youth Futures: (Quarterly Report April-June 2022)	Youth INSPIRE, Wellington
66	NGEN TECH: (Quarterly Report July-September 2022)	NGEN ROOM, He Puna Marama Charitable Trust, Whangarei & Tai Tokerau
67	Realising My Full Potential: (Quarterly Report August – October 2022)	Toku Tai Oretanga, Auckland
68	Pathways to Employment: (Quarterly Report April-June 2022)	Mahi for Youth, Hastings District Council Initiative, Hawkes Bay
69	Aotearoa Social Enterprise Trust	Aotearoa Social Enterprise Trust, East Coast
70	Imagine Believe Achieve Programme: (Quarterly Report March 2022 – March 2025)	Bay of Plenty Youth Development Trust, Bay of Plenty Waiariki

# Appendix E: Interview guides

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## Interview guide for Government officials

### Opening

- Welcome and karakia
- Mihi
- Kaupapa o te ra: approach and purpose
- Review the information sheet
- Provide opportunity to ask any questions
- Review consent forms
- Confirm acceptance (or not) of recording

### Coherence: Intent of HPR

*KEQ1b. To what extent did the current HPR programme retain alignment to its original intent over time?*

1. How long have you been with HPR?
2. Do you feel that HPR has changed since you have been involved? If so, in what ways?
  - a. Selecting the regions to work in  
Probe to: Proportion of youth who are most at risk of long-term unemployment; "hot spots"
  - b. Focus on people rather than programmes**
  - c. Use of official statistics, administrative data and local intelligence to identify targeting support?
  - d. Promotion of regional and community leadership**  
Probe to: community aspirations, employers in the region, demand for labour
  - e. Avoiding duplication of services or programmes**
  - f. Ministerial oversight of any funding decisions
  - g. Governance group assessments of agreed targets
3. How did you engage with communities to develop and periodically refresh HPR's vision, values, goals and objectives?  
Probe to: employers, businesses, service providers, HPR leaders and staff, participants and their whānau

### Coherence: Integration within MSD

*KEQ1c: How has the transition from MBIE to MSD enabled or hindered support available for rangatahi and communities?*

4. What went well with the transition of HPR to MSD?  
Probe to: changes to support available to rangatahi? Clarity among the communities?
5. What did not go well with the transition of HPR to MSD?

Probe to: changes to support available to rangatahi? Clarity among the communities?

**Relevance: community needs and aspirations; rangatahi pathways**

*KEQ1a: How well does HPR enable meeting the community and local labour needs?*

6. What does the current HPR process look like, where HPR and the community providers intersect from project inception to delivery and completion?
7. How do these processes work to enable rangatahi to overcome barriers to positive life outcomes?  
Probe to: proposals, engagement, coordination of activities on the ground, reporting
8. How could these processes hinder rangatahi to overcome their barriers?  
Probe to: proposals, engagement, coordination of activities on the ground, reporting
9. What would you change about the processes to better meet community and local labour needs?
10. Are these processes intended to influence providers' delivery model? If so, how?

**Relevance: Key policy objectives**

*KEQ1d: To what extent does the current HPR programme and the providers' delivery enable Te Pae Tata and Pacific Prosperity?*

11. How did you develop partnerships with hapū and iwi, Māori service providers, hapori Māori, Māori business owners?
12. How were they able to contribute to the design, implementation, vision, values, goals, and objectives of HPR?
13. What types of Kaupapa Māori models and practices were used by HPR leaders and staff to promote Māori success as Māori?
14. What types of strategies were used by HPR leaders and staff to promote Pacific people's success as Pacific?
15. How did you develop partnerships with Pacific community, leaders, Pacific service providers, Pacific people's business owners?
16. And how were they able to contribute to the design, implementation, vision, values, goals, and objectives of HPR?
17. What would you change about the HPR programme to better enable Te Pae Tata?
18. What would you change about the HPR programme to better enable Pacific Prosperity?

## **Effectiveness: Pathway and other benefits**

*KEQ2a. To what extent has HPR achieved its intended education, training, and/or employment goals for the targeted rangatahi, in particular for Māori?*

19. What difference has HPR made for participants?
20. What enabled HPR to achieve its aims and outcomes for participants?
21. What hindered HPR from achieving its aims and outcomes for participants?
22. In what ways has HPR contributed to the labour market, economic growth, and development of the regions?
23. In what ways has HPR hindered education, training or employment goals for the targeted rangatahi?
24. What would you change about the HPR to better achieved its intended education, training and employment goals for the targeted rangatahi?
25. What key next steps for improvement have been identified to further enhance HPR?

### **Closing**

- Korero whakamutunga: confirm next steps and key responsibilities
- Karakia whakamutunga: closing prayer
- Hakari, shared korero and aroha

## **Interview guide for HPR providers**

### **Opening**

- Welcome and karakia
- Mihi mihi
- Kaupapa o te ra: approach and purpose
- Review the information sheet
- Provide opportunity to ask any questions
- Review consent forms
- Confirm acceptance (or not) of recording

### **Coherence: intent**

*KEQ1b. To what extent did the current HPR programme retain alignment to its original intent over time?*

1. Do you feel that HPR is working as it was originally intended now it is under MSD governance?

2. Does HPR focus on people or programmes? Why do you think so?
3. What types of information or partnerships does the programme use in its design of activities?  
Probe to: use any official statistics, administrative data and local intelligence.  
  
Probe to: community aspiration, other employers in the region, demand for labour  
  
Probe to: any other services or programmes In your area?
4. How is it different from previous or existing employment support services for rangatahi?

**Coherence: Integration within MSD**

*KEQ1c: How has the transition from MBIE to MSD enabled or hindered support available for rangatahi and communities?*

5. HPR transitioned from MBIE to MSD in 2021. Did you experience this change?
6. What went well with the transition of HPR to MSD?  
Probe to: changes to support available to rangatahi? Clarity among the communities?
7. What did not go well with the transition of HPR to MSD?  
Probe to: changes to support available to rangatahi? Clarity among the communities?

**Relevance: Key policy objectives**

*KEQ1d. To what extent does the current HPR programme and the providers' delivery enable Te Pae Tata and Pacific Prosperity?*

8. How did you develop partnerships with Māori participants and their whānau?
9. How did these partnerships contribute or hinder the support or programmes provided?
10. What types of Kaupapa Māori models and practices were used by your service to promote Māori success as Māori?
11. What types of culturally responsive practices for Pacific participants were used by your service to enable them to achieve success as Pacific?
12. What has enabled these partnerships and culturally responsive practices?  
Probe: HPR
13. What has hindered these partnerships and culturally responsive practices?  
Probe: HPR

**Relevance: Community needs and aspirations**



*KEQ1a: How well does HPR enable meeting the community and local labour needs?*

14. What type of intervention, service, initiatives, or programmes did you provide for HPR participants?
15. What types of pastoral care was provided by your service to help HPR participants achieve success?
16. What has influenced your delivery approach?  
Probe to: labour market planning, community engagements/needs, HPR funding, HPR proposal development, HPR coordination of activities, HPR reporting.
17. How has MSD supported or hindered you to meet your community needs?
18. What would you like MSD to do differently to better meet your community needs?

*KEQ2c: How well and in what ways are providers' different pastoral care and mana-enhancing models of service helping rangatahi overcome barriers to positive life outcomes?*

19. What activities or support does your service provide for rangatahi?
20. What worked well for HPR participants in your service?  
Probe: the different activities or support that is provided.
21. What didn't work well for HPR participants in your service?
22. What difference has HPR made?
23. How is it different from previous or existing employment support services for rangatahi?

*KEQ2d. What can be learned from the experience, identifying any intermediary steps or cues that signal when rangatahi are becoming more engaged with the programme and their futures?*

24. Are there key indicators when you know your rangatahi will continue to engage in the programme?
25. Are there key indicators when you know your rangatahi will succeed in their futures?

**Effectiveness: Pathway and other benefits**

*KEQ2c. To what extent has HPR achieved its intended education, training, and/or employment goals for the targeted rangatahi, in particular for Māori?*

*KEQ2d. How well and to what extent have HPR rangatahi progressed on a pathway, overcoming barriers towards positive life outcomes?*

26. How did your service track and monitor participants achievement? What tool or system did you use?
27. What outcomes were achieved by participants?
28. How well did the reporting reflect these achievements?
29. What enabled participants to achieve success in HPR?
30. What outcomes weren't achieved by participants and why?
31. What hindered participants from achieving success in HPR?
32. How well did the reporting reflect these hindrances?
33. What key improvements have you identified to further enhance HPR?

#### Closing

- Korero whakamutunga: confirm next steps and key responsibilities
- Karakia whakamutunga: closing prayer
- Hakari, shared korero and aroha

## Interview guide for employers

#### Opening

- Welcome and karakia
- Mihi mihi
- Kaupapa o te ra: approach and purpose
- Review the information sheet
- Provide opportunity to ask any questions
- Review consent forms
- Confirm acceptance (or not) of recording

#### **Coherence: Integration within MSD**

*KEQ1c: How has the transition from MBIE to MSD enabled or hindered support available for rangatahi and communities?*

1. HPR is a project-based programme, and delivered by local organisations who work with employers and youth to deliver life skills, education, training, and employment opportunities to local rangatahi in your community. How is the HPR support different from previous or existing employment support services for rangatahi?
2. HPR transitioned from MBIE to MSD in 2021. Did you know about this change?
3. Did you notice any differences in 2021 or thereafter?

If yes,

- a. What were they changes you noticed?
- b. How did this affect you?  
Probe to: changes to support available to rangatahi? Clarity among the communities?
4. How long have you been involved with HPR?

*If involved prior to 2021:*

- a) What went well with the transition of HPR to MSD?
- b) What did not go well with the transition of HPR to MSD?
- c) Do you feel that HPR is working as it was originally intended now it is under MSD governance?

**Relevance: community needs and aspirations; rangatahi pathways**

*KEQ1a: How well does HPR enable meeting the community and local labour needs?*

5. Have you influenced how HPR providers deliver support to rangatahi?
  - a. If so, how?
6. In your view, how has HPR focused on the regional labour force needs?
7. What else can HPR do to meet the regional labour force needs?

*KEQ2c: How well are providers' different pastoral care and mana-enhancing models of service helping rangatahi overcome barriers to positive life outcomes?*

8. What kinds of support are the HPR providers providing you in employing rangatahi?
9. What kinds of support are the HPR providers providing your employed rangatahi?
10. What would you change about the HPR support provided to you or your employed rangatahi?

11. What about these supports enabled HPR to achieve its aims and outcomes for participants?
12. What about these supports hindered HPR from achieving its aims and outcomes for participants?

*KEQ2d. What can be learned from the experience, identifying any intermediary steps or cues that signal when rangatahi are becoming more engaged with the programme and their futures?*

13. Are there any cues that identify when you know your employed rangatahi will succeed in the role and with their future employment path?
14. If yes, what are they and how do you know?

### **Effectiveness: Pathways and other benefits**

*KEQ2a. To what extent has HPR achieved its intended education, training, and/or employment goals for the targeted rangatahi, in particular for Māori?*

*KEQ2b. How well and to what extent have HPR rangatahi progressed on a pathway, overcoming barriers towards positive life outcomes?*

15. What difference has HPR made for participants?
16. What enabled HPR to achieve its aims and outcomes for participants?
17. What hindered HPR from achieving its aims and outcomes for participants?
18. Could you suggest some ideas for improvement to further enhance HPR?
19. In what ways has HPR contributed to the labour market, economic growth, and development of the regions?

### **Closing**

- Korero whakamutunga: confirm next steps and key responsibilities
- Karakia whakamutunga: closing prayer
- Hakari, shared korero and aroha

## **Interview guide for iwi**

### **Opening**

- Welcome and karakia
- Mihi mihi
- Kaupapa o te ra: approach and purpose
- Review the information sheet
- Provide opportunity to ask any questions

- Review consent forms
- Confirm acceptance (or not) of recording

**Coherence: Integration within MSD**

*KEQ1c: How has the transition from MBIE to MSD enabled or hindered support available for rangatahi and communities?*

1. How long have you known about or been engaged with HPR?
2. HPR transitioned from MBIE to MSD in 2021. Did you know about this change?
3. Did you notice any differences in 2021 or thereafter?
 

If yes:

  - a. What were they changes you noticed?
  - b. How did this affect your iwi and community?  
Probe to: changes to support available to rangatahi?
  - c. What went well with the transition of HPR to MSD?
  - d. What did not go well with the transition of HPR to MSD?
4. Do you feel that HPR is working as it was originally intended now it is under MSD governance?
5. How is it different from previous or existing employment support services for rangatahi?

**Relevance: Key policy objectives**

*KEQ1d. To what extent does the current HPR programme and the providers' delivery enable Te Pae Tata and Pacific Prosperity?*

6. How was your iwi able to contribute to the design and delivery of HPR?
7. Does HPR support Māori aspirations?
8. Was your experience of HPR sufficient to meet your iwi/community needs?  
Probe to experiences of good health; success; aroha; economic security; connectedness
9. What else could be done to meet your iwi/community needs?  
Probe to experiences of good health; success; aroha; economic security; connectedness

**Relevance: Community needs and aspirations; rangatahi pathways**

*KEQ1a: How well does HPR enable meeting the community and local labour needs?*

10. Has your iwi influenced how HPR providers deliver HPRs?

- a. If so, how?

### **Effectiveness: Pathways and other benefits**

*KEQ2a. To what extent has HPR achieved its intended education, training, and/or employment goals for the targeted rangatahi, in particular for Māori?*

*KEQ2b. How well and to what extent have HPR rangatahi progressed on a pathway, overcoming barriers towards positive life outcomes?*

11. What difference has HPR made for participants?
12. What enabled HPR to achieve its aims and outcomes for participants?
13. What hindered HPR from achieving its aims and outcomes for participants?
14. In what ways has HPR contributed to the labour market, economic growth, and development of the regions?
15. What key next steps for improvement have been identified to further enhance HPR?

### **Closing**

- Korero whakamutunga: confirm next steps and key responsibilities
- Karakia whakamutunga: closing prayer
- Hakari, shared korero and aroha

## **Interview guide for rangatahi**

### **Opening**

- Welcome and karakia
- Mihi mihi
- Kaupapa o te ra: approach and purpose
- Review the information sheet
- Provide opportunity to ask any questions
- Review consent forms
- Confirm acceptance (or not) of recording

### **Relevance: community needs and aspirations; rangatahi pathways**

*KEQ1a: How well does HPR enable meeting the community and local labour needs?*

1. How did you hear about HPR?
2. What made you join?
3. What went well for you?



4. What didn't go so well for you?
5. How was your family, whānau or caregivers able to support you in the HPR programme?
6. Have you influenced how HPR providers deliver their service to you?
  - a. If so, how?

*KEQ2c: How well are providers' different pastoral care and mana-enhancing models of service helping rangatahi overcome barriers to positive life outcomes?*

7. What did your 'provider/kaimahi' do for you that helped you succeed?
8. What did your 'provider/kaimahi' do that stopped you from succeeding?
9. What else could have your 'provider/kaimahi' have done to help you succeed?
10. Tell us about the types of support or help that was provided for you in HPR? What was helpful or went well? And what didn't go well?

*KEQ2d. What can be learned from the experience, identifying any intermediary steps or cues that signal when rangatahi are becoming more engaged with the programme and their futures?*

11. At some point, did you know that you would continue to engage in HPR?  
When was this/what happened?
12. At some point, did you know that you would get a job that was right for you?  
When was this/what happened?

**Relevance: Key policy objectives**

*KEQ1d. To what extent does the current HPR programme and the providers' delivery enable Te Pae Tata and Pacific Prosperity?*

**For rangatahi Māori:**

13. What did your 'provider/kaimahi' do for you, to help you succeed as Māori?
14. What did the support services you accessed while on HPR do for you, to help you succeed as Māori?
15. What support didn't help, or what else could be provided to help you succeed as Māori?

**For Pacific rangatahi:**

16. What did your 'provider/kaimahi' do for you, to help you succeed as Pacific?
17. What did the support services you accessed while on HPR do for you, to help you succeed as Pacific?

18. What support didn't help, or what else could be provided to help you succeed as Pacific?

### **Effectiveness: Pathways and other benefits**

*KEQ2a. To what extent has HPR achieved its intended education, training, and/or employment goals for the targeted rangatahi, in particular for Māori?*

*KEQ2b. How well and to what extent have HPR rangatahi progressed on a pathway, overcoming barriers towards positive life outcomes?*

19. Did you set any goals? If yes, what were they?
20. Could you describe the progress you have made towards these goals?
21. Tell us about the type of training programme/s or employment service/s you attended in HPR. What went well? And what didn't go well?
22. If you could change one thing in HPR, what would that be and why?

### **Closing**

- Korero whakamutunga: confirm next steps and key responsibilities
- Karakia whakamutunga: closing prayer
- Hakari, shared korero and aroha

## **Interview guide for whānau/caregivers**

### **Opening**

- Welcome and karakia
- Mihi mihi
- Kaupapa o te ra: approach and purpose
- Review the information sheet
- Provide opportunity to ask any questions
- Review consent forms
- Confirm acceptance (or not) of recording

### **Relevance: community needs and aspirations; rangatahi pathways**

*KEQ1a: How well does HPR enable meeting the community and local labour needs?*

1. How did you hear about HPR?
2. What went well for your whānau member on HPR?
3. What didn't go so well for them?
4. What types of support or help was provided for your whānau member to enable them to succeed?
5. Have you influenced how HPR providers deliver their service to <your child>?
  - a. If so, how?

*KEQ2c: How well are providers' different pastoral care and mana-enhancing models of service helping rangatahi overcome barriers to positive life outcomes?*

6. In what ways did the HPR kaimahi provide feedback of your whānau member's progress on HPR?
7. What types of support, employment service/s and/or training was attended by your whānau member in HPR? What went well? And what didn't go well for them?
8. In what ways did HPR kaimahi allow you to contribute towards HPR and the success of your whānau member?
9. If you could change one thing in HPR, what would that be and why?

*KEQ2d. What can be learned from the experience, identifying any intermediary steps or cues that signal when rangatahi are becoming more engaged with the programme and their futures?*

10. At some point, did you know that <your child> would continue to engage in HPR? When was this/what happened?
11. At some point, did you know that <your child> would get a job that was right for you? When was this/what happened?

**Relevance: Key policy objectives**

*KEQ1d. To what extent does the current HPR programme and the providers' delivery enable Te Pae Tata and Pacific Prosperity?*

**For whānau/caregivers of rangatahi Māori:**

12. What types of support was provided for your whānau member by their kaimahi that helped them to succeed as Māori?
13. What did the service provider that your whānau member attended on HPR, do to enable your whānau member to succeed as Māori?
14. What support didn't help your whānau, or what else could be provided?

**For whānau/caregivers of Pacific rangatahi:**

15. What types of support was provided for your whānau member by their kaimahi that helped them to succeed as Pacific?
16. What did the service provide that your whānau member attended on HPR, do to enable your whānau member to succeed as Pacific?

## **Effectiveness: Pathways and other benefits**

*KEQ2a. To what extent has HPR achieved its intended education, training, and/or employment goals for the targeted rangatahi, in particular for Māori?*

*KEQ2b. How well and to what extent have HPR rangatahi progressed on a pathway, overcoming barriers towards positive life outcomes?*

17. If you could change one thing in HPR, what would that be and why?

### **Closing**

- Korero whakamutunga: confirm next steps and key responsibilities
- Karakia whakamutunga: closing prayer
- Hakari, shared korero and aroha



**STANDARD OF PROOF**

Evaluation Research Strategy