Understanding the impact of aftercare following rehabilitation for men with a history of addictions and offending: A mixed-methods evaluation of Mana Motuhake – the Moana House Aftercare service

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Executive Summary

Background and Aim

Māori and Pasifika men are disproportionately represented within the criminal justice system in Aotearoa New Zealand. Aftercare following rehabilitation programmes is important for men with a history of offending, and there is a need for evaluation of how aftercare supports reintegration. The overall aim of the research described in this report was to evaluate Mana Motuhake – the Moana House Aftercare service for men with a history of addictions and offending, with a focus on application of Māori and Pasifika perspectives in aftercare.

Methods

The evaluation involved a mixed-methods approach across a series of phases following consultation with the Moana House community before data collection. In Study 1, wānanga were run with kaimahi (staff) and tāngata whaiora (service users of Aftercare) to hear their perspectives and inform ongoing aspects of the evaluation. In Study 2, a survey was then run with tāngata whaiora assessing wellbeing (the Hua Oranga scale), self-control (the Brief Self-Control Scale), and a novel measure of distancing from gang life.

Findings

Thematic analysis revealed kaimahi prioritised an individualised approach to aftercare, tailoring support to individual needs while fostering autonomy and relationships (Study 1A). Tāngata whaiora described the service as mana-enhancing (affirming self-worth) through culturally safe practices like whakawhanaungatanga (relationship-building) and manaakitanga (care) (Study 1B). The results from the survey (Study 2) showed that tāngata whaiora demonstrated high levels of holistic wellbeing, with the strongest scores in taha hinengaro (mental health). Participants displayed moderate levels of self-control and high levels of gang distancing. Taha wairua (spiritual wellbeing) illustrated the strongest correlation with overall wellbeing and self-control, underscoring its relevance in aftercare.

Conclusions

Findings from this mixed-methods evaluation demonstrate how embedding Māori values (e.g., cultural connection, self-determination) in aftercare services contributes to promoting rehabilitation and overall well-being for whaiora. These findings underscore the critical need for culturally-grounded mental health frameworks for men with a history of offending when providing aftercare in Indigenous contexts like Aotearoa New Zealand.

Introduction

It is well-documented that Indigenous populations worldwide disproportionately experience negative social and mental health outcomes, despite often making up a minority of the population in many locations (Baxter et al., 2006; Hu & Hajizadeh, 2023; Maree Kopua et al., 2020; New Zealand Department of Corrections, 2023). Similar to other colonised countries, Aotearoa New Zealand shows a continuation of this pattern. Māori are vastly overrepresented in the prison population, with 52.8% of prisoners being Māori in contrast to making up 20% of the general population of Aotearoa New Zealand (New Zealand Department of Corrections, 2023; Stats NZ, 2024). Around one in five Māori men have been imprisoned by the age of 35 (Burrows et al., 2019). Pasifika are also overrepresented in the prison population, with 11.2% of prisoners being Pasifika in contrast to making up 8.9% of the general population of Aotearoa New Zealand (New Zealand Department of Corrections, 2023; Stats NZ, 2024).

One factor that contributes to these inequitable imprisonment statistics is the high proportion of difficulties related to mental health among prisoners that often pre-date their incarceration (Addison et al., 2022; Ramezani et al., 2022; Sugie & Turney, 2017). Over half of all Māori will develop some form of mental diagnosis in their lifetime (Baxter et al., 2006; Maree Kopua et al., 2020). The most prevalent disorders for Māori are anxiety (lifetime prevalence 31%), substance abuse (lifetime prevalence 27%), and mood (lifetime prevalence 24%). Māori are also more likely to develop a serious mental health condition when compared to non-Māori. For example, rates of schizophrenia are three times lower among non-Māori compared to Māori (Kake et al., 2016). Other inequities, such as lower SES (Bennett & Liu, 2018; Green, 2022), lower rates of academic achievement (Martin et al., 2021; Schellekens et al., 2022), further compound these issues. An underlying factor for these inequities is the ongoing impacts of colonisation in Aotearoa New Zealand, which has resulted in systemic inequities (Bennett et al., 2014; Bennett & Liu, 2018; Green, 2022).

A central aspect of addressing the inequities seen within mental health for Māori is to directly incorporate Indigenous values, practices, and beliefs into relevant services (Bennett & Liu, 2018; Durie, 2004). As Durie (2004) argued, when approaches to health and health treatments from Indigenous populations are ignored or are not represented, it can result in ineffective or misleading diagnoses and treatments for those Indigenous people. This has been supported by evidence showing that Māori disproportionally experience more barriers to healthcare than non-Māori (Cunningham et al., 2024; Kidd et al., 2022; Rangihuna et al., 2018; Sheridan et al., 2024), but when Māori approaches to healthcare are incorporated into mental health treatment, they result in better outcomes for Māori (Bennett et al., 2014; McDonald et al., 2021; Wharewera-Mika et al., 2023). This suggests that there are significant benefits to having services that are not only culturally safe but also directly incorporate Māori approaches to treatment. It should be noted, however, that there is limited research on this issue as applied to rehabilitation for men with a history of offending and addictions. Developing and researching mental health services that incorporate Māori perspectives into their practices is important. One area in particular that needs focus is aftercare services following rehabilitation after incarceration.

Background on Aftercare Services

Aftercare services are a critical component of the recovery process for individuals who have completed initial treatment for substance use disorders (Jacobs, 2021; Ritonga et al., 2022; Rolová et al., 2025). A core tenet of aftercare services is recognising that recovery is a long-term process and that transitioning from structured treatment to independent living can be extremely challenging (James et al., 2023; Russell et al., 2021). As such, aftercare services offer care that bridges the gap between intensive treatment and long-term recovery. This is achieved by providing ongoing support, resources, and strategies to maintain goals for substance use

abstinence or reduction to help prevent relapse and facilitate reintegrate into society after intensive rehabilitation (Jacobs, 2021; Ritonga et al., 2022; Rolová et al., 2025). Aftercare services differ in the support and services they provide; this can include ongoing counselling or therapy, participation in support groups like Alcoholics Anonymous (AA), the development of relapse prevention plans, educational support, housing, and employment assistance. This assistance aims to help individuals rebuild their lives, reduce the risk of relapse, and reintegrate into society (James et al., 2023; Ritonga et al., 2022; Rolová et al., 2025; Russell et al., 2021).

Research on the effectiveness of aftercare services has demonstrated that participation in ongoing services has positive long-term outcomes for individuals in recovery. On average, people who engage in aftercare are more likely to maintain sobriety, experience fewer relapses, and report higher levels of overall well-being compared to those who do not participate in such services (Jacobs, 2021; Ritonga et al., 2022; Rolová et al., 2025). However, access to aftercare services can be limited by various factors. Factors influencing the accessibility of aftercare services include cost, availability, and stigma, highlighting the need for increased investment in and awareness of aftercare services. Overall, drug and alcohol aftercare services play an indispensable role in supporting individuals on their journey toward sustained recovery and improved quality of life (James et al., 2023; Ritonga et al., 2022). There has, however, been minimal research into how aftercare services function in the context of Aotearoa New Zealand and the incorporation of Māori and Pasifika perspectives in such services.

The Harm Reduction Continuum and Good Lives Model

Aftercare services often implement a harm reduction continuum framework and follow the Good Lives Model (GLM) to help guide their support. The harm reduction continuum is a tiered, pragmatic framework designed to minimise the health and social consequences of high-risk behaviours, especially substance use, without requiring abstinence as a starting point (Schmidt et al., 2025; Yakovenko et al., 2024). It operates on the core principles of meeting individuals "where they are", respecting people's autonomy, and prioritising immediate safety. Interventions range from risk mitigation for active users (e.g., sterile needle access) to managed use strategies (e.g., pharmacological support like naltrexone for alcohol reduction) and ultimately aim to result in changes to substance use that are more beneficial to the user (O'Leary et al., 2024; Park et al., 2020; Wilson & Brown, 2024). Crucially, success of harm reduction is defined by measurable improvements in well-being, which could look like reduced infections, fewer overdoses, and better overall decision-making. Success from this perspective is not solely defined as cessation or full sobriety but rather a significant change made that greatly improves the user's quality of life. This approach acknowledges substance use disorders as complex, chronic conditions and addresses systemic drivers like poverty or trauma, centring the dignity of people who use drugs in the programme's design (James et al., 2023; Park et al., 2020; Schmidt et al., 2025; Wilson & Brown, 2024).

The Good Lives Model (GLM) is a strengths-based framework primarily used in rehabilitation (like offender treatment or addiction recovery). Its fundamental tenet is that all people naturally strive for primary human 'good' inherently valuable aspects of a fulfilling life, such as healthy relationships (relatedness), meaningful work (excellence in agency/work), physical and mental health, knowledge, creativity, inner peace, spirituality (meaning/purpose), community connection, pleasure, and safety/survival (Appiah & Billen, 2024; Keenan et al., 2024; Ward et al., 2007, 2022). The GLM argues that problematic behaviours, like crime or substance abuse, do not stem from a desire to be 'bad', but from flawed attempts to achieve these universal human needs when legitimate pathways are blocked. The core issue, according to the GLM, is an individual's inability to secure these primary goods in healthy, sustainable, and socially acceptable ways. This inability can arise from lacking necessary skills (e.g., coping strategies, social skills), opportunities (e.g., stable housing, employment), resources, or internal capabilities (e.g., self-efficacy, emotional regulation), or from holding problematic beliefs (e.g.,

'I need drugs to feel peace') (Ward et al., 2007, 2022). Therefore, the goal of any GLM-based rehabilitation is not just to reduce risk (stop offending or using drugs) but to actively equip the person with the skills, resources, supports, and healthy beliefs needed to build a good life through positive means.

Self-control and Desistance of Gang Involvement

An important factor of recovery that aftercare services aim to promote is self-control. Self-control is the ability to regulate one's thoughts, emotions, impulses, and behaviours in pursuit of long-term goals. This is not just beneficial but foundational to successful addiction recovery (Baek & Edwards, 2025; Cengiz et al., 2025; Loher et al., 2024). Addictive processes fundamentally undermine this capacity, whereby the brain's reward system is 'hijacked', creating cravings that prioritise immediate gratification (the fleeting but pleasurable effect of a drug or behaviour) over long-term well-being (health, financial stability, and relationships). Recovery, therefore, requires a deliberate and sustained effort to rebuild and strengthen self-control. This involves resisting the intense urge to use substances when triggered, managing difficult emotions without resorting to substances, making conscious choices aligned with substance use goals, and persevering through discomfort and set-backs (Koski-jannes, 1999; Snoek, 2024). Without developing greater self-control, navigating the constant internal and external triggers becomes incredibly difficult and the odds of relapse increase.

Additionally, self-control in recovery extends far beyond simply resisting the addictive processes. It encompasses managing the lifestyle and emotional factors that contribute to vulnerability (Loher et al., 2024; Snoek, 2024). This includes managing environments that might increase the likelihood of engaging in potentially harmful addictive behaviours (drugs, alcohol, gambling, pornography, shopping), regulating emotional responses to stress or conflict, maintaining discipline in attending therapy or support groups, adhering to medication regimes if applicable, managing finances responsibly, and making healthy choices regarding sleep, nutrition, and relationships (Loher et al., 2024; Maiese, 2024). Ultimately, sustained recovery hinges on the continuous practice and strengthening of self-control. Therefore, it is important that this be investigated when looking at the outcomes of aftercare services.

Another important factor in recovery is the promotion of positive environments that promote positive wellbeing behaviours and the elimination of negative environmental triggers that worsen recovery outcomes (Ritonga et al., 2022). Therefore, it is important to consider the potential impact of gang culture and membership on the recovery process. The relationship between gang membership and addiction is complex and multifaceted. It is well known that affiliation with a gang is associated with elevated risk of substance abuse due to various cultural, economic, and social factors embedded within gang ecosystems (García-Rojo et al., 2025; Leverso et al., 2024). However, surprisingly little is known about gang desistance or gang distancing (the act of removing yourself from gang culture and activities) and what people who are in the recovery process think about gangs in general.

Background on Moana House Therapeutic Community

The current evaluation focuses on investigating the incorporation of Māori approaches within an aftercare service in Aotearoa New Zealand. Moana House is a service located in the South Island of Aotearoa New Zealand in Ōtepoti/Dunedin. The service aims to incorporate Māori perspectives into their practices and primarily functions as a residential therapeutic community for adult male tāngata whaiora (people pursuing well-being). For instance, tika (correct, ethical and lawful conduct), pono (integrity, fairness, and justice), and aroha (love, compassion and empathy) are the foundational values of the organisational framework. These concepts transcend Moana House, serving as anchor points for life itself while upholding their ethical responsibilities to the Addiction Practitioners Association Aotearoa New Zealand (known as DAPAANZ). To achieve this, Moana House has implemented a treatment framework

with four key stages. The four stages of treatment are Whakaohooho (awakening/assessment); Stage 1: Āhuatanga (the 'shape' of recovery); Stage 2: Mōhiotanga (understanding); and Stage 3: Mana Motuhake (autonomy and self-determination) (Adamson et al., 2010).

Whakaohooho is an assessment stage by staff and a time of orientation for the resident, who must take responsibility for his behaviour and begin to understand its effect on others. Stage 1: Āhuatanga (the 'shape' of recovery) is a stage of contemplation, where social skills and self-care are attended to. Relationships are examined, and victim empathy is developed. A sense of ownership of problems is worked towards, i.e. 'the problem is me' rather than 'my family', 'the police', 'the law', etc. Stage 2: Mōhiotanga (understanding) is where a knowledge of the self on the journey is developed; it is the most difficult and challenging stage. By now, there must be a firm commitment to change, with the resident being a role model to others, sticking to rules and taking responsibility. The resident will have future and education plans and will have set his own personal goals. He will have supportive contact with the wider community.

Stage 3 is Mana Motuhake (autonomy and self-determination). This is the stage of transition, with the resident moving from the therapeutic community into the larger community. He still needs and receives support from the Moana House community and is expected to report regularly for guidance rather than for being told what to do. Though his routine is still tightly controlled, it is his responsibility. At this stage, he may also choose to graduate in a formal ceremony. The overall goal of Moana House throughout this process is to provide for tāngata whaiora with a history of offending who are recovering from alcohol and/or drug abuse. There are two primary services provided by Moana House: residential care and aftercare services.

Previous research with tāngata whaiora of Moana House has focused on the residential programme (Adamson et al., 2010; Ashdown et al., 2017) and has also included interviews with tāngata whaiora in the Aftercare service (Ashdown et al., 2019), with the overall findings showing positive outcomes for tāngata whaiora. The benefits observed for the tāngata whaiora included increased self-control, improved quality of life and well-being, and increased cultural connection, especially for those who identified as Māori (Adamson et al., 2010; Ashdown et al., 2017). The proposed mechanism for these benefits by the tāngata whaiora was the emphasis placed upon Māori cultural identity and values within the service. This emphasis included promoting traditional Māori practices such as karakia (blessings), whakawhanaungatanga (establishing and fostering connection), and tikanga (correct customary actions) being followed throughout daily activities Māori (Adamson et al., 2010; Ashdown et al., 2017). There, however, has not been any investigation into whether these benefits are still observed in the Moana House Aftercare service.

Aims of the Evaluation

The Aftercare service at Moana House functions as a transitional phase of rehabilitation for the men who have graduated from the Moana House residential programme, serving both men who transition into everyday life in the community and those re-entering from the community for additional support. Considering this, two studies were conducted that aimed to expand on past research conducted at Moana House and understand the health and well-being of the tāngata whaiora in the Moana House Aftercare service.

Study 1 focused on understanding the kaimahi (staff) and perceptions of tāngata whaiora of the Aftercare service. Wānanga were conducted with both groups separately. A wānanga is a traditional Māori process in which people share and reflect on current thoughts, feelings, challenges, and understandings to make effective decisions and/or share and exchange knowledge. For the purposes of this study, it can be conceptualised as functioning as a Western focus group with embedded Māori practices.

Study 2 involved gathering data on the current health and well-being of the tāngata whaiora currently involved in the Aftercare service using survey measures. It also aimed to assess the perceptions of tāngata whaiora of gangs and their self-control. All phases of this study

were reviewed and approved by the University of Otago Human Ethics Committee (reference: 14/019). The governance body of Moana House also approved the overall evaluation of the Aftercare service as part of the work funded by the Proceeds of Crime Fund.

Study 1A: Wānanga with kaimahi of Moana House

Method

Participants

Five kaimahi participated in the wānanga held in December 2022 for Study 1, of whom three were male and two were female. Participants identified as Māori, Cook Islands Māori, Samoan, and/or Pākehā / New Zealand European. All of the participants were kaimahi in the Moana House Aftercare service or held a role related to the Aftercare service.

Procedure

The wānanga with the kaimahi of the Moana House Aftercare service was conducted on-site at Moana House and involved a series of semi-structured questions to encourage discussion that centred around three main areas. The first area of discussion centred around "what the service does" and their overall approach to treatment. The second area of discussion centred on the effect that their treatment had on the tāngata whaiora of the Aftercare service. The third area of discussion centred on their thoughts and opinions on how the overall evaluation should run. Importantly, a wānanga is primarily about coming to a new and/or shared understanding. Therefore, during the discussions, the kaimahi were framed as the experts of their field and were educating the researchers about their approach to treatment in order for everyone to come to a shared understanding. This approach was emphasised throughout the entire process.

The wānanga followed tikanga Māori, ensuring the cultural integrity of Moana House is respected. Once the participants had arrived, a karakia (blessing) and whaikōrero (formal speech) were undertaken, acknowledging the whakapapa (genealogies) of the Māori world and welcoming the participants to the group. Introductions followed the welcome, where the participants were given the space to convey their pepeha or links to where they were from. This was concluded with harirū (shaking hands or a Covid-safe alternative), kai (food), and the signing of the information sheets and consent forms.

The information sheet and consent forms provided made clear what the wānanga was about and the steps that would be taken to maintain the autonomy and confidentiality of all the participants involved. This included anonymising the transcript, giving the participants the opportunity to review the transcript of the discussions, and/or removing anything written into the transcript at any point prior to the finalisation of any report. To further ensure that the wānanga was culturally and ethically appropriate, there was ongoing correspondence with kaimahi before and after the wānanga. This correspondence included member checking, in which there were several meetings discussing the findings of the study to ensure that the findings reflected the honest opinions of those involved.

Results

Thematic analysis of the wānanga with kaimahi

To analyse the data collected from the Study 1 wānanga, a thematic analysis was conducted following the guidance provided by Braun and Clarke (2006, 2022), leading to three themes. The first theme demonstrated how the kaimahi outlined the benefits of a tāngata whaiora-driven approach, the second theme was about the value of connections/relationships, and the third theme was about the importance of resourcing.

Kaimahi Theme 1: Aftercare takes a tāngata whaiora-driven approach

The first theme from this wānanga is that the kaimahi take an individualised and tāngata whaiora-driven approach to treatment, prioritising the needs, wants, and growth of the tāngata whaiora. This can occur in many different forms and does not look the same for everyone, as the wants and needs of one person can differ drastically from the wants and needs of another. For example, when discussing in the wānanga how care is designed for the tāngata whaiora, one of the kaimahi explained, *"So we're looking at what particular tāngata whaiora wants in life, what their goals are, what wellness and health looks like for them. And then I guess, figuring out what they think would be beneficial to receive from us to help them achieve that".* This focus can be seen in the way that service handles end dates/timeframes for the tāngata whaiora, with one participant noting, *"a lot of what I've heard about other aftercare services is that they have a timeframe. And as you do the programme, aftercare is three months, while Aftercare here [at Moana House) is when you want to finish"*.

Overall, treatment was explained as strengthening tāngata whaiora self-efficacy. An example of this can be seen when the participants talked about the tāngata whaiora contacting Work and Income New Zealand (WINZ). *"Before that they wouldn't have had that conversation, they wouldn't have even come up with that. So we're talking about self-efficacy, and that's probably one of the things that I've noticed the relationship between your keyworker and tāngata whaiora"*. WINZ is a service division of New Zealand's Ministry of Social Development (MSD). It administers the country's social welfare system, focusing on employment support, income assistance, and social services. Therefore, engaging with these services is normally an important first step towards attaining self-sufficiency.

The tāngata whaiora-driven approach was not only important for the kaimahi in terms of how the Aftercare service runs, but also how they believed the evaluation should run. For example, when asked how they want the evaluation to run, one participant said *"probably to keep it tāngata whaiora-driven. That's what I want"*. The reasons for this preference were later clarified by both that participant and others, with one of the kaimahi saying: *"Sort of being able to meet them wherever they are, and fit it around them, I think, you know, and facilitate that, and this will be the best way to gather information."* The information that is being talked about here is not just the statistics that will be gathered in evaluation such as retention rates, but the life stories of the tāngata whaiora in the service. This was explained by one of the kaimahi who noted, *"one person changes their life, it doesn't just affect them. There's a massive ripple effect around that, like, you know, for people that never re-offend again, like, there's all those people they never offend against again, you know, and so it's not just like, oh, that one person has changed their life and doesn't offend or, you know, there's actually more to that narrative than just that statistic."* Overall, for both the service and evaluation, the kaimahi participants emphasised why a tāngata whaiora-driven approach is the best approach for aftercare.

Kaimahi Theme 2: The value of connections/relationships in Aftercare

The second theme, the importance of connections and relationships, was present throughout the wānanga and emphasises how the participants felt that the evaluation should emphasise the relationships and connections that the tāngata whaiora have. This can be summarised by what one participant said when talking about what they thought was the most important thing to take away from that day's discussions: *"The recognition of the importance of connection, whatever that looks like."* This consideration is especially true for relationships that the tāngata whaiora perceive as whānau. It is important to note that whānau within both this context and a Māori conceptualisation does not simply refer to direct family members. Whānau could refer to their parents, partners, friends, or other tāngata whaiora within the service, as one participant explained when talking about how they felt about conducting a well-being survey: *"So I'm thinking about making sure that the language is talks about connection, and who they perhaps they feel connected to it because they may have got connected to people*

that aren't actually technically whakapapa whānau. But in their eyes, they kind of serve that role."

Therefore, when conducting the ongoing evaluation, the participants felt that having considerations for different types of relationships and their importance on the tāngata whaiora. These connections and relationships are not just their connection to people but their connections to lifestyles or culture. For example, when discussing a possible gang distancing survey, it was said *"Like even like guys, like, like, following stuff on social media, their like attraction to that because I think some of them do that. Physically distanced, but they like get stuck in like reels or Facebook pages and Instagram pages of gang stuff."* This emphasises that the kaimahi perceive connections coming in many forms and that, going into the evaluation, this should be at the forefront of their minds.

Kaimahi Theme 3: The importance of resourcing Aftercare

The third theme was about the importance of resourcing. This theme addresses all of the issues the Aftercare service faces concerning resourcing. One issue that was explained throughout the wānanga was that the time and cost of running the service could be very intensive, as the service provides housing, food, connections to work or education providers, as well as various other resources that other services would not provide. For example, when discussing some of the extra things the service does to help the tāngata whaiora this was said *"But just normal day to day things like paying for people's visit to the doctor or the medication or you know, a gym membership or whatever it is, if that's part of the wellness plan. So that's the resourcing is definitely different."*

The resourcing in their perspective also related to the time, training, and effort that needs to be expressed from kaimahi. For example, when discussing their roles as kaimahi one of the kaimahi said: *"So it is resource intensive. But it also means that you have to have a range of experience within kaimahi, because some of the people that present, are very complex. And so there has to be resources within kaimahi around mental health, addiction, communication, domestic violence, cultural practice, and anything else you might name. So that can be a challenge sometimes working where somebody is, and who, who meets that."* Overall, resourcing is an important issue and the benefits of good resourcing will be relevant to consider in the ongoing evaluation.

Study 1B: Wānanga with tāngata whaiora of Moana House

Method

Participants

There were 12 participants in Study 2, all of whom were male, with ages ranging from 26 to 56 years old. Six participants identified as Māori, five as Pākehā / New Zealand European, and one as Pasifika. Most participants reported having previously spent time in prison, with a median time of 6 years. All participants were tāngata whaiora in the Aftercare service; most had previously been engaged in the residential service, and all within the past 3 years.

Procedure

The wānanga that was held with the tāngata whaiora was run in December 2022 using similar protocols to the wānanga run in Study 1A. This wānanga focused on a different set of questions investigating the aims of Study 2, which were specific to the views of tāngata whaiora. This discussion centred on their experience and thoughts on the Aftercare service, what has helped and hindered their recovery, and what they want from the overall evaluation process.

Thematic Analysis of the Wānanga with Kaimahi

The data collated from this wānanga were also analysed using thematic analysis (Braun & Clarke, 2006, 2022). This analysis resulted in three themes from the discussion with the tāngata whaiora. The first theme demonstrated how the tāngata whaiora experienced Aftercare as mana-enhancing; the second theme was about how the programme promotes autonomy and self-determination; the third theme was about tāngata whaiora concerns about autonomy and transitioning to Aftercare.

Tāngata Whaiora Theme 1: Aftercare is mana-enhancing

The first theme from the wānanga with tāngata whaiora captured how Aftercare is mana-enhancing. Mana is a Māori cultural concept that can be conceptualised as an individual's prestige, power, and authority. From an Ao Māori (Māori worldview) perspective, this power is inherited through their connection to their ancestors and to their environment (Eketone, 2013). Regarding the tāngata whaiora, enhancing mana means that the Aftercare service provides an unprejudiced space where mutual respect and trust can develop, as one participant put it when discussing what they liked about the Aftercare service *"That's what I liked about it, you know, there's no judgment whatsoever."*

Indeed, the tāngata whaiora conveyed a sense of whānaungatanga (connectedness) and manaakitanga (care) they had experienced, especially when they felt isolated: *"when my own family turn their back on me, or when the gang, they sort of, when they turn their back on me, Aftercare been the one that is still there."* In this way, the mana of a tāngata whaiora is enhanced by providing a support network that does not discriminate and recognises an individual's worth.

Tāngata Whaiora Theme 2: Aftercare promotes autonomy and self-determination

The second theme demonstrates how Aftercare promotes autonomy and self-determination. According to tāngata whaiora, the Aftercare service is tailored to the needs of each person, recognising that everyone needs to be supported differently. This means recognising that each individual is different and requires different things from Aftercare. This was expressed by various participants throughout the wānanga. For example, one participant said, *"everyone's needs are different, and you know, how Aftercare can work with those needs"* and another participant further elaborated this idea saying that Aftercare is *"really tailored"* and that *"It's real hard to say this is what your programme is going to look like because, everyone's really different. The keyword out of what you said [name], for me, is needs, whatever the needs."*

For some tāngata whaiora, autonomy and self-determination meant helping to build their confidence to do things like shop independently. For others, it meant developing a plan to explore education, transport to work, save money, and build relationships. These initiatives nurture community integration and, with proper support, help elicit change for tāngata whaiora. An example given in the wānanga was: *"Yeah, well before, maybe I never wanted to do much well, maybe before I didn't want to look at studying or I didn't hope for a better type of work, and maybe now I do, and understanding what it is that's led me to change to that way of thinking is really important."*

Tāngata Whaiora Theme 3: Tāngata whaiora concerns about and autonomy and transitioning to Aftercare

The third theme was about the concerns tāngata whaiora raised about their desired level of autonomy and achieving this as they transitioned from the Residential service into Aftercare. At times, kaimahi were perceived as too clinical, which could sometimes elicit resistance. For example, one participant said *"I think the biggest problem for me like with that approach is like the clinical approach. Like, don't talk to me like your counsellor."* Likewise, the power imbalance was felt by tāngata whaiora when kaimahi came across as authoritarian. To illustrate,

one participant expressed this by saying, *"Kaimahi approach, aye, the way you're spoken to, all that, yeah, I struggled with that at times, yeah, [it made me] just wanna not engage."*

Communication about the transition from the Residential service to Aftercare from Residential was also a concern raised by tāngata whaiora: *"I don't even know what to expect. I don't know where I'm meant to be. We're meant to be in the whare, doing the same old thing or doing what else something else, haven't had that conversation. So, sort of in a bit of a in the in the middle space... little bit lost. Um, with no understanding of expectation."* In turn, the totality of concerns expressed by tāngata whaiora engendered potential points of frustration or confusion that could result in barriers to engagement. These considerations are all important aspects to enquire about in ongoing evaluations of Aftercare.

Study 2: Survey of tāngata whaiora in the Moana House Aftercare service

Method

Participants

The survey phase of the study had 15 participants, all of whom identified as male, with an age range of 27-50 years old. Out of the 15 participants, 13 identified as Māori, with 7 of the participants who identified with being Māori also identifying as NZ European/Pākehā. One participant identified as Pasifika and one participant identified as Asian. Most participants had previously spent time in prison, with a median time of approximately 10 years. All participants were tāngata whaiora in the Aftercare service; all had previously been in the Moana House residential service, and most of them had done so within the past 3 years. The survey was collected between December of 2023 and February of 2024.

Survey Measures

Well-being. The measure called Hua Oranga (meaning to bear fruit or be abundant with well-being) was used to measure well-being. Hua Oranga is a one-page Māori health/well-being measure for tāngata whaiora (person seeking wellbeing) (McLachlan et al., 2021). The measure takes a holistic approach at conceptualising and measuring well-being based on Durie's (2004) Te Whare Tapa Wha model. The four domains of health/well-being measured by Hua Oranga are taha tinana (physical well-being), taha wairua (spiritual well-being), taha whānau (family well-being), and taha hinengaro (mental health). The survey covers a total of 16 questions (four for each domain of health) in which respondents are asked how much they agree on a series of statements from 1-5 (1 = Strongly disagree, 5 = Strongly agree). Past research has illustrated that Hua Oranga demonstrates strong cultural validity (McClintock et al., 2013) and adequate convergent validity (Harwood et al., 2012) with physical health measures, though its divergence from Western mental health tools underscores its unique Indigenous perspective. Importantly, its practicality and alignment with Māori holistic health models make it a valuable tool for services prioritising Indigenous well-being.

Self-control. The self-control measure utilised in the current study was Tangney et al. (2004) Brief Self-Control Scale (BSCS). Participants were presented with 13 statements and were tasked with rating how well each statement described themselves on a scale from 1-5 (1 = not at all like me, 5 = very much like me). The statements all represented elements of self-control, for example 'I am good at resisting temptation' and 'I often act without thinking through the alternatives'. Past research indicates that the BSCS has good convergent and discriminant validity as well as good internal consistency with Cronbach's α typically in the range of 0.80–0.85 (Hagger et al., 2021; Lindner et al., 2015).

Gang Distancing. Following the consultation process with the kaimahi and tāngata whaiora of the Moana House and a review of gang affiliation literature, a set of 14 questions was constructed to assess the efforts of tāngata whaiora at distancing themselves from gang activities. The measure was structured so that before the participants were presented with gang

distancing questions, they were asked if they were currently or previously an active gang member or affiliated with a gang. If the participant responded yes, they then received the full set of 14 questions; if they responded no, then they received a condensed version where they answered only 7 questions. The questions centred around thoughts on gang culture, how they are avoiding gang-related activities, their relationships with active gang members, and perceptions of gang-related social media posts. Respondents indicated how much they agreed on a series of statements from 1-5 (1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly agree). Table 1 shows the contents of both the full and condensed questionnaires. It is important to note that there is no psychometric validation for the gang distancing measure, as it was devised for the purposes of the study. Future research/studies would be needed address this.

Table 1. The items from the gang distancing measure

Item for anyone with a history of gang association	**For all tāngata whaiora or those with a history of gang association?**
1. I miss being an active gang member *R	Only tāngata whaiora with a history of gang association
2. I think gangs are a good influence for active gang members *R	All tangata whaiora
3. I've stayed away from gang activities	All tangata whaiora
4. I sometimes find myself doing gang-related gestures or using gang nicknames like President *R	Only tāngata whaiora with a history of gang association
5. I don't wear clothing or shoes that might be seen as gang colours	All tangata whaiora
6. Being a gang member is part of who I am *R	Only tāngata whaiora with a history of gang association
7. I feel connected to gang members *R	Only tāngata whaiora with a history of gang association
8. I am in regular contact with active gang members who aren't whānau *R	All tangata whaiora
9. I felt more important when I was an active gang member	Only tāngata whaiora with a history of gang association
10. My life is better because I'm less involved in a gang	Only tāngata whaiora with a history of gang association
11. I watch gang-related content on social media (Facebook, Instagram, TikTok, etc.) *R	All tangata whaiora
12. I have unfollowed, unsubscribed or blocked accounts on social media that have gang related content	All tangata whaiora
13. I actively participate in gang-related social media pages (such as liking, commenting, and/or sharing posts, etc.) *R	All tangata whaiora
14. I never want to be an active gang member again	Only tāngata whaiora with a history of gang association

*R = Item is reversed scored

Procedure

Before inviting tāngata whaiora to complete the survey, an extensive process of consultation took place between the researchers and the kaimahi and tāngata whaiora of the Moana House Aftercare service. This involved the two wānanga discussed in Study 1 as well as five think-aloud survey interviews with tāngata whaiora within the aftercare service. The think-aloud interviews involved participants saying out loud what they were thinking whilst they answered the survey questions and provided their overall feedback on the clarity of the questions. Changes from the original survey that emerged from this process included adding questions related to social media, changing some of the wording to ensure that participants understood the purpose of the question, and eliminating questions that were deemed repetitive or difficult to understand. The consultation process was greatly supported throughout the whole process and allowed for a comprehensive and transparent perspectives through the lens of lived experience.

The survey questions started with a demographics section that asked the participants their age, ethnicity, languages spoken, time spent in prison, and whether they had previously attended similar treatment facilities. Following on from the demographics section was the Hua Oranga section, then the self-control scale questions, before ending on the gang distancing questionnaires.

Results

As shown in Table 2, the participants of the current study, on average, reported higher well-being in taha hinengaro (mean = 4.42) in comparison to the other dimensions of Hua Oranga. Taha tinana was the second-highest recorded average score out of the Hua Oranga measures (mean = 4.37), followed by taha whānau (mean = 4.18), with the lowest average score being taha wairua (mean = 4.07). Overall, these scores for well-being are relatively high and reflect the mean for the total Hua Oranga measure being 4.26. This suggests that the participants in the Aftercare service are of relatively high well-being.

Table 2. Descriptive statistics of all the measures

	Taha tinana	Taha wairua	Taha whānau	Taha hinengaro	Hua Oranga total	Gang distancing if associated	Gang distancing if not associated	Self-control
N	15	15	15	15	15	10	5	15
Mean	4.37	4.07	4.18	4.42	4.26	2.42	2.69	45.93
Median	4.5	4	4	4.25	4.13	2.61	2.57	46
SD	0.51	0.74	0.62	0.47	0.50	0.48	1.46	6.45

For the self-control scores, the results fall into the average/moderate range (40-52) of self-control. The mean score for self-control was 45.93 with a SD of 6.45. This suggests that participants have an average/moderate reported amount of self-control.

The average on the gang distancing questionnaire was 2.42 for those who have had an association with gangs and 2.69 for those who have not had an association with gangs. It is important to note that this is between disagree and neutral on average, indicating that the participants had negative views on gangs and were taking steps to distance themselves from gangs and gang activities.

To assess differences in gang distancing attitudes, an independent-samples t-test was performed between participants who had never been gang-affiliated and those who had. While the mean scores for the non-affiliated group (mean = 2.68, SD = 1.46) were higher than those of the affiliated group (mean = 2.54, SD = 0.41), this difference was not statistically significant at the $\alpha = .05$ level, $t(13) = 0.296$, $p = .096$, 95% CI [-0.90, 1.12]. Despite the non-significant

p-value, the computed effect size was large (Cohen's d = 0.88), suggesting a potentially meaningful difference that the study may have been underpowered to detect.

Table 3. Correlation matrix of the Hua Oranga subscales and self-control

		Taha tinana	Taha wairua	Taha whānau	Taha hinengaro	Hua Oranga total	Self-control
Taha tinana	Pearson Correlation	1	0.559*	0.484	0.475	0.720**	0.428
	Sig. (2-tailed)		0.030	0.068	0.074	0.002	0.112
Taha wairua	Pearson Correlation	0.559*	1	0.784**	0.839***	0.949***	0.729**
	Sig. (2-tailed)	0.030		0.001	<0.001	<0.001	0.002
Taha whānau	Pearson Correlation	0.484	0.784**	1	0.628*	0.867***	0.637*
	Sig. (2-tailed)	0.068	0.001		0.012	<0.001	0.011
Taha hinengaro	Pearson Correlation	0.475	0.839***	0.628*	1	0.858***	0.788***
	Sig. (2-tailed)	0.074	<0.0001	0.012		<0.001	<0.001
Hua Oranga total	Pearson Correlation	0.720**	0.949***	0.867***	0.858***	1	0.758**
	Sig. (2-tailed)	0.002	<0.001	<0.001	<0.001		0.001
Self-control	Pearson Correlation	0.428	0.729**	0.637*	0.788***	0.758**	1
	Sig. (2-tailed)	0.112	0.002	0.011	<0.0001	0.001	

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).
*** Correlation is significant at the 0.001 level (2-tailed).

After calculating the descriptive statistics, correlations were computed for the survey measures. As shown in Table 3, all the measures were positively correlated. However, not all of these correlations were significant. As expected, the overall measure of Hua Oranga positively correlated with all measures. Taha wairua also had a significant positive correlation with all measures in the correlation matrix. Self-control had a significant positive correlation with all measures except taha tinana. Taha whānau had a significant positive correlation with all measures except taha tinana. Taha hinengaro also had a significant positive correlation with all measures except taha tinana. Taha tinana only had a significant positive correlation with taha wairua and the overall Hua Oranga measure.

Discussion

The overall findings from both Study 1 and Study 2 support the findings of the wider literature surrounding aftercare services and the previous research on the Moana House. Furthermore, this indicates that in order to provide treatment that is effective services need to provide treatment that is culturally safe and tailored to the individual's needs (Adamson et al., 2010; Ashdown et al., 2017; Ashdown et al., 2019). In Study 1, the results align with the patterns established in the wider literature, that being that services that foster an environment in which the needs, wants, and desires of their users are prioritised and emphasised lead to better outcomes (Ritonga et al., 2022; Russell & Gillis, 2023). Kaimahi described their approach to treatment as tāngata whaiora-driven, with one of the examples given being how the service handles timeframes. Not only does the Moana House Aftercare service allow the tāngata whaiora to stay as long as they want, but they can come back to the service any time they need after being discharged. That way, they can be engaged in the service for as long as the recovery process takes and get assistance on any issues that arise even if they are not actively involved in the service. Thus, tāngata whaiora are supported in gaining autonomy and being in control of their lives. This finding was reaffirmed by the tāngata whaiora, who described the service as having a tailored approach to each individual and their treatment. Examples given by the tāngata whaiora included connecting them with employers and education providers, taking them to the doctors, and helping them with travel to and from work or lectures. Overall, this approach aims

to help tāngata whaiora in their recovery journeys by giving them the belief that they can take the active steps required to achieve their goals.

The ability to take active steps towards achieve autonomy is crucial in the context of aftercare services, since an increased belief in achieving one's goals is essential for transitioning into everyday life within rehabilitation. This is because if someone believes they can achieve their goals and aspirations, they are more likely to have increased self-esteem and feelings of purpose (Olubunmi & Adedotun, 2020). These results are therefore important given that they may represent a way to address the current inequities that exist within both Māori mental health and prison incarceration rates in Aotearoa New Zealand by directly embedding indigenous values into practice (Baxter et al., 2006; Maree Kopua et al., 2020).

In addition, the findings of Study 2 support the need to embed Indigenous values into mental health services. Overall, the tāngata whaiora who completed the survey for Study 2 reported high levels of well-being and good levels of self-control, indicating that the Aftercare service was positively aiding in their recovery journey. It was also found that taha wairua (spiritual well-being) correlated the most with the other positive outcomes. Suggesting that with an increase in taha wairua, there is an increase in overall well-being. Supporting the idea that the promotion of indigenous values leads to greater well-being and supporting previous research that cultural connection can be an important factor in overall well-being (Ashdown et al., 2017; Ashdown et al., 2023; Ashdown et al., 2019).

Importantly, it was observed that taha tinana (physical well-being) only had a significant correlation with taha wairua and the overall Hua Oranga measure. This would align with Māori perspectives of health and well-being compared to more Western conceptualisations of well-being. Western conceptualisations of health and well-being are more individualistic and tend to focus more narrowly on the issues. This is exemplified by the biomedical model, which prioritises physical pathology and individual dysfunction (Deacon, 2013). From this perspective, well-being is perceived as an absence of disease or illness, compared to a Māori perspective that examines health more holistically (Durie, 2004). Taha whānau (family well-being) and taha hinengaro (mental well-being) also had a significant positive correlation with all measures, except taha tinana, which further supports this idea that purely focusing on physical well-being might not capture health.

The results from the novel gang distancing measure indicate that the participants who had previously never been associated with gangs had more negative perceptions of gangs and were making more active attempts at avoiding gang behaviour and practices than those with a history of gang association. This finding is intuitive as those with past or current gang affiliations would have a harder time distancing themselves from gangs. This is especially the case for tāngata whaiora who have whānau in gangs who they wish to stay in contact with. Whānau involvement in gangs can create a complex dynamic in which tāngata whaiora want to remove themselves from these environments but do not want to disconnect from the family that environment encompasses. This dynamic is complex and could be explored in future research.

Another interesting finding that was emphasised in Study 1 was the aversion that the tāngata whaiora had to the "clinical tone". The standard "clinical tone" characterised by professional detachment, hierarchical power dynamics, and a focus on individual pathology can often feel alienating and even re-traumatising for many Indigenous peoples. This is because it often mirrors the oppressive, authoritarian structures of colonisation that caused the historical and intergenerational trauma of the whaiora in the first place (Bennett & Liu, 2018; Mutuyimana & Maercker, 2023). Therefore, to deliver effective care for people from indigenous backgrounds, care must actively move away from this model and toward a practice that prioritises human connection, cultural safety, and the restoration of personal and collective power (Pihama et al., 2017; Tujague & Ryan, 2021).

To go about addressing this, practitioners must fundamentally shift their stance from being the 'expert' to becoming a 'humble relative' in the healing journey (Pride et al., 2021).

This begins with creating a culturally safe environment where a person's Indigenous identity is not just respected but actively honoured and promoted. Practically, this means flattening hierarchies by engaging in genuine conversation, honouring silence, and meaningfully integrating cultural elements into practice. The focus should be on building a trusting relationship first, before any formal assessment or treatment (Cullen et al., 2020; Pride et al., 2021). How this will look practically will differ depending on cultural and historical contexts, but using Moana House as an example, this can involve actively promoting Māori cultural values, beliefs, and practices. For example, the clinical intake can be replaced with the process of whakawhanaungatanga, incorporate pūrākau (Māori myths and legends) into sessions using them as metaphors for healing, and shifting the goal from 'recovery' to whānau ora (holistic relational well-being) (Durie, 2004; Gemmell, 2020).

The process of treatment itself should be reimagined to be fully aligned with Indigenous approaches of understanding and healing. Instead of extracting symptoms to fit a diagnosis, focus on story-weaving and listening for strength (Cullen et al., 2020; Smith, 1999). Ask questions that connect the person to their culture and community, such as "What has helped your people survive?" or "Who in your life gives you strength?". Healing is therefore framed not as symptom reduction, but as a return to wholeness and interconnectedness. This often means collaborating with kaumātua (elders) or tohunga, supporting participation in cultural practices, and recognising that the path to well-being is through reclaiming identity and sovereignty (Bennett & Liu, 2018; Cunningham et al., 2024; Durie, 2004). Ultimately, the Moana House provides an example of this approach, which is about replacing a transactional clinical dynamic with a sacred human relationship, creating a space where healing from intergenerational trauma can truly begin (Pride et al., 2021; Tujague & Ryan, 2021).

Strengths and Limitations of the Evaluation

A strength of this evaluation is that it took a collaborative approach. Collaborative research, particularly where the group being researched is an active partner in shaping the research, is not only ethical and can aid in the information gathering, but it also aligns with Māori perspectives and worldviews (Durie, 2004; Meredith et al., 2024). From a Māori perspective knowledge (mātauranga) is intrinsically tied to people, place, ancestry, and lived experience. It is not an abstract commodity to be extracted by outsiders but a taonga (treasure) held collectively and often kaitiakitanga (guardianship) applies. Traditional Western research paradigms are typically characterised by researcher objectivity and detachment, often resulting in the exploitation and misrepresentation of Māori communities, with knowledge being taken without permission or benefit, and findings that fail to resonate with or address actual community needs (Webb, 2017).

Furthermore, genuine collaboration embodies core Māori values essential for effective and ethical engagement. It operates within the framework of whakawhanaungatanga (building and maintaining relationships based on kinship, connection, and mutual obligation). Research becomes a shared journey built on trust, respect (manaakitanga), and reciprocity (utu), rather than a transaction. This approach recognises that knowledge creation is relational and contextual (Cram & Adcock, 2022; Smith, 2015). When Māori communities are active partners, the research process becomes culturally safe, methodologies are more likely to be appropriate and respectful, and the resulting knowledge is far more robust, authentic, and applicable (Walker et al., 2006). The benefits extend beyond this immediate study as collaborative research builds community capacity, empowers local voices, ensures findings are translated into tangible actions that benefit the community itself, and actively contributes to the decolonisation of research practices. Ultimately, from a Māori perspective, research 'with us', not 'on us', is the only pathway to generating knowledge that is truly valid, valuable, and upholds the mana of the people and their mātauranga (Cram & Adcock, 2022; Smith, 2015; Walker et al., 2006).

The evaluation has some limitations. Firstly, there might be some response bias within both studies that could affect the outcomes of the results. Both studies were largely conducted on-site at the Moana House, which may have led to participants feeling that they could not be fully transparent with their negative feelings about the service, or they felt the need to over-rate their well-being outcomes so as to seem like they were ahead on their recovery journeys. There was an attempt to minimise these feelings as there was numerous correspondence with the tāngata whaiora at Moana House, ensuring that their responses would be anonymous and that we were not acting on behalf of the service. Another limitation is that the results of this study have not been compared to similar services. This could mean that these results could be better, worse, or similar to other services, as there is no baseline to compare with. Ideally, future research will compare the outcomes with other services or a baseline.

Overall Conclusions

The current studies aimed to understand the perspectives of the kaimahi and perceptions of the tāngata whaiora of an aftercare service, and to gather data on the current health and well-being of the tāngata whaiora currently involved in the Aftercare service. The results of these studies provide evidence to support the growing body of research around embedding cultural values and practices within mental health services (Ashdown et al., 2023; Bennett & Liu, 2018; Cunningham et al., 2024). This does not simply mean incorporating a few cultural practices such as haka (traditional Māori dance) or waiata (song/chant) but meaningfully integrating these perspectives into the framework/approach to service (Durie, 2004; Rangihuna et al., 2018). This meaningful integration of cultural values and practices into service delivery can be observed in this study by the emphasis that Moana House places on relationships/connection, individualised care, and supporting overall holistic health.

The wider implications of these findings suggest that culturally designed aftercare services that integrate Māori values and practices should be prioritised. Especially services that promote spiritual well-being, autonomy, and help facilitate relationships and connections. Furthermore, these services can only properly function if they are backed by adequate resourcing for wraparound supports (housing, employment, whānau engagement). As it is, this wraparound and holistic support helps facilitate positive well-being and recovery. Overall, this exemplifies how decolonised approaches to rehabilitation treatment can help restore agency, promote holistic well-being, and aid in recovery.

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