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Keeping the family: A socio-ecological perspective on the challenges of child removal and reunification for mothers who have experienced substance-related harms

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ABSTRACT

The challenges and experiences associated with child removal and reunification from the perspective of mothers experiencing substance-related harms is under-researched in Australia. Our qualitative study employed a socio-ecological model to better understand the background to child removal, and perceived barriers and facilitators to achieving reunification of mother and child. In-depth interviews were conducted with 16 women, 8 of whom self-identified as Australian First Nations People. At the time of the interviews, these women were either living in substance use rehabilitation facilities, their own home or with relatives. Findings highlighted a history of complex disadvantage and trauma among the women, along with a deep and enduring commitment to their children. Key barriers to reunification included limited social support networks, insecure housing, and challenges in meeting conflicting requirements from the child protection, social welfare and justice systems. An important facilitator to reunification was access to a residential substance use rehabilitation facility that offered holistic wrap-around services with links to community support. This study highlights the inadequacy of individual approaches focused on parents' substance use and emphasises the need to address significant structural disadvantages that underpin increasing numbers of children being placed in government mandated care in Australia.

1. Introduction

Child protection agencies place children into out-of-home care (OOHC) as a last resort. Nevertheless, such placements, which typically occur through relative/kinship or foster carers (Australian Institute of Health and Welfare, 2019), remain commonplace in Australia, with approximately 44,900 children (8 per 1000 children) in OOHC as at June 2019 (Australian Institute of Health and Welfare, 2020). Involvement with the child protection system is common among families who are socially and economically disadvantaged (Australian Institute of Health and Welfare, 2020; Bilson et al., 2015), and among parents experiencing substance-related harms (Ainsworth, 2004; Department of Communities, [2020]). Although there is no official national data on reasons why children are placed in OOHC (AIH, 2020), kinship care studies in Australia show at least 50 % of placements are due to parental substance use (Ainsworth, 2004; Brennan et al., 2013; Doab et al., 2015; Taylor et al., 2017b; Wanslea, 2021).

The number of children in OOHC in Australia has steadily increased over the last decade. This is particularly the case for First Nations

Australians, where the rate of placement in OOHC has risen from 52.5 per 1,000 children on the 30th June 2014, to 58 per 1,000 children on the 30th June 2021 (Australian Institute of Health and Welfare, 2022). In 2018, Western Australia (WA) had the highest over-representation of Aboriginal and Torres Strait Islander children in OOHC in Australia (Secretariat of National Aboriginal and Islander Child Care (SNAICC), 2019). In WA, a First Nations child is 18.1 times more likely to be in out-of-home care compared to a non-Indigenous child (Australian Institute of Health and Welfare, 2021a). First Nations people are at increased risk for substance related harms and consequently children being placed in OOHC.

The term First Nations Australians refers to Aboriginal peoples of mainland Australia and islands such as Tasmania, Palm Island and the Melville Islands, and peoples from the Torres Strait Islands, which lie between northern Queensland and Papua New Guinea. Torres Strait Islanders also live on mainland Australia (Commonwealth of Australia, 2022). As noted previously Aboriginal and Torres Strait Islander children are significantly overrepresented in OOHC (Australian Institute of Health and Welfare, 2021a). In part, this inequity reflects the ongoing

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trauma and disadvantages experienced by Aboriginal and Torres Strait Islander peoples since colonisation, including dispossession of traditional lands and discriminatory economic and social policies (Korff, 2020), and the institutionalised removal of children from Aboriginal and Torres Strait Islander families between 1910 and 1973 (HREOC, cited Genat & Cripps, 2011). Affecting up to 1 in 3 families, these ‘Stolen Generations’ children were placed in institutional care or with non-Indigenous families, thereby breaking the children’s connection to traditional practices and language and leading to loss of identity for many. The removal of children also disrupted complex kinship patterns and obligations that had sustained the Aboriginal and Torres Strait Islander peoples for thousands of years (HREOC, cited Genat & Cripps, 2011). The legacy of this has been a cycle of disempowerment, alienation and poor physical, social and emotional wellbeing for members of the Stolen Generations and their descendants (Australian Indigenous HealthInfoNet, 2013; De Maio et al., 2005).

While considerable inequities persist, progress is nevertheless being made through the Aboriginal and Torres Strait Islander Child Placement Principle (Secretariat of National Aboriginal and Islander Child Care (SNAICC), 2017), with 63.3 % of First Nations children in OOHC placed with kin or other Indigenous caregivers in 2020 (Australian Institute of Health and Welfare, 2021b). There is, however, a clear need for culturally appropriate, dedicated services to empower Aboriginal and Torres Strait Islander peoples to produce better outcomes for their families, communities and culture (see Ipsos and Winangali, 2017).

In contrast to the situation in Australia, rates of children in OOHC in the United States (US) and New Zealand have trended down over the last 20 years (Jones, 2017). In the US this is due largely to policies that restrict the length of time children can remain in foster care, and in New Zealand this relates to efforts to divert at-risk children from court guardianship to kin carers (Jones, 2017).

The issue of parental substance use, child abuse and neglect and child removal and reunification has been explored for more than 30 years (Magura & Laudet, 1996). In discussing substance use it is important to avoid language that potentially stigmatises (ISAJE, 2015) individuals and groups such as parents who use substances. With this in mind, and acknowledging that “terminology in the addiction field varies across cultures and countries and over time” (ISAJE, 2015, para. 1), in this paper we have used the terms ‘people experiencing substance-related harms’ and ‘substance-related harms’, where appropriate, to describe individuals who have experienced harms related to their substance use, and may or may not meet the Diagnostic and Statistical Manual of Mental Disorders: DSM-5 criteria for alcohol abuse (American Psychiatric Association, 2013).

Parental substance-related harms increase the risk of poor child placement outcomes, but they are rarely the sole factor. A wide range of risk factors coexist with parental substance-related harms including mental health, traumatic histories, poor parenting practices, domestic violence, low levels of social support and poverty (for Australia, see Doab et al., 2015; Neo et al., 2021). However, less is known about the lived experience of parents in WA who have experienced substance-related harms and are seeking reunification with their children. The WA context is of particular relevance because of the high percentage of fly-in fly-out work practices (Parker & Fruhen, 2018), the highest rate of methamphetamine use than any other jurisdiction in Australia (Australian Institute of Health and Welfare, 2014), and increasing rates of grandparents raising grandchildren due to parental substance-related harms (Taylor et al., 2016). This context creates a compelling need for research exploring the barriers and enablers to family reunification in WA (Taylor et al., 2017a).

Despite significant evidence on the importance of supporting the parent-child connection during and after the process of removal (see for example Thomson & Thorpe, 2003), and child protection policies articulating the importance of family reunification, the expressed needs and concerns of parents whose children are in OOHC, and their views and experiences relating to reunifying with their children, remain

“largely unheard” (Stephens et al., 2016, p. 11). This has meant there is limited understanding of the challenges these parents experience in trying to reunite their families (Angel, 2016; Battle et al., 2014; Baum & Negbi, 2013; Broadhurst & Mason, 2017; Lewis-Brooke et al., 2017).

This research aimed to contribute to the literature in this area through a qualitative study that investigated perspectives on the child reunification process in WA among parents experiencing substance-related harms, whose children were currently, or had been in OOHC. In particular, the research sought to identify these parents’ needs in achieving reunification, and the factors they perceived as supporting and inhibiting their capacity to fulfil a parenting role following the period of separation.

1.1. The importance of the parent-child connection to children’s health and wellbeing

The critical importance of the parent-child bond is recognised in the United Nations Convention on the Rights of the Child, with Article 7 stating that the child shall have “as far as possible, the right to know and be cared for by his or her parents” (United Nations, 1989, p. 3). The premise underpinning Article 7 is reflected in child protection policies in countries including the United Kingdom (UK), Canada, Australia and the US, where there is an emphasis on supporting families experiencing a range of challenges, so that children can stay with their parents where it is safe to do so (U.S. Department of Health & Human Services, n.d.). In this context, OOHC is typically viewed as “an intervention of last resort” (Australian Institute of Health and Welfare, 2019, p. 3), reflecting an understanding that removing children from parental care can inflict harms on both children and parents (Ainsworth & Hansen, 2015). However, where it is deemed necessary to remove children, child protection policies stress the importance of supporting an ongoing connection between children and parents, and achieving early family reunification where possible (Australian Institute of Health and Welfare, 2019; Chambers et al., 2018; U.S. Department of Health & Human Services, n.d.). Despite this, the sensitive nature of child removal and subsequent reunification is further complicated by structural barriers. Parents must overcome the personal challenges of substance-related harms as well as structural factors including gaining secure employment and safe housing, in order prove to the child protection system that they are capable of parenting their children.

1.2. Parents’ challenges prior to child removal

In order to support successful family reunification, it is important to understand the circumstances contributing to child removal. According to the Western Australian Department of Child Protection and Family Support (2015), the ‘perfect storm’ of circumstances that typically leads to a child entering out-of-home care relate to:

emotional abuse and neglect, which are underpinned by alcohol and drug misuses, mental health issues and family and domestic violence. These factors often combine with structural disadvantage, poverty and inter-generational trauma to create deeply entrenched patterns of dysfunction and child safety issues. These trends and observations are similar to those seen in other jurisdictions around Australia and in many countries (Department for Child Protection and Family Support, 2015, p. 5).

As this quote highlights, risk factors for child safety including poverty and other forms of disadvantage such as parental mental health and homelessness, are also determinants of substance-related harms. These in turn can exacerbate structural risk factors, compounding the challenges a family face (Australian Institute of Health and Welfare, 2021b).

Inequities in rates of child removal across different population groups were made starkly clear in an analysis of economic inequality and child protection interventions in England. In their analysis, Bywaters et al. coined the term “deprivation gradient”, to highlight a pattern

where higher rates of intervention by child protection agencies were tightly correlated to greater levels of economic deprivation (2018, p. 58). Similarly, Gupta's critique of the child protection system in the United Kingdom (UK) observed that families living in poverty are increasingly coming into contact with child protection authorities (2018). This led Gupta to conclude that "a child's chances of spending their childhood with their birth parents and/or being subject to a child protection plan are linked to where they live and how deprived their neighbourhood is" (2018, p. 5). Moreover, poverty and other forms of disadvantage that are risk factors for child safety, such as parental mental health and homelessness, also often go hand in hand with substance-related harms, which in-turn can exacerbate these risk factors, compounding the challenges a family face (Australian Institute of Health and Welfare, 2021b).

1.3. Parents' experience of child removal

As Ainsworth & Hansen (2015) acknowledged, the parenting role (even if performed poorly) is likely to constitute a cherished and meaningful part of a parent's identity, and the consequences of child removal for the parent can be devastating. The traumatising impact of child-removal experiences on both parents and children, and the profound sense of parental/familial grief and loss that it engenders, have been well documented in the literature (Ainsworth & Hansen, 2012; Ainsworth & Hansen, 2015; Harries, 2008; Lewis-Brooke et al., 2017; Memarnia et al., 2015; Panozzo et al., 2007; Ross et al., 2017; Sieger & Haswell, 2020).

Parents' grief is complex by virtue of links to past trauma, loss of a parenting identity and associated shame and guilt (Battle et al., 2014; Sieger & Haswell, 2020). Moreover, the stigma of being judged as a 'bad' or 'unfit' parent can challenge both their parenting and personal identity (Angel, 2016; Broadhurst & Mason, 2017; Memarnia et al., 2015). The trauma is particularly intense when children are taken into care soon after their birth (Memarnia et al., 2015). Regardless of the point at which child removal occurs, the initial process of removal triggers complex emotions among parents (Broadhurst & Mason, 2020; Memarnia et al., 2015). This can stem from parents being emotionally unable to bear the overwhelming grief and distress resulting from child removal (Broadhurst & Mason, 2020; Memarnia et al., 2015), and misconceptions about why their children were removed (Balsells et al., 2013).

The crisis associated with child removal can further aggravate parents' substance use and/or mental health issues (Broadhurst & Mason, 2020; Kiraly & Humphreys, 2016; Lewis-Brooke et al., 2017; Memarnia et al., 2015; Sieger & Haswell, 2020), and trigger suicidal thoughts, suicide attempts and suicides (Broadhurst & Mason, 2020; Janzen & Melrose, 2017; Lewis-Brooke et al., 2017). Child removal can also compound the broader social, economic and personal issues that may have underpinned the decision to remove children (Battle et al., 2014; Broadhurst & Mason, 2020), and further entrench multiple disadvantages experienced by many parents who come to the attention of the child protection authorities (Broadhurst & Mason, 2020). Not surprisingly then, once a child has been removed, regardless of cause, future removals become a very real possibility for parents (Broadhurst et al., 2015; Broadhurst & Mason, 2017).

1.4. Parents' experiences of support services

Holistic support services are critical to enabling sustained reunification, given the traumatic circumstances that typically contribute to child removal. This is particularly relevant to parents experiencing substance-related harms, who are likely to need integrated support services and programs to address the complex challenges they have experienced before and following child removal (Broadhurst & Mason, 2020; Tsantefski et al., 2013). However, despite rhetoric around the importance of early intervention and prevention, WA has "by far the

lowest level of expenditure on intensive family support services and family support in relation to total child protection funding" (Secretariat of National Aboriginal and Islander Child Care (SNAICC), 2019, p. 5). Likewise, Harrison and colleagues noted the "disproportionately low expenditure on support services" in WA for families whose children have been removed, compared to funding for OOHc services (2020, p. 4). This also appears to be the case in the UK, with Gupta observing that increasing rates of intervention by child protection agencies among disadvantaged families was occurring against a backdrop of significant funding cuts to family support services (Gupta, 2018). It is likely these funding constraints have led to parents' perceptions that formal support was no longer available or offered to them once their children were taken into care (Kiraly & Humphreys, 2015). Furthermore, Cox et al. observed that few parents in the UK reported being offered support after their children were removed (2017).

As well as limited support for parents both before and after child removal, the literature highlights the problem-focused orientation of child protection agencies and problematic relationships between parents and child protection workers, as well as the challenges imposed by dominant negative discourses and constructs of parents with children in care (Gupta, 2018; Harries, 2008). Other research has noted that parents' distress is compounded when child protection authorities are perceived as failing to treat them with respect (Ainsworth & Hansen, 2012; Ainsworth & Hansen, 2015; Lewis-Brooke et al., 2017) or incorporate them into decision-making processes relating to their children in care. This dynamic is reflected in Welch's (2018) finding that mothers of children in OOHc experienced an ongoing sense of injustice when they were not provided an opportunity to participate in decisions impacting on their child, could not access information about their child, or were promised forms of indirect contact that failed to materialise.

1.5. The current study

This study aimed to understand the experience of parent-child reunification from the perspective of parents whose children have been removed as a result of parental substance use. The research questions were:

- i. What is the background and context to child removal among parents who have experienced symptoms of substance-related harms?
- ii. What do parents who have experienced symptoms of substance-related harms perceive are barriers and facilitators to reunification with their children?
- iii. What support services do parents who have experienced symptoms of substance-related harms perceive would assist them to achieve and sustain reunification with their children?

2. Materials and methods

This research adopted a qualitative exploratory approach within an interpretive paradigm (Creswell, 2013), to investigate the experiences of parents whose children have been removed from their care by the child protection agency due to their own substance use, and had either successfully reunified with their children, or were currently seeking to reunify. Specifically, we aimed to identify these parents' needs in achieving reunification, and the factors they perceived as supporting and inhibiting their capacity to reunify and fulfil a parenting role.

In the initial stages of planning, a stakeholder group (n = 11) was formed to guide the project and assist with recruitment. This group comprised representatives from government and not-for-profit agencies responsible for the welfare of children and young people in WA, as well as alcohol and other drug (AOD) treatment and rehabilitative services, family support organisations, and women's health services in WA. Stakeholder group members had extensive experience working with diverse populations including Aboriginal and Torres Strait Islander

peoples and people from culturally and linguistically diverse backgrounds, who presented with complex and often overlapping needs such as experiencing symptoms of substance-related harms and mental health issues. In addition, two members of the Stakeholder Group identified as Aboriginal, and provided expert and culturally relevant guidance and feedback throughout the research process.

2.1. Theoretical framework

Our analysis of factors influencing parent–child reunification from the parents' perspective was informed by the socio-ecological model originally developed by Bronfenbrenner (1977). This theoretical model maps the interdependencies and interactions between the individual and the environment across levels or 'systems' (Bronfenbrenner, 1977, 1986). In Davidson and colleague's research (2019) examining factors influencing families re-engaging with the child protection system in the US, they applied four levels of the socio-ecological model: the individual (factors specific to the individual); the microsystem (aspects related to relationships and family); the ecosystem (community level factors such as social support and socioeconomic status); and the macrosystem (relevant policies and overarching customs, values and norms). A fifth level, the mesosystem, takes into account the interactions between factors within each of the systems (Davidson et al., 2019).

Notably, in contrast to most conceptualisations of Bronfenbrenner's model that position the individual in the middle of concentric circles, Davidson and colleagues' model positions the individual at the top of an 'iceberg' (2019). This aligns with the concept of the "health iceberg" (Hanson et al., 2005) – a sociological concept that is useful in identifying the underlying causes or drivers of behavioural issues. Such a perspective is particularly relevant when the research goal is to inform measures to achieve sustainable reunification outcomes among vulnerable families where parents have experienced substance-related harms.

2.2. Sample and recruitment

We used purposive sampling (Liamputtong, 2009) to recruit participants who met the following eligibility criteria: a parent with a parent with a history of symptoms of substance-related harms; currently undergoing or undergone rehabilitation with an alcohol or other drug (AOD) treatment and rehabilitation service provider, or be endeavouring to overcome problems associated with their substance use on their own or with the assistance of a family member or a friend; had a child removed from their care within the last five years; and had successfully reunified with their child[ren] or were seeking to do so.

Australian AOD treatment and rehabilitative services do not make diagnoses, and there are people who access such services who would not meet the DSM-5 criteria for a substance use disorder (American Psychiatric Association, 2013). For this reason, and as noted previously, in this paper we refer to participants as people who have or are experiencing 'substance-related harms', rather than as people who had, or have a substance use disorder.

To maximise recruitment among a hard-to-reach population group, the lead researcher (RM) drew on contacts established through the stakeholder group, to seek support with recruitment from managers and caseworkers at support services likely to be working with parents who met the inclusion criteria. These included AOD treatment and rehabilitative services, family support services, and women's health services operating in WA. Participants were subsequently recruited through advertising on the websites of stakeholder group agencies, and through digital and hard copy flyers distributed by counsellors working in these agencies. Parents interested in participating were required to contact the research team directly or through their caseworker.

2.3. Data collection

Informed by the stakeholder group and relevant literature, interview

guides were developed to collect demographic and qualitative data. The interview schedules were adapted to reach parents who had successfully reunified, and parents who at the time of the research were working with the child protection agency with the goal of reunifying with their children. As the aim of the research was to understand barriers and facilitators to reunification, we did not recruit parents who were not seeking to reunite with their children.

Although recruiting parents who failed to reunify with their children would have been informative, these parents were not in contact with the service providers and beyond the reach of this study. Relying on service providers and stakeholders to access difficult to reach populations such as this is common in child welfare research (Mirick, 2016; Yoon et al., 2021). Therefore, we worked with parents who had lived experience of seeking reunification. Parents who did not reunify would need to be accessed via different pathways.

The interview questions included questions aimed at understanding the participants' background and present situation; the context to child removal (e.g. *please tell me about the circumstances that led to the children no longer living with you*); and what had happened since their children had been removed, such as what it had been like for the participant when their children were removed, who their children were living with, and how often they saw their children). These were followed by a series of questions related to the research aims (e.g. *please tell me about the difficulties you or your partner have (or had, if reunification has been successful) experienced when you've tried to reunite with your children*). Interview questions were developed in line with the in-depth interviewing guidelines by Minichiello et al. (1990), and in consultation with stakeholder group members. All stakeholder group members were acutely aware that participants were vulnerable and marginalised, and open-ended questions were carefully designed to minimise potential risk to participants, including victim blaming and/or stereotyping.

Three female interviewers, one of whom self-identified as an Australian First Nations Person, were approved by the stakeholder group due to their counselling skills and tacit knowledge of the substance use context. In line with the guidelines developed by Minichiello et al. (1990), interviewers were required to let participants (the experiential experts related to reunification) take the lead in interviews as they recounted their experiences relating to reunification.

The interviews were conducted between May and September 2017, in meeting rooms at the service providers, including live-in substance use rehabilitation facilities located throughout the Perth metropolitan area. At the outset of the project, service providers in the stakeholder group agreed to provide follow-up counselling and support, and participants were informed of the availability of support following the interview and provided with a list of service contacts. Prior to the interviews commencing, participants were given an information letter, and provided written consent. All interviews were audio-recorded with participants' permission and transcribed verbatim by a professional transcribing service. A gift voucher was provided to participants in recognition of their contribution to the research.

2.4. Data analysis

In this research, we used a combination of inductive and deductive analysis (see Byrne, 2021, for a comparison of these two approaches to data analysis). In the initial stage, we followed a process of inductive analysis as outlined by Percy et al., (2015). This involved RM and JD working independently to read the transcripts and look for words or phrases that related in some way to participants' reported experiences and perspectives of child removal and reunification. These 'open codes' were terms that were either in-vivo or descriptive and which best reflected the meaning of the participants' words. RM and JD compared and contrasted these open codes to identify major issues, ensuring that a transparent audit trail was available to illustrate the rigor of the analysis.

We then looked for patterns and connections across the open codes

and grouped these into second level codes. From these, we identified five major themes that, while still reflecting participants' reported experiences and perspectives, were now represented through abstract concepts and ideas. It was important at this stage of data analysis that we accurately represented the key issues reported by the participants, rather than trying to fit their words "into any preexisting categories" (Percy et al., 2015, p. 80), and therefore our analysis was 'data driven' rather than 'theory driven' ((Percy et al., 2015).

Following this, we used a process of deductive analysis to interpret the major themes through the theoretical 'lens' of the socio-ecological model. This was done by grouping the major themes into the four levels of the socio-ecological model, as depicted by Davidson and colleagues (2019). Regular discussion by members of the research team (while maintaining the anonymity of participants) validated the identified themes, and conclusions drawn were supported by verbatim quotations from participants. Regular discussion by members of the research team (while maintaining the anonymity of participants) validated themes, and conclusions drawn were supported by verbatim quotations from participants.

2.5. Ethics

The research received Ethics approval from Edith Cowan University Human Research Ethics Committee in January 2017 (Project number 16507). To ensure anonymity, pseudonyms are used throughout this paper, with participants coded as P1 to P16.

3. Findings

To enhance credibility during the data collection phase, clients of four separate peak service provider agencies were interviewed. In total, 16 participants were involved with this research, with 15 interviews conducted face-to-face, and one by telephone. Interviews ranged in length from 28 min to 2 h. While the recruitment targeted both men and women with a history of substance use, only women responded and were hence interviewed.

The study participants comprised 16 mothers, including eight Australian First Nations mothers and eight non-Aboriginal mothers. When interviewed, these mothers were either undergoing live-in rehabilitation relating to alcohol and other substance-related harms, living in their own homes, or living with relatives. Their ages ranged from 22 to 45 years. Of these, eight had 10 years or less of formal education, while four had studied at Technical and Further Education institutes. The only mother with paid work was working part-time.

Most of the participants were single parents and the number of children per mother ranged from one child to six children. Mothers' ages at the time of their first child's birth ranged from 16 (four mothers) to 26. Eleven of the mothers were aged 21 or younger at the time of their first child's birth. The mothers' stated ages when their children were taken into care ranged from 21 to 36. Nine mothers stated they were under 30 years of age when their children were taken into care. The periods their children had spent in care ranged from less than one year to 16 years. Of the 45 children associated with these mothers, 16 children had been in care for two years or less and 27 children had been in care for five years or less.

Data analysis resulted in five major themes that aligned with the socio-ecological model systems (Bronfenbrenner, 1977; Davidson et al., 2019), and 10 sub-themes that 'tease out' the complex challenges our participants experienced in relation to child removal and their efforts to reunify with their children. The themes and sub-themes are listed below in Table 1 and discussed in detail in the following section. In this paper, the term children is used to refer to a child or children.

Insert Table 1 here.

Table 1 Themes and sub-themes.

Themes		Sub-themes
Theme I	Challenges and commitment (Individual factors)	The context of child removal: Difficult and complex lives Commitment to a parenting identity and their children
Theme II	Challenging relationships (Microsystem factors)	The struggle to maintain the parent-child connection Social support networks
Theme III	Structural determinants (Ecosystem factors)	Challenges to securing safe housing Holistic rehabilitation environments
Theme IV	The policy context (Macrosystem factors)	Conflicting demands: Child protection, social welfare and justice policies and requirements Formal supports
Theme V	Interactions between inadequate support networks and housing constraints (Mesosystem factors)	Limited informal support networks constrain safe housing options Building community support networks from scratch

3.1. Challenges and commitment (Individual factors)

This research takes as its starting point the perspective of parents who have experienced substance-related harms who have reunified or are attempting to reunify with their children. As such, this section details individual factors specific to the mothers we interviewed, including an overview of the complexity of their lives, as well as their deep desire to parent and their commitment to maintain a meaningful connection with their children.

3.1.1. The context of child removal: Difficult and complex lives

During the interviews, the mothers recounted a range of adverse life experiences. Most reported having experienced significant traumas including family and domestic violence in their childhood and/or as an adult, adverse experiences as a foster child and/or being sexually abused as a child or adult. These experiences predated their children being taken into care, or were the catalyst for their children being removed, or occurred while their children were in OOHC:

*I got sexually abused by my dad when I was 14 to 15 and it came out at school and the [child protection agency] got called, and I got pressured from my uncle and my granddad to say that I made it up and I got kicked out of my own [home].... [Partner's] mum gave him and [sister] up when he was younger, to the [child protection] department. (P2).
I was sexually abused when I was a kid and I was a foster care kid, I've been a street kid, I was a mum at 16. I've had to learn from a young age. (P9).*

Domestic violence was a common experience among the participants in this study. As the following quotes suggest, the relationship between domestic violence, substance use and child removal is complex and multidimensional:

I was in a domestic violence relationship with my ex-partner. The kids were removed due to domestic violence. Then I ended up abusing drugs and so when the third one came along, she was automatically taken into

care from the hospital because of the domestic violence. Also mental health from when I lost the first two. (P3)

It was originally domestic violence which led to me drinking and smoking a lot of weed to block out my partner, which then led to me rebelling and running off and hanging out with friends and getting into drugs and my partner went to jail for trying to kill me, then within a matter of two weeks I had lost the kids. (P10)

Domestic violence exacerbated some participants' substance use and also rendered the family home unsafe for children, thus increasing the risk of child removal:

They [child protection agency] came with the police to take my girls off me through domestic violence and not having a stable home for them. (P13).

3.1.2. Commitment to a parenting identity and their children

Despite the challenges, trauma and grief participants had experienced, their desire and commitment to reunify with their children had not diminished. Indeed, their own difficult and insecure childhoods and adult lives appeared to underpin their attempts to provide a safe and 'normal' home environment for their children. Some participants had considered their options and consciously decided they wanted to continue mothering their children, whatever the difficulties. The following quotes sum up these mothers' determination to reunify:

Even though I was so messed up, I still kept fighting for them. I went and got a lawyer and I fought for my [removed] son. (P1).

That's my kid and I'll fight, however long it takes ... I'm determined to get her back. (P6).

Participants' commitment to their children also manifested in a desire to be a positive role model for their children. As the following quote suggests, this extended to one participant giving her partner an ultimatum on his substance use:

I don't want to ever use again... We [participant and partner] have spoken about it and I've told him, if I'm not using, you're not using. This is for our kids. If he uses, I'm not going to be around ... I will tell him 'don't use, because it is not appropriate to use, because it is for our kids' ... I know he is going to change, because I've changed and I'm the role model, so we are going to be role models together for our kids and be together as a family. I know it is going to work. (P6).

In addition, for two participants, commitment to their children meant that perceived threats to the children's safety while in OOHC acted as a strong incentive to achieve reunification:

I'm working my arse off to get them back, because I don't want them being in that situation. (P10).

When I found out what [child abuse] was happening, I stood up straight away. (P9).

3.2. Challenging relationships (Microsystem factors)

In this research, microsystem factors were conceptualised as relationships the participants had with their children, their family and friends. Two main themes were identified that are relevant to microsystem factors influencing the process of reunification – challenges to participants' ability to maintain a strong bond with their children while in OOHC, and participants' limited capacity to draw on support from their family and friendship networks.

3.2.1. The struggle to maintain the parent–child connection

All the mothers in our study remained strongly focused on developing and maintaining healthy relationships with their children, which they viewed as essential to successful reunification. They sought to continue their parenting role by striving for greater contact with their

children in OOHC. These mothers described using whatever communication means were available to them to maintain a bond with their children, including sending letters and cards, and where possible phone calls, online video chats and contact visits. They regarded two-way communication with family and foster carers as a necessary adjunct to contact visits, but complained that the lack of regular communication with their children's caregiver made it difficult to maintain their parenting roles and created a barrier to reunification. Subsequent feelings of being excluded from the important and trivial moments in their children's life served to challenge their parental identity. In particular, participants worried about their children's health and wellbeing while in care, and were distressed by the lack of ongoing information about their children:

I want to know if my daughter's been sick. We don't even get told if they're taken to hospital. I want to know if she is and what medication she's having. (P2).

Often you don't get to know where they [children] are, you don't get to know what school they're in and I understand the reasons for that, but there should be a communication book because it is just a respect thing too, you know, and something for the parents to focus on. (P1).

3.2.2. Limited social support networks

A key finding from this research was the lack of social support available to many of the participants. For some, this was further evidence of a dysfunctional family background and the complex and difficult circumstances of their lives:

Sometimes I have choices but who do I talk to for advice? do I go to family? I know the family have treated me badly and I don't trust them or respect them. (P8)

I don't have a mother. My mum gave me away when I was little and the lady who raised me – we don't really get on. I just do my own thing now to support my children. (P14).

The interviews also highlighted how limited social support contributed to children being removed. For example, one mother reflected on how the difficulties she experienced managing her children and a lack of support combined to trigger her substance use, that subsequently led to her children being removed:

I definitely think it was a lack of support out there, not being able to manage my kids. I realize now that as much as I wanted to run away from my life and my kids, I couldn't, so the next best thing was being there, but not being present in my mind, because I was using drugs to numb the fact that I can't deal with my kids. (P10).

While limited social support networks contributed to child removal, they also represented barriers to reunifying and sustaining reunification. In some cases, existing social networks were viewed as detracting from participants' chances of achieving reunification, with some participants reporting they deliberately avoided family and friends who were experiencing their own substance-related harms. From these women's perspective, family and friends either did not have the capacity to extend support, or were viewed as increasing risk to parents and children:

I don't have family support and I don't have any friends that are real friends. They are all using, part of that environment. Because my family are all addicts as well, I don't have any support from them. They try to support me, but they can't, because they are all addicts and I can't be around them. (P3).

One area where a lack of social support represented a barrier to reunification was in arranging contact visits between participants and children in OOHC. Participants viewed contact visits as the 'gold standard' in terms of connecting with their children and maintaining the parent–child bond. However, they expressed deep frustration at the strict conditions imposed by the child protection agency on contact visits, such as lengthy delays in arranging visits because no one was

available to supervise, challenges in providing care and attention to multiple siblings during one-hour monthly contact visits, and supervised contact visits held in ‘unnatural settings’ such as libraries and the child protection agency’s premises where privacy was limited. A notable exception were spaces provided in substance use rehabilitation facilities, where parents and children could meet in a more naturalistic setting.

Limited social support also inhibited some participants’ ability to sustain reunification with their children:

We are having issues with the [child protection agency] because you are meant to have a support network of 5 people who can check up on [daughter] when she is in your care. Family, friends, whoever you want. I don’t talk to my family. I have issues with my family and they are not supportive, they are not good for [daughter], sexual abuse, I don’t want my child there. [Partner’s] mum is an alcoholic and his dad lives in Canada so that is not an option. (P2).

The reason my son was taken back into care – My 2-year old, in June last year. Because I didn’t have any family support – I needed community support and I didn’t know where to get it. (P3)

3.3. Structural determinants (Ecosystem factors)

As Davidson and colleagues noted, “families do not act solely as their own system, but exist with[in] the larger ecosystem/community” (2019, p. 472). The ecosystem is compatible with Gadhoke et al.’s paper referring to mezzo level factors as “family networks, community support systems [e.g. schools], and tribal and local institutions” (2014, p. 351). In our research, ecosystem factors encompassed structural challenges including homelessness and the difficulties these participants experienced in accessing safe and affordable housing.

3.3.1. Challenges to securing safe housing

Many participants described periods of homelessness that they commonly attributed to domestic violence. The trauma associated with domestic violence and homelessness appeared to contribute to participants’ substance use, and was a further catalyst for child removal for some participants, as indicated by the following comments:

I had a house for 9 years....I got it when [daughter] was 2 and got kicked out when she was 9, from [housing department], through domestic violence by my ex-partner – the father of my three youngest ones. I was on gear until I could see our lives were getting taken away and it was meth. That’s when I ended up becoming homeless for about 3 to 4 years. We were going from house to house and I was taking them from school to school and they were still going to school wherever we were staying but it wasn’t the same as having a home. (P4)

Being able to find a safe place to live was also hampered by an inability to access women’s refuges to escape domestic violence:

At that moment I was really looking for help and I was going through domestic violence and I thought I was doing the right thing. There was no actual help for me, like getting me into a safe environment. It was just – take my kids and run. (P15)

As the following quote suggests, there was a sense among some participants that the child protection agency could have done more to help them keep their family together when they were challenged by domestic violence, by connecting them with a women’s refuge:

I even went there [child protection agency] looking for help and asked if they could put me and my kids into a refuge. I was sick with everything I was doing, going from house to house, but they never helped us. We couldn’t even get into a refuge, not even through domestic violence. I went there to see if they could help me to get into one, but no. Even though they’d said me and my kids wouldn’t be homeless, they never helped me once and they took my kids off me. (P4)

3.3.2. Holistic rehabilitation environments

In the absence of family support and a safe house to aid rehabilitation and reunification, residential substance use treatment facilities were welcomed by participants. Six of the mothers who had achieved reunification were living with and caring for their children in a residential substance use treatment facility. This facility uses a therapeutic community approach to treatment that recognises the community has a major role to play in promoting recovery through supporting personal growth. These mothers were participating in a women’s and children’s program at the facility, with each living with their children in their own house on-site. This holistic program addresses women’s substance use, as well as lifestyle and other factors that underpin their addiction, through individualised substance use treatment plans, individual counselling, education sessions on health, gender and parenting, exercise groups, links to community-based support groups, an on-site childcare centre and access to a nearby school.

These mothers were very appreciative of the opportunity to participate in this residential program, and viewed it as a supportive and safe place to strengthen their parenting skills:

Yes, it’s [residential program] been really helpful. [It’s] just given me the environment to get better and have the stability to reunite with my kids.... I’m so grateful for this place because on the outside, reunification would be really tough. This place is really easy to transition ... and we’ve been stable ever since they’ve [children] come in. I’ve always known that I’m capable of looking after my kids. It was just having that environment and a safe place to look after them was what I needed. (P15)

Some of these mothers contrasted the quality of support available through the program, with support offered through the child protection agency:

That’s why I love [residential program]. Most of the counsellors are ex-drug users. So you’ve got that connection. They’ve got a deep understanding of what it is like. I say I [expletive] and they say, ‘I know’. Hearing it from someone who is 20 and just come out with a counselling degree, that doesn’t work. (P12).

3.4. The policy context (Macrosystem factors)

Macrosystem factors include policies that impact on parents seeking reunification. In this research, participants described having to navigate policies and requirements across the child protection, social welfare and justice sectors.

3.4.1. Conflicting demands: Child protection, social welfare and justice policies and requirements

A common issue reported by participants was difficulty in meeting conflicting demands from the child protection, social welfare and justice systems. For example, some of the participants were receiving the Newstart allowance (the Australian government unemployment benefit, subsequently changed to JobSeeker Payment in 2020) which includes significant obligations on recipients. According to the Australian Department of Human Services, “if you receive Newstart Allowance you have an obligation to participate in activities that will improve your chances of finding a job. It is also about the efforts you make, in return for your payments” (n.d., p. 4). ‘Activities’ can include job searching, education and training, work experience or other activities determined by the Department as improving employment opportunities (Department of Human Services, n.d.). Recipients must provide proof they have met these obligations in order to continue receiving the allowance. As the following quote indicates, this participant’s Newstart obligations conflicted with the child protection agency’s requirements for regular contact visits, suggesting that child protection policies and processes are not well equipped to assist women in such circumstances:

When my children were taken into care, I no longer qualified for a parent’s allowance and I go onto the Newstart program, which is the dole. To be on the dole, you have to be looking for work. How am I supposed to work

when I'm doing visits three days out of five? And one of those other days I'm spending travelling to and from Perth [for contact visits]. (P16).

Requirements to undertake contact appointments and urine analyses (UAs) as part of their substance use program posed problems for parents who were also required to demonstrate engagement in paid work and financial security in order to be considered for reunification:

We've [participant and partner] had to do random UAs twice a week for six weeks and then it was getting quite annoying, because we didn't know when we would be doing them and we couldn't get a job, because we didn't know when we were going to have a UA, so then they did it set day, three days a week. A few months ago, they said our financial status is an issue, because we couldn't work. They want to see one of us working. We couldn't work because of the UAs and the contacts. We had contact in the morning and contact in the afternoon. (P2)

Once this participant's partner did get a job, the requirement to attend random UA screening made it difficult to maintain confidentiality around the substance-related harms he was trying to overcome, and potentially threatened his ongoing employment:

He [partner] does [labouring] and with that type of work ... you have to stay until the job is finished. He doesn't want to tell people the situation and because we are doing random UAs it is not like he can get it done before. So if he gets one when he is working, he can't just tell his boss that he has to go and do a drug screen. (P2).

Another participant described finding it difficult to prioritise activities to support her substance use rehabilitation with other child protection agency requirements:

I can't win – because if I say I can't go to that meeting at that time because I've got [another] group [meeting], they [child protection agency] get all angry and say 'you're not prioritising' [substance use rehabilitation]. (P16).

Child protection agency requirements for supervised visits also presented challenges to participants who had limited social support networks:

The [child protection agency] has [regulations] like... I didn't get to see [daughter] from 6-weeks old to 8-months old because the [child protection agency] weren't able to get someone to supervise the access. (P1).

3.4.2. Formal supports

While many participants described having limited or no informal support from their family and friends, the absence of, or lack of awareness of formal support services was also highlighted as a common barrier to reunification. In particular, a common theme was a desire among participants for assistance in helping them manage the challenges of parenting, so they could keep their family together. This was particularly relevant to mothers who had one or more children removed soon after birth, and who therefore had limited experience managing multiple children. When one participant was asked about the issues she might face, should her five children be returned to her, she explained:

I'll be looking for in-home support, something that enables you, if they can come out to my house and help me in my home, learning how to do these things and dealing with the depression and every other thing that I have to keep doing, and staying off drugs and everything all at once. (P3)

As the following quote suggests, some believed that their call for help was used as a trigger for their children to be removed:

I really think there needs to be so much more support out there, but not support where it comes in the form of [child protection agency] where if you can't manage your kids they will just rip them out of your care. There needs to be a lot more in place. (P10)

While all participants had experienced substance-related harms that were related to their children being removed, some complained they had

not been directed to AOD treatment and support services:

They [child protection agency] didn't even tell me about the NA [Narcotics Anonymous] meetings. There are no brochures there, nothing. I reckon the [child protection agency] should tell them [parents] about where they can get help from, to go and seek it. If they really love their kids they'll do it, and have brochures of NA meetings in their departments when you walk in. (P4)

A similar sentiment was expressed by another participant, who reported that despite losing multiple children due to domestic violence and substance use over a period of years, she had not been directed to relevant rehabilitation and support services:

I've got 5 kids. The oldest is 9, and I've got a 6 year old, a 4 year old, a 2 year old and a 3 week old...Then the fourth one came along and I managed to find out about a rehab program at [AOD treatment service]. Before that I didn't work with any support agencies, didn't know of any support agencies. I wasn't directed by the [child protection agency] to any support agencies and I didn't know how to go about finding out. (P3)

Other participants reported more positive experiences with broader support services, such as a women's refuge referred to by this participant:

I was in a women's refuge down there. They were wonderful. I think it was a private one. They were really helpful. They would take you to all your appointments, made sure you got counsel, they set me up with mental health, they helped me look for rentals. (P9)

Importantly, the interviews also indicated an entrenched distrust and fear of government agencies, particularly among the mothers who identified as Australian First Nations People. In Australia, government policies in place from 1910 to the 1970s resulted in the systematic removal of Aboriginal and Torres Strait Islander children from their parents and families, in what has become known as the Stolen Generations (The Healing Foundation, 2020). The legacy of these policies is the intergenerational trauma that continues to impact on the health and wellbeing of members of the Stolen Generations and their descendants (Australian Institute of Health and Welfare, 2018; Robertson et al., 2019). As the following quote suggests, the experiences of the Stolen Generations have also influenced Aboriginal and Torres Strait Islander people's willingness to access support services:

When you know that you are struggling, reach out. It's ok to ask for help. I find that Aboriginal people don't like asking for help because when they ask for help they tend to get [child protection agency] involved immediately. And that's sad. (P9)

3.5. Interactions between inadequate support networks and housing constraints (Mesosystem factors)

An important aspect of the socio-ecological model is the recognition that individual factors in each level interact and impact on factors across levels, in what Bronfenbrenner described as the mesosystem (Bronfenbrenner, 1986). In this research, participants' limited informal support networks (microsystem factors) largely determined their ability to provide a safe and stable home (ecosystem factors), and their capacity to meet child protection requirements relating to a community support network (macrosystem factor).

3.5.1. Limited informal support networks constrain safe housing options

Many participants experienced periods of homelessness, often as a result of domestic violence. A common challenge for these women was that having fled their home as a result of domestic violence, they often had no one to turn to due to fractured family networks that reflected a history of trauma. Compounding this, some family members also experienced substance-related harms, which further limited participants' options to access informal support. Participants perceived this absence

of practical and emotional support as a major impediment to their capacity to demonstrate they could provide a safe and stable home for their children, in order to meet child protection requirements for reunification. This sense of being stuck between ‘a rock and a hard place’ is expressed in the following comment:

They [child protection agency] kept asking me if I had family who could take care of me [re accommodation]. I said no. I had told them ‘You know and I know, I’ve told you before, that they’re either doing drugs or dealing drugs. Some were in prison. They’ve got problems as much as I have’. (P9).

3.5.2. Building community support networks from scratch

Child protection policies in WA also require evidence that parents have a community support network in place before reunification can be approved. As noted previously, for many participants in this research, a history of trauma, disadvantage and substance use meant they were very socially isolated. In the absence of social support networks that, for most people, are based on family members and friendships developed over many years, some mothers described trying to co-opt support people in whatever way they could, in order to meet child protection agency requirements:

They [child protection agency] expect you to go out and find these people. So go meet someone random, befriend them and then just drop this bomb on them and ask them to be on your support network. We did that. We were living in ... an apartment and one of my neighbours was in our complex and she knocked on my door because she was locked out of her house. Then I randomly popped in on her one day and started talking and she’s quite older, like 50, no kids and lives alone, and I started going to her house and having coffee with her and then I dropped it on her and she said she was happy to help. But then a week later she text me to say I don’t want anything to do with you guys, I’m a free spirit, I don’t want any of your drama. (P2).

4. Discussion

This study provided a voice for mothers who had experienced substance-related harms and whose children had been removed. These mothers told rich and compelling stories conveying their love for their children, and the significant and complex challenges they experienced that contributed to the initial removal of their children and their subsequent attempts to reunify. Importantly, their stories highlight that the path to reunifying with children, and the goal of leaving the child protection system, is a complex journey with multiple interrelated impediments. Together, these mothers’ stories offer valuable insights for government and service providers, given the importance of supporting the parent-child connection for both child and parent wellbeing (Chambers et al., 2018; Thomson & Thorpe, 2003; United Nations, 1989).

As a result of the recruitment process, all participants had in common a history of substance use and child removal. While substance use may have been the trigger for child removal, the use of the socio-ecological model (SEM) as a methodological tool to interpret our findings helped to highlight, that participants’ substance use did not occur in a social vacuum. Their stories highlighted many other common adverse experiences of disadvantage and trauma throughout their lives that are likely to have contributed to the substance-related harms they experienced, and ultimately to their children being placed in OOH (Australian Institute of Health and Welfare, 2021b). In this context, substance use represented a maladaptive coping behaviour that helped participants to survive disadvantage and trauma.

Importantly, the participants’ experiences also have important implications for their capacity to achieve and sustain reunification. These adverse experiences relate to all levels of Davidson’s adaptation of the SEM (Davidson et al., 2019), and include historical and contemporary

experiences of social and economic disadvantage, trauma including sexual abuse and family and domestic violence, limited social support networks, homelessness, substance-related harms, and a lack of stable family role models in their own childhood. These issues were further compounded by intergenerational trauma and distrust of government agencies, which precluded some participants from seeking help with parenting issues.

Previous studies in this area highlight similar patterns of systematic disadvantage and trauma (Choi & Ryan, 2007; Gupta, 2018; Harries, 2008; Ross et al., 2017; Sieger & Haswell, 2020) that are consistently linked to higher rates of involvement with child protection agencies (Bilson et al., 2015; Bywaters et al., 2018), and to the reduced likelihood of reunification (see Choi & Ryan, 2007) among parents experiencing substance-related harms. For example, child reunification rates have been identified as particularly low among parents experiencing substance-related harms who reside in environments where poverty, unemployment, cultural disadvantage, single parenting and domestic violence predominate, or where substance use co-exist with mental health issues (Ainsworth, 2004; Choi & Ryan, 2007; Harries, 2008; Ross et al., 2017). More recently, Sieger and Haswell’s in-depth interviews with parents participating in a program to support AOD treatment completion and improve reunification rates in the US, identified that trauma from experiences including domestic violence, death of friends and/or relatives, and the removal of children, had triggered participants’ substance use (Sieger & Haswell, 2020).

The degree to which substance use is deeply embedded in a pattern of disadvantage and trauma is evident in Choi and Ryan’s US-based research with 354 mothers participating in a substance use program and who were involved with the child protection system. They identified that almost half had no source of income, 85.3 % were unemployed, 59 % had insecure housing, and 35.3 % required domestic violence counselling (2007). Overall, Choi and Ryan identified that almost 76 % of mothers had more than four co-occurring problems, while nearly 29 % had more than seven (2007).

In our research, two factors emerged as particularly indicative of these mothers’ socially entrenched disadvantage and were implicated in child removal and attempts to reunify. The first was the inability of family, friends and other social contacts to provide emotional, practical or financial support to participants. The absence of social support reflects a risk factor at the microsystem level (Davidson et al., 2019). Cooper et al., defined social support as “the companionship and practical, informational and esteem support which the individual derives from interaction with members of his or her ‘social network’, including friends, colleagues, acquaintances and family members” (cited in Nettleton et al., 2002, p. 178). Social support acts as a buffer against stress during critical times, while also providing a “continuously positive force that makes the person less susceptible to stress” (Westen et al., 2006, p. 586).

The role that support plays in the process of reunification among mothers experiencing substance-related harms has been previously considered in terms of formal support through health services and child protection agencies (Akin & Gregoire, 1997; Choi & Ryan, 2007; Doab et al., 2015; Lloyd, 2018). Informal social support, such as that captured in Cooper et al’s definition, has received comparatively less attention. However, while evidence indicates that the provision of informal family support reduces the risk of children being returned to care following reunification (Davidson et al., 2019; Tsantefski et al., 2013), it is also the case that families living with entrenched disadvantage typically do not have access to a reliable extended family network (Brunner & O’Neill, 2009). This was certainly the case among many of our participants, who did not have access to an informal family and social networks that could provide practical and emotional support. Indeed, they reported that family and friends were either not in a position to support them, or they did not trust or feel safe with them. For our participants, limited social support represented an obstacle to contact visits. Participants described contact visits as critical to maintaining a bond with their children, and

therefore an essential step towards successful reunification. However, limited social support networks left many participants unable to find an appropriate family member or friend to supervise contact visits, as required by the child protection agency.

Similarly, limited social support networks impeded participants' ability to meet child protection agency requirements for a community support network, and was viewed by them as a major barrier to timely reunification. There is something of a paradox here; in distancing themselves from unhealthy and in some cases dangerous family and social relationships to protect their children, these mothers then struggled to establish an alternative community support network that was a pre-requisite to achieving reunification. This suggests the need for even greater liaison between parents, AOD treatment agencies, child protection agencies and community-based groups and programs, to provide parents with opportunities to connect with local community groups and other parents in their immediate neighbourhood, and then to facilitate and support these fledgling connections. An example of this approach is evident in the *Mirror Families* program run by a substance use treatment agency in Victoria, Australia (see *Odyssey House Victoria, 2020*). The program is designed to assist families where parents have substance use issues and have been involved with the child protection system, and are also isolated or estranged from family and/or community networks. The program involves parents being supported to rebuild relationships and identify opportunities to develop new connections with people who can provide "instrumental and/or tangible support" (Tsantefski et al., 2013, p. 81). Tsantefski and colleagues' evaluation of the *Mirror Families* pilot program conducted with single mothers and their children found the "naturally occurring networks" that developed through this process were more sustainable than "constructed social support, such as attendance at groups for socially isolated parents" (2013, p. 82). They also suggested the *Mirror Families* model would be particularly relevant for families as they leave residential substance use rehabilitation facilities.

Our research suggests that supporting families and parents to develop a community support network should be prioritised not just by the AOD treatment and support sector, but also by agencies involved with child protection and reunification. Given the stigma associated with substance-related harms, however, child protection service providers must be trained to acknowledge implicit biases on their part (Ashford et al., 2018), ensuring fewer barriers to informal local connections. Mothers' must be trusted in their commitment to reunify with their children and supported through the vulnerabilities associated with recovering from substance use.

Another intervention that can help to develop social support is peer mentor programs. Peer mentors (peer support workers) engaged in the child protection system are typically parents or caregivers who have experienced child removal and successful reunification (Acri et al., 2021). They can therefore identify with parents seeking to reunify with their children, offer a range of support and guidance, and create a bridge between informal supports networks and formal services. Some peer mentor programs, such as that described by Frame et al., (2006), focus on fostering personal change among parents, with a key goal to facilitate improved parenting skills. A more recent systematic review by Acri et al., examined peer mentor programs that had a broader focus on providing emotional and informational support, parenting and health advice, and advocacy to help parents navigate the child protection system. Overall, these programs were associated with improved reunification rates (Acri et al., 2021). However, as an earlier analysis of peer mentors in the child protection system noted, peer support programs must also be accompanied by interventions that address broader structural factors such as poverty, housing and day care (Cohen & Canan, 2006). This has particular relevance for the women in our study, whose experiences of substance use and child removal occurred against a backdrop of significant and entrenched disadvantage and trauma. In this context, peer mentoring programs should not be seen as a substitute to addressing the underlying social determinants of child removal and reunification.

The second factor identified as particularly relevant to our participants was inadequate or insecure housing; this aligns with the ecosystem in Davidson's adaptation of the SEM (2019). Some participants reported periods of homelessness they believed contributed to their children being removed, and which delayed reunification. Applying a socio-ecological perspective, these women's homelessness resulted from a complex interaction between socioeconomic disadvantage, domestic violence, limited or absent social support networks, substance use, and a significantly underfunded social housing sector leading to a severe shortage of affordable housing for people relying on government income support (Anglicare Australia, 2019).

Studies investigating links between substance use, socioeconomic status and homelessness have also indicated that substance use increases the risk of becoming homeless among people on low incomes (Canadian Observatory on Homelessness, 2019). Once they become homeless, this population group has "little chance of getting housing as they face insurmountable barriers to obtaining health care, including substance use treatment services and recovery supports" (Canadian Observatory on Homelessness, 2019, para. Substance use; Hall et al., 2020).

All but one of the mothers in our study were unemployed, and for them the inadequacy of government income support payments further compounded difficulty in securing safe and affordable housing. Their situation is emblematic of the housing affordability crisis in Australia, with a snapshot of the private rental market across Australia in March 2020 finding only 9 out of 69,000 properties available to rent across Australia were affordable and suitable for a single person on Australia's unemployment benefit (Jobseeker Payment) (Anglicare Australia, 2020). This has meant that for many people on low incomes, social [public] housing, is their only affordable option. Unfortunately, an underfunded social housing sector across Australia over the last two decades has resulted in 'priority' applicants (those who are homeless or at risk of homelessness, and/or those with urgent housing needs such as leaving a domestic violence situation or child care needs) waiting on average 43 weeks for social housing in WA, as at March 2021 (Shelter WA, 2022).

In the context of mothers who are required to abstain from substance use in order to achieve reunification, "societal structures" such as welfare payments which do not provide a pathway out of poverty, and an underfunded social housing sector, have been criticised as "disable[ing] opportunities for change" (Rhatigan & Blay, 2019, p. 1). That is, the struggle to manage on inadequate income support payments is likely to exacerbate maladaptive coping behaviours such as substance use, and potentially undermine attempts by parents experiencing substance-related harms to achieve reunification.

Supporting these women to successfully reunify with their children therefore requires comprehensive and holistic responses that move beyond a focus on parents' substance use, their parenting skills or the family environment (Akin & Gregoire, 1997; Higgins, 2015), to address the broader health, social and economic determinants related to child removal and reunification. Indeed, where the goal is to support and sustain reunification when possible – as is articulated in child protection policies in many countries including Australia – then government responses should prioritise addressing fundamental social determinants such as affordable housing and adequate income among parents experiencing substance-related harms (Lloyd, 2018), as sustainable responses to reducing rates of children in OOHC.

4.1. Limitations and future directions

Participants were recruited through current service organisations, and as such, they were all parents who were making or had made attempts to manage their substance use and who were motivated to regain care for their children. This recruitment strategy precluded parents who were not working with relevant agencies to reunify with their children, or were not currently seeking to reunify with their children, as this was beyond the scope of this research. In addition, as only women

volunteered to participate, this study drew only on mothers' experiences and therefore father reunification is an area that requires future research. Moreover, as Aboriginal and Torres Strait Islander families are over-represented in the child protection system in Australia, future research that focuses on reunification among this population group is warranted.

4.2. Conclusion

The mothers we interviewed provided confronting descriptions of the significant trauma and entrenched disadvantage they experienced throughout their lives. These disadvantages, such as poverty, domestic violence, insecure housing and limited social support networks, are likely to have contributed to their substance use and been instrumental in their children being placed into OOHC. These disadvantages did not lessen after their children were removed. Instead, it seems they were compounded by the women's distress at losing their children, the difficulties they had in maintaining a meaningful connection with their children while in OOHC, and conflicting demands from multiple government agencies. Faced with these circumstances, it is perhaps not surprising that some mothers struggled to overcome barriers to reunification.

Importantly, using the SEM to help us interpret our findings revealed that many factors relevant to child removal and reunification among parents experiencing substance-related harms reflect systemic issues that are beyond the individual's capacity to control or influence. This has significant implications for policy and practice related to reunification. Specifically, there appears to be a disconnect between the lived experiences of mothers in WA who have experienced substance-related harms, and the current requirements for reunification among this population group. Typically, these requirements relate to behavioural changes at the individual level (e.g. AOD treatment, parenting education, creating a safe home). For our participants, however, the most significant barriers and facilitators to reunification relate to the community level (ecosystem), or policy level (macrosystem) of the SEM, and/or reflect the complex interaction of factors across multiple levels of the SEM. In this context, the construction of parents' substance use, relationship challenges and deficits in parenting skills as the key factors to address in order to achieve reunification, overlooks the much more complex network of determinants contributing to child removal. That is, while addressing individual level factors is important, such approaches do not address the significant structural disadvantages that underpin the increasing numbers of children being placed in OOHC in countries such as Australia (Australian Institute of Health and Welfare, 2019), and particularly the number of Aboriginal and Torres Strait Islander children removed from their parents in jurisdictions such as WA (Harrison et al., 2020). Indeed, as Thomson observed with reference to children in OOHC:

We should see their origins in systemic disadvantage and redress the disadvantage. It is one of the ironies of the bloated out-of-home care system ... that policy-makers in Western neoliberal societies are often more prepared to invest resources in others to care for children but not prepared to lay a floor of resources beneath a family to avoid children being removed from primary care-givers. (Thomson, 2017, p. 12).

The importance of the parent-child bond is validated in the United Nations Convention on the Rights of the Child (1989), as well as through child protection policies in many countries that emphasise the need to support families so they can remain intact. This is based on the premise that, wherever possible, children's wellbeing is best served by growing up with their parents. Despite these pronouncements, rates of child removal continue to increase in Australia, and disadvantaged families are disproportionately represented in OOHC. As with Thomson's research (2017), our study provides strong evidence to invest in primary prevention responses that aim to prevent child abuse and neglect through the provision of universal supports to families at a population

level (Australian Council of Governments, 2009; Gupta, 2018; Higgins, 2015). Such a response addresses underlying social and economic inequities by investing more resources to provide an adequate social safety net and affordable social housing for low income groups, and wrap-around holistic services to support vulnerable parents who have experienced substance-related harms to reintegrate into the community. Such approaches will contribute to a more sustainable child protection system, and most importantly, support children and parents' health and wellbeing and reduce the numbers of children at risk of being placed in care.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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References

- Acri, M., Falek, I., Bunn, M., Dominguez, J., Gopalan, G., & Chacko, A. (2021). Peer models for families involved in the child welfare system: A systematic review. *Journal of Public Child Welfare*, 1–23. <https://doi.org/10.1080/15548732.2021.1996503>
- Ainsworth, F. (2004). Drug use by parents: The challenge for child protection and drug and alcohol services. *Children Australia*, 29(3), 4–10.
- Ainsworth, F., & Hansen, P. (2012). Doing harm while doing good: The child protection paradox. *Child & Youth Services*, 33(2), 146–157. <https://doi.org/10.1080/0145935X.2012.704787>
- Ainsworth, F., & Hansen, P. (2015). Understanding difficult parental behaviours during a child protection investigation. *Children Australia*, 40(1), 20–22.
- Akin, B. A., & Gregoire, T. K. (1997). Parents' views on child welfare's response to addiction. *Families in Society*, 78(4), 393–404.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.).
- Angel, B. Ø. (2016). Client self-management: Promoting self-help for parents of children in foster-care. *British Journal of Social Work*, 46(4), 1027–1043. <https://doi.org/10.1093/bjsw/bcv025>
- Anglicare Australia. (2019). *Rental affordability snapshot: National report 2019*. <https://www.anglicare.asn.au/docs/default-source/default-document-library/final-rental-affordability-snapshot302da309d6962baac1ff000899bca.pdf?sfvrsn=4>.
- Anglicare Australia. (2020). *Rental affordability snapshot: National report, April 2020*. .
- Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 190(1), 131–138. <https://doi.org/10.1016/j.drugalcdep.2018.05.005>
- Australian Council of Governments. (2009). *Protecting children is everyone's business: National Framework for Protecting Australia's Children 2009-2020*. <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>.
- Australian Indigenous HealthInfoNet. (2013). *Overview of the health of Indigenous people in Western Australia 2013*. Edith Cowan University. <http://www.derbarlyerrigan.com.au/images/Documents/wa-overview-2013.pdf>.
- Australian Institute of Health and Welfare. (2014). *National Drug Strategy Household Survey detailed report 2013* (Drug statistics series no. 28. Cat. no. PHE 183, Issue. https://www.aihw.gov.au/getmedia/c2e94ca2-7ce8-496f-a765-94c55c774d2b/16835_1.pdf.aspx?inline=true.
- Australian Institute of Health and Welfare. (2018). *Aboriginal and Torres Strait Islander Stolen Generations and descendants: Numbers, demographic characteristics and selected outcomes* (Cat. no. IHW 195). <https://www.aihw.gov.au/getmedia/a6c077c3-e1af-40de-847f-e8a3e3456c44/aihw-ihw-195.pdf.aspx?inline=true>.
- Australian Institute of Health and Welfare. (2019). *Child protection Australia 2017-18* (Child welfare series no. 70. Cat. no. CWS 65). <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2017-18/contents/table-of-contents>.
- Australian Institute of Health and Welfare. (2020). *Child protection Australia 2018-19*. <https://www.aihw.gov.au/getmedia/3a25c195-e30a-4f10-a052-adbf656d6d45/aihw-cws-74.pdf.aspx?inline=true>.

- Australian Institute of Health and Welfare. (2021a). *Child protection Australia 2019–20*. <https://www.aihw.gov.au/getmedia/c3b0e267-bd63-4b91-9ea6-9fa4d14c688c/aihw-cws-78.pdf.aspx?inline=true>.
- Australian Institute of Health and Welfare. (2021b). *National framework for protecting Australia's children indicators* (Cat. no. CWS 62., Issue. <https://www.aihw.gov.au/reports/child-protection/nfpac>.
- Australian Institute of Health and Welfare. (2022). *Child protection Australia 2020–21*. <https://www.aihw.gov.au/getmedia/a64278fd-712d-4c20-9f03-cf5b30cf7a09/Child-protection-Australia-2020-21.pdf.aspx?inline=true>.
- Balsells, M. A., Pastor, C., Molina, M. C., Fuentes-Peláez, N., Vaquero, E., & Mundet, A. (2013). Child welfare and successful reunification: Understanding of the family difficulties during the socio-educative process. *Revista de Cercetare si Interventie Sociala*, 42, 228–247. <https://doi.org/10.3390/socsci3040809>
- Battle, C., Bendit, J., & Gray, R. (2014). Groupwork for parents whose children are in care: Challenges and opportunities. *Australian and New Zealand Journal of Family Therapy*, 35(3), 327–340. <https://doi.org/10.1002/anzf.1071>
- Baum, N., & Negbi, I. (2013). Children removed from home by court order: Fathers' disenfranchised grief and reclamation of paternal functions. *Children and Youth Services Review*, 35(10), 1679–1686. <https://doi.org/10.1016/j.childyouth.2013.07.003>
- Bilson, A., Cant, R. L., Harries, M., & Thorpe, D. H. (2015). A longitudinal study of children reported to the child protection department in Western Australia. *British Journal of Social Work*, 45(3), 771. <https://doi.org/10.1093/bjsw/bct164>
- Brennan, D., Cass, B., Flaxman, S., Hill, T., Jenkins, B., McHugh, M., Purcal, C., & Calentine, K. (2013). *Grandparents raising grandchildren: Towards recognition, respect and reward* (SPRC Report 14/13), Issue.
- Broadhurst, K., Alrouh, B., Yeend, E., Harwin, J., Shaw, M., Pilling, M., ... Kershaw, S. (2015). Connecting events in time to identify a hidden population: Birth mothers and their children in recurrent care proceedings in England. *British Journal of Social Work*, 45(8), 2241–2260. <https://doi.org/10.1093/bjsw/bcv130>
- Broadhurst, K., & Mason, C. (2017). Birth parents and the collateral consequences of court-ordered child removal: Towards a comprehensive framework. *International Journal of Law, Policy and the Family*, 31(1), 41–59. <https://doi.org/10.1093/lawfam/ebw013>
- Broadhurst, K., & Mason, C. (2020). Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal. *Qualitative Social Work*, 19(1), 15–37. <https://doi.org/10.1177/1473325019893412>
- Bronfenbrenner, U. (1977). Towards an experimental ecology of human development. *American Psychologist*, 32(7), 513–531.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6).
- Brunner, C., & O'Neill, C. (2009). Mirror families: Creating extended families for life. *Children Australia*, 34(4), 6–12. <https://doi.org/10.1017/S103507720000081X>
- Byrne, D. (2021). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*. <https://doi.org/10.1007/s11135-021-01182-y>
- Bywaters, P., Brady, G., Bunting, L., Daniel, B., Featherstone, B., Jones, C., ... Webb, C. (2018). Inequalities in English child protection practice under austerity: A universal challenge? *Child & Family Social Work*, 23(1), 53–61. <https://doi.org/10.1111/cfs.12383>
- Canadian Observatory on Homelessness. (2019). *Substance use & addiction*. Canadian Observatory on Homelessness. <https://www.homelesshub.ca/about-homelessness/topics/substance-use-addiction>.
- Chambers, R. M., Crutchfield, R. M., Goddu Harper, S. G., Fatemi, M., & Rodriguez, A. Y. (2018). Family reunification in child welfare practice: A pilot study of parent and staff experiences. *Children and Youth Services Review*, 91, 221–231. <https://doi.org/10.1016/j.childyouth.2018.06.020>
- Choi, S., & Ryan, J. P. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and Youth Services Review*, 29(11), 1395–1410. <https://doi.org/10.1016/j.childyouth.2007.05.013>
- Cohen, E., & Canan, L. (2006). Closer to Home: Parent Mentors in Child Welfare. *Child Welfare*, 85(5), 867–884.
- Commonwealth of Australia. (2022). *Style manual*. <https://www.stylemanual.gov.au/accessible-and-inclusive-content/inclusive-language/aboriginal-and-torres-strait-islander-peoples>.
- Cox, P., Barratt, C., Blumenfeld, F., Rahemtulla, Z., Taggart, D., & Turton, J. (2017). Reducing recurrent care proceedings: Initial evidence from new interventions. *Journal of Social Welfare and Family Law*, 39(3), 332–349. <https://doi.org/10.1080/09649069.2017.1345083>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Sage.
- Davidson, R. D., Tomlinson, C. S., Beck, C. J., & Bowen, A. M. (2019). The revolving door of families in the child welfare system: Risk and protective factors associated with families returning. *Children & Youth Services Review*, 100, 468–479. <https://doi.org/10.1016/j.childyouth.2019.03.012>
- De Maio, J. A., Zubrick, S. R., Silburn, S. R., Lawrence, D. M., Mitrou, F. G., Dalry, R. B., Blair, E. M., Griffin, J., Milroy, H., & Cox, A. (2005). *The Western Australian Aboriginal Child Health Survey: Measuring the social and emotional wellbeing of Aboriginal children and intergenerational effects of forced separation*. C. U. U. o. T. a. T. I. f. C. H. Research.
- Department for Child Protection and Family Support. ([2015]). *Out-of-home-care: Strategic directions in Western Australia 2015–2020 discussion paper*. Government of Western Australia. <https://www.dcp.wa.gov.au/ChildrenInCare/Documents/Out%20of%20home%20care%202015.pdf>.
- Department of Communities. ([2020]). *Out-of-home-care in WA: Child protection activity, children in care, and children who leave care infographics suite*. <https://www.communities.wa.gov.au/media/2490/oohc-infographics-suite.pdf>.
- Department of Human Services. (n.d.). *Information you need to know about your claim for Newstart Allowance*. <https://www.servicesaustralia.gov.au/sites/default/files/2018/09/ci003-1809en.pdf>.
- Doab, A., Fowler, C., & Dawson, A. (2015). Factors that influence mother-child reunification for mothers with a history of substance use: A systematic review of the evidence to inform policy and practice in Australia. *The International Journal on Drug Policy*, 26(9), 820. <https://doi.org/10.1016/j.drugpo.2015.05.025>
- Frame, L., Frame, L., Conley, A., & Berrick, J. D. (2006). "The real work is what they do together": Peer support and birth parent change. *Families in Society*. <https://escholarship.org/>.
- Gadhoke, P., Christiansen, K., Swartz, J., & Gittelsohn, J. (2014). "Cause it's family talking to you": Children acting as change agents for adult food and physical activity behaviors in American Indian households in the Upper Midwestern United States. *Childhood*, 22, 346–361. <https://doi.org/10.1177/0907568214538290>
- Genat, B., & Cripps, K. (2011). Social determinants of Indigenous health. In H. Keleher & C. MacDougall (Eds.), *Understanding health* (3rd ed., pp. 143–151). OUP.
- Gupta, A. (2018). Punishing the Poor? Child Welfare and Protection under Neoliberalism. *Social Work and Society*, 16(2), 1–8. <https://www.socwork.net/sws/article/view/575/1122>.
- Hall, G., Walters, S., Gould, H., & Lim, S. (2020). Housing versus treatment first for supportive housing participants with substance use disorders: A comparison of housing and public service use outcomes. *Substance Abuse*, 41(1), 70–76. <https://doi.org/10.1080/08897077.2018.1449049>
- Hanson, D., Hanson, J., Vardon, P., McFarlane, K., Lloyd, J., Muller, R., & Durrheim, D. (2005). The injury iceberg: An ecological approach to planning sustainable community safety interventions. *Health Promotion Journal of Australia*, 16(1), 5–10. <https://doi.org/10.2271/1036-1073.16.1.2641>
- Harries, M. (2008). *The experiences of parents and families of children and young people in care*. http://finwa.org.au/wp-content/uploads/2011/06/Report_on_the_Exp_of_Parents_v2.pdf.
- Harrison, C., Bahemia, C., & Henderson, D. (2020). Infant removal and the lack of representation for parents. *Children Australia*. <https://doi.org/10.1017/cha.2020.34>
- Higgins, D. (2015). A public health approach to enhancing safe and supportive family environments for children. *Family Matters*, 96, 39–52.
- Ipsos and Winangali. (2017). *Aboriginal and Torres Strait Islander family-led decision-making*. https://www.snaicc.org.au/wp-content/uploads/2018/05/Evaluation_Report_ATSIFLDM-2018.pdf.
- ISAJE. (2015). *Statements and guidelines addiction terminology*. The International Society of Addiction Journal Editors. <https://www.isaje.net/addiction-terminology.html>.
- Janzen, K. J., & Melrose, S. (2017). "It was worse than my son passing away". The experience of grief in recovering crack cocaine-addicted mothers who lose custody of their children. *Illness, Crisis & Loss*, 25(3), 232–261.
- Jones, P. D. (2017). Primum non nocere: Rethinking our policies on out-of-home care in Australia. *Medical Journal of Australia*, 206(10), 421–422. <https://doi.org/10.5694/mja16.00864>
- Kiraly, M., & Humphreys, C. (2015). A tangled web: Parental contact with children in kinship care. *Child & Family Social Work*, 20(1), 106–115. <https://doi.org/https://doi.org/10.1111/cfs.12060>.
- Kiraly, M., & Humphreys, C. (2016). "It's about the whole family": Family contact for children in kinship care. *Child & Family Social Work*, 21(2), 228–239. <https://doi.org/10.1111/cfs.12140>
- Korff, J. (2020). *Stolen wages*. Creative Spirits. <https://www.creativespirits.info/aboriginalculture/economy/stolen-wages/stolen-wages#fnref3>.
- Lewis-Brooke, S., Bell, L., Herring, R., Lehane, L., O'Farrell-Pearce, S., Quinn, K., & So, T. (2017). Mothers apart: An action research project based on partnership between a local authority and a university in London, England. *Revista de Asistenta Sociala*, XV, 1(3), 5–15.
- Liamputtong, P. (2009). *Qualitative research methods*. OUP.
- Lloyd, M. J. (2018). Health determinants, maternal addiction, and foster care: Current knowledge and directions for future research. *Journal of Social Work Practice in the Addictions*, 18(4), 339–363. <https://doi.org/10.1080/1533256X.2018.1517009>
- Magura, S., & Laudet, A. B. (1996). Parental substance abuse and child maltreatment: Review and implications for intervention. *Children and Youth Services Review*, 18(3), 193–220. [https://doi.org/10.1016/0190-7409\(96\)00001-1](https://doi.org/10.1016/0190-7409(96)00001-1)
- Memarnia, N., Nolte, L., Norris, C., & Harborne, A. (2015). "It felt like it was night all the time": Listening to the experiences of birth mothers whose children have been taken into care or adopted. *Adoption and Fostering*, 39(4), 303–317. <https://doi.org/10.1177/0308575915611516>
- Minichiello, V., Aroni, R., Timewell, E., & Alexander, L. (1990). *In-depth interviewing: Researching people*. Lincoln School of Health.
- Mirick, R. G. (2016). Challenges in recruiting parents to participate in child welfare research: Implications for study design and research practice. *Child & Family Social Work*, 21(4), 484–491. <https://doi.org/10.1111/cfs.12165>
- Neo, S. H. F., Norton, S., Kavallari, D., & Canfield, M. (2021). Integrated treatment programmes for mothers with substance use problems: A systematic review and meta-analysis of interventions to prevent out-of-home child placements. *Journal of Child and Family Studies*, 30, 2877–2889. <https://doi.org/10.1007/s10826-021-02099-8>
- Nettleton, S., Pleace, N., Burrows, R., Muncer, S., & Loader, B. (2002). The reality of virtual social support. In S. Woolgar (Ed.), *Virtual society? Technology, cyberspace, reality* (pp. 176–188). Oxford University Press.

- Odyssey House Victoria. (2020). *From isolation to connection*. <https://odyssey.org.au/from-isolation-to-connection/>.
- Panozzo, S., Osborn, A., & Bromfield, L. (2007). *Issues relating to reunification. Research Brief (No. 5)*. Australian Institute of Family Studies. <http://www.aifs.gov.au/nch/pubs/brief/rb5/rb5.pdf>.
- Parker, S., & Fruhen, L. (2018). *Impact of FIFO work arrangements on the mental health and wellbeing of FIFO workers*. W. M. H. Commission.
- Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *The Qualitative Report*, 20, 76–85. <https://doi.org/10.46743/2160-3715/2015.2097>
- Rhatigan, N., & Blay, E. (2019). *Housing First: The answer to the question*. Perth, Australia: WA Alliance to End Homelessness. Retrieved from https://a0734f38-fa24-4c21-9cf8-b41b2e037149.filesusr.com/ugd/43bc33_71a4bbc33b024feca3bed666df89082e.pdf.
- Robertson, F., Coall, D., McAullay, D., & Nannup, A. (2019). Intergenerational influences of hunger and community violence on the Aboriginal people of Western Australia: A review. *Intergenerational Journal of Critical Indigenous Studies*, 12(2), 1–13. <https://doi.org/10.5204/ijcis.v12i1.1183>
- Ross, N., Cocks, J., Johnston, L., & Stoker, L. (2017). *No voice, no opinion, nothing': Parent experiences when children are removed and placed in care*. University of Newcastle. <https://www.lwb.org.au/assets/Parent-perspectives-OOHC-Final-Report-Feb-2017.pdf>.
- Secretariat of National Aboriginal and Islander Child Care (SNAICC). (2017). *National Voice for our Children. Understanding and applying the Aboriginal and Torres Strait Islander Child Placement Principle: A resource for legislation, policy, and program development*. https://www.snaicc.org.au/wp-content/uploads/2017/07/Understanding_applying_ATSICCP.pdf.
- Secretariat of National Aboriginal and Islander Child Care (SNAICC). (2019). *Reviewing implementation of the Aboriginal and Torres Strait Islander Child Placement Principle Western Australia*. SNAICC. https://www.snaicc.org.au/wp-content/uploads/2020/01/ATSICPP-compliance-review-2019_WA.pdf.
- Shelter WA. ([2022]). *Social housing*. <https://www.shelterwa.org.au/our-work/advocacy/social-housing/>.
- Sieger, M. H. L., & Haswell, R. (2020). Family Treatment Court-Involved Parents' Perceptions of their Substance Use and Parenting. *Journal of Child and Family Studies*, 29(10), 2811–2823. <https://doi.org/10.1007/s10826-020-01743-z>
- Stephens, T. N., Parchment, T., Gopalan, G., Burton, G., Ortiz, A., Btantley, T., ... McCKay, M. (2016). Assessing the needs of reunified families from foster care: A parent perspective. *Child Welfare*, 94(6), 9–37.
- Taylor, M. F., Coall, D. A., Marquis, R., & Batten, R. (2016). Drug addiction is a scourge on the earth and my grandchildren are its victims: The tough love and resilient attitudes exhibited by grandparents raising the children of drug-dependent mothers. *Journal of Mental Health and Addiction*, 14(6), 937–951. <https://doi.org/10.1007/s11469-016-9645-7>
- Taylor, M. F., Coall, D. A., Marquis, R., & Wilkinson, C. (2017a). Substance-use related parental child maltreatment: Intergenerational implications for grandparents, parents and grandchildren relationships. *Journal of Drug Issues*, 47(2), 241–260. <https://doi.org/10.1177/0022042616683670>
- Taylor, M. F., Coall, D. A., Marquis, R., & Wilkinson, C. (2017b). Substance misuse-related parental child maltreatment: Intergenerational implications for grandparents, parents and grandchildren relationships. *Journal of Drug Issues*, 47(2), 241–260. <https://doi.org/10.1177/0022042616683670>
- The Healing Foundation. (2020). *Stolen Generations*. <https://healingfoundation.org.au/stolen-generations/>.
- Thomson, J. (2017). Australian social work responses to family disadvantage and the removal of children. *Communities, Children and Families Australia*, 11(02), 5–14.
- Thomson, J., & Thorpe, R. (2003). The importance of parents in the lives of children in the care system. *Children Australia*, 28(2), 25–31. <https://doi.org/10.1017/S1035077200005551>
- Tsantefski, M., Parkes, A., Tidyman, A., & Champion, M. (2013). An extended family for life for children affected by parental substance use. *Family Matters*, 93, 74–83.
- U.S. Department of Health & Human Services. (n.d.). *Child welfare information gateway*. <https://www.childwelfare.gov/topics/permanency/reunification/>.
- United Nations. (1989). *Convention on the rights of the child*. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>.
- Wanslea. (2021). *A fairer future for grandchildren: Understanding the impact of the caring role on grandparents raising their grandchildren*. https://www.grandparentsraisinggrandchildren.org.au/documents/fairer_future.pdf.
- Welch, V. (2018). Talking back to 'family', 'family troubles', and 'the looked-after child'. *Sociological Research Online*, 23(1), 197–218. <https://doi.org/10.1177/1360780417749439>
- Westen, D., Burton, L., & Kowalski, R. (2006). *Psychology: Australian and New (Zealand edition)*. John Wiley & Sons.
- Yoon, S., Cox, K., Bunker, A., Freisthler, B. D., Dellor, E., Langaig, A., & Millisor, J. (2021). Feasibility of engaging child welfare-involved parents with substance use disorders in research: Key challenges and lessons learned. *Journal of Public Child Welfare*. <https://doi.org/10.1080/15548732.2021.1899099>