Reuniting Families:

Supporting Mothers Regaining Custody Following Substance Use

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Susan Winifred Hadfield

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Abstract

Parents' substance use is a risk in child welfare cases, exacerbated by poor mental health, adverse childhood experiences, and violence which is further compounded by having multiple children at a young age (Buek & Mandell, 2023). Mothers are required to cooperate with child welfare, when their history supports distrust, and they lack social supports, education, employment, and stable housing. This qualitative research explored ways to support mothers to regain custody of their children following a history of substance use in Aotearoa New Zealand. It considered the difficulties mothers face in family reunification, the services needed to empower mothers towards reunification, as well as post-reunification, to ensure ongoing stability of care. Drawing on social constructionism as a theoretical framework, eight semi-structured interviews were conducted with three groups of participants: mothers, social workers and carers. Key findings include that: mothers face challenges related to addressing historical issues, accessing support, and addressing caregiver concerns; social workers fulfil important roles in working with mothers and prioritise relationship-based practice, support interagency collaboration, and facilitate turning points for mothers. Additionally the research found that caution is advised when placing children in paternal kinship care when the father perpetrated violence as this can put mothers at risk of further abuse, and that formal support needs to continue for mothers and children post-reunification. This research recommends social workers employ relationship-based practice, consider the ongoing safety of mother and child when placing children in care, and that tailored support for mothers and children be available pre-removal, during separation, and post-reunification.

Acknowledgements

This thesis has been hard work, and I have received support and inspiration from people that I acknowledge here. Firstly, six years ago I met a mother who lost custody of her baby. Hearing her story started my journey of enquiry into this important topic. Thank you, T.

Thanks to my family, who supported me with freedom to follow my dreams, freedom to challenge things intellectually, and freedom to give things a go.

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Thanks to God who created in me a heart to love and support mothers and their children, and for inspiration and drive to research this topic.

Ehara taku toa i te toa takitahi, engari he toa takitini.

Success is not the work of an individual, but the work of many[1].

[1] Traditional Māori proverb

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Chapter One: Introduction

Substance use[2] is a pervasive risk factor in child custody loss and impacts negatively on parenting (Andrews et al., 2019; Appleyard et al., 2011; Barrett et al., 2023; Canfield et al., 2017; Colvin & Howard, 2022; Delfabbro et al., 2013; Doidge et al., 2016; Einbinder, 2010; Hyysalo et al., 2022; Jenkins et al., 2023; Lloyd et al., 2017; O'Connor et al., 2021; Panisch & LaBrenz, 2023; Tsantefski et al., 2014; Ward et al., 2022; Younas & Gutman, 2022). Substance use is a factor in nearly three quarters of child welfare cases in Aotearoa New Zealand (AoNZ) (Connolly et al., 2013). There are unintended consequences when removing a child from their family of origin (Jones, 2017; McFarlane, 2017; Mishra et al., 2020; Murray et al., 2020), which are compounded by longer time in out of home care and changes in caregivers (Mishra et al., 2020). Understanding the difficulties families face in reunification is the first step towards improving services that empower mothers to make the necessary changes to satisfy Oranga Tamariki's[3] (AoNZ's statutory child protection agency) concerns.

This research aims to explore how to support mothers to regain custody of their children[4] following substance use. It considers the difficulties mothers face in family reunification, the services needed to empower mothers towards reunification as well as the post-reunification support required to ensure ongoing stability of care. Successful reunification has the potential to heal families and break intergenerational cycles of trauma and child welfare intervention (Malvaso et al., 2021). Unfortunately, not all mothers that regain custody of their children are able to maintain a safe environment for their children. For those families that do reunite after separation, a third are unstable and require the children to return to care (Oranga Tamariki-Ministry for Children, 2023), thus increasing the potential harm to these children.

This introductory chapter provides the rationale for this research and gives context to the author's interest in the topic. The research aim and questions are introduced alongside the methodology and methods used to conduct the research. Following this, background is given to the AoNZ setting for mothers seeking reunification with their children following substance

[2] Refer to Definition of Key Terms
[3] Refer to Definition of Key Terms
[4] Refer to Definition of Key Terms

use. Key terms used in this report are defined, finishing with an outline of the structure of this thesis to guide the reader.

Rationale

There is evidence that children removed from their birth family face harm as a result of this dislocation (Jones, 2017; McFarlane, 2017; Mishra et al., 2020; Murray et al., 2020). Criminality and abuse risks increase for these children compared to children with similar risk factors who have never been in care (Jones, 2017; McFarlane, 2017). Adolescent children placed in care experience depression, delinquency and aggression to greater degrees the longer they are in care and the more out of home placements they experience (Mishra et al., 2020). These experiences can also have lasting impacts including reducing life expectancy (Murray et al., 2020). If the time a child is in out of home care can be reduced, and safe and stable reunification can be supported, there is a social benefit for these families and their communities.

This research focuses on mothers because women are six times more likely than men to have their child removed (Crawford & Bradley, 2016; Russell et al., 2022). Additionally, mothers are more likely than fathers to experience suicidal tendencies post separation (Russell et al., 2022). The author has observed first-hand the significant grief that a mother experiences at losing custody of her child and the consequential loss of her identity as mother. The mother's healing seems inextricably linked to the hope of having her children returned to her care and they are a motivating factor for her recovery (Allen et al., 2022; Andrews et al., 2019; Biehal et al., 2015). These factors informed the topic choice, alongside the researcher's professional and personal interest to understand how to better support mothers to regain custody of their children while recovering from substance use.

Research Aim and Questions

This research aims to explore how to support mothers to regain custody of their children following a history of substance use. Three key research questions informed and structured the research:

1. What difficulties do mothers face in family reunification?
2. What services empower mothers towards reunification?

3. What type of support services are required post-reunification to establish stable families?

Research Design

This exploratory qualitative study is informed by social constructionism to identify ways that support mothers to regain custody of their children following substance use. It utilises semi-structured interviews with three groups of participants (mothers, social workers, and carers). Social constructionism's strengths include how it challenges accepted societal norms and considers how the way a person perceives their world is liable to change depending on context (Patton, 2015). Thus, it supports deeper understanding of human behaviour, a strength aligned with the method of semi-structured interviews and thematic analysis, both effective tools for in-depth understanding of how participants' construct their complex experiences (O'Leary, 2017).

Background

Intergenerational harm plays a significant part in a mother's circumstances, with 85% of AoNZ mothers aged 20 to 28 being investigated for child maltreatment having previously been involved with care and protection[5] services as a child (Oranga Tamariki-Ministry for Children, 2020). These mothers are likely to have adverse childhood experiences which brought them to the attention of child welfare, and they may also have experienced separation from their whānau[6] (Oranga Tamariki-Ministry for Children, 2020). The commonality of these childhood adverse experiences cannot be ignored.

Adding to the challenges these families face is harmful substance use, with nearly three quarters of AoNZ mothers involved with child welfare having an alcohol or drug disorder (Connolly et al., 2013). Parental substance use is pervasive in child protection cases as a mother's substance use has a detrimental impact on children before and after birth (Cheng et al., 2022; Latuskie et al., 2019; Tsantefski et al., 2014). It is useful to note that a non-using adult living in the home is a protective factor for children (Mitchell et al., 2022; Roy, 2023). In addition to these concerns, children in child welfare custody have a higher rate of disabilities

[5] Refer to Definition of Key Terms
[6] Refer to Definition of Key Terms

than the general population (50% compared with 10% of the general population), requiring specialised support (Oranga Tamariki-Ministry for Children, 2025; Faasen et al., 2023).

AoNZ's Ministry for Children, Oranga Tamariki, is the government department responsible for the administration of child welfare policies. It is principally governed by the Oranga Tamariki Act 1989, alongside other minor legislation. The key dimensions of child welfare legislation are the paramountcy principle of the well-being and best interests of children, procedures for the removal of maltreated children from their parents and their care and protection, and procedures for dealing with youth justice offenders. Some of these services are contracted to non-government social service agencies, who work to strengthen families through advocacy and intervention, while collaborating with Oranga Tamariki. At 30th June, 2025, Oranga Tamariki had 4009 children in its custody (Oranga Tamariki-Ministry for Children, 2025), who had primarily come into care due to maltreatment.

In common with many indigenous populations, Māori (AoNZ indigenous people[7]) children are overrepresented in child welfare care (Oranga Tamariki-Ministry for Children, 2025), which points to inequity in the AoNZ child care and protection system. To address inequity for Māori in the care and protection system, and honouring Te Tiriti o Waitangi (The Treaty of Waitangi[8]) obligations, in 2019 the Labour-led coalition government enacted section 7AA into the Oranga Tamariki Act 1989 (Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017). This enactment placed obligations on the Chief Executive of Oranga Tamariki to report on how they were reducing disparities for Māori children in care. Following on from this enactment, Oranga Tamariki reported on the proportion of children placed in kinship care[9], as this reflected how the whakapapa (genealogy[10]) of Māori children and the whanaungatanga (kinship rights and obligations[11]) responsibilities of their whānau, hapū (kinship group, clan[12]) and iwi[13] were being respected. By the year to June 2023, nearly three quarters of new child placements were in kinship care, raising the proportion to 50% of children in the custody of the Chief Executive (Oranga Tamariki-Ministry for Children, 2023). However, in early 2025, the National led coalition government repealed section 7AA of this

[7] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[8] The Treaty sign 1840 between the Crown and Māori refer https://www.waitangitribunal.govt.nz
[9] Refer to Definition of Key Terms
[10] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[11] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[12] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[13] Refer to Definition of Key Terms

act, removing the mandate for reporting on how disparities for Māori children were reducing (The Oranga Tamariki (Repeal of Section 7AA) Amendment Act 2025).

Despite recent political manoeuvres to report on, or not to report on Māori inequity in care, there are benefits to being in care, for example compared to the vulnerability of remaining with an abusive mother (Biehal et al., 2015; Carlson et al., 2020). Mothers who lose custody due to maltreatment of their children commonly have experienced intergenerational harm, adverse childhood experiences, and harmful substance use. To complicate their situation further, their children may have disabilities. Oranga Tamariki are tasked with the protection of these children, and non-government social services work collaboratively to advocate for and intervene with these high risk families. It is against this backdrop of knowledge that this research will explore ways to support mothers who are in recovery to reunify with their children. Chapter Two explains the AoNZ child welfare situation further.

Definition of Key Terms[14]

The following terms are explained to ensure consistency of understanding when reading this thesis.

Care and Protection System: In AoNZ the care and protection system is administered by Oranga Tamariki-Ministry for Children, which is primarily governed by the Oranga Tamariki Act 1989, the Children's Act 2014 and the Oversight of Oranga Tamariki System Act 2022. National Care Standards and Regulations are detailed under the Oranga Tamariki Act 1989.

Child Protection Social Workers[15]: A registered social worker who provides statutory social work services which promote the protection, wellbeing and best management of children and young persons in safe families. The Social Worker delivers a range of intervention strategies designed to meet desired outcomes, specified by the Minister for Children.

[14] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz

[15] Oranga Tamariki-Ministry for Children. (n.d.) *Social Worker Position Description.* Retrieved February 11, 2026, from https://www.orangatamariki.govt.nz/about-us/careers/social-worker-jobs/about-the-role/

Children: this refers to age 0-18, and includes pēpē (baby[16]), tamaiti (child[17]), tamariki (children[18]), rangatahi (youth[19]), infant, child, and youth.

Family Group Conference[20]: A scheduled meeting where Oranga Tamariki works in partnership with the family network to develop safe care arrangements for their children.

Iwi: this refers to a large group of people descended from a common ancestor and belonging to a distinct area of land.

Kinship care: foster care by a related whānau/family member of the child (although not necessary a biological relative). This term includes kincare, whāngai (Māori customary practice to foster or adopt a child, usually by a blood relative[21]), and grandparents raising grandchildren.

Non-kinship care: foster care by a person unrelated to the child. This term includes non-kin care, foster care, caregiver, and adoption.

Oranga Tamariki (OT): AoNZ's Ministry for Children which administers statutory child welfare policies. Previous names included Child, Youth, and Family (CYF) and Ministry for Vulnerable Children.

Substance Use: the use of legal and/or illegal substances that are addictive and harmful to the user and others around them. The main substances used in AoNZ are alcohol, cannabis, MDMA (ecstasy), psychedelics (LSD, psilocybin, ketamine), cocaine, amphetamines (methamphetamine), and opioids (heroin, morphine methadone, codeine) (New Zealand Drug Foundation, 2025). The term includes substance abuse and addiction.

Whānau: this term extends beyond the traditional nuclear family of parents and children, to include the wider intergenerational family which includes grandparents, grandchildren, cousins, aunts and uncles, and others involved in supporting and raising the child/ren.

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[16] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[17] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[18] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[19] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[20] Definition from Connelly et al., 2013. https://doi.org/10.1177/0308575913501617
[21] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz

Structure of the Report

The structure of this report is laid out here to orientate the reader. **Chapter One** has introduced the study giving an overview of the rationale for the research, the research design, a brief background, key terms relied on across the report, and sets out the report's structure. **Chapter Two** presents a literature review on key themes around the context of mothers: the nature of the problem; harm impacts of substance use; factors leading to loss of custody; and challenges mothers face. **Chapter Three** continues the literature review by addressing literature on factors influencing reunification: structural barriers; care and protection barriers; recovery; and factors supporting reunification. Together chapters two and three form a foundation which the research is built on. **Chapter Four** explains the methodology and methods for this study. The exploratory qualitative methodology interpreted through the lens of social constructionism is explained. Then the methods, including procedure, participants and their recruitment, data collection, and data analysis are described. The chapter concludes with limitations of the research and ethical considerations. **Chapter Five** introduces the participants, then identifies the findings from the data analysis which have been divided into six themes: factors for reunification; support systems; the role of Oranga Tamariki in the process; family connections; the importance of relationship-based practice; and post-reunification support. **Chapter Six** discusses the research questions considering these findings and their relationship to the literature reviewed. **Chapter Seven** concludes the thesis by summarising the research design and addressing key findings, while examining the strengths and limitations of this study. It concludes with recommendations for supporting mothers to regain custody of their children, and areas for further research. Extensive appendices are provided after the Reference List, reproducing the various documents used in the data collection.

Summary

This chapter has introduced the research question and the rationale for this study. The methodology and methods were outlined, then a brief but relevant explanation of child welfare in AoNZ was reported to give the reader context. Definitions of key terms were listed giving clarity to the reader. Finally, the structure of the report was described. The next chapter is the first of two chapters reviewing the literature relevant to the research topic.

Chapter Two: The Mother's Context

This research aims to explore the ways that support mothers to regain custody of their children following substance use by considering three questions relevant to the research aim: what difficulties do mothers face in family reunification; what services empower mothers towards reunification; and what type of support services are required post-reunification to establish stable families. Over the next two chapters the literature relevant to the research topic is surveyed. This chapter details the scope of the literature review and key themes around the mothers' context are covered including: the nature of the problem in AoNZ, harm impacts of substance use, factors leading to loss of custody, and challenges mothers face. The following chapter explores literature on structural barriers and care and protection system , then literature around recovery and what factors support family reunification. Together these two chapters will provide a foundation of knowledge for this research.

The literature search was completed in English, looking at peer reviewed published articles, books and grey literature, primarily from AoNZ, Australia, the United Kingdom, Canada, and the United States of America. Within the AoNZ context, there were few published papers and texts, and those were authored by a small number of scholars. Therefore, looking at literature published in countries with a shared history of colonisation and cultural heritage supported a wider range of views on the topic to be considered.

Massey University's search engine Discover, and publication databases Scopus and Google Scholar were employed for a comprehensive search of the literature. The primary literature search focused on the period 2013 to 2023 (the year this project began), however as more articles have been located that were published in 2024 and 2026 they have been added. There was a large volume of international literature and research published within the last decade which included several literature reviews and meta-analysis covering material published prior to 2013. Older works were included when seminal. These seminal sources were those that presented ideas that greatly influenced the field of social work and are widely accepted in AoNZ social work practice. Key search words used were: child welfare system, child protection, children's services, substance use, substance abuse, drug abuse, dependence, addiction, out-of-home care, foster care, kinship care, residential care, looked after children, and reunification, family reunification, return home, family preservation, and mother, mothers, motherhood, maternal, and New Zealand, Aotearoa, NZ. The search engines mentioned were

used for the initial search, then further searches from the initial publications' reference lists were made for other publications relevant to the topic. This material is referred to in these two chapters, beginning with the mother's context.

The Nature of the Problem

To understand how best to support women with a history of substance use to regain custody of their children it is important to understand the nature of the problem and the impacts of drug use on families. Internationally there is general consensus that substance use has a negative effect on parenting and parental substance use is frequently present in child welfare care and protection cases (Appleyard et al., 2011; Barrett et al., 2023; Canfield et al., 2017; Colvin & Howard, 2022; Delfabbro et al., 2013; Doidge et al., 2016; Einbinder, 2010; Hyysalo et al., 2022; Jenkins et al., 2023; Lloyd et al., 2017; O'Connor et al., 2021; Panisch & LaBrenz, 2023; Tsantefski et al., 2014; Ward et al., 2022; Younas & Gutman, 2022). Connolly et al. (2013) calculated that 71% of AoNZ mothers involved with child welfare had an alcohol or drug disorder. Applying this rate for the 4,009 children in child welfare custody in 2025 (Oranga Tamariki-Ministry for Children, 2025), 2844 of these children had mothers with harmful substance use. This rate is similar to other countries. 60% to 70% of Australian child welfare cases have a substance using parent (Doab et al., 2015), while between one third and four fifths of the United States of America child welfare cases have a substance using parent (Colvin & Howard, 2022; Thompson et al., 2013).

Even with a majority of child welfare cases being affected by substance use, research shows that not all children living with substance using parents face a high risk of harm, as the risk of maltreatment is less when there is a non-using adult present to buffer the effect of parental substance use, suggesting low risk families may be better supported in their home by non-statutory services (Mitchell et al., 2022; Roy, 2023). Therefore, it is important for child protection social workers[22] to factor in the presence of a non-using adult in the home when assessing safety of children living with substance using mothers and determining the appropriate support and intervention.

[22] Refer to Definition of Key Terms

Harm Impacts of Substance Use

Knowledge of how a mother's substance use harms children underscores why social workers and family intervene and support mothers to cease substance use. Concern about alcohol use by mothers and the impacts on children begin prior to birth. A mother's substance use during pregnancy can have a negative effect on the developing foetus, leading to premature birth, developmental delay, and social and cognitive developmental problems (Cheng et al., 2022; Latuskie et al., 2019; Tsantefski et al., 2014). Once the child is born, they experience the social chaos that accompanies drug seeking behaviour, the associated social and environmental risk factors of being exposed to multiple adults with limited supervision, and exposure to chemicals from adult drug use and manufacturing (Messina et al., 2014).

Another harmful effect of substance use can be the mother's emotional dysregulation which exacerbates parenting ability (Panisch & LaBrenz, 2023). Mothers with emotional dysregulation may lack emotional awareness or think clearly about their emotions, and when experiencing negative emotions they may have difficulty concentrating on goals, and be impulsive, as they have few effective strategies to regulate emotions (Hall et al., 2018).These negative features of emotional dysregulation coupled with the impact of violent relationships make it difficult to maintain stable relationships (Andrews et al, 2019).

In addition to the physical and emotional impacts of substance use, the time a drug using mother may take to procure the addictive substance, consume it, then recover from the excesses impacts time available for working and parenting responsibilities. Under these living conditions parenting responsibilities can be seen as another stress (Lussier et al., 2010), and when stress is difficult to manage it can result in harsh parenting (Messina et al., 2014; Panisch & LaBrenz, 2023; Roy, 2023). Children exposed to family and domestic violence can be adversely affected through to adulthood with emotional and behavioural development, as well as creating mental health difficulties (Abordo et al., 2024). These many factors associated with drug seeking behaviour put children at increased risk of abuse and neglect (Messina et al., 2014).

Factors Leading to Loss of Custody

Understanding what factors lead to loss of custody can help to protect children and support mothers. The complex matrix of negative factors that can lead to loss of custody has

common themes of violence, substance use and poor mental health (Barrett et al., 2023). Other factors include adverse childhood experiences (Tsantefski et al., 2014), young parents, and a lack of antenatal care (Buek & Mandell, 2023, Canfield et al., 2017). The risks increase when multiple risk factors are present (Delfabbro et al., 2013; Doige et al., 2016). The more complex the issues are, the greater the need for effective support for change to enable safe family reunification.

A mother's own adverse childhood experiences, intimate partner violence, non-partner violence, and substance use can all compromise a mother's ability to provide a safe environment for her child (Appleyard et al., 2011; Barrett et al., 2023; Jenkins et al., 2023; O'Connor et al., 2021; Tsantefski et al., 2014; Younas & Goutman, 2022). A significant proportion of mothers who lose child custody, were themselves in care as children and were therefore likely to have had adverse childhood experiences (Oranga Tamariki-Ministry for Children, 2020). Additionally, an unstable family environment where violence and substance use are present increases the risk of child maltreatment (Ainsworth, 2021; Choate & Engstrom, 2014; De Panfilis & Scannapieco, 1994).

There are various health and social factors common to mothers with child welfare involvement (Canfield et al., 2017; Doab et al., 2014; Hammond et al., 2017). Poor mental health is a common factor in custody loss, with a reported rate of 43% (Connolly et al., 2013), and is a challenging factor to address to enable mothers to regain custody (Doab et al., 2015). Mood disorders, anxiety, and psychosis are examples of poor mental health that present an increased risk of child maltreatment (Hammond et al., 2017). The negative effect this has on parenting ranges from poor attachment where the child's emotional needs are not met (Barrett et al., 2023), to inconsistent care and neglect, to physical abuse (Barrett et al., 2023; Canfield et al., 2017; Doab et al., 2015; Doidge et al., 2016; Jenkins et al., 2023; O'Connor et al., 2021).

Social risk factors for child maltreatment include a larger number of children, and a younger age of the first child (Buek & Mandell, 2023; Canfield et al., 2017; Doab et al., 2015; Taplin & Mattick, 2013; Whitcombe-Dobbs et al., 2023). As expected, teenage mothers may have lower levels of education and lower incomes than older parents, causing social disadvantage, and having multiple children at an early age only compounds these challenges for parents (Buek & Mandell, 2023; Canfield et al., 2017; Doab et al., 2015; Taplin & Mattick, 2013; Whitcombe-Dobbs et al., 2023). Another risk factor is insufficient antenatal care which

can lead to poor health outcomes for both the child and the mother (Buek & Mandell, 2023; Canfield et al., 2017; Jenkins et al., 2023; O'Connor et al., 2021).

The combined effect of these various factors can lead to children being removed from their families by Oranga Tamariki. There is evidence of ethnic inequity in the child welfare system, with two thirds (68%) of children in care being Māori when Māori children comprise 27% of the population aged 0-17 (Oranga Tamariki-Ministry for Children, 2025). Trends of note are that reports of concern made to Oranga Tamariki were declining up until 2023, and fewer children were entering care but were staying in care for longer, particularly those children under ten years old (Keddell, 2019; Oranga Tamariki-Ministry for Children, 2023). However, more recently Oranga Tamariki-Ministry for Children (2025) have reported a significant increase in reports of concern and this has impacted on their response times to these notifications. When mothers lose custody of their child, the preference in AoNZ is to place them in kinship care. The literature on the nature of care is explored in the next section.

The Nature of Care

The nature of removing children from situations of maltreatment is complicated with evidence for removal and against. Some scholars believe that a child remaining in foster care and not reuniting with their parents is the best predictor of positive outcomes overall (Biehal et al., 2015; Carlson et al., 2020). Remaining in care prevents oscillation between care placement, returning home, and re-entering care when reunification breaks down (Carlson et al., 2020). In fact, in AoNZ in 2023 a third (32%) of reunifications broke down requiring children to re-enter care (Oranga Tamariki-Ministry for Children, 2023). Research shows the children that have the highest rate of breakdowns when returned home are those with a history of maltreatment (Biehal et al., 2015).

Not all literature supports the removal of children at risk of abuse and placing them into care - either kinship or non-kinship care[23] - contesting whether removing a child from his family of origin and placing them into care is beneficial or causes more harm (Jones, 2017; McFarlane, 2017). Some scholars highlight that a child removed from their family of origin faces a worse fate due to unintended consequences (Jones, 2017; McFarlane, 2017; Mishra et al., 2020; Murray et al., 2020). There is increased abuse and criminality for children living in

[23] Refer to Definition of Key Terms

out-of-home care when compared to children who have never been in care, despite sharing similar risk factors (Jones, 2017; McFarlane, 2017). Another finding is that life expectancy is significantly reduced for those who had been in care when compared to those never in care, with deaths mainly due to unnatural causes such as self-harm, accidents, poor mental health and behavioural issues (Murray et al., 2020). A longer time in care and a greater number of placements leads to the greatest adverse outcomes of depressive symptoms, delinquency and aggression during adolescence (Mishra et al., 2020).

Insecure attachment is common among children entering care, which can be partly mitigated by a therapeutic relationship with a carer providing secure attachment to the child (Boyle et al., 2024; Haight et al., 2003; West et al., 2020). However, Boyle et al. (2024) note that over time, carers can form strong attachments to children in their care which could interfere with a supportive relationship with the parents of the child. Carers can be hailed as ideal parents, while birth parents suffer stigma and shame, and carers take on the role of parents and want to keep the child as part of the family (Boyle et al., 2024). Thus while child-carer attachment can help heal a child who has experienced trauma, it can work against reunification.

There are different types of care options in AoNZ. When Oranga Tamariki make the decision to remove a child from their parents and appoint custody to the Chief Executive of Oranga Tamariki they are placed in the care of an approved caregiver, who may either be a relative of the child (kinship care), an unrelated carer (non-kinship care/foster care), or in a children's home. Of the care options available, kinship care is preferred by the literature and is a dominant feature of foster care placements in AoNZ. It is important to understand the impact this care arrangement has on mothers when supporting reunification. Of the 4009 children in statutory care at 30th June 2025, 50% were placed in kinship care (Oranga Tamariki-Ministry for Children, 2025). This is below the target of 58%, and has been static for two years (Oranga Tamariki-Ministry for Children, 2025). Next we delve into the literature on kinship care.

The benefits of kinship care over non-kinship care are considerable because children who grow up in their family of origin are more likely to maintain connections with their relatives and culture, attend family celebrations and have stronger connections with their wider family (Connolly et al., 2013; Potter & Urbanová, 2021). Children in kinship care usually find it easier to see their parents, resulting in increased frequency of contact (Connolly et al., 2013). It is thought that good mother-carer relationships are supported by frequent mother-child

access, increasing her likelihood of regaining custody (Hélie et al., 2021; Quartey, 2024). Regular interactions between a child and their family consolidate their sense of belonging (Connolly et al., 2013; Potter & Urbanová, 2021). However, there are a few factors that make this situation more complex including the existence of family violence.

Experts on kinship care warn of the impact of family violence on kinship carers and the children in their custody. Significant numbers of kinship carers and children they care for experience violence from family members (Breman et al., 2018). Kinship carers experience more family violence than non-kinship carers and are less likely to report incidents due to an increased tolerance for violence from family and fear of the consequences of reporting (Breman et al., 2018). It is important for non-government social workers to support women and children at risk of family harm to escape family violence and provide a safe environment for their children (Humphreys et al., 2022).

There can be harmful effects on the mother and child when a father has been violent and the child is then placed with his family. Where a child is removed from an abusive home where the father is the perpetrator, then placed with paternal kin, the child can become confused as they now live with the family of the man who physically abused their mother. This can normalise violence, and provide easier access to the father, resulting in the child blaming the mother for the abuse (Bent-Goodley & Brade, 2007; Morgan & Coombes, 2016). In these circumstances the perpetrator of abuse can manipulate his family to control and limit the mother's access to her children, thus continuing the abuse through manipulation, threats and violence (Bent-Goodley & Brade, 2007; Morgan & Coombes, 2016).

The mother's relationship with the carer can impact the frequency of child visits, which is important for reunification. More frequent contact with their child in care correlates with fewer days children are in care (McWey & Cui, 2021). Managing the relationship is often difficult for mothers as their ability to form healthy relationships is impacted by experiences of violence and trauma leading to substance use and child removal (Andrews et al., 2019). Additionally, relationships between the child's parents and kinship carers can be fractious due to a shared personal history, and parents can resent the kinship carer having custody of their child (Gordon, 2018). Putting the best interests of the child first can be compromised by this hostility. Furthermore, kinship care is often with grandparents who are naturally older and who

may have age associated health issues which can negatively impact their ability to care (Gordon, 2018).

However, reunification that does occur after kinship care tends to have fewer breakdowns that require a return to care (Font et al., 2018). Overall, kin arrangements offer greater stability for the child being cared for with lower and slower rates of family reunification (Delfabbro et al., 2013; Doab et al., 2015; Dolbin-McNabb et al., 2022). The next section explores common challenges mothers face when working towards regaining custody of their children.

Challenges Mothers Face

Mothers face challenges in addressing the concerns of statutory child welfare services such as Oranga Tamariki to reunite with their children. Understanding these challenges enables social workers to support and empower mothers to address these concerns.

Mothers seeking to attend rehabilitation treatment face social challenges and barriers to accessing services. A mother may fear losing custody of her child while undergoing treatment without certainty they will be returned to her custody once her treatment is complete and her substance use is under control (Barnett et al., 2021). Among barriers to completing treatment programmes are that often drug and alcohol treatment centres are far from a mother's home and support base, and/or there may be long wait times to enter treatment (Biehal et al., 2015). Alongside this, a mother's distrust of rehabilitation services and inequitable access to those services, they may prefer to stay in their home environment working and trying to find a way to minimise the harm of their addictions while still living in the environment that lead to and enables her addictions (Einbinder, 2010; Tsantefski et al., 2023; Tantawi-Basra & Pezaro, 2020).

The substance use rehabilitation process can be either supported or undermined by family and friends. When a mother does engage with treatment, depending on how her family, friends, and partner view her drug use and parenting, they can be supportive of her steps to change, or critical, and a continued source of temptation to keep using substances (Barnett et al., 2021). Mothers can experience social stigma from friends and family as a result of declaring they have a substance use problem and seeking treatment (Barnett et al., 2021; Einbinder, 2010;

O'Connor et al., 2021; Potter & Urbanová, 2021; Tantawi-Basra & Pezaro, 2020; Valentine et al., 2019; Wolfson et al., 2021).

For mothers to achieve their primary goal of reunifying with their child it requires a lot of work, but not all reunifications are successful (Font et al., 2018, Kimberlin et al., 2009). Mothers often do not know their legal rights or how legal proceedings work and need legal support to navigate the child welfare system (Colvin & Howard, 2022). Some urgency is required if reunification is to succeed, as mothers need to engage with skilled and intensive social work practice during the earlier stages of intervention to address their problems with parenting (Font et al., 2018). Persevering with child welfare services is a challenge for parents as after the first year of child removal, 10% of birth parents stop visiting their child, and by the third year of lost custody, most birth parents lose motivation (Chartier & Blavier, 2021).

A mother's parenting may need upskilling so she can regain custody, and many rehabilitation programmes offer parenting skills training in conjunction with addressing substance use issues, as this has shown to improve reunification outcomes for families (Barrett et al., 2023; Chambers et al., 2018; Dare et al., 2023; McGovern et al., 2021). However, other research suggests that while integrated treatment programs which include addiction treatment and parenting education show some benefit for mothers who complete the program by reducing substance use, there is little evidence of a reduction in conflict between the parent and child, or a reduced risk of child abuse (Neo et al., 2021; Ward et al., 2022).

Alongside engaging with treatment and other support services mothers are expected to co-operate with child protection services to increase the likelihood that their children will be returned to their care, but they have many reasons to oppose intervention (Cook, 2020; Forrester et al., 2012; Scott et al., 2018; Tsantefski et al., 2023). Statutory social workers view cooperation with child protection services during child removal through to after reunification as a positive indicator for successful reunification (Bai et al., 2023; Scott et al., 2018). However, co-operation with child welfare workers can be challenging and mothers can display resistance for a variety of reasons. One reason is that 72% of mothers in AoNZ have had pre-involvement with care and protection as children (Connelly et al., 2013), and may have traumatic memories of being separated from their parents and siblings (Cook, 2020). Adverse childhood experiences can reinforce fear of child welfare's surveillance and policing responsibilities which can hinder cooperation (Forrester et al., 2012; O'Connor et al., 2021; Tantawi-Basra & Pezaro, 2020; Valentine et al., 2019).

Other reasons for this fear of child welfare surveillance include being victims of oppression, discrimination and disadvantage (Forrester et al., 2012). Complicating these factors can be grief from loss of custody and objecting to placing her child in care (Tsantefeski et al., 2023; Vanderfaeillie et al., 2023). Thus, while child welfare services may take a negative view of a mother's resistance when evaluating her preparedness to retain or regain custody, such resistance is often symptomatic of another cause rooted in past experiences that create anxiety and fear.

To review, mothers face a weighty list of personal challenges that must be addressed for them to be ready for reunification with their child. Getting substance use treatment may require travel far from their home and children, and they may face stigma from family and friends for losing their child due to substance use. They need to address inadequate parenting skills to show that they can care for and protect their child. Their cooperation with child welfare officers is required early on when they can be affected by adverse childhood experiences, intergenerational trauma, and disadvantage, which collectively inclines them towards resistance. This literature highlights the importance of understanding the significant hurdles mothers need to address to regain custody of their child, to inform what supports and attitudes are needed by all parties involved for successful family reunification.

Summary

This chapter detailed the literature relating to the context of mothers who lose custody of their child when substance use is a factor. It reported on the negative impacts of drug use on families and the frequency of substance use in child protection cases. It explored the factors that commonly lead to loss of custody, including adverse childhood experiences, violence, and substance use, which combine to lead to child maltreatment. It explored the health and social risk factors of poor mental health and young mothers with multiple children. The disproportionate number of Māori families affected by custody loss was also noted. The predominant use of kinship care was then examined with its strengths of family and cultural connection and support of a child's sense of belonging. The impact of family violence on kinship care was researched, as well as the stability of kinship care, and how the healing care of attachment could also be an obstacle to reunification. Challenges mothers faced in reunification were detailed: attending rehabilitation treatment; the positive or negative impact family and friends could have; not knowing their legal rights or the child care system; losing

interest in reunification over time; and needing their parenting upskilled. Lastly, how mothers were required to cooperate with child welfare early on was explored and their reasons for resistance. This research will explore how mothers can be empowered to address these challenges to regain custody of their child, and identify supports and attitudes needed by everyone involved for successful family reunification. The next chapter will explore the literature on factors influencing reunification.

Chapter Three: Factors Influencing Reunification

This research aims to explore ways that support mothers regaining custody of their children following substance use by considering three questions relevant to the research aim: what difficulties do mothers face in family reunification; what services empower mothers towards reunification; and what type of support services are required post-reunification to establish stable families. This chapter, together with the previous chapter, surveys the literature relevant to the research topic. This chapter considers the factors influencing reunification including: structural barriers, care and protection system barriers, understanding 'recovery' , and detailing factors supporting successful family reunification. In the previous chapter, the scope of the literature review was explained and key themes pertaining to the mothers' environment were surveyed including the nature of the problem, harm impacts of substance use, factors leading to loss of custody, kinship care, and challenges mothers face. Understanding factors external to the mother and what supports recovery and influences reunification will build on the knowledge explored in the previous chapter, providing a platform for this research.

Structural Barriers

Structural barriers are the processes and obstacles from agencies that make things more difficult than necessary for families with child welfare involvement (Westphaln et al., 2022). These barriers include insecure housing, unemployment and the historical effects of colonisation, (Hyslop, 2021; Keddell, 2022; McLachlan et al., 2015). These barriers translate to risk factors for mothers in the care and protection system and have the potential to delay or stop reunification. There is a need in AoNZ to address underlying structural factors that contribute to mothers and their children being separated, as the inequity these families face creates social injustice and barriers to successful reunification (Atwool, 2021; Hyslop & Keddell, 2019).

Poverty is a major underlying and contributing factor of other risks for mothers, and which has the potential to be modified through political systems (Bennett et al., 2020; Canfield et al., 2017; Doidge et al., 2016; Einbinder, 2010; Marcellus, 2017). An over-exposure to poverty reduces a family's ability to remedy this inequity (Keddell, 2020), yet the barriers of homelessness and unemployment must be addressed prior to reunification, as a mother needs

a home and income to safely care for her child (Allen et al., 2022; Bennett et al., 2020; Canfield et al., 2017; Dare et al., 2023; Doidge et al., 2016; Einbinder, 2010; Fernandez et al., 2019; Hyslop, 2021; Keddell, 2022; Keddell et al., 2021; Marcellus, 2017; McLachlan et al., 2015; Neely et al., 2020; Tsantefski et al., 2014). Reunification requires the mother to provide suitable housing and a nurturing environment, both of which are difficult when in financial hardship, making reunification slower to achieve (Delfabbro et al., 2013).

Following on from above, for indigenous families, there are additional historical factors of colonisation and state policy which are linked to family violence, poverty, and inequality (Allice et al., 2022; Hyslop, 2021; Ritland et al., 2020). Colonisation imposes western belief structures on Māori society and may impact parenting capability and extended family capacity (Hyslop, 2021; Keddell, 2020). In AoNZ, Māori live with the structural deficits of poverty, unemployment, and homelessness disproportionately (Stats NZ, 2024), and consequently come into contact with child welfare more frequently. Fitzmaurice-Brown (2022) argues that the over-representation of Māori children in child welfare care can be viewed as a consequence of colonisation.

In more recent times, since 2023, the National led coalition government has introduced other legislation to marginalise Māori, with the abolishment of the Te Aka Whai Ora-Māori Health Authority which was set up to deliver equity in the health system, the failed The Principles of the Treaty of Waitangi Bill aimed at significantly diluting the constitutional standing of te Tiriti o Waitangi, and the repeal of section 7AA of the Oranga Tamariki Act 1989 (Coates & Ahu, 2025). These are but some of the examples of the what the Waitangi Tribunal describe as highly prejudicial to Māori (Coates & Ahu, 2025). Thus structural barriers continue to impact Māori disproportionately.

Additionally, indigenous families face cultural barriers when child welfare officers assess child safety (Choate et al., 2020). An example of this is how the predominant western interpretation of attachment theory elevates bonding and attachment to the primary carer above cultural connection (Choate et al., 2020). This Eurocentric dyadic understanding of attachment may not be applicable to indigenous communal cultures where extended family caring systems are common, and contributes to disproportionate removal of indigenous children into care (Choate et al., 2019; Choate et al., 2020; Choate & Tortorelli, 2022). Indigenous Māori are also affected by this cultural barrier, as Māori view attachment as going further than the bond

between infant and parent/s, extending to include collective cultural concepts of attachment to whānau, whenua (land[24]) and wairua (spirit[25]) (Flemming, 2016).

Moving forward, in an effort to reduce child poverty, the 2017-2020 Labour-led coalition government enacted the Child Poverty Reduction Act 2018 which required child poverty reduction targets to be measured and reported. Despite this Act, the political economy of neoliberal capitalism[26] in AoNZ has continued to perpetuate relative poverty and inequality of Māori families to endemic proportions (Hyslop, 2021; Hyslop & Keddell, 2019). Thus, significant structural barriers of poverty and homelessness continue to affect mothers in unequal ways, and these risk factors contribute to children entering care. In the next section, care and protection system barriers are explored.

Care and Protection System Barriers

Many mothers face system barriers from the child care and protection system, and child protection decisions may not be consistent across similar cases. Outcomes can vary between individual workers, with less experienced workers making decisions more towards child removal than family preservation (Atwool, 2021; Fluke et al., 2016; Keddell, 2022; McTavish et al., 2022). Furthermore, the region a mother lives in may affect the child protection investigation, as within AoNZ's child welfare system different regional agencies can produce different outcomes for similar cases (Keddell & Hyslop, 2020). Decisions related to child protection cases can be influenced by site workload and resources available, which can affect how services are provided to meet the complex needs of individual families (Atwool, 2021; Hyslop, 2021; Keddell, 2022; Keddell & Hyslop, 2020; McTavish et al., 2022). Having available options is the main determinant of child welfare decisions, making family reunification more likely when there are intensive services available to match the family's needs (Balsells et al., 2015; Lin et al., 2020).

AoNZ uses a notify and investigate model for child protection and some authors have identified bias within it (Hyslop, 2021; Keddell, 2022; Keddell & Hyslop, 2020). There is a

[24] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[25] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[26] based on belief in free market capitalism and the rights of the individual; (now) *esp.* a type of liberalism which favours a global free market without government regulation, with reduction in government spending and businesses and industry controlled and run for profit by private owners. https://www.oed.com/dictionary/neoliberalism_n?tab=meaning_and_use#11295820

bias of surveillance for poorer communities, and for families known to social services for other cases of harm (Hyslop, 2021; Keddell, 2022). This leads to more notifications regarding poorer communities or particular families, and therefore, more investigations. In assessing the risk of imminent harm to a child, too much reliance can be placed on the known history of a family and their number of contacts with social services such as justice, health, and child welfare, and not enough weight given to gathering information on the current situation of the family (Hyslop, 2021; Keddell, 2022). Additionally, an over reliance on history in a risk averse environment is more likely when resources are stretched (Keddell & Hyslop, 2020). Such a bias can influence child safety decisions towards child removal in preference to family support, thus amplifying intergenerational harm (Hyslop, 2021; Keddell, 2022). Community based practitioners frequently advocate for mothers by challenging the risk narrative statutory child welfare workers hold of the family being investigated (Keddell et al., 2022).

It is not only mothers who face structural barriers, but also social workers working in care and protection. High case numbers for social workers mean there is less time spent with each family to assess and support them through the various outcomes of their investigation (Chambers et al., 2018; Jedwab et al., 2018). A move towards smaller caseloads, including single case worker management from entry to exit, and case worker continuity, could remove these barriers and improve support of mothers, children and foster carers, supporting the goal of reunification (Chambers et al., 2018; Jedwab et al., 2018; Ryan, 2006). Another barrier for social workers is the time consuming paperwork that keeps them in the office rather than working directly with families (Jedwab et al., 2018).

It is evident that improvements to child welfare programs and system practices are required to better meet the needs and expectations of mothers in recovery (Colvin & Howard, 2022). While literature on structural barriers for social workers is largely from international studies, it is still useful in the AoNZ setting. Any movement in a child welfare system to increase quality time spent with families by trusted caseworkers would reduce barriers faced by mothers. (Colvin & Howard, 2022; Jedwab et al., 2018).

To review, there are many structural barriers that mothers have no control over. Poverty is a significant barrier that underscores other risk factors of homelessness and unemployment, and Māori women are disproportionately affected by these circumstances (Keddell, 2022). Indigenous families living in a communal society interpret attachment theory differently (Flemming, 2016) to the long held Eurocentric dyadic view of attachment, which contributes

to disproportionate removal of indigenous children. Also, when child welfare investigates a family there can be different outcomes depending on the experience of the social worker, the location of the agency, and the availability of services to support family preservation or child protection. A bias of surveillance of poorer communities and families well known to social services, results in more investigations with a greater reliance on historical evidence over what is occurring in the present time for the family. To protect children from unacceptable risk of harm these structural barriers can reinforce intergenerational trauma. Social workers also face barriers to supporting women recovering from substance use. Barriers of high caseloads, case disruption, and excessive paperwork hold them back from being most effective. Next the meaning of recovery to mothers and clinicians is explored.

Recovery

The definitions and understandings of substance use recovery can vary between substance users and professionals (Jury & Smith, 2016). Understanding mothers' definition of recovery is important for practitioners supporting them in recovery from substance use, as this will help to direct and motivate mothers towards their goal. It will also assist communication about satisfying the requirements of Oranga Tamariki to be ready for reunification.

An AoNZ agency for consumers, service users and peer support workers, Te Pou, defines recovery as "creating a meaningful self-directed life regardless of challenges faced, that includes building resilience, having aspirations and the achievement of these." (Te Pou, 2014, p. 5). Research shows parents share the view of recovery from poor mental health and/or substance use with the mental health consumer movement, in which self-efficacy, having their human rights respected, and living in hope are the focus (Jury & Smith, 2016; Scott et al., 2018). For mothers, being able to care for their child and being encouraged to seek support as needed, builds stability and a positive identity which supports their recovery (Raynor et al., 2017). For mothers in recovery, relapses (or lapses) are considered a normal part of their recovery journey, with efforts made to recognise triggers and build resilience (Sun, 2007). AoNZ parents' view of their recovery can therefore be at odds with case workers' and clinicians' views, making targets for reunification contentious (Scott et al., 2018).

The health sector in AoNZ who predominantly view addiction as a psychological disorder with it sitting alongside other mental health disorders as described by the American Psychiatric Association classification system (Jowett et al., 2021). Clinicians and child

protection case workers may see recovery in terms of compliance, abstinence, and improved functioning, focusing on symptom risk and management with non-compliance resulting in a threat of custody loss (Scott et al., 2018). Viewing mothers' addictions as chronic or chronically relapsing, rather than the mother having agency to make change (Scott et al., 2018), and is at odds with the holistic approach to wellbeing and a self-directed life that is embodied in the mental health consumer view (Jowett et al., 2021).

Understanding how mothers, social workers, and clinicians may hold opposing views on recovery assists communication and empowering mothers towards reunification. This aligns with other success factors explored in the following section.

Factors Supporting Reunification

The success factors that empower mothers to regain custody while protecting the safety of children are explored here. Effective drug and alcohol rehabilitation programmes, the profile of mothers most likely to complete treatment, and the characteristics that make reunification more likely are researched. Addressing the mother's isolation and psychosocial needs is also detailed alongside the attitudes and approaches of child welfare workers.

Various factors of a mother's situation and the type of treatment provided impact treatment completion and family reunification outcomes. To show readiness for reunification the mother needs to demonstrate accessing health services appropriately for herself and her child, manage her mental health and substance use, and demonstrate parenting skills and attachment with her child, showing she can keep her child safe from harm (Grant et al., 2011; Quartey 2024). Treatment programmes integrated with holistic support show an improved rate of completion by mothers (Barrett et al., 2023; Cassidy & Poon, 2019; Neo et al., 2021). During the treatment period the mother's focus should include reconstructing her identity as a woman and a mother (Einbinder, 2010).

Supporting substance using mothers towards reunification requires an intensive multidisciplinary plan addressing individual need of both parents and their children (Balsells et al., 2015; Chartier & Blavier, 2021). When applied early on, this has a better chance of creating lasting change, as parents' contact with their children tends to reduce with time (Chartier & Blavier, 2021). Lin et al. (2020) recommend case workers listen carefully to

mothers and create a treatment plan that engage the mother with substance use treatment as well as health services, behavioural services, and social services to support her wellness.

Support for children with disabilities is needed as a significantly larger proportion of children in care have disabilities than the population at large (Faasen et al., 2023; Oranga Tamariki-Ministry for Children, 2025). Families caring for children with disabilities are already under stress and have difficulty accessing disability assessments and support, as these disabilities require specialist assistance (Faasen, et al., 2023). Therefore, it is important that support to care for children with disabilities is factored into the ongoing support plan post-reunification.

Another factor of supporting reunification is parent education. When parent education is taught alongside addiction treatment it produces better results in terms of learning new parenting skills than either parenting education or substance use treatment on its own (Barrett et al., 2023; Neo et al., 2021; Osterling & Austin, 2008). Caution should be exerted against including children in intervention programmes as this is not helpful, perhaps because the parent tries to protect their child from the reality of their drug use, or to escape further judgement when they already experience stigma as a substance using parent (McGovern et al., 2021). But offering childcare on the same site as parenting education and substance use treatment improves accessibility for parents and removes a barrier to recovery (Allen et al., 2022; Andrews et al., 2019; Biehal et al., 2015).

Addiction rehabilitation programmes are essential for mothers to stop harmful substance use and regain custody. Mothers need rehabilitation programmes to be in accessible locations close to home, or if a distance away, allowing her children to reside, as keeping her children close helps motivate her to change (Allen et al., 2022; Andrews et al., 2019; Biehal et al., 2015). Successful outcomes improve when the treatment workforce collaborates with agencies who can address clients' employment and housing needs, as staying clean and sober is difficult when homeless (Lin et al., 2020; Marcellus, 2017; McGovern et al., 2021; McLachlin et al., 2015). Mothers with greater methamphetamine use in the month before treatment and lower levels of personal trauma have improved treatment outcomes (Sieger et al., 2022). Other positive indicators are mothers who had been employed just prior to treatment, and spent longer in treatment, as they are more likely to reunify with their children (Hélie et al., 2021; Sieger et al., 2022).

Alcohol and drug practitioners in AoNZ are encouraged to incorporate Whānau Ora philosophy (a holistic and strengths-based philosophy that focuses on a whānau centred approach that empowers families to achieve their own goals by placing them at the forefront of decision-making[27]) in their practice, as drug rehabilitation treatment is more successful when not individually focused on the user, but more integrated with the whole family (McLachlan et al., 2015; Ritland et al., 2020). Cassidy and Poon (2019), conclude that the inclusion of family in treatment programmes has positively increased client engagement and retainment, decreased the misuse of substances, and increased family functioning. Additionally, Timko et al. (2008), argues that there is the potential to break intergenerational cycles of alcohol abuse by involving the wider family in treatment.

Another well accepted indigenous theory in AoNZ is Durie's (1998) Te Whare Tapa Whā model of hauora (health, vigour[28]). Summarising this theory, it has four essential elements to wellbeing: tinana (body[29]), hinengaro (mind[30]), wairua (spirit[31]) and whānau (family, including wider intergenerational family[32]). To achieve hauora all four elements need to be strong. This Māori model of health supports Whānau Ora philosophy and family inclusion in recovery from substance use. However, despite evidence in favour of family inclusive treatment, the Alcohol and Other Drug treatment sector has remained predominantly focused on treating the individual (Cassidy & Poon, 2019; Villegas et al., 2017).

Spirituality is one component of addiction recovery that produces resilience in the recovering addict (Thompson et al., 2026). Spiritually forms the keystone in the widely recognised twelve-step addiction treatment programme where personal reflection, connection, and transformation are promoted (Alcoholics Anonymous, 2014). Addiction treatment options who use the twelve-step programme are useful in addressing the core of addiction and are particularly useful in reducing aggression (Beraldo et al., 2019). Furthermore, the addicted person's collaboration with their spiritual support community offers important benefits to recovery (Beraldo et al., 2019).

[27] Definition from McLachlin et al., 2015. https://doi.org/10.1080/15332640.2014.947460
[28] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[29] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[30] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[31] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[32] Refer to Definition of Key Terms

Successful reunification can be assisted by a mother's willingness to work with social workers and other professionals. There is value in a working partnership between mothers and child welfare workers (Vanderfaeillie et al., 2023). Where parents are willing to work with child welfare workers from investigation right through to after reunification, this improves outcomes of regaining custody (Vanderfaeillie et al., 2023). Regarding the social workers' approach to mothers, it helps for both community and statutory child welfare services to prioritise partnership over surveillance when working with parents to keep children safe (Davies et al., 2023). Better results come from empowering mothers to make decisions for themselves and their future in partnership with their support network (Davies et al., 2023). By recognising how important the parent-child bond is, and giving consideration to the unique identities of parents and how complex their lives are, case workers will be less inclined to take the binary approach of chid protection or family support, and instead, promote the two needs in tandem (Davies et al., 2023; Haworth et al., 2022; Latuskie et al., 2019; Mayes, 2023).

Relationship-based practice is appropriate and helpful when working with mothers to help mitigate the effects of their adverse childhood experiences (Frederick et al., 2021). Colvin and Howard's research (2022), identified that relational support for mothers was the transformational factor that supported a turning point for mothers with child welfare involvement. To support relationship-based practice, case workers benefit from being employed by an agency that has positive organisational characteristics, provides good supervision, and they apply a strength-based approach with clients. Mothers seeking reunification express wanting to be empowered to have agency and be a part of the decision-making process, as this supports their notion of recovery (Haworth, 2022; Scott et al., 2018).

For successful family reunification, alongside meeting the mother's basic human needs of food and shelter, her social isolation problem needs to be addressed (Atwool, 2021; Bai et al., 2023; Keddell et al., 2021; Neely et al., 2020; Tsantefski et al., 2014). These psychosocial supports need to be given in a stigma-free environment, valuing the mother in her essential maternal role (Aston et al., 2021; Doab et al., 2015). Social support is a protective factor against parents maltreating their children in all types of child abuse except child sexual abuse (Younas & Gutman, 2022). Supportive adults in the mother's life can also help the reunification process, as family support and good role models help to mitigate the risk of harm to the child and reduce the risks of reunification breakdown (Allen et al., 2022; O'Connor et al., 2021; Ritland et al., 2020; Tsantefski et al., 2014).

Supporting the children also supports reunification. It is known that children exposed to family and domestic violence are adversely affected through to adulthood with emotional and behavioural development, and mental health difficulties (Abordo et al., 2024). They are considered part of, yet separate, to their mothers' experiences of trauma and benefit from outside support (Abordo et al., 2024). Social networks outside the family can offer support to children as this can model positive relationships, building resilience and giving the child a sense of agency (Abordo et al., 2024). Therefore, helpful familial, social, and community networks need to be developed for mothers and children in order to reduce harm and improve outcomes for at-risk children (Cheng et al., 2022; Family and Community Services Insights, Analysis and Research (FACSIAR), 2023; Keddell et al., 2021; Tsantefski et al., 2014).

As discussed in the previous chapter scholars have researched the factors that influence reunification when children are placed in kinship care, the predominant group of care arrangements in AoNZ (Oranga Tamariki-Ministry for Children, 2025). Reunification following kinship care is increased when mothers are registered in fewer treatment programs (Hélie et al., 2021). The reason for this is possibly because mothers who succeed in reunification are already cooperating and doing the necessary work required by the case worker to be ready for reunification (Hélie et al., 2021). Alternatively, enrolment in treatment programmes can be used by the case worker to facilitate change required of the mother to enable reunification to occur (Hélie et al., 2021). Key contributors to kinship care reunification are the absence of poor mental health, having employment, and most significantly, increased frequency of parent-child visits (at least once per week) while the child is in kinship care (Hélie et al., 2021).

Post-reunification support is considered a key factor in successfully reunited families (Farmer, 2014; Balsells et al., 2017). Once a mother has her children back, she needs a safe place to ask for help. Community networks are often undeveloped in this population and informal support is important for success, including that of a live-in partner, extended family members, and neighbours (Balsells et al., 2017). Having a coordinated network of informal and formal social and professional support are protective factor for reunited families (Farmer, 2014).

Turning Points

Research by Taylor et al. (2016) showed that ultimatums were frequently used by Grandparents to encourage their children to attend a drug and alcohol rehabilitation programme or else they would assume custody of their grandchildren. This demand to change was often unmet and grandparents assumed the role of kinship carers. When mothers did complete rehabilitation, the observations made were that the change was short-lived, and mothers returned to their previous lifestyle of drug seeking behaviour and its accompanying maltreatment of children (Taylor et al., 2016). Grandparents were motivated by a tough love approach, where actions had consequences, in the hope to create change in parents, but this had limited success.

Social workers also attempted to precipitate a crisis for mothers to push them towards change necessary for reunification. The literature reported that ultimatums were used to encourage woman to leave abusive partners or else their children would be removed (Keddell, 2014; Morgan & Coombes, 2016). A negative outcome of precipitating a turning point in this way was that mothers were often blamed for their predicament and seen as culpable for exposing their children to family violence even though it is their male partners who were the perpetrators of that violence (Keddell, 2014; Morgan & Coombes, 2016). These ultimatums were issued despite increased risk to their safety mothers faced when leaving their abusive partner (Morgan & Coombes, 2016).

Summary

This chapter detailed the literature relating to factors influencing reunification. Structural barriers of poverty, homelessness and historical effects of colonisation were explored. How indigenous views of attachment differed from western views was researched, and government policy to address child poverty was discussed. Research into care system barriers showed that mothers faced inconsistent decisions depending on their case worker, geographical location, and available resources. Case workers also faced barriers due to high caseloads. Bias within the system meant over-surveillance of poorer communities, and when resources were stretched, child removal could be favoured over family support. The notion of recovery was explored, and factors supporting reunification were examined, identifying parenting education, a willingness to work in partnership, and relationship-based practice assisted reunification. Support for children and psychosocial supports for the mother were

needed through to post-reunification. Features of successful addiction recovery programmes were researched and the literature on turning points discussed.

These two chapters, The Mother's Context and Factors Influencing Reunification, have surveyed the literature to form a platform for the research aim to address what empowers mothers to reunify with their children when substance use is a factor. This research aims to identify ways mothers, social workers, and carers can work together to enable reunification, and highlight what actions and attitudes contribute to this outcome. The next chapter will describe the methodology and methods employed in this study.

Chapter Four: Methodology and Methods

This research aims to explore ways that support mothers to regain custody of their children following substance use by considering three questions relevant to the research aim: what difficulties do mothers face in family reunification; what services empower mothers towards reunification; and what type of support services are required post-reunification to establish stable families. This exploratory qualitative research has employed semi-structured interviews to hear the views and experiences of three influential groups of people connected to the topic: social workers, mothers, and carers. The data was analysed using Braun and Clarke's (2022) method of reflexive thematic analysis.

This chapter details the methodological approach and methods applied to the research. The chapter begins by outlining the theoretical framework of social constructionism and its epistemology and ontological assumptions. This is followed by the methodology of exploratory qualitative research. Then the research design is described with sections on data collection and data analysis, followed by ethical considerations.

Theoretical Framework

This qualitative exploratory research uses the theoretical framework of social constructionism to collect and interpret data. Social constructionism considers reality is made up of the beliefs, thoughts and perceptions of those concerned, and a person's thoughts and beliefs underlie their view of truth (Houston, 2001; Sahin, 2006). This theory supposes knowledge is built through mutual interactions with networks of people around us, defining reality through these interpersonal and intersubjective relationships (Patton, 2015). These interactions use language that has specific meaning relative to the time, space and culture that it is spoken in, to make meaning of reality (Lock & Strong, 2010). Socially constructed thoughts and beliefs have implications for social interactions; inquiry into the consequences of those thoughts and beliefs, therefore, forms part of the social constructionism approach to interpreting data (Patton, 2015). Commonly held assumptions and standards upheld by society play a role in reinforcing and benefitting dominant social groups and reinforcing their power (Sahin, 2006). Given the multiple social dimensions and societal values inherent in the child welfare system, as well as the embeddedness of the families within them, the theory of social

constructionism is therefore a suitable framework to research how to support mothers to reunite with their children following substance use.

Social constructionism is applied in the data collection through analysis of the interactions between the three sets of participants: mothers social workers, and carers. It aims to capture the multiple levels through which meaning is constructed by the three sets of participants, observing similarities and differences (Patton, 2015). Attention is given to how language is used to describe participants' perception of reality, both shared perceptions and unique individual experiences (Patton, 2015).

Participants construct their reality in complex, unique, and overlapping ways. For example, mothers form their sense of reality by interacting with social workers, carers, whānau and/or family, and their community which guides them in the actions, reactions, and attitudes they assume. Social workers in their professional capacity are bound by ethics and the law and form their sense of reality by interacting with their colleagues, the mother, the carer, and the community which guides them in how they interact with mothers and carers in the process of supporting reunification. Carers of children form their sense of reality by interacting with the mother, the child in their care, social workers and their family and community which guides them in their attitudes and actions towards the mother and the social workers. Patton (2015) observes that the construction of reality is not fixed, but rather fluid and responsive to the experiences people go through. The researcher made observations of how these participants have responded to their interactions with others and shifted their engagement and interpretation of the child welfare system.

A challenge of social constructionism is how the researcher affects the design and shapes the evaluation of findings due to their subjective perspective (Patton, 2015). The researcher's assumptions and social constructions affect choices and lines of enquiry, thus affecting the outcome of the research (Patton, 2015). Patton (2015) also proposes that the experiences of participants' relationship with the researcher will also impact what is communicated during interactions. The researcher's values and attitude to knowledge creation, drug use, and to parenting are acknowledged, and consideration is given to how these preconceived thoughts affect the project. How these values change during the project due to the interactions with participants and study of material related to the topic is also acknowledged. This will be discussed further in the Researcher Positionality and Limitations sections later in the chapter. Throughout this project social constructionism formed the lens to

explore how the three groups of participants experienced and perceived their reality and interacted with the researcher.

Methodology

Using the theoretical framework of social constructionism requires a methodology that can deeply engage the participants' complex lives and delve into their world to understand how their views are constructed. Exploratory qualitative methodology is used as it supports an understanding of participants' 'experiences, opinions, feelings, and knowledge' and seeks to interpret them (Patton, 2015, p.14). The benefit of this approach is that it provides for an in-depth exploration of participants' experiences, including their social interactions and belief systems (O'Leary, 2017). This exploratory qualitative methodology is appropriate as the experiences of participants from three different groups was sought to investigate their subjective experiences as they interacted with each other around the subject of this research. (O'Leary, 2017).

How these three groups of participants interact with societal constructs and values to make meaning of their own lives, their interactions with one another, and their location and functioning within their society is examined. This research topic considers mothers' substance use, and the legal framework of child protection, with each participant having their own thoughts and beliefs about how these interact, thus providing insight into how they construct their view of reality with its associated attitudes, actions and consequences. The choice of three groups of participants allows for solutions to the research topic to be explored from each unique vantage point. Mothers are the focus of both the problem and the solution, being the central actor in reunification, so examining how mothers interpret their world is essential. Social workers have professional observation and experience of upholding the legality of the child protection system while supporting mothers to make changes necessary for reunification. Carers observe the family dynamics of child removal and champion the needs of the child, holding an inside view of the experience. Each group of participants have expectations of themselves and each other that influences outcomes of reunification. Combining the observations of these three different positions and beliefs through exploratory qualitative methodology enables insights to be identified about what empowers or inhibits family reunification, as interpreted using the theory of social constructionism.

Research Design

The following section outlines the research design in this study. The semi-structured interview technique, the participants, their eligibility criteria, and the sampling techniques utilised. This is followed by the interview process, and data transcription.

Semi-structured interviews were used to gather data from the three sets of participants as this type of interviewing was flexible to respond to unexpected and interesting responses, while still capturing the data required through the structure of preset questions (O'Leary, 2017). This technique enabled rich in-depth data to be gathered from participants by covering planned questions with the flexibility for deeper discussions on certain points of interest relevant to participants' experiences. O'Leary (2017) argues this interview technique supports delving into the way the participants' worldviews have been constructed through interactions with others, their experiences and how attitudes and beliefs of different groups in their world have affected them. The flexibility of semi-structured interviews supports the methodology of exploratory qualitative enquiry as it is the deep understanding of interactions and belief systems of a few people that is required.

Researcher Positionality

In both social constructionism theory and exploratory qualitative research methodology, the researcher's positionality influences what is researched, how data is interpreted, and what conclusions are drawn (Denzin et al., 2024; Holmes, 2020). The researcher has professional and personal interest to understand how to better support mothers to regain custody of their children while recovering from substance use. This linked to the researcher's values and social work ethics (Aotearoa New Zealand Association of Social Workers, 2019), of justice and social equity. The researcher is an outsider with the group of mothers, but an insider with the group of social workers (being a registered social worker herself working in addiction recovery), and an insider with the group of carers (having been both a kinship and non-kinship carer and currently doing respite care.) While this experience in the field of study gives insight and understanding, this positioning can be a source of bias if the researcher assumes meaning according to her own experiences without careful reflection (Lietz & Zayas, 2010). Potential bias was mitigated by reflection and journaling, which is explained further below.

Participants

The sample size of eight participants consisted of three sets of related yet distinct groups suitable for exploratory qualitative research where rich in-depth data reflecting unique life experiences could be analysed (Leitz & Zayas, 2010; O'Leary, 2017). Three groups of participants: mothers, social workers, and carers, were chosen for their involvement in reunification. Historically, research on this topic has sought the views from only one group (Appleyard et al, 2011; Colvin & Howard, 2022; Quarty, 2024; Scott et al., 2018), commonly social workers or mothers, as social workers' experiences are with many mothers, and mothers' experiences are essential to understanding the topic. However, in this researcher's experience, mothers, social workers, and carers, all hold unique roles and responsibilities that could support or obstruct reunification, and carers have a closer view of the impact on children throughout the process of separation and reunification, so their voices were included to give depth to the data collected.

Participants were recruited using purposeful and snowball sampling techniques. Purposeful sampling is where participants are selected with relevant experiences to enable collection of rich in-depth data to give insight into the research question (Patton, 2015). Snowball sampling is where participants are discovered through referrals from other participants (O'Leary, 2017). This technique was used as potential participants were a small group and reaching them by referral was an effective way to enlist them. Initial respondents were asked if they knew other potential participants that might be interested in being interviewed, and asked to pass recruitment information on, including the researcher's contact details, to anyone they thought might be interested in participating.

In the initial round of recruitment, two mothers and one carer responded to advertisements that were eligible to participate. As no further participants were forthcoming the recruitment criteria (Appendix 1) were then broadened and information made more concise supporting the remaining participants to engage with the study (Appendix 2). The participant selection criteria were broadened by changing the requirement for substance use being the 'primary factor' for loss of child custody, to 'one of the factors present'. It was thought that custody loss was often for complex reasons, and people may prioritise what was the most significant factor differently, even when harmful substance use was present. This could mean they did not consider their experience suitable and exclude themselves, when in fact they were

eligible. Another change was mothers needed to be working towards regaining custody, rather than having had successfully regained custody. Additionally, the requirement for social workers having had relevant experience in the last three years was removed. Together, these changes enabled more participants to respond without shifting the focus from substance use.

The Participant Information Sheets (Appendix 1) were simplified and split into the three participant categories of mothers, social workers, and carers (rather than having one generic information sheet). This reduced the amount of paperwork to read, removing a barrier to engagement. Other recruitment documents were reviewed to make the language more concise and accessible to participants without changing their content (Appendices 3 – 8). After these changes were approved by the Massey University Human Ethics Committee (Appendix 12), two more carers and three social workers were recruited using the amended participant criteria and documents.

Recruitment involved writing to organisations requesting an advertisement (Appendices 3 and 4) be placed on their website and/or Facebook page and providing them with the advertisement (Appendices 5 and 6). Organisations were chosen for their membership having experience with the research topic. Aotearoa New Zealand Association of Social Workers, Open Home Foundation, Te Pū Harakeke: Community Collective Manawatū, Iosis, Odyssey, Caring Families Aotearoa (a non-government organisation formed in 1976 to help caregiving families), and Grandparents Raising Grandchildren (a charitable trust providing support services to grandparents who are raising their grandchildren on a full-time basis) were contacted requesting their support. This strategy was designed to reach the populations with experience in the topic, and source contacts for snowballing other participants. This method recruited all participants except one mother and one caregiver, who contacted the researcher after receiving information from their friends who knew about the research. When expressions of interest were received by email, the relevant participant information sheet (Appendices 1 and 2) was emailed to the potential participant with a consent form (Appendix 9) so they could ask any questions, and once they were satisfied, they were able to sign and return the consent form.

The finalised participant criteria for each group are set out below:

<u>Mothers</u>

- had lost legal custody of their children through provisions of the Oranga Tamariki Act 1989, where substance use was a factor, and then regained custody
- were recruited by advertising on Facebook pages of substance use support programmes for mothers, and snowball sampling

Social workers

- had worked with client mothers who had lost custody of their child where substance use was a factor and supported them to regain custody
- were registered with the Social Workers Registration Board New Zealand at the time of relevant experience
- did not need to have worked with the mothers or carers interviewed
- were recruited through the Aotearoa New Zealand Association of Social Workers website and members Facebook page, Open Home Foundation Facebook page, and the Te Pū Harakeke: Community Collective Manawatū newsletter

Carers

- had looked after a child for three months or more in the interim time between when the mother had lost and regained custody, where substance use had been a factor in the loss of custody
- did not need to have cared for the child of the mothers interviewed or worked with the social workers interviewed
- were recruited by advertising through Caring Families Aotearoa and Grandparents Raising Grandchildren websites and their Facebook pages, and snowball sampling

All participants were volunteers responding to the recruitment information sent out by the researcher (Appendices 1 and 2) and had the opportunity to ask questions of the researcher prior to agreeing to be interviewed. Participants selected were resident in New Zealand, over 16 years old, spoke English, and were not previously known to the researcher. The first participants to meet the selection criteria were interviewed.

Data Collection

Following selection, interviews were arranged at a time convenient for the participant. Depending on their distance from the researcher's location, interviews were held either in-person (two interviews) or online through video conferencing platforms Zoom or Teams (six interviews). All face-to-face interviews were voice recorded by the researcher on a Dictaphone, then downloaded to the researcher's password-protected hard drive and subsequently erased from the Dictaphone. Interviews over video conferencing applications were recorded on the hard drive of the researcher's password protected computer using the platform's recording function. As a backup to user error of the video conferencing application, these interviews were also voice recorded by Dictaphone with the data treated in the same way as the face-to-face interviews.

Interviews were approximately 60 minutes long and occurred from July 2024 to May 2025. A separate interview schedule was used for each group (Appendices 7 and 8) for these semi-structured interviews which had been shared with participants prior to the interview. This guided how the interview would proceed, with notes for a welcome and introduction, a list of questions, and closing remarks. The purpose of the schedule was to prompt the interviewer to cover the main topics while supporting the conversation to flow so that areas of interest could be explored in depth (O'Leary, 2015).

For mothers, questions were designed to hear their experiences of having their child removed and their journey to regaining custody. Questions were asked about the things they did, their thoughts, attitudes, and their relationships with those involved along the journey (Appendices 7 and 8). For social workers, the questions were designed to collect their experiences and observations made while working to support mothers to regain custody. Questions were asked about what actions they took, what attitudes and approaches helped families reunite, and how they described successfully working with the mothers (Appendices 7 and 8). For carers, questions were designed to draw out their experiences and observations while caring for a child removed from the mother. Questions were asked about what training they had to prepare for their carer role, their thoughts on the child's experiences, and what was necessary for a child to be safely returned to their mother (Appendices 7 and 8). These questions elicited rich data with the aim to inform understandings of what either inhibits or supports and enables family reunification.

An important adjunct to interviewing was journaling. Journaling is a self-reflecting record of unfolding learning throughout the research process (Nowell et al., 2017). The researcher noted first impressions from the interviews, and reflections were made on how the researcher's positionality effected the interview process. An example of journalling was after interviewing a mother, notes were made about the mother's tattoos and short hair cut and the researcher's involuntary reaction to this. Documenting this helped to recognise differences between the researcher (who has no tattoos, and long hair) and the participant, with the purpose of avoiding unconscious bias. Such reflexivity assisted with the study's credibility, as discussed further below.

After interviews, recordings were transcribed with the aid of Otter.ai software then manually checked for correctness by the researcher. These were then emailed to participants to check for accuracy and make any corrections before signing a consent form to release the transcript (Appendix 10). Participants reviewing their transcription improved the study's trustworthiness (Lietz & Zayas, 2010), as they were able to edit or remove parts of their transcript before giving final consent for its use (Appendix 10). One social worker edited out information given about a client to prevent identification due to the unique circumstances of the case. This process ensured that the transcription reflected participants' thinking and that they consented to its use. The next step before analysis was all information that identified participants was anonymised and pseudonyms applied to all participants.

Safe storage of the data was important to protect participants' confidentiality. Recordings by Dictaphone were uploaded to the researcher's password-protected computer then deleted from the Dictaphone. Identifiable data, including digitally recorded data and data transcripts, were stored on an external drive that was password protected and kept securely in the researcher's home office. Paper consent forms were scanned and stored in the same manner and original copies were destroyed. Following the thesis examination all data will be destroyed.

Data Analysis

Data was analysed by reflexive thematic analysis as outlined by Braun and Clarke (2022). Their six-stage approach guided the researcher in shaping meaning and identifying themes using the theoretical framework of social constructionism (Braun and Clarke, 2022, p. 35-36).

Phase 1: Familiarising yourself with the dataset.

Phase 2: Coding.

Phase 3: Generating initial themes.

Phase 4: Developing and reviewing themes.

Phase 5: Refining, defining and naming themes.

Phase 6: Writing up.

In Phase one, the researcher became thoroughly familiar with the dataset and insights and observations noted. Phase two involved coding the dataset, by looking over the data in fine detail. Using the research aim and questions as a starting point, then identifying descriptive code labels. These descriptive codes were generated inductively and would later be the building blocks for themes (Braun & Clarke, 2022). This phase helped sort the data and identify patterns, similarities, and differences. Meaning at the semantic level, or surface and more obvious level, was identified as well as the latent level, or more conceptual and implied level. The latent level helped to make sense of the semantic level (Braun & Clarke, 2022). Once coded, the segments relating to each code were organised for further analysis.

Phase three generated candidate themes (Braun & Clarke, 2022), which are tentative themes based around a cluster of codes, requiring further analysis before becoming permanent themes. Themes were identified that resonated among interviewees as well as the unique exceptions belonging to single interviewees. Mind mapping (O'Leary, 2017) was used to tease out ideas that emerged from the data, and to explore the relationships across and within various themes. Mind mapping is a visual aid to group and link themes to other emergent ideas by drawing them on a large piece of paper allowing the researcher to visually structure interconnectivities that are complex and diverse in a highly organized diagram (O'Leary, 2017). This technique resonated with the researcher's natural way of thinking. Mind mapping assisted trustworthiness by bringing a complex set of codes into a system that was manageable (Nowell et al., 2017). It supported visual organisation of connections (or a lack of connection), between themes to be organised and recorded. Notably, these themes were generated inductively by taking an in-depth look over the whole dataset to discover emerging themes (Braun & Clarke, 2006).

In Phase four, themes were tested and revised by an iterative process of creating themes, revisiting their meaning, reflection, making improvements, and repeating the process until the themes were solid and collectively represented the strongest themes from the data regarding the research question (Braun & Clarke, 2022). Datasets of each of the three participant groups were thematised separately, then across each participant group. Some themes were discarded, and others split in two, as the core focus of each theme was examined. The interviewees had multiple perspectives on the research topic and themes that emerged from the three groups of participants were cross checked to see how experiences of similar events were reported as similar or different by different groups of participants. Reflection on power differences between mothers, carers, social workers, and Oranga Tamariki, and how this affected situations, shaping and distorting mothers' perceptions of reality and consequences helped further refine themes. Consideration was also given to how interviewees experienced being interviewed by the researcher and how this affected what was communicated, and therefore, what could be learned from the data.

Thought was given to choices, inclusions, and exclusions the researcher made and how this influenced findings (Patton, 2015). Reflexivity, where the researcher examined her thoughts about emerging themes and how her positioning influenced theme development, was assisted by spending time with the data to familiarise, and time away from the data to reflect and journal her thoughts. Discussions with supervisors reviewed assumptions and interpretations that themes rested on, leading to further refining and defining of themes.

Following on from this, the fifth phase was to clearly delineate each theme and consider each theme's core concept and story, and how it was positioned in the overall story (Braun & Clarke, 2022). Descriptive names were attached to themes that were sharp and succinct. Using the theoretical lens of social constructionism, the relationship between these themes and current literature relevant to the research question was considered. How themes related to current best practice in AoNZ social work and positioned in the AoNZ political and cultural environment was reflected upon. This was to identify themes supported by accepted knowledge, and themes that were emerging as unique to these participants. This process of refining, defining, and naming the individual themes then analysing them in relation to the literature prepared the platform for phase six. This final phase was when the formal writing up of the analysis was done, resulting in a coherent and convincing telling of the data as it addressed the research question.

Limitations

One limitation of this research was the small size of each group of participants, being two mothers, three social workers and three carers. This only provided a small amount of data from each cohort. Another limitation pertaining to the carers was the first three carer applicants to qualify were kinship carers, therefore the voice of non-kinship carers was not captured. Non-kinship carers would likely have different views to consider as they do not have familial connections to the mother and her children. There was a limitation resulting from ethnicity data not being surveyed. It is therefore recommended that future research be undertaken from the perspective of Māori and other cultural groups, particularly due to the impact of colonisation on care outcomes, the high proportion of Māori children in care, and the different cultural attitudes to care. A further limitation is that the voices of Oranga Tamariki social workers were not heard, only those on non-government social workers. Also, the voices of children were interpreted second-hand through the participants interviewed, rather than first-hand. There was a sampling bias due to participants all being volunteers. This excluded potential participants who were knowledgeable but unable to give time to the research, or who opposed reunification of mothers with their children following substance use.

Qualitative research is held to the standard of trustworthiness, where a study represents as nearly as possible the thoughts and views of the participants (Leitz and Zayas, 2010; Patton, 2015). Trustworthiness was enhanced by the researcher's iterative process of reflexivity during data analysis which was documented in the journal. Regular and timely journal entries were made throughout the project, exploring thoughts on the topic, and how positionality interplayed with collection and interpretation of data. Discussions with supervisors helped refine and examine assumptions underpinning the analysis. Thus, this subjectivity became a strength as this combined experience and knowledge with reflective awareness of the researcher's impact on the process, producing meaningful knowledge and understanding of the lived experiences of people relating to this topic of investigation (Denzin et al., 2024).

One aspect of trustworthiness is credibility (Patton, 2015). Participants were supported to check their transcript for accuracy and could alter or withdraw portions as they wished before data analysis commenced. Also, extensive debriefing with supervisors ensured the accurate portrayal of participants' stories. Complex data was collected from the social workers, mothers and caregivers. While these different viewpoints were not case related, that is, they were not

relating to the same mother seeking family reunification, they did have similarities of a mother's substance use and the loss and regaining of child custody. Therefore, credibility was strengthened by recording participants' unique viewpoints, then participants data checking, and the researcher peer debriefing (Nowell et al., 2017).

Transferability also supports trustworthiness. This research can be compared to other related cases due to the thick descriptions embedded in themes and is underscored by the dependability and confirmability of the research process (Nowell et al., 2017). Dependability was facilitated by the clearly documented process of data collection and analysis. The theoretical framework of social constructionism was useful in considering the data at both micro and macro levels, and how the powerful in society frequently set the rules for their community which enforces their position and legitimises their beliefs, effectively excluding alternative versions of truth (Phillips, 2023). This theoretical framework was applicable when considering the power imbalance between mothers and Oranga Tamariki, as Oranga Tamariki hold statutory authority to reunite a mother with her children or recommend permanent placement in out of home care. Confirmability was evident from the clear demonstration of how data was interpreted, and conclusions reached, allowing readers to discern how similar the context of this study was with another research.

Ethical Considerations

Ethics in research creates a foundation for the researcher to examine whether the processes and practices used are either repressive or liberating (Cannella & Lincoln, 2024). Ethical considerations of harm, benefit, informed consent, and confidentiality were considered alongside conflict of interests, cultural sensitivity, and Te Tiriti o Waitangi. These ethical considerations are familiar for the researcher, being a registered social worker, abiding by the code of ethics for registered social workers in AoNZ (Aotearoa New Zealand Association of Social Workers, 2019). An application to Massey University Human Ethics Committee was made and approval granted (Appendix 11), and a later amendment made and approved (Appendix 12). These two applications were informed by the Code of Ethical Conduct for Research, and Teaching and Evaluations Involving Human Participants (Massey University, 2017).

Risk of Harm

Researchers have an ethical imperative to protect participants from harm (Davidson & Tolich, 2018). There was a risk of unintentional emotional or psychological harm to participants as they retold their story which needed mitigating (O'Leary, 2017). If a participant became distressed the interview was paused and time allowed to recover before offering to continue or stop. In addition, a list of support agencies was provided to participants after the interview (see Appendix 13).

Given the research topic, consideration was given to the possibility that a participant might recount illegal activity or expose a child at risk of harm. To mitigate this risk, detailed information was provided in both the Mothers' and Carers' Participants Information Sheet (Appendix 1 and 2) and reiterated at the beginning of the interview. If a participant seemed about to recount illegal activity, they would be promptly reminded of the purpose of the interview, and the question was restated. If information of a criminal nature was disclosed despite precautionary actions, the interview would be stopped and the recorder turned off. If after discussion with supervisors the information was deemed to put anyone at risk, the information would be handed to the New Zealand Police. If, in another situation, they gave information that exposed a child in imminent risk of serious harm, the interview was stopped, and the researcher regarded her professional obligation as being to report the information explained, and contact for professional help provided to the participant. While this was the strategy, it was not actually deployed during the five interviews of mothers and carers.

Another area of potential harm was when meaning-making and retelling meaning from data, popular negative stereotypes of individuals and their wider community might be reinforced (Braun & Clarke, 2022). To avoid this, respect was shown to participants and the ethical principle of manaakitanga (hospitality, showing respect, generosity and care for others[33]) was upheld (Aotearoa New Zealand Association of Social Workers, 2019). This was demonstrated by taking a few minutes at the beginning of the interview putting the participant at ease and showing appreciation for their involvement and offering karakia (prayer[34]) to start and finish of the interview. Being aware of participant's strong emotions and allowing the

[33] Definition according to ANZASW Code of Ethics https://www.anzasw.nz/public/150/files/Publications/Code-of-Ethics-Adopted-30-Aug-2019.pdf

[34] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz

interview to pause while they managed these emotions showed compassion. Reflexive journaling (Moon, 2001), also supported awareness of stereotypes and being alert to negative typecasting of people. In journaling, observations about the participants were made and reflection on their relevance to the data, and if any researcher bias might need correcting.

To outweigh the risk of harm, research benefits were predicted. This was guided by the Aotearoa New Zealand Association of Social Workers (2019) principle of kotahitanga (unity, collective action[35]), in which social injustice and inequity could be challenged to create change. It was anticipated that data might reveal programmes and practices that support family reunification in AoNZ, providing information for social agencies, social workers, mothers, families, and carers, to better support mothers recovering from substance use to reunite with their children.

Informed Consent

Informed consent of participants is a pillar of ethical research. O'Leary (2017) elaborates on informed consent, naming the aspects as competency, autonomy, volunteering, awareness of one's right to withdraw, and not being deceived, coerced, or induced. Competency was ensured by the selection process mentioned above in the Participants section. The Participants Information Sheet (Appendices 1 and 2) for each group explained their right to withdraw from the research without repercussions until they signed the consent form to use their interview transcript. It also discussed expectations of participants, and the purpose of the research, to ensure they were not deceived about the expectations of participating or the nature of the research (Appendices 1 and 2). Autonomy was respected by seeking informed consent, including for recording their interview (Appendix 9). Participants received a $30 voucher as a token of appreciation for their input, which was provided by Massey University's Graduate Research Fund.

Conflict of Interest

Relationships the researcher has with the participants can create conflicting obligations for both parties and can create additional obligations or make existing obligations heightened. These special relationships can compromise ethical conduct due to their very existence

[35] Definition according to ANZASW Code of Ethics
https://www.anzasw.nz/public/150/files/Publications/Code-of-Ethics-Adopted-30-Aug-2019.pdf

(Massey University, 2017). Such conflict was mitigated by ensuring participants were not clients of the researcher, worked for the researcher's employer, or known to the researcher professionally or personally. No conflicts of interest were known in this study.

Cultural Sensitivity

Cultural sensitivity is important to ethical research as demonstrating humility, caring and cultural sensitivity develops trust (Liamputtong, 2010). The cultural identity of participants was not surveyed prior to interview, however, manaakitanga was demonstrated by inviting participants to bring a support person to the interview to ensure a safe space, and when these interviews were face to face, hospitality was shown by sharing food and drink.

While Māori were not the focus of this study it is acknowledged that this group is overrepresented in this field (Atwool, 2021). This over-representation adds weight to issues relating to Te Tiriti o Waitangi, with Māori partnership, participation, and protection being an imperative in child welfare matters (Lewis et al., 2023). The researcher consulted with a Cultural Advisor from Ngā Puhi Iwi about this study and the potential impact of this research on Māori. Her knowledge of tikanga (protocol, custom[36]) and mātauranga Māori (Māori knowledge and world view[37]) were extensive. She anticipated potential benefits to come from this research into what supports family reunification, and how this might benefit whanau Māori. Her advice was to give participants a full understanding of the research pathway and to be transparent. She explained that Māori hui (meet[38]) before making decisions, as decisions are rarely made individually. She thought that the less time pressure the better for participants, as they will need time to process and locate themselves in the project. She also offered feedback on the interview questions, suggesting they be more inclusive by asking 'can you share with me' rather than 'what was' questions. All suggestions were implemented.

Confidentiality and Securing of Information

Another aspect of safety for participants was to ensure confidentiality (Patton, 2015). Participants agreed to be interviewed and understood that in sharing their story and answering questions they would be treated with confidentiality and respect, and their personal information

[36] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[37] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz
[38] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz

anonymised in the results: this was outlined in the Participant Information Sheet (Appendices 1 and 2). Pseudonyms were used in data analysis and final reporting. Safe storage of data to avoid loss or hacking was ensured. The dataset was anonymised and stored in a password secured hard drive in the researcher's home office and will be destroyed after thesis examination. With both confidentiality and safe storage of data managed, and the above-mentioned mitigation of risk of harm, informed consent, conflict of interest, and cultural sensitivity, the ethical obligations were satisfied.

Summary

This research using exploratory qualitative methodology and the theoretical framework of social constructionism was designed to identify what supports can enable women who have lost custody of their child where substance use is a factor, to regain custody. Data was collected from three groups of participants – social workers, mothers, and carers – all who were closely involved with the research topic. They were recruited by purposeful sampling and snowballing techniques and interviewed in semi-structured interviews which enabled participants to share their story in-depth about this complex issue. Data was analysed using Braun and Clarke's (2022) reflexive thematic analysis where participants perception and experience of reality were explored and themes developed. Journaling supported the gathering and analysis of data and consultations with supervisors aided the refinement of emerging themes and sub-themes which led to the writing up of the data analysis. Limitations of the study were identified and factors relating to trustworthiness and the underscoring values of credibility, dependability and confirmability were addressed, backed up by careful ethical considerations. The potential for harm was balanced by the foreseeable benefits, and informed consent and confidentiality and data security were ensured. Cultural principles of Te Tiriti o Waitangi were aided by consultation with a Māori cultural adviser who had input into the interview process. With all these processes adhered to, the researcher was able to address the research question competently. The next chapter presents the research findings.

Chapter Five: Findings

This research aims to explore ways that support mothers to regain custody of their children following substance use by looking at three questions relevant to the research aim: what difficulties do mothers face in family reunification; what services empower mothers towards reunification; and what type of support services are required post-reunification to establish stable families. This chapter reports the findings of interviews of three groups: mothers, social workers, and carers. Data has been analysed thematically using the theoretical framework of social constructionism. The findings have been grouped into themes of factors for reunification (divided into three subthemes of mothers' preparedness, carers' preparedness, and children's preparedness), support systems, the role of Oranga Tamariki in the process, family connections, the importance of relationship-based practice, and post-reunification support.

Participants

Eight participants were interviewed. Participants were two mothers, three social workers, and three carers and themes were drawn from their combined data. All participants have been given pseudonyms.

Mothers

Both mothers (Table 1) had their children removed because of care and protection concerns. Pseudonyms used start with 'M' for mothers.

The first mother, Moana, was now a grandmother, and told her story of having six children removed and two children returned to her care. Her eldest child was born when she was 17 and living with a gang. He was removed as an infant and adopted by paternal kin. Her second child was born a year later and placed with maternal kin, where she had unrestricted supervised access. Her third child was removed as a baby then returned shortly after. Moana had a fourth child, then her third and fourth children were removed together at ages 3 and 1 and placed into non-kinship care where she had access four times a year. Moana then had twins, one whom had a severe disability requiring hospitalisation and several operations. She lived with the twins at a mother-baby support home for their first year, before they were placed in permanent non-kinship care where she had access four times a year. The third and fourth

children were returned to her care aged 15 and 14, after a gap of 12 and 13 years respectively, during which time visitations had been four times a year.

The second mother, Mel, had her first child aged 22 and had five children. She told her story of when her children were between ages 11 to 4 being uplifted and placed in maternal kinship care, where she had unrestricted supervised access. They were returned to her custody after eight months. Mel now lives with the father of her children in a stable family relationship.

Table 1

Mothers Interviewed

Pseudonym	Number of Children	Children Returned to Their Custody
Moana	Six	Two
Mel	Five	Five

Social Workers

The social workers (Table 2) had experience supporting family reunification from different non-government agencies. Pseudonyms used start with ‘S’ for social workers.

The first social worker, Sherry, worked for an iwi based social service agency supporting mothers and families, and had several years of previous experience working for a non-government organisation supporting women and children experiencing domestic violence.

The second social worker, Sonia, was now retired, and told of her three decades of experience as founding manager of a non-government family social services organisation that had a government contract to support families.

The third social worker, Stephanie, managed a non-government agency supporting women and children experiencing domestic violence and spoke with passion as a women’s advocate. She had more than two decades of experience as a social worker, having previously worked as a statutory child protection social worker then as a contractor of family support service to Oranga Tamariki.

These social workers spoke specifically about mother clients and more generally about working with mothers who had lost custody of their children where alcohol or substance use was a factor.

Table 2

Social Worker Participants

Pseudonym	Workplace
Sherry	Iwi Based Social Services
Sonia	Non-Government Family Social Services
Stephanie	Non-Government Agency Supporting Women and Children Experiencing Domestic Violence

Carers

All carers (Table 3) were single adults and kinship carers caring for their own grandchildren or step-grandchildren. Pseudonyms used start with ‘C’ for carers

The first carer, Cathy, was a retired professional and looked after her stepson’s children. Initially she cared for one child who was moved to alternate care, then later cared for three siblings for three and a half months before they returned to their mother’s care. These children did not see their mother during this time as she was in a drug rehabilitation programme.

The second carer, Colleen, was semi-retired and looked after her elderly mother and her daughter’s two children, and still had them in her care at the time of our interview. One of the granddaughters had a neurological disability. These children had frequent unsupervised access with their mother. Colleen was working toward returning the grandchildren to their mother’s custody.

The third carer, Cindy, was an active retiree and had looked after her son’s child for three years before the relationship broke down and the family court judge ordered her grandson to be returned to his mother. Access visits were sparse in the first two years then more frequent contact was made leading up to reunification.

These carers spoke specifically about their experiences of having their grandchildren in their care, their interactions with the mothers, and the social services they engaged with.

Table 3

Carer Participants

Pseudonym	Relationship to Children	Children in Their Custody
Cathy	Paternal step-grandmother	One child, then three children, now returned to their mother
Colleen	Maternal grandmother	Two children in her custody
Cindy	Paternal grandmother	One child now returned to his mother

Factors for Reunification

This section explores participants' views on factors of reunification. Themes drawn from the data are mothers' preparedness, carers' preparedness, children's preparedness, support systems, the role of Oranga Tamariki in the process, family connections, the importance of relationship-based practice, and post-reunification support. These themes seek to address the questions of what difficulties do mothers face in family reunification, what services empower mothers towards reunification, and what type of support services are required post-reunification to establish stable families. Firstly, findings about mothers' preparedness are discussed.

Mothers' Preparedness

Participants reported factors they believed contributed both positively and negatively to mothers' preparedness for reunification. These factors included historical issues related to child removal, a mother's anger and emotional dysregulation, and reaching a turning point. Next, the historical factors of child removal are discussed.

Historical Factors of Child Removal. The harm women had experienced as children affected their ability to parent. There was agreement across all participants that a mothers' adverse experiences of family violence; physical, emotional, and/or sexual abuse; neglect; and

being in kincare and/or non-kin care, were all factors that made parenting difficult. Moana recalled the physical and sexual abuse she received as a child,

> I tried to live with my dad for a little bit, until he beat me with a belt … my Mum came and got me …my Mum ended up with her boyfriend…he started sexually abusing me at the age of six… right up to the age of 12 (Moana).

By age 17 Moana was in a gang and had her first child. She described being the victim of violence daily which led to Oranga Tamariki stepping in to protect her baby, "I became quite promiscuous and once I gave birth … I kept getting beaten up every day and stuff like that … so OT [Oranga Tamariki] got involved" (Moana). As evidenced in Moana's story a mothers' history of adverse childhood experiences created trauma that needs to be addressed when helping mothers to make changes to be prepared for reunification.

All participants agreed the mother's adult experiences of family violence, involvement in gangs, drugs, and crime, created an unsafe environment for children. Mel recalled the gang life included substance use, and physical, sexual, and emotional abuse, "I suffered a lot of loneliness, a lot of abuse...It was hard out, just alcohol abuse and drug abuse just got skyrocketed" (Mel). She described the situation when her children were removed from her care,

> I was really struggling for money. I then got up with my marijuana dealer and offered to um, help out in the way of bringing more income in. And this led to people turning up on my doorstep ... to roll me for my product or cash ... And a couple of police raids on the house, one while my children were there. OT got involved and they removed the children from my care (Mel).

To protect Mel's children from drug dealing and a violent home Oranga Tamariki removed them and placed them in the care of her family. Reflecting on Mel's experience it is noted that often mothers need help to extract themselves from their life of violence, gangs, drugs and crime to be prepared for reunification.

Participants spoke about poor mental health as a factor in child removal that frequently coexisted with addictions. Depression, self-harm, and suicide were observed in mothers by participants in all three groups. Mel described her postnatal depression and how she used drugs and alcohol to escape the depression, "and along came baby number two…it was hectic, I fell

into quite a postnatal depression with her, which I used drugs and alcohol to numb myself" (Mel). A mother's poor mental health impacted her preparedness for reunification and therefore impacted on reunification outcomes.

Anger and Emotional Dysregulation. Mothers who lost custody of their children often displayed angry emotional dysregulation that needed managing before they could address the concerns of Oranga Tamariki and be prepared for reunification. Mother participants described similar responses to custody loss expressing fear, stigma, shame, anger, and longing for their child. Moana lost hope of getting her children back, which led to her continuing her risky behaviour and leading her further away from being prepared for reunification, saying,

> They [Oranga Tamariki] told me at first there was no chance of me getting them back ... So I gave up, and they told me that [the children] were going home for life [permanent foster care] … giving up to me just looked like going AWOL [absent without leave], just raking up more charges, in and out of prison (Moana).

Moana's response was 'fight or flight' due to her emotional dysregulation, and it took some time before she was prepared to work with Oranga Tamariki towards reunification.

Social workers spoke of helping mothers to manage these behaviours, imparting hope to empower them to regain custody. Social workers observed emotions of guilt, sadness, failure, helplessness, aggression towards social workers, threatening behaviour, emotional dysregulation, shock, overwhelm, and poor wellbeing. Stephanie explained this aggression and emotional dysregulation saying they were responding to their situation from their own experiences of substance use and hopelessness, "[a mother] resists in violent ways according to her world of addiction and despair" (Stephanie). Participant social workers empathised with mothers' anger and emotional dysregulation and helped them to focus on addressing Oranga Tamariki's concerns.

Turning Point. Mothers and social workers agreed that mothers needed to reach a turning point to be ready to make the changes necessary for reunification, such as attending drug and alcohol rehabilitation programmes. In order to precipitate a crisis for the mother to reach a turning point they would deliver an ultimatum that if they did not make changes, they would not get their children back. This turning point was accompanied by an inward realisation that personal change was their best option. Sherry told how she would advocate for her mother

clients while at the same time pushing them forward and giving an ultimatum when needed, as this could precipitate a turning point leading towards eventual reunification. Sonia reflected on the effort required for this type of change, “A lot of the clients, often when they go to the courses, they're disappointed because it's not a quick fix… they've gotta realise that they've gotta work on themselves” (Sonia). Mothers needed to be intentionally addressing the concerns outlined by Oranga Tamariki to be prepared for reunification.

Social workers acknowledged the mother’s substance use was a primary concern for Oranga Tamariki. Mothers frequently had co-existing conditions of alcohol and drug use alongside child maltreatment. Stephanie reflected on the link between substance use and child maltreatment, “over my career that that would be very true, family violence, drugs and alcohol, maybe a bit of neglect that would be from family violence and drugs and alcohol” (Stephanie). Stephanie thought that being alcohol and drug informed helped to support mothers addressing their substance use.

For mothers to prepare for reunification they needed to acknowledge how their substance use affected their parenting and address their addictions. Mothers told how they initially denied the impact of their addiction, which made accepting help difficult. Mel confessed her denial that substance use was a problem, “I thought I’d just get this three months out of the way [for a clean hair follicle test] and I’d have a joint [cannabis cigarette] to celebrate my success” (Mel). Stephanie helped her client mothers to see their use of substances and associated lifestyle of crime was causing parenting to suffer because parenting was subordinate to their need to obtain drugs. She explained to mothers, “just the drama and the chaos and the hypervigilance that you have to be under for that, and parenting can fall by the wayside” (Stephanie). Helping mothers to see how their drug using lifestyle impacted their children was an important step in preparedness for reunification.

Social workers supported mother clients to attend drug and alcohol rehabilitation programmes as these could create a turning point for the mother, helping her stop using substances. None of the mothers (either participants or mothers the social workers or carers described) in recovery from substance use had stopped using substances on their own accord, and all had attended alcohol and drug rehabilitation programmes. Moana described her turning point when she lost her twin babies and went to a drug and alcohol rehabilitation programme. There she gained hope of getting her children back with support from leaders, and tools learned in the programme, and this enabled her to change. “I stuck it out… I learnt all the tools, I fully

immersed myself into that programme. I learnt about different behaviours, different communication styles, my relapse prevention plan, I started getting on board with the encounter system" (Moana). The programme equipped Moana with skills necessary to make changes to be prepared for reunification.

Experiencing a spiritual awakening positively impacted mothers' well-being and motivated them towards their turning point. Mel and Moana experienced salvation and redemption in Jesus Christ during the period that their children were in care. Moana became a committed Christian after being released from prison, "I got out [of jail], I really wanted to change my life around. And I gave my heart to the Lord" (Moana). Mel was raised a Catholic and reconnected to God through her Narcotics Anonymous (a community of people who meet regularly to help each other to stay clean from drugs) meetings, "I found God again in that NA [Narcotics Anonymous] room" (Mel). These spiritual experiences shifted their attitude, giving them hope and energising them to change their life and stop using substances, propelling them towards reunification.

Addressing the impact of historical and adult abuse and violence and supporting mothers mental health and emotional regulation were important in addressing the concerns of Oranga Tamariki and enabling reunification. The creation of turning points through ultimatums, recovery programmes, and for the two mother participants, finding faith, were described as pivotal in supporting mothers' preparedness for reunification. Next, what carers consider is necessary for reunification is discussed.

Carers' Preparedness

Carer participants were all grandparent kinship carers, and they highlighted several factors related to the preparedness of carers that were important to successful reunification. Carers had beliefs on what was good enough parenting. They could also put up obstacles to reunification for various reasons.

Carers felt prepared for reunification when they saw that mothers were free from substance use and family violence and they had good communication with them. Carers spoke of how their communication with the mothers was not satisfactory. Carers interviewed had spent considerable emotional energy, time, and money protecting their grandchildren from unsafe environments and cared about their wellbeing. Being ready for reunification required

them to balance the risks of future potential substance use and family violence exposure against the mother making sufficient progress to keep her children safe. Cathy was pleased the children's mother completed her drug and alcohol rehabilitation programme and was ready for reunification. While Cathy had some misgivings about whether the home would remain free from family violence because of their father's presence, she thought reunification was the right step, saying, "it doesn't seem right for the kids not to go back to her" (Cathy). Cathy was able to see the mother had taken positive steps to improve her situation so the children could return home. Despite her reservation that the living situation was somewhat tenuous she agreed returning home was the best option for the children at this point.

When carers were not fully supportive of reunification they could put up obstacles related to their strong attachment to the children, and high standards of parenting, which could delay the process. Colleen's daughter had completed parenting courses, was free from substance use and family violence, and had unsupervised access to her daughters, but Colleen was not ready to return the grandchildren to her, saying, "She doesn't tick all the boxes yet to have the girls back in her care" (Colleen). Her high standards for how the grandchildren should be raised combined with her strong attachment to her grandchildren (she had been their carer for 13 years) were barriers to the children returning home.

Social worker Sherry also spoke about a carer (the children's great auntie) who actively created barriers to access, delaying the process of reunification as she had formed a strong attachment to the children and was unprepared for the children to return home. Sherry asked her client mother,

> Why do you think your auntie's doing that [not making the children available for access visits]? Because, I mean, the kids are under section 101 [Family Court orders granting legal custody to The Chief Executive of Oranga Tamariki], like there's an actual FGC [Family Group Conference[39]: a scheduled meeting where Oranga Tamariki works in partnership with the family to care safely for their children] plan. This is supposed to take place every two weeks, this visitation. And she said, 'because she doesn't want to give my children back' … I'm inclined to believe that that might be true. And she doesn't actually want to give the children back (Sherry).

[39] Refer to Definition of Key Terms

Another participant, Cindy, opposed her grandson's reunification because of the mother's history of abuse and neglect. But when Cindy's relationship with her grandson broke down, the family court judge ordered the boy return to his mother (which, in fact, the boy wanted). Cindy's objection had delayed reunification requiring court processes to be followed to enforce the child's return home.

Carers were ready for reunification when mothers were free from substance use, communication with mothers was satisfactory, and the mother's home was free from violence. Carers could obstruct reunification due to high parenting standards and strong attachment to the children. Next, what makes children prepared for reunification is discussed.

Children's Preparedness

Participants explained factors relating to the preparedness of children that influenced successful reunification. Children had likely experienced trauma from abuse and neglect, and trauma from separation, requiring support to prepare them for returning to their mothers and settling back into their family. Sonia's agency appointed a youth worker to children to help them express their feelings and heal from trauma. She described how children blamed themselves for being separated from their mother, recalling, "They feel like they're to blame, they feel, well, it affects their health sometimes" (Sonia). She observed children's poor health, lack of concentration, and depression following maltreatment and separation.

Agreeing with Sonia's observations about the effects of trauma from separation, Mel's eldest son struggled with the separation which led to him struggling at school. His solution was to get his mum back. Mel told how he wrote a letter that he wanted given to Oranga Tamariki, which read, "'I'm struggling at school, I'm struggling to keep friends at school, I'm struggling in my sport, and I really just need my queen back'" (Mel). Providing children with ongoing support to express their feelings and heal from trauma helped them to be prepared for reunification.

In summary, key factors for reunification were that mothers had common experiences that made reunification difficult, and they needed support to make changes to be prepared for reunification. All participants agreed that adverse childhood experiences, family violence and substance use made it difficult for mothers to care for their children, and this was often exacerbated by the mother's co-existing poor mental health. They observed how mothers who

lost their children could became emotionally dysregulated, losing hope of getting their children back.

For mothers to change and satisfy Oranga Tamariki's concerns, they needed to reach a turning point and be ready to put in the work required. Becoming free from substance use was important, and all mothers who succeeded had the help of drug and alcohol rehabilitation programmes. Both mother participants found wellness through their spiritual awakening of faith and redemption, which bolstered their recovery and preparedness for reunification. For carers' preparedness for reunification, they wanted to see the mother abstain from drugs and alcohol, provide a safe non-violent home, and have good communication with them. There were obstacles to readiness that delayed reunification, like carers having a strong attachment to the child, high standards of parenting, and objecting to reunification. For children to be prepared for reunification, they needed support to address their trauma from both their maltreatment and separation from their mother, and help settling back into living with their mother. Next, the support systems participants found necessary for reunification are discussed.

Support Systems

A crucial success factor for reunification was the presence or absence of support systems. Participants explained how in the process of reunification mothers needed tailored support to address Oranga Tamariki's concerns, particularly ceasing substance use and escaping violence. Social workers supported mothers to improve safety and connect them to professionals, psychosocial supports, and programmes. Stephanie advised mothers to, "have professionals in your life who can understand what Oranga Tamariki's concerns are and then work to address those" (Stephanie). These support systems were needed for mothers to be able to make the necessary changes to be prepared for reunification.

For mothers to manage their addictions and escape family violence they needed to move away from their home, make new friends, and seek new professional support services. Often they had experienced intergenerational trauma and familial support, if it existed, was weak. Stephanie described the support of a mother client of hers, "I'd say her support network are the friends that she's making since she's come here, and the professionals that she has… there is a fair amount of dysfunction in her immediate family" (Stephanie). This client had to build new connections with friends and professionals since escaping family violence and had no support from her immediate family.

To address Oranga Tamariki's concerns about the mother's ability to parent, social workers told how they linked mothers with psychosocial support services such as counselling, addiction services, budget advice, programmes like Living Without Violence (a service for perpetrators and victims of domestic violence), and parenting courses, as well as arranging for benefits, housing, and medical help. Sherry gave an example of providing psychosocial support to a mother by arranging for her welfare benefit (government provided financial assistance) to be reinstated and attending to unpaid rent, "She was not on a benefit. She had let her benefit lapse, and things had become so overwhelming… her rent hadn't been paid" (Sherry). Sherry helped to bring some order to this mother's overwhelming chaos so that she could work on preparedness for reunification. Participants highlighted that such support systems were important in preparing the mother for reunification.

Many participants outlined that mothers needed support escaping family violence so that children could be safer and reunification possible. Stephanie explained how she supported mothers subject to family violence plan to increase safety and remove risk. Stephanie's agency would attend to the mothers' personal and home security and accompany mothers in high-risk situations like child access visits where the father was a perpetrator of violence, saying, "In terms of adding safety, it's things like personal alarms, home alarms, home security upgrades, making sure that we are with her in certain circumstances" (Stephanie).

Sherry supported a client mother to escape violence by going to police and reporting the harm, recalling, "So for that Māmā in particular, removing risk was working with her and the police to get her statement in so that the offender could be arrested, and that removes some risk" (Sherry). However, for mothers involved in gangs, going to the police was risky. Mel spoke about the risk of going to police. Due to her gang affiliations, she feared retribution for being an informer. Mel recalled, "I was so scared to go to the police because being in the gang world if you call the police, you're a nark. You're as good as dead" (Mel). Mel's mother supported her to go to the police, and police helped her get to a women's refuge in another town. This support to escape violence was an important step towards preparedness for reunification.

Carer and mother participants described housing as an essential but often difficult step in the return of children. The mother of Cathy's grandchildren spent months trying to relocate. Mel also struggled to find a rental. She recalls the stigma of being a substance using mother who had lost custody of her children, "because of my background no one wanted to know me

for renting" (Mel). Finding rental accommodation was challenging for mothers with a history of substance use due to stigma from landlords, and they needed support to do this to enable reunification.

Legal support was also discussed across participants as another necessary step to support reunification. Stephanie would help mothers to engage a lawyer to navigate the child protection system, emphasising how lawyers explained legal terms and processes, held Oranga Tamariki to account if they did not follow proper process, and gave the mother a voice in court before the judge. Stephanie described being in a Family Group Conference with Oranga Tamariki supporting a mother client, where she might say,

> Well, we've dealt with your concerns [to satisfy requirements for reunification]… [then] they often change the goal post, and that's when a lawyer could help. Because the other thing about having a lawyer, it means that your voice gets heard by the Family Court" (Stephanie).

Moana shared how she had gone to women's refuge after her third baby was removed and promptly got a lawyer who enabled her baby to be returned to her, recalling, "I went and got a lawyer straight away. And they gave [my baby] back to me at Women's Refuge" (Moana). Action from Moana's lawyer enabled her baby to be returned to her care.

Support systems participants found essential for reunification included help to escape family and gang violence, psychosocial supports tailored to the mother's needs, help with basic necessities such as housing and an income, and importantly, legal support to navigate the child protection system. Next, how participants view the role that Oranga Tamariki plays in the reunification process is discussed.

The Role of Oranga Tamariki in the Process

The social worker participants (not employed at Oranga Tamariki) thought Oranga Tamariki viewed a mother's resistance to having her children removed as a sign she was not ready for reunification. Conversely, a mother's good communication and consistent attendance at access visits were seen by Oranga Tamariki as an indicator of readiness for reunification. While initially Moana railed against Oranga Tamariki, she had learned to stop fighting and work with them. At the time of interview, Moana had regular and clear communication with

Oranga Tamariki social workers and had her third and fourth children returned to her custody. She recalled, “in terms of fighting OT to try and get my kids back I gave up on that, I gave up threatening them” (Moana). Moana’s clear communication and consistent contact with her children demonstrated her preparedness for reunification.

Social workers and carers outlined how barriers to reunification could occur due to Oranga Tamariki staff turnover. This interrupted the relationship between all parties in the reunification process as the new social worker needed to come up to speed and develop a relationship with those involved. Cathy recalled that she found the first social worker assigned to her grandchildren’s mother effective, but the replacement social worker was not familiar with case facts when attending the Family Group Conference, which delayed procedures. Sherry observed a high turnover of Oranga Tamariki social workers, saying mothers did not like retelling their story to a new case worker, observing, “The social worker that they're currently involved in will say … I'm gonna pass on … everything that I know about your particular situation to the [new] social worker and it's all gonna be fine. And … it's not” (Sherry). Oranga Tamariki’s handover between social workers was disruptive to the mother’s mission to reunite with her children.

While changing social workers was often instigated by Oranga Tamariki for operational reasons, participants recommended changing social workers if you were not happy with them, as a poor relationship with the Oranga Tamariki social worker was a barrier to the reunification process. Moana put it this way, “I can feel you’re not for us, so I don’t want you to work with us” (Moana). Mothers benefited from having a social worker they felt was on their team working for reunification.

Participants also spoke about Oranga Tamariki’s slow legal process which could prolong children’s time in care creating barriers to reunification. Stephanie described the legal process as being extremely slow, “It'll work with time frames that are mind boggling, bogglingly slow” (Stephanie). Stephanie’s quote reflected frustration towards the legal system and the seemingly unnecessary barriers this created to reuniting families.

Stephanie was a strong advocate for women, and she was frustrated that children were uplifted for safety concerns, and later when the safety concerns were addressed, Oranga Tamariki would use the newly formed attachment to the carer as a reason for not returning the

child, which became a barrier to reunification. She viewed that time in care was prolonged due to delays in Oranga Tamariki following their procedures,

> They'll pull the timeframe card on you… they've formed an attachment with the caregiver. So that's the reason why we're keeping them. You might have done everything, but it's not happening in enough time (Stephanie).

Stephanie's experiences of working with Oranga Tamariki as a mother's advocate formed her opinion of Oranga Tamariki as a system that was not working for mothers and their children, and instead of supporting families, was putting up barriers to reunification.

Family Connections

All participants agreed that when connecting families the voices of mothers and children should be listened to and their needs supported to prepare them for reunification. Sonia said when reuniting families, "It's a case-by-case basis" (Sonia). Participants described a range of children's ages, circumstances, locations, and length of time that children were in care, with varying levels of pre-existing family and friend support. Social workers stressed responding to a family's uniqueness and ensuring a plan reflected the needs of all. Participants also discussed that the process of reunification could not be rushed. Sonia shared her experience of supporting reunification, believing it should be taken slowly, gradually increasing supervised visits before full reunification. Sonia said, "when the child returns home it has to be a gradual process" (Sonia). She elaborated that a plan should be made including the voice of children and clear expectations for the mother around reunification. She thought on average it could take 18 months for the mother to be ready to reunite. Other participants described shorter or longer periods before reunification, ranging from 3.5 months for Cathy's grandchildren, to thirteen years for Moana. This wide variation indicated that for mothers to be ready for reunification there were many different variables and pathways for families to successfully reconnect.

Social workers told of cases where children were placed with paternal kin carers where the father had been a perpetrator of family violence. Social workers expressed how family violence impacted family connections, and where a child was placed affected how the mother and child could rebuild their relationship in preparation for reunification. Stephanie explained a case where the father was a major threat to her client mother's safety and paternal kin care had custody of her child which caused her extra stress. In Stephanie's view, the father's family

supported him, and in different ways permitted the family violence to occur, saying, “for her as someone that he's nearly killed, it's kind of, they're his allies, and they're his people” (Stephanie). Stephanie told how frightening it was for her mother client having her son in their care and she didn’t want to have anything to do with him or his family. Furthermore, the child was required to have ongoing access to the paternal family if she was to regain custody which put the mother’s ongoing safety at risk.

Another way family relationships affected reunification was when children were oppositional to their carer and wanted to return home. Cindy told how she and her grandson had an altercation leading to the police being called to her home, and him being placed with other relatives. The case went back to the courts and the judge ordering the boy returned to his mother’s care. Cindy recalled the judge’s comments, “The judge said, ‘at 12, he is old enough to know where he wants to live’” (Cindy). The judge considered the boy’s voice in where he wanted to live and that reunification was in his best interest, despite opposition from Cindy about the safety of this arrangement.

As detailed in the previous sections, support systems, Oranga Tamariki, and family connections can all impact the process of reunification when mothers need support to leave abusive relationships and to recover from addiction. Social workers worked with mothers to address Oranga Tamariki’s concerns and connected them to legal and psychosocial services and programmes that supported change to be ready for reunification. Changes to Oranga Tamariki staff assigned to cases, and slow legal procedures stalled reunification. Some carers obstructed access to prevent the children leaving their care, and children placed with family of an abusive partner made it difficult for mothers to access their children. Conversely, a child oppositional to their care arrangement could precipitate reunification. In the next section, the value of relationship-based practice by social workers is discussed.

Importance of Relationship-Based Practice

From participants’ experiences it was clear that successful family reunification benefits from relationship-based practice, particularly good engagement with the client, establishing trust, being non-judgemental, and listening. These characteristics encourage engagement and promote change. Social workers explained how they needed to quickly establish trust by being non-judgemental and listening to the mother. Sonia found the benefit of a trusting relationship between social workers and clients was that they were more engaged in the process, “And as

soon as she felt comfortable with me and trusted me, she engaged more" (Sonia). Sherry described her relationship-based practice as equipping the mother with a plan and providing her with reassurance and hope,

> And so, kind of just providing her that awhi [to surround and cherish[40]] and that reassurance…[saying] these are the goals and the tasks that we can do to get there…assuring her that there's a light at the end of the tunnel (Sherry).

Trusting relationships with mothers supported engagement, and Sherry interpreted an engaged and responsive client as being motivated to change, "she doesn't miss a meeting. And she is very responsive to my texts and my emails. And so, for me, that shows a massive willingness to… change" (Sherry). Trusted relationships between social workers and the families supported engagement to change and prepare for reunification.

Another factor that supported trust and client engagement was that they were not a statutory agency. Sonia explained that the mothers were more relaxed with a non-government social worker as they did not like the stigma that accompanied Oranga Tamariki social workers. Sherry confirmed the advantage of being a non-government organisation when building a trusting relationship with mothers, "A big part of it is the fact that I don't work for a government organisation…I don't think she would trust me so" (Sherry). Mothers responded to relationship-based support and spoke of needing peer support. Mel recalled how she needed this when she was escaping drugs and violence, "I just needed someone that wasn't acting as an authority to sit beside me and have a cup of tea and you know, or come to the supermarket with me ... I was so alone" (Mel). Mothers were making big changes were vulnerable and needed non-judgemental support from people they could trust.

Post-Reunification Support

Mothers talked about lapses in sobriety as part of the journey to being free from substance use, and they needed support through these lapses from a community which was drug and alcohol informed. Moana spoke about her lapses, saying the next move after a lapse was what mattered, "I fell off and stuff like that, but um, you know it's part of the journey. It's what you do with it" (Moana). Both Moana and Mel found that helping others stop using drugs and alcohol had a therapeutic benefit to overcoming their own addictions. Moana hoped sharing

[40] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz

her story would give others hope, especially those struggling with addiction, “hopefully my story can give them hope” (Moana). Supporting others in addiction helped mothers to stay focused on their life with their children without using drugs or alcohol, which supported successful reunification.

While mothers could address their substance use with support from alcohol and drug programmes, for reunification to be stable, they needed support post-reunification to work through their trauma. Sherry’s client mother was on track to stop using substances but still needed help working through her emotional wounds. She assessed her readiness for reunification saying,

> She stopped using methamphetamine, which is really awesome. She's still using cannabis, but she wants to stop...Yes, from an AOD [alcohol or other drugs] perspective, but she has a lot of emotional trauma that she needs to process in order to be the best her that she can be for her children (Sherry).

Social workers recognised that mothers would need support after they got their children back. Once the fight with Oranga Tamariki to regain custody was over, mothers had energy to address their past trauma.

Participants observed once children were reunited with their mother their trauma continued to impact their behaviour, and children needed ongoing support post-reunification. Sonia told how children once returned to their mother were anxious and fearful of being removed again. They could be hostile to their mother, and take a while to settle in. Sonia recalls how children commonly reacted, “So, sadness, depression, resentment, angry at the parent. Yeah. And sometimes it takes the children a long time to settle back down” (Sonia). The effect of a child’s trauma did not disappear at reunification, and they needed support as they navigated being a family again.

Social workers observed mothers needed support post-reunification with a safe place to ask for help if they were having difficulty parenting. Mothers feared if they admitted they needed help it could lead to their children being removed again. Sonia noticed this problem and described a mother’s conundrum “But I can't say ‘help me’ because then I might get them taken off [me]” (Sonia). Sonia’s agency would support the family post reunification for as long

as was required, expecting that families would need support as they adapted to their new situation while healing from past trauma.

Key learnings from participants were that relationship-based practice and support post-reunification were important. Relationship-based practice helped to build trust and improve the mother's engagement in the process and not being a statutory agency helped when building trust. Post-reunification, mothers needed ongoing support to deal with past trauma and children needed support as they worried about being removed again from their family. Mothers needed a safe place to ask for help post-reunification, as they feared their children being removed again if they admitted they needed help.

Summary

This chapter presented the findings of the semi-structured interviews. Participants were described and thematic findings from their interviews offered. Mothers' factors for reunification included negative common experiences of adverse childhood experiences, violence, abuse and involvement in gangs, drugs and crime, as well as poor mental health. Mothers also displayed emotional dysregulation. Access was difficult for mothers when their children were placed with relatives of the perpetrator of family violence, and mothers required support from alcohol and other drug rehabilitation programmes to be free from substance use. Carers were found to be prepared for reunification when the mother was free from substance use and violence, and could communicate well with them, but carers' attachment to the children and high parenting standards could be an obstacle. Children experienced trauma from maltreatment and separation that required support. Social workers applied relationship-based practice, creating a tailored plan for the reunification process. They advocated for mothers and assisted them to address Oranga Tamariki's concerns to empower them towards reunification. Oranga Tamariki viewed a mother's good communication and regular attendance to access visits as positive signs of readiness, but the slowness of legal processes created a barrier to reunification. Social workers expressed how continued support for mothers and children post-reunification enabled family reunification to be stable. The relevance of these findings will be analysed in the Discussion chapter that follows.

Chapter Six: Discussion

This research aims to explore ways that support mothers regaining custody of their children following substance use by looking at three questions relevant to the research aim: what difficulties do mothers face in family reunification; what services empower mothers towards reunification; and what type of support services are required post-reunification to establish stable families. The previous chapter presented the findings of this research. This chapter will discuss the research question in light of these findings and their relationship to the literature. Earlier in chapter two and three, the literature was examined to form a platform for considering the research questions. By comparing these themes to the literature using the theoretical position of social constructionism, conclusions can be drawn on the specific questions asked about this research topic.

This chapter begins with examining the historical issues mothers share, followed ongoing risk factors then structural barriers that inhibit reunification. The role kinship carer relationships play is followed by the importance of collaboration to achieve successful outcomes. Following on from this, the role of social workers in the process is considered, including supporting the needs of families post reunification. This next section discusses mothers' historical issues.

Mothers' Historical Issues

This study supports existing literature that mothers who lose custody of their children often have a complex matrix of historical events that make parenting difficult, and the mother needs to address these issues before she can regain custody (Barrett et al., 2023). The literature reports on multiple occasions how a mother's own adverse childhood experiences (Appleyard et al., 2011; Barrett et al., 2023; Jenkins et al., 2023; O'Connor et al., 2021; Oranga Tamariki-Ministry for Children, 2020; Tsantefski et al., 2014; Younas & Goutmanm, 2022), being in care as a child (Oranga Tamariki-Ministry for Children, 2020), intimate partner violence, non-partner violence (Appleyard et al., 2011; Barrett et al., 2023; Jenkins et al., 2023; O'Connor et al., 2021 Tsantefski et al., 2014; Younas & Goutmanm 2022), and substance use (Andrews et al., 2019; Barrett et al., 2023; Colvin & Howard, 2022; Connolly et al., 2013; Panisch & LaBrenz, 2023; Tsantefski et al., 2014)) all contribute challenges to parenting and the resulting risk of child protection issues and unsafe homes for children. Most mothers in this study shared

similar understandings and experiences of physical and sexual abuse as children and had been in non-kinship and/or kinship care themselves. Additionally, mothers were familiar with intimate partner violence and non-partner violence, and they had used substances while parenting. These common factors and experiences compromised their parenting, as it was likely the harm they experienced as children and adults, and their substance use, negatively affected their ability to parent.

In addition to the historical issues mothers faced, participants spoke of mothers' poor mental health coexisting with their addictions, impacting their ability to parent safely and consistently. Participants from all three groups observed depression, self-harm, and suicide in mothers. These findings support the work of other studies in this area linking poor mental health with substance use and the negative effect this has on parenting. The reported rate of mothers with poor mental health losing custody is 43% (Connolly et al., 2013). Doab et al. (2015) argued that poor mental health was a common factor in custody loss and challenging to address, requiring mental health services that matched the mother's needs. In addition poor mental health in the context of family violence and other adverse childhood experiences can lead to outcomes of poor attachment where the child's needs are not met (Barrett et al., 2023), with the potential for inconsistent care and neglect, and/or physical abuse (Barrett et al., 2023; Canfield et al., 2017; Doab et al., 2015; Doidge et al., 2016; Jenkins et al., 2023; O'Connor et al., 2021). Supporting a mother's mental health is therefore important to enabling family reunification.

Other historical issues contributing social risks to child maltreatment were mothers having larger numbers of children and being at a younger age when having their first child (Buek & Mandell, 2023; Canfield et al., 2017; Doab et al., 2015; Taplin & Mattock, 2013; Whitcombe-Dobbs et al., 2023). Unsurprisingly, teenage mothers are likely to have lower levels of education and lower incomes than older parents, which contributes to their social disadvantage and compounds these risk factors (Buek & Mandell, 2023; Canfield et al., 2017; Doab et al., 2015; Taplin & Mattick, 2013; Whitcombe-Dobbs et al., 2023). In this study the participant mothers and clients of social worker participants were observed to have five or more children, with most of the women entering motherhood at a young age. The resulting social disadvantage of being a young parent with multiple children was a risk factor for child maltreatment. Literature details that assisting these mothers with parenting education (Barret

et a, 2023; McGovern et al., 2021), and housing (Dare et al., 2023; Marcellus, 2017) would help build a more stable future for these families.

This study is in agreement with the assertion that an unstable family environment where violence and substance use are present increases the risk of child maltreatment (Ainsworth, 2021; Choate & Engstrom, 2014; De Panfilis & Scannapieco, 1994). An implication of these findings is that for mothers to be ready for reunification they need skilled support from trusted people to become free from family violence and substance use, thus reducing their children's risk of maltreatment. In this study all participants concurred that the mothers' connections to gangs, drugs and crime created an unsafe environment for children, yet participant mothers had difficulty extricating themselves from the web of gangs, drugs, and violence due to fear of reprisal.

Ongoing Risk Factors

To ensure successful reunification a variety of ongoing risk factors have to be considered. Participant social workers would collaborate with other support services to address these risks. They would educate mothers on how their drug using lifestyle, which frequently included crime and violence, impinged on their ability to provide safety for their children. They would work with mothers to modify their resistance to child welfare workers, connect them with psychosocial services appropriate for their needs, and get them help to manage their addictions and associated lapses in sobriety. Both the literature and social workers in this study support the notion that a child born to substance using parents is more likely to live in a chaotic home environment with adults prioritising drug seeking behaviour over parental responsibilities, leading to neglect and/or abuse (Lussier et al., 2010; Messina et al., 2014; Panisch & La Brenz, 2023; Roy, 2023). These findings confirm that mothers need to be supported to escape the drug using life with its associated maltreatment of children to be able to provide a safe and stable home needed for stable reunification.

Prior studies have noted how hard it was for mothers to cooperate with child welfare workers as they displayed resistance for a variety of reasons (Cook, 2020; Forrester et al., 2012; Scott et al., 2018; Tsantefski et al., 2023). When mothers had been in care themselves as children, traumatic memories of being separated from their parents and siblings could resurface (Cook, 2020). Adverse childhood experiences could reinforce fear of child welfare's surveillance and policing responsibilities, which undermined cooperation (Forrester et al.,

2012; O'Connor et al., 2021; Tantawi-Basra & Pezaro, 2020; Valentine et al., 2019). Adding to the fear of surveillance could be emotional dysregulation, which is associated with substance use (Panisch & LaBrenz, 2023). Complicating the situation further is the mother's grief from loss of custody and objecting to having her child placed in care (Tsantefski et al., 2023; Vanderfaeillie et al., 2023). The results in this study confirmed the literature as the researcher observed from participants' (social workers and one mother) recollections that many mothers had been in care themselves as children, and they were oppositional towards Oranga Tamariki who removed their children, particularly in the initial phase of separation. Mothers responded to this threat in an emotionally dysregulated way, sometimes threatening violence towards child welfare workers. Mothers' feeling of anger and being overwhelmed impeded cooperation with Oranga Tamariki, delaying possible reunification.

Participants in this study recounted that mothers sometimes faced the difficulty of having children with chronic physical, neurological, and learning disabilities. Parenting children with additional needs adds complexity and challenges for mothers navigating reunification and maintaining stable families post-reunification. This result is supported by Faasen et al. (2023) who report that families caring for children with disabilities are under stress and have difficulty accessing disability assessments and support. Additionally, studies show that half of children in child care and protection have disabilities, compared to 10% of the population at large (Oranga Tamariki-Ministry for Children, 2025). These additional risk factors require specialist support.

In this study the two mothers who regained custody had collaborated with addiction support services to manage their substance use and passed hair follicle drug tests, being drug free, although one mother described lapses in sobriety. Participant social workers and mothers explained that while some mothers were completely clean from substance use others had lapses but stayed connected to their support people and got clean again. Mothers' views on recovery from substance use were not homogenous but generally abstinence was their goal, however difficult it was to achieve, as this was what Oranga Tamariki required. Participants views did not mirror that of the literature, but instead their approach was at a more essential level of getting their children back. The literature took a different position to parents in this study, saying parents shared the view of recovery from poor mental health and/or substance use in accordance with the mental health consumer movement, where exercising agency, having their

human rights upheld, and having reasons to hope are the focus (Jury & Smith, 2016; Scott et al., 2018).

To summarise, supporting reunification of families requires consideration of several historical and current risk factors related to the likelihood of child maltreatment, and tailoring a plan to make the necessary changes to support reunification. Social workers collaboration with other support services was needed to address the mother's risk factors. Help managing her substance use, getting support for her children who may have disabilities, and help to address her trauma, could empower her to attend to the changes necessary for reunification.

Structural Barriers

In the AoNZ child welfare system, there are structural barriers caused by variabilities of workload for child protection social workers and variabilities of resources available between regions, which can affect decisions in child protection cases (Atwool, 2021; Hyslop, 2021; Keddell 2022; Keddell & Hyslop, 2020; McTavish et al., 2022). Atwool (2021) states that a lack of resources to provide intensive tailored services to address a family's risk factors can lead to child removal being the only option to ensure a child's safety. This variability of available services can lead to social injustice, and after a child is removed this has the potential to delay or stop reunification (Atwool, 2021; Hyslop & Keddell, 2019). International literature reports that the main determinant of child welfare decisions for supporting child protection and family reunification is having available options, and having intensive services available to match the needs of a family increases the likelihood of family reunification (Balsells et al., 2017; Lin et al., 2020).

In this research, one example of a structural barrier that affected mothers was insufficient government assistance to find affordable housing. Mothers in this study reported being hindered in their effort to obtain suitable housing by the stigma of being involved with Oranga Tamariki and their history of substance use and needed access to social housing. There is symbiosis between drug and alcohol treatment programmes and having safe affordable housing, as housing adds safety which creates a secure environment from which to address addictions (Lin et al., 2020; Marcellus, 2017; McGovern et al., 2021; McLachlin et al., 2015).

There is evidence that reunification is more likely when there is only one child welfare case worker from investigation to reunification (Ryan, 2006). This research recorded mothers'

and carers' discontent with changing social workers, as noted by Colvin and Howard (2022), and how mothers did not like retelling their story to another social worker as it increased feelings of vulnerability. One problem participants had with changing social workers was that the replacement person would not have complete knowledge of the case, delaying the process of reunification further. When there was stability in the social work team and cases were followed from investigation to post reunification, relationship-based practice was strengthened as they worked in partnership towards positive outcomes of reunification.

Social workers highlighted that due to structural barriers of slow legal processes and delays in the child welfare system a child's bond to their carer was allowed to grow stronger. Social workers told how Oranga Tamariki cited attachment of children to carers as a reason to not return the children to their mother. Initially the child was removed because the mother could not care safely for the child, despite the child's attachment to their mother, but by the time the mother had satisfied safety concerns, time had worked against her, as her child's attachment to the carer obstructed reunification. This evidence speaks of the competing values of the child's attachment to, and stability with, carers (Haight et al., 2003; West et al., 2020), compared to the child's need to be with their family of origin. This underscores the urgency for social workers to empower mothers to address Oranga Tamariki's concerns if they are to avoid the child's attachment to carers becoming a barrier to reunification.

The Role of Kinship Carer Relationships

Kinship carer relationships have an influence on the process of reunification, both in positive and negative ways. When viewing the attachment relationship from the carer's standpoint, good caregiving requires a secure attachment bond, as it is meeting the needs of the child. Attachment between carer and child naturally builds with time and consistently good caregiving, and attachment is a therapeutic tool in helping a child heal from trauma (Boyle et al., 2024; Haight et al., 2003; West et al., 2020). However, Boyle et al. (2024) observed a negative aspect of this therapeutic care, that as carers formed strong attachments to children in their care it could reduce their empathy towards birth parents (Boyle et al., 2024). This study supported the literature, observing carers' objections to reunification included their strong attachment to the child. This finding implies how difficult it is for carers to return children to their biological family.

Participants in this study found that kinship carers were prepared to support reunification when mothers were free from substance use, had a home that was free from violence, and they had good communication with the mothers. While the first two requirements required outside help to achieve and therefore beyond the influence of kinship carers, the third matter of good communication which they had influence over was not often achieved. This poor communication was explained by Gordon (2018) who observed a fractious relationship could be due to shared personal history and a mother resenting the kinship carer having custody of her children. This finding suggests that education for carers in a therapeutic alliance with birth families could be helpful to support reunification (Boyle et al., 2024).

In AoNZ 50% of child placements are in kinship care (Oranga Tamariki-Ministry for Children, 2025). Benefits of kinship care include that children find it easier to see their parents more frequently (Connolly et al., 2013), which leads to an increased likelihood of regaining custody (Hélie et al., 2021; McWey & Cui, 2021; Quartey, 2024). A surprising finding from this study was the frequency of access visits did not appear to have any influence on reunification. Participants discussed variable reunification results from variable levels of access, which is possibly due to the unique nature of family circumstances in this small sample. From discussions with participants the shortest time to reunification was three and a half months, directly after attending a rehabilitation programme and having no contact visits. The longest time was a twelve and thirteen-year separation after which children where returned as teenagers to their mother, having had only four access visits a year. The reasons for breakdowns in foster care placements were beyond the scope of this study, but these mothers' stories highlight the perseverance of mothers and children to reunite.

In agreement with literature the results of this study emphasised that placing children in paternal kinship care when the child's father is the perpetrator of family violence can have a negative effect on mothers working towards reunification (Bent-Goodley & Brade, 2017; Morgan & Coombes, 2016). The literature cautions how the father can manipulate his family to control and limit access between the child and mother, enabling him to continue the abuse through manipulation, threats, and violence (Bent-Goodley & Brade, 2017; Morgan & Coombes, 2016). Participants spoke about the ongoing impact of family violence on mothers working towards reunification. Social workers observed ongoing threats and intimidation by violent fathers when the child was placed with his family. The mother's ongoing contact with the father's family was a risk to her safety, retraumatising, and an obstacle to the mother

regaining access to the child. Careful consideration of how domestic and family violence impacts the mother and child is needed when placing a child in kinship care.

The Importance of Collaboration

Collaboration between Oranga Tamariki, non-government social workers, and other support services, is vital when supporting mothers to make the necessary changes to satisfy Oranga Tamariki's concerns. The literature tells how mothers' cooperation with child protection services from child removal through to after reunification is viewed as a positive indicator for successful reunification (Bai et al., 2023; Scott et al., 2018), notwithstanding how difficult mothers may find this (as mentioned earlier). The results from this study confirm how important a mother's cooperation is, with one mother reflecting how she learnt to stop fighting Oranga Tamariki to get her children back, and instead worked with them, cooperating and communicating clearly. Participant social workers acknowledged the link between cooperation with Oranga Tamariki and preparedness for reunification. To enhance this cooperation they would act as a bridge between Oranga Tamariki and their client to progress the family towards reunification, working with mothers to understand what Oranga Tamariki required of them to be prepared for reunification, and connected mothers to services that would support the necessary change.

The literature points to the need for collaboration with other services, and that having available options to support families is a key determinant of outcomes, as reunification is more likely when intensive services are available to match the family's needs (Balsells et al., 2017; Lin et al., 2020). To make these changes the mother needed access to a variety of services (Lin et al., 2020), such as help with getting a benefit, housing, medical care, psychosocial services, budgeting, parenting training, and addiction recovery services. In this study social workers described the need for tailored support for mothers to help mothers satisfy Oranga Tamariki's concerns, primarily to cease substance use, escape family violence, and provide a safe home for their children. An example of connecting mothers to services that this research highlighted was the important role of non-government agencies that supported women and children at risk of family harm to escape family violence and provide a safe environment for their children (Humphreys et al., 2022). These non-government agencies provided personal alarms, assisted mothers in reporting to the police, and accompanied them to high-risk situations.

Another important area of collaboration was working with a lawyer to support the mother. Literature showed that mothers often did not know their legal rights or how the legal proceedings worked (Colvin & Howard, 2022). Participants promoted the need to engage a lawyer who could explain legal processes to them, acknowledging the legal system is a complex one with its own legal language often unfamiliar to the people it serves. Lawyers would hold Oranga Tamariki to account when processes were not adhered to. They also represented the mothers' view before the family court judge, counter-balancing the voice of Oranga Tamariki, to promote reunification. When considering the complex needs of mothers, collaborating with appropriate specialised services can empower women towards reunification.

Collaboration and engagement with drug and alcohol treatment programmes, either live-in or community based, enabled the mother to manage her addictions. A strong relationship between substance use and negative effects on the mothers' ability to parent has been reported (Appleyard et al., 2011; Barrett et al., 2023; Canfield et al., 2017; Colvin & Howard, 2022). It is reported that 71% of AoNZ child welfare involved cases had a mother with a drug or alcohol problem (Connolly et al., 2013). In this study Oranga Tamariki required mothers to cease substance use before regaining custody. The mothers (both the participants and other mothers that the social workers spoke about) who were able to get clean from substance use all had the help of a drug and alcohol recovery programme. These programmes taught them tools to regulate their emotions, improve communication, and stop using substances. This was either through attending a live-in programme or regular attendance at a community-based programme such as Narcotics Anonymous. Interestingly, none of the mothers managed to quit of their own accord, showing how important collaboration with these alcohol and drug rehabilitation programmes are to family reunification outcomes.

The Role of the Social Worker

Effective social work practice in child welfare cases prioritises partnership over surveillance (Davies et al., 2023; Vanderfaeillie et al., 2023), and empowers mothers to have agency in the decision-making process (Haworth, 2022; Scott et al., 2018). The literature says considering the needs of the family in tandem with the need to protect children from maltreatment leads to more successful reunification outcomes (Davies et al., 2023; Haworth et al., 2022; Latuskie et al., 2019; Mayes, 2023). This research concurred with the literature and participants described this type of practice as relationship-based practice (Frederick et al.,

2021), acknowledging it was key to engaging mothers in change. Relationship-based practice (Frederick et al., 2021) for participants consisted of empathetic communication, being able to relate with the client while not focusing on policing responsibilities, engaging in partnership with the mother when planning, and imparting reassurance and hope. A trusted relationship between mothers and their social worker was a positive factor in successful reunification (Colvin & Howard, 2022; Jedwab et al., 2018).

Alongside the skills of relationship-based practice, the findings of this study demonstrate how social workers did what they could to bring mothers to a turning point of realising the harm their lifestyle was causing their children and how they needed to change if they were to get their children back in their care. One motivating tool they used was issuing mothers with timely ultimatums to change their behaviour or else lose custody for a long time. Mothers also spoke of the positive effect an ultimatum had on them to bring them to a turning point. Very little discussion was found in the literature on ultimatums or turning points. However, one report discussed grandparents using a tough love approach by giving ultimatums to their children to complete an addiction rehabilitation programme or they would take custody of their children, but this was not very successful at creating lasting change (Taylor et al., 2016). Research by Colvin and Howard (2022) acknowledged that relationship-based practice by case workers was what facilitated the mother's turning point. Another report (Keddell, 2014), on the use of ultimatums from social workers was regarding getting the mother to leave her abusive relationship. Scholars argued that child protection workers considered mothers culpable for exposing their children to family violence, even though the mothers did not initiate the violence or have the power to stop it, and consequently would issue ultimatums for mothers to leave violent partners or lose custody (Keddell, 2014; Morgan & Coombes, 2016). This was despite the known increased risk of violence when women end a relationship with an abusive partner (Morgan & Coombes, 2016). While there was limited literature on turning points to compare these results to, this research recorded the positive use of ultimatums to motivate mothers to change in preparedness for reunification.

Font et al. (2018) consider that for reunification to be successful, some urgency is needed in providing intensive social work practice during the early stages of intervention to help the mothers address substance use, escape violence and improve parenting skills. As mentioned earlier, structural barriers of slow legal process and delays in the child welfare system can exacerbate difficulties in reunification due to children forming strong attachments

with carers. Kinship care arrangements are important as they are thought to offer improved stability over non-kinship care, but research has found they have lower and slower rates of reunification (Delfabbro et al., 2013; Doab et al., 2015; Dolbin-McNabb et al., 2022) and these strong attachment bonds could be an underlying reasons for this. Carers spoke of their attachment to the children and a strong desire to protect them. This indicates that timely support and early engagement by the mother to make the required changes benefits reunification outcomes.

Post-Reunification Support

Post-reunification support for mothers is essential to the success of reunited families, and this support includes live-in partners, extended family, and neighbours (Balsells et al., 2017). Mothers who have had their children removed due to substance issues typically have undeveloped social, familial and community networks, and by developing these protective factors, harm is reduced and outcomes for reunited families improved (Cheng et al., 2022; Family and Community Services Insights, Analysis and Research, 2023; Keddell et al., 2021; Tsantefski et al., 2014). This research described how a mother needed to leave behind her past associates and make new friends to support her, as her past associates did not support providing a safe home for her children.

Familial support for the mothers in this research was frequently inadequate where there was intergenerational harm. For mothers who did have family capable of supporting their changes, they often had stressed relationships due to past actions and social workers described how mothers had to rebuild their family support network. The mothers' isolation, a response to stigma, also needed to be addressed, (Barnett et al., 2021; Einbinder, 2010; O'Connor et al., 2021; Potter & Urbanová, 2021; Tantawi-Basra & Pezaro, 2020; Tsantefski et al., 2023; Valentine et al., 2019; Wolfson et al., 2021). Stigma could result in a mother withdrawing from community involvement, which would exacerbate her isolation further. Until sufficient informal support networks could be developed a degree of formal support from social services was needed to assist the mother in her renewed role as custodial parent.

The literature gives evidence that recovery from substance use can be assisted by faith in God or a higher power (Beraldo et al., 2019) and mothers benefit from collaborating with their spiritual support community. Spirituality has been shown to support recovery from substance use (particularly alcohol addiction) and to reduce symptoms of aggression, while

providing useful support networks which include family and provide a pathway to living a substance free life (Beraldo et al., 2019). In the indigenous wellness model, Durie's (1998) Te Whare Tapa Whā, spirituality and family are two essential cornerstones of hauora. This study showed the wellbeing of mothers improved from attending to their wairua (spirituality), an essential element to her mauri (life force[41]). This research reported evidence of two mothers' personal faith in Jesus Christ impacting on their recovery from substance use. This spiritual journey helped by providing hope and belief in redemption and reconciliation, while gaining significant support from their faith community. Within this environment mothers became motivated to support others to recover from substance use and this bolstered their own commitment to abstinence, thus improving their readiness for reunification and ongoing support for a stable family life.

Another important finding supported by Balsells et al. (2017) is that post-reunification mothers needed a safe place to ask for help. Mothers in this study feared having their children removed by social services again and so hesitated to ask for help if they were having difficulty parenting or relapsing. Social workers understood that with a safe place to seek help mothers were able to address problems with support, rather than keep it hidden, and thus avoid further maltreatment and placement breakdown (Farmer, 2014).

The literature addresses the needs of children in the reunification process. Abordo et al, (2024) show that support networks outside a child's family are essential for them to experience agency and these relationships model safe connection. Children exposed to family and domestic violence are adversely affected through to adulthood with emotional and behavioural development, and mental health difficulties (Abordo et al., 2024). This study confirms that a child removed from their family and placed in care has been through significant adverse events that may be difficult for them to process, and they needed help managing their emotions and processing their trauma. Children would feel they were to blame for being removed from their mother, and be angry with her, taking some time to settle back into living together. They would fear being removed again from their mother by child welfare services. Support specifically designed for children post-reunification is an important aspect of the plan to form stable families (Farmer, 2014).

[41] Māori words are translated from Te Aka Māori Dictionary. https://maoridictionary.co.nz

Summary

This section applied the theory of social constructionism to compare the findings from this research to the literature reviewed to provide insight into the research questions. These findings agreed with the literature on most issues. Mothers who lost custody had a complex matrix of historical events including adverse childhood experiences, violence, substance use and poor mental health. Mothers were often young with multiple pregnancies. Social workers collaborated with other support agencies including lawyers, housing, and drug and alcohol treatment services to address ongoing risk factors. Mothers had difficulty cooperating with child welfare services and social workers applied relationship-based practice to empower mothers to address the concerns highlighted by Oranga Tamariki. Structural barriers included variable resources available to support mothers, like safe affordable housing. Changes in case workers interrupted the relationship and delayed reunification further, as did slow legal process and delays in the child welfare system. Urgent social work action was required to counter these delays as time worked against mothers as a child's strong attachment to their carer impeded reunification. When kinship care was with the family of a violent partner, the research supported literature that warned victimisation of the mother and child could continue post-separation. For families that managed to reunite, ongoing formal support was needed until their informal support networks could be developed. Mothers being able to seek help without fear of losing custody again was important, as was tailored support for children to manage their trauma as stable families were established. The next chapter is the last chapter of this thesis and presents the key findings from the research and its implications, together with recommendations for further research.

Chapter Seven: Conclusions and Recommendations

This research aimed to explore ways that support mothers to regain custody of their children following substance use by looking at three questions relevant to the research aim: (1) what difficulties do mothers face in family reunification; (2) what services empower mothers towards reunification; and (3) what type of support services are required post-reunification to establish stable families. This chapter addresses the key findings of the research while examining the limitations of this study. It concludes with recommendations for supporting mothers to regain custody of their children. The chapter begins by reminding the reader of the research design, aims and research questions.

Research Design

The methodology of exploratory qualitative research was utilised to identify what supports enabled women, who had lost custody of their children following substance use, to regain custody. The researcher utilising the theoretical lens of social constructionism to inform the data collections and analysis process. The research question was looking at the components of successful reunification, starting with the difficulties mothers faced, then observing what services empowered mothers towards reunifications, followed by identifying post reunification services that supported establishing stable families.

To address the overall research aim and answer these questions data was collected using semi-structured interviews. Eight semi-structured interviews were conducted with three groups of participants including: two mothers, three social workers, and three carers. These three groups were chosen because of their involvement in the process of reunification. It was hoped that mothers could share their story and give insight into reasons for their child being placed in foster care and what supported them, that social workers would have insight into requirements for successful reunification, and that carers told their story as child advocates, of their experience in the reunification process and, as they were all kinship carers, their story as a relative of the mother.

Data was analysed utilising Braun and Clarke's (2022) six stage process of reflexive thematic analysis. Participants' perception and experiences of reality were explored, allowing themes to be developed inductively. The three groups of participants each had unique

perspectives on the research topic but together added depth to understanding the complexity of the variables that impact on mothers seeking family reunification.

Key Findings

1. Mothers face challenges related to addressing historical issues, accessing support, and addressing caregiver concerns. (question one).
2. Social workers fulfil important roles in working with mothers (question two). These include:
    - Prioritising relationship-based practice
    - Importance of interagency collaboration
    - Need to facilitate turning points for mothers
3. Formal support needs to continue for mothers and children post-reunification (question three).

1. Mothers Face Challenges Related to Addressing Historical Issues, Accessing Support, and Addressing Caregiver Concerns.

Mothers faced challenges related to historical issues, accessing support and addressing caregiver concerns (research question 1). In agreement with literature, the historical issues detailed by the mother participants contributed to having their children removed as the consequences of this harm impacted their ability to parent (Appleyard et al., 2011; Barrett et al., 2023; Jenkins et al., 2023; O'Connor et al., 2021; Oranga Tamariki-Ministry for Children, 2020; Tsantefski et al., 2014; Younas & Goutmanm, 2022). This study agreed with the literature that many mothers had experienced harm from being in care themselves (Oranga Tamariki-Ministry for Children, 2020) and had historical difficulties of adverse childhood experiences of maltreatment and neglect which were compounded by substance use (Andrews et al., 2019; Barrett et al., 2023; Colvin & Howard, 2022; Connolly et al., 2013; Panisch & LaBrenz, 2023; Tsantefski et al., 2014), intimate partner violence, and non-partner violence (Appleyard et al., 2011; Barrett et al., 2023; Jenkins et al., 2023; O'Connor et al., 2021; Oranga Tamariki-Ministry for Children, 2020; Tsantefski et al., 2014; Younas & Goutmanm, 2022). These multiple risk factors were frequently compounded by co-existing poor mental health (Doab et al., 2015).

Accessing suitable services was difficult at times. Mothers were hindered in their effort to obtain suitable housing due to the stigma of being involved with Oranga Tamariki and their history of substance use. This research acknowledges that supporting mothers to access safe affordable housing is a critical step in reunification preparedness. Accessing drug and alcohol treatment programmes was important as a primary concern of Oranga Tamariki was that mothers cease substance use, and in this study all mothers who successfully managed their substance use did so with the support of alcohol and other drug rehabilitation programmes, either residential programmes or community-based, but never on their own. This finding confirms that undergoing programmes that address their needs, such as drug and alcohol rehabilitation that are accessible to mothers, is a key factor in reunification. (Einbinder, 2010; Tantawi-Basra & Pezaro, 2020).

Carers could impact the process of reunification, both positively and negatively, and mothers faced challenges addressing carers' concerns. This study found that a carer's strong attachment to the child (Boyle et al., 2024), high parenting standards, and objecting to reunification, could cause delays in the process. Carers were supportive of reunification when the mother was substance free, had a violence-free home, and was able to communicate well with them. Mothers faced additional obstacles when the child was placed in the care of the paternal family where the father was the perpetrator of violence (Bent-Goodley & Brade, 2017; Morgan, 2016). These kinship placements had the potential to impact negatively on reunification. Ongoing contact with the father (when he was the perpetrator of violence) and his family was retraumatising and a risk to the mother's safety. The literature reports that fathers can manipulate their family to control and limit access between the child and mother, which enables his abuse to continue through manipulation, threats and violence (Bent-Goodley & Brade, 2017; Morgan, 2016). When reunification is the goal, consideration of such dynamics, including how domestic and family violence impacts the mother and child, appears to be significant when deciding on kinship placement.

2. Social Workers Fulfil Important Roles in Working with Mothers

Social workers fulfil important roles working with mothers to prepare them for reunification by advocating for them and helping them to understand and address risk factors identified by Oranga Tamariki. Social workers in this research considered that practicing relationship-based practice contributed to successful reunification. This consisted of empathetic communication, being able to relate with the client while not focusing on policing

responsibilities (Davies et al., 2023; Frederick et al., 2021; Vanderfaeillie et al., 2023), engaging in partnership with the mother when planning (Frederick et al., 2021; Haworth, 2022; Scott et al., 2018), being knowledgeable about resilience and recovery, and being reliable to do what they say (Frederick et al., 2021).

Social workers had the role of connecting mothers to legal and psychosocial services and programmes to support necessary change. Some urgency was needed in providing intensive social work practice during the early stages of intervention (Font et al., 2018) to help the mother address substance use, escape violence and improve her parenting skills. To do this successfully they worked with mothers to create a tailored plan for the reunification process, as engaging the mother in this process supported positive outcomes (Lin et al., 2020). Social workers facilitated collaboration between support agencies and informal support systems to meet the individual and complex needs of mothers who frequently had coexisting circumstances that led to their loss of custody.

Social workers helped mothers get to their turning point as early as possible as they were mindful of the structural barriers to reunification including slow legal processes and delays in Oranga Tamariki's operations. These delays could lead to a longer time a child was in care, which allowed for the attachment bond to strengthen between carer and child, delaying reunification further. This study observed one motivating tool that social workers employed to bring mothers to a turning point was issuing a timely ultimatum to change their behaviour or else lose custody. Mothers spoke of how this was helpful to motivate them to change as it effectively brought the seriousness of child protection issues to her attention, and precipitated a turning point.

3. Support Needs to Continue Post-Reunification

The data in this research emphasises the need for support to be in place and continued following reunification. Support for mothers and their children needs to continue post-reunification to establish stable families that do not break down requiring children return back into care, thus avoiding further harm to children (Mishra et al., 2020). Reunification did not indicate case closed, but the start of the next phase of support. Formal social supports were needed until informal supports developed, as study findings support that mothers typically had undeveloped support networks of friends and family (Cheng et al., 2022; Family and Community Services Insights, Analysis and Research, 2023; Keddell et al., 2021; Tsantefski et

al., 2014), and this lack of informal support was made worse by them isolating in response to stigma (Barnett et al., 2021; O'Connor et al., 2021; Potter & Urbanová, 2021; Tantawi-Basra & Pezaro, 2020; Tsantefski et al., 2023; Valentine et al., 2019; Wolfson et al., 2021). Mothers needed continued formal social support while they overcame stigma and established community and familial support networks in their renewed role as custodial parent.

These findings are in agreement with the literature how mothers required a safe place to seek help post-reunification when difficulties arose in parenting or lapses in sobriety, without fear of having their children removed again (Balsells et al., 2017). Participant social workers responded to mothers' need for a safe place to seek help and supported them to address their problems, rather than keep them hidden and unresolved. These findings support existing literature that says timely support helps to avoid further child maltreatment and placement breakdown (Farmer, 2014). Children returning to their mother's care commonly feared being placed back into care again and would benefit from time spent with mentors and in appropriate counselling. The literature agreed with the benefit of mentors to help resolve conflict in the home and model good relationships (Farmer, 2014). The implication of this finding is that placement stability would benefit from support prioritised for mothers and their children post-reunification.

Informal support was available from addiction recovery support groups and places of worship. Mothers in this study found their resolve to stop using substances bolstered by their spiritual awakening. Having spiritual support has been shown to provide useful networks which could include their family and a pathway to living a substance free life (Beraldo et al., 2019). Durie's (1998) Te Whare Tapa Whā model of wellness considers whānau and wairua as essential pillars of hauora, underscoring how beneficial it is for mothers to attend to their spirituality as part of their recovery journey. This study did not measure this benefit; rather, it was a recommendation from participants.

Strengths and Limitations of the Research

There are strengths and limitations to this explorative qualitative research that has been designed to investigate the experiences of mothers, social workers, and carers. To begin with the strengths of the design, it was well suited to gather rich contextual data to answer questions relating to the aims of this research. The sample size of eight participants was not chosen to produce generalisable findings, but rather to give reliable insight into the difficulties mothers

faced, and how to support mothers in reunification. It is intended that this research contributes to current knowledge of social work in AoNZ with mothers who have lost custody of their children because of substance use.

When considering the method used for this research, it was logical and well documented, being reproduceable for further research into this topic and comparable to another research in this field (Nowell et al., 2017). Confirmability was evident from the clear demonstration of how data was interpreted and conclusions reached, allowing readers to discern how similar the context of this study was with another research. Due to the application of the researcher's social work ethics, there was a high level of trustworthiness. Credibility of data was strengthened by recording participant interviews, then participants data checking, and the researcher peer debriefing (Nowell et al., 2017). Thus, trustworthiness was strengthened through accurate representation of the thoughts and views of the participants (Leitz and Zayas, 2010; Patton, 2015).

Moving on to limitations of this study, the voices of Oranga Tamariki social workers were not heard and the voices of children were interpreted second-hand through the participants interviewed, rather than first-hand. The sample size of each group of participants was small, and a point to note is all carers were kinship carers, as these were the first three carers to volunteer for this study. Another limitation is that ethnicity data was not collected from participants, and therefore the views of Māori and other cultural groups were not identified.

Recommendations

The following recommendations for supporting mothers to reunify with their children have emerged from the findings of this study:

1. Social workers employ relationship-based practice, as this contributes to successful reunification by building a trusting relationship that encourages mothers' early engagement in the process of reunification.
2. When social workers are determining placement of children in care with the family of the perpetrator of violence, careful consideration is needed of how ongoing contact with the perpetrator's family may impact the mother and her children. The mother's access to her children in such placements may enable ongoing abuse and delay reunification.

3. As mothers who lose custody of their children frequently have complex needs and compounding risk factors, a tailored support plan for the mother and her children be made in partnership commencing at first notification of serious concern and following through separation, then continuing post reunification until a stable family is enabled.

Further Research

There are two recommendations for further research that emerge from this study:

1. Similar research occurs capturing the voices of Oranga Tamariki social workers, children in care, and non-kin carers about their experiences in this space.
2. Similar research occurs from the perspective of Māori and other cultural groups their experiences in this space.

Summary

The overall aim of this research was to identify what supports mothers to regain custody following substance use. The key findings are that mothers share common historical issues that create challenges for them, making it difficult to access support and to address the concerns of caregivers and Oranga Tamariki. Social workers have an important role to support mothers in their preparedness for reunification, which commonly include escaping violence, improving parenting skills, and ceasing substance use. Social workers utilising relationship-based practice help mothers to engage in the process as they facilitate the mother to reach a turning point for change. This is assisted by advocating for and collaborating with legal and psychosocial services in a tailored plan to address the concerns identified by Oranga Tamariki. Carers' attachment to children could impede reunification. Paternal kinship care placements, where the father was the perpetrator of violence, can allow for continued abuse of the mother and delay reunification. To successfully stabilise families post-reunification, formal support is needed while mothers build their informal support systems. Mothers also need a safe place to ask for help once their children are back in their custody without fear of losing their children again.

He hono tangata e kore e motu, kāpā he taura waka e motu.

Unlike a canoe rope, a human bond cannot be severed[42].

[42] Traditional Māori proverb

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Appendices

Appendix One: Original Participants Information Sheet

MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND
COLLEGE OF HEALTH

PARTICIPANT INFORMATION SHEET

Title Of Project

How can mothers in Aotearoa New Zealand, who have lost custody of their child due to substance use and are now recovering, be supported to reunify with their child?

An Invitation

My name is Sue Hadfield. I am doing a Master's of Social Work at Massey University. I am inviting you to participate in the research project that I am doing entitled, 'How can mothers in Aotearoa New Zealand, who have lost custody of their child due to substance use and are now recovering, be supported to reunify with their child?' Your agreement to take part in this study would contribute to discovering better pathways, support, and outcomes for mothers and their children separated primarily due to a history of the mother's substance use.

What Is The Purpose Of This Research?

The purpose of the research is to investigate what difficulties mothers face who have lost custody of their child in achieving family reunification in Aotearoa New Zealand. It will look at what services and supports empower mothers, and the duration required for establishing healthy families.

The focus of this research has come about after observing the difficulties mothers experience having their child removed from their custody largely due to their substance use. They seek direction to get their children back into their care and look for wrap around support to help address the underlying causes of their substance use. These families often have complex histories and needs, requiring skilled support to help them.

These findings may be useful to support practitioners in government and non-government agencies to better care for a child's welfare by providing evidence on how to support the mother in the context of family reunification. This research may also provide guidance for mothers in their quest for family reunification and should the return of their child not be possible, recommendations for creating a positive and meaningful relationship with their child in care.

The study may also lead to conference presentations and peer-reviewed journal articles.

School of Social Work

Private Bag 11 222, Palmerston North 4442, New Zealand
+64 6 350 5701 | email: socialworkadmin@massey.ac.nz | http://www.massey.ac.nz/socialwork/

How Were You Chosen For This Invitation?

I would like to invite you to participate because you are in one of three categories:

1. You are a registered social worker (or were at the time of the relevant work) living in Aotearoa New Zealand, and have had experience supporting family reunification of clients where the primary cause of the child being removed is substance use. This work experience will be within the last three years, and may or may not be while in your current employment.
2. You are a mother who has lost custody of your child primarily due to substance use and have regained custody of your child within the last three years. You are over 16 years old, living in Aotearoa New Zealand, and you still have custody of your child.
3. You have been a caregiver (kin carer or non-kin carer) of a child in the time between when the child was removed from their mother primarily due to her substance use, and when they were successfully returned to their mother within the last three years. You are living in Aotearoa New Zealand.

What I Would Like You To Do

I would like to interview you for an hour to record your experiences with this topic. Please refer to Interview Questions at the end of this Information Sheet. The interview will be voice recorded and you will be able to make adjustments to the transcript of the recording before the information is used. You will not be identified in the research outcomes.

If You Would Like To Participate, How Do You Volunteer?

If you would like to volunteer, please email me: Sue.Hadfield.1@uni.massey.ac.nz . Given that data collection needs to commence by July 2024, please express your interest as soon as possible.

I hope that you will volunteer to be one of the nine participants with who I can work closely with to gather deep and valuable information. I am seeking three people from each category – mothers, social workers, and carers - and I would like to hear from you.

I aim to notify all volunteers by 12th July, 2024 of your eligibility for selection. Then I will email or post the Participation Consent Form to you. You will be asked to read and sign the Consent Form and then return it to me by scanning and emailing, or NZ Post.

If You Participate, What Will You Need To Do?

I would like you to participate in an interview for one hour. Taking everything into account (as outlined below), I estimate that total participation time will amount to 2.5 hours:

• Before the interview: You will need to read this Information Sheet then contact me. I will assess your eligibility, then send you a consent form to read, sign and return to me. I will contact you to agree on a suitable venue and time for the interview. This may take 30 minutes.

• The interview: This one-hour interview will be held at a neutral venue that you are comfortable with, such as a community hall, marae, church, or library. You will be able to bring a support person with you for support (however, I will not use anything they say in the research). The interview will be voice recorded. There will be a short debrief after the interview.

• After the interview: I will send you a transcript of the interview for you to check. You are free to add anything you wish to be included or to request that any specific part is not used in the research report. Please sign and return the Authority for Release of Transcript form. You may also decide until this stage that you do not wish your transcript to be used at all. This may take 30 minutes.

When the research project is completed, you will receive a summary of findings, which may take 30 minutes to read. If you would like the long version of the report, I can email this to you.

If You Participate, What Are The Benefits?

Your participation enables me to gather knowledge of what difficulties these mothers face in family reunification, what services empower mothers, and the duration required for establishing healthy families. This knowledge may support practitioners in government and non-government child protection and family welfare agencies to better care for a child's welfare by providing evidence on how to support their mother in the context of family reunification. It will also provide guidance for mothers in their quest for family reunification and should the return of their child not be possible, recommendations for creating a positive and meaningful relationship with their child in care.

If You Participate, What Are The Possible Risks Of Being Involved?

During the interview mothers may feel vulnerable and exposed by sharing their story which includes the story of their whānau, and it is likely that recounting the experience of losing custody of a child could cause anxiety or possibly trigger post-traumatic stress. Mothers may feel whakamā or stigma.

Social workers may feel their professional reputation might be under scrutiny and be concerned that this could affect their employment.

For caregivers, recounting the process of giving a child back to their mother after bonding with the child could be distressing. A caregiver's reputation may feel under scrutiny, and they could be concerned how this could affect their relationship with their caregiving agency.

Please note that data from the interview will be anonymised so anything identifying you, your family, your workplace or place of study, and your location will not be identifiable in the research report.

Criminal Disclosure And Child Safety

None of my questions are designed to ask about criminal activities and every step will be taken to avoid any intentional and accidental criminal disclosure. Therefore, before our

interview, we discuss this clause of the Participant Information Sheet in detail. However, if during our interview, I sense that you are about to disclose incriminating or harmful information to yourself or others, I will promptly remind you of the purpose of the interview and restate the question I originally asked.

If any information of a criminal nature is disclosed to me despite our precautionary actions, the interview will be stopped, and the recorder will be turned off. Any information of criminal activity will be discussed with my supervisors and if the information is deemed to put you, others, or the wider community at risk, it will be handed over to the New Zealand Police.

If information given exposes a child in imminent risk of serious harm the interview will be stopped and my obligation to report this information explained to you. Contact for professional help will be provided to you.

If You Participate, What Are Your Rights?

You are under no obligation to accept this invitation. If you decide to participate you have the right to:

- ask any questions about the study at any time during participation
- decline to answer any particular question
- withdraw from the study at any time up until you sign the consent form to use your interview transcript

all without any negative consequences from the researcher. When the project is concluded, you will receive a Summary of Findings and will be given access to the full report upon request.

If You Participate, How Will Your Data Be Managed And Stored?

The interview recording will be transcribed and once the participant has viewed the transcription for comment the recording will be destroyed. All information that identifies a participant will be made anonymous in the research report. This transcript and anonymised data will be stored securely in password protected electronic files and will be destroyed following examination of the thesis. Should the researcher not complete or publish the master's thesis the data will be destroyed by the main supervisor following the student's withdrawal from the master's study program.

Who Else Is Involved In This Research?

From Massey University, my research supervisors are Dr Vincent Wijeysingha and Dr Nicky Stanley-Clarke from the School of Social Work, College of Health, Massey University.

If You Participate, What Do You Do If You Have Concerns About The Research?

If you have any concerns, please contact myself, or either of my supervisors:

Dr Vincent Wijeysingha Senior Lecturer School of Social Work College of Health Massey University v.wijeysingha@massey.ac.nz 06 951 6503	Dr Nicky Stanley-Clarke Senior Lecturer School of Social Work College of Health Massey University n.stanley-clarke@massey.ac.nz 06 951 6515

Who Should You Contact About Further Information About The Research?

Should you have any questions, please contact me Sue.Hadfield.1@uni.massey.ac.nz

Yours sincerely,
Sue Hadfield
Social Worker B Pharm, BSW

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 23/57. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ehtics Ohu Matatika 2, email humanethics2@massey.ac.nz

Interview Questions

Questions For Mothers

1. Can you share with me your experience of having your child removed from your care and getting them back?
2. What things did you do that helped you to get your child back?
3. What thoughts or attitudes helped you to get your child back?
4. Can you tell me what success as a mother means to you?
5. Do others – whānau or social workers - see your success in the same way?
6. If not, what do you believe your whānau or social workers think success should look like?
7. What courses did you go to while you didn't have your child in your care?
8. Did you notice anything different about yourself after going to any of these courses?
9. What things were going on in your life that made it hard to get your child back?
10. What thoughts or attitudes did you have that made it hard to get your child back?
11. Can you share with me some of the darker moments you went through?
12. How did this journey feel to you mentally and physically?
13. How did this journey feel for you and your whānau?
14. How do you think this journey was for your child?
15. How would you describe your relationship with your child's carer?
16. How would you describe your relationship with Oranga Tamariki?
17. How would you describe your relationship with the community?
18. What support did you have to help get your child back?
19. How long do you think support is needed for?
20. Can you think of some support that you didn't get that might have helped you?
21. What advice would you give to mothers trying to get back custody of their child?

Questions For Social Workers

1. Can you share with me your experience in supporting mothers, who have had their child removed largely due to substance use, to get back custody of their child?
2. What things did you do that helped family reunification?
3. What attitudes or approaches of yours helped families to reunite?
4. What does success mean to you when working with whānau?
5. Do you think others – whānau or other agencies involved – share your view of success?
6. If not, how do you believe they view success in these cases?
7. What courses did your clients attend?
8. Did you notice anything different about your clients after completing these courses?
9. What things were going on for these whānau that made it hard for them to get their child back?
10. What thoughts or attitudes did they have that made it hard for them to get their child back?
11. What were some of the experiences you observed mothers go through mentally and physically?
12. What were some of the experiences you observed mothers and their whānau go through?
13. What were some of the experiences you observed the children go through?

14. What was the relationship like between the mother and carer?
15. What was the relationship like between the mother and Oranga Tamariki?
16. What was the relationship like between the mother and her community?
17. What support did mothers receive to help with their experiences?
18. How long was this support needed for?
19. Is there support that you think might have helped, but was not offered or available to these mothers?
20. What advice would you give to mothers trying to get custody of their child back?

Questions for Carers

1. Can you share with me your experience with caring for a child who was removed from their mother largely due to substance use, and later returned to their mother?
2.What things did the mother do that helped her to get her child back?
3. What thoughts or attitudes did the mother have that helped her to get her child back?
4. Can you tell me what success as a carer means to you in this journey with the child and their mother?
5. Do others – social workers and the child and their whānau – see success in the same way?
6. If not, what do you believe success looks like for them?
7. What training or courses did you attend to prepare you to care for the child?
8. Did you notice anything different about yourself after attending these courses?
9. What things were going on for the mother that made it hard for her to get her child back?
10. What thoughts or attitudes did the mother have that made it hard for her to get her child back?
11. How would you describe your relationship with the mother?
12. How would you describe your relationship with the social workers?
13. How did the child experience this journey through care?
14. How was the caregiving journey for you mentally and physically?
15. How was this journey for your whānau?
16. What support did you receive to help you with your experiences?
17. Is there support that might have helped, but was not offered or available to you?
18. What advice would you give to a carer supporting a child who was being returned to their mother in similar circumstances?
19. What things are necessary for a child to be able to be returned to their mother?

SUPPORT CONTACTS

1. Need to Talk? Call or text 1737
2. Lifeline. Call 0800 543 354 or 0800 LIFELINE or free text 4357 (HELP)
3. Samaritans. 0800 726 666
4. Depression Helpline. 0800 111 757 or text 4202
5. Suicide Crisis Helpline – Tautoko. Call 0508 828 865 or text 4357
6. ACC Sensitive Claims. Call 0800 735 566
7. Tautoko Mai Sexual Harm Support. Call 0800 277 233
8. Grief Support Services. Call Tauranga 07 578 4480
9. Te Rūnanga o Ngāti Ranginui Iwi. Call Tauranga 07 571 0934
10. Grandparents Raising Grandchildren. Call 0800 472 637 or 0800 GRANDS
11. Open Home Foundation. Call Tauranga 07 579 2840 https://ohf.org.nz
12. Oranga Tamariki. Call 0508 326 459 or 0508 FAMILY

Appendix 2: Amended Participant Information Sheets

Mothers' Participant Information Sheet

Supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand.

My name is Sue Hadfield and I am doing a Master of Social Work Degree at Massey University. I invite you to participate in the research 'Supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand.' By agreeing to take part in this study you would help to discover better pathways, support, and outcomes for mothers and their children separated with one of the factors being the mother's substance use.

Purpose Of This Research

This research investigates family reunification difficulties experienced by mothers who have lost custody of their child where alcohol or other drug (AOD) dependence is a factor. It aims to explore what support services empower them and the duration of services required to establish healthy families. The research hopes to contribute useful knowledge to mothers, professionals, support groups, and social service agencies.

How Were You Chosen For This Invitation?

You have been invited to participate in this research as a mother who has lost custody of your child where substance use was a factor. To be eligible to participate you need to have regained custody of your child. You must be over 16 years old, living in Aotearoa New Zealand, and now have custody of your child.

What I Would Like You To Do

I would like to interview you about this topic. This can occur either in-person (depending on your location) or online. I have included the interview questions below to give you an idea of what we will talk about in the interview. The interview will be voice recorded and you can make adjustments to the interview transcript before the information is used. Your

information will be kept confidential and anything identifying you, your family, your workplace or place of study, or your location, will be anonymised in the research report.

How You Can Participate

Please contact me (details below) and feel free to ask any questions about the research.

Time Involved

Taking everything into account total participation time will be about 2 hours:

- Before the interview: Read information sheet, ask any questions you have and arrange interview time. This takes 30 minutes
- The interview: the interview is about one hour. The interview is voice recorded
- After the interview: I send you a transcript of the interview for checking. You can add or remove anything you want included or excluded in the research then sign and return the Authority for Release of Transcript form. This takes 30 minutes

Possible Risks Of Being Involved

During the interview you may feel vulnerable and exposed by sharing your story which includes the story of your whānau, and you might feel anxiety, be triggered, or feel whakamā (ashamed or embarrassed). Rest assured, if this occurs I will pause or stop the interview. You are welcome to bring a support person (however, I will not use anything they say in the research). I can provide details of support services to you.

Criminal Disclosure And Child Safety

Steps will be taken to avoid intentional or accidental criminal disclosure. Before your interview we discuss this, and if I sense that you are about to disclose incriminating or harmful information, I will remind of this and ask the question again.

If criminal information is disclosed to me despite these precautions, the interview will be stopped. I will talk with my supervisors and if the information is thought to put you, others, or the wider community at risk, it will be handed over to the New Zealand Police. If information

exposes a child in imminent risk of serious harm the interview will be stopped and my professional obligation will be to report this information. Contact for professional help will be provided to you.

If You Participate, What Are Your Rights?

You are under no obligation to accept this invitation. You have the right to ask any questions about the study, decline to answer any question, or withdraw from the study at any time up until you sign the consent form to use your interview transcript, all without any negative consequences from the researcher.

How Will Your Data Be Managed And Stored?

The interview recording will be transcribed and once you have viewed the transcription for comment the recording will be destroyed. All information that identifies you will be made anonymous in the research report. This transcript and anonymised data will be stored securely in password protected electronic files and will be destroyed following examination of the thesis.

Who Else Is Involved In This Research?

From Massey University, my research supervisors are senior lecturers Dr Vincent Wijeysingha and Dr Nicky Stanley-Clarke from the School of Social Work, College of Health.

If You Participate, What Do You Do If You Have Concerns About The Research?

If you have any concerns, please contact me, or either of my supervisors:

Dr Vincent Wijeysingha	Dr Nicky Stanley-Clarke
Senior Lecturer	Senior Lecturer
School of Social Work	School of Social Work
College of Health	College of Health

Massey University	Massey University
v.wijeysingha@massey.ac.nz	n.stanley-clarke@massey.ac.nz
06 951 6503	06 951 6515

Who Should You Contact About Further Information About The Research?

If you would like to participate in this research or if you have any questions, please contact me Sue.Hadfield.1@uni.massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 23/57. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ethics Ohu Matatika 2, email humanethics2@massey.ac.nz

Mothers' Interview Questions

Potential interview questions may include:

1. Can you share with me your experience of having your child removed from your care and getting them back?
2. What things did you do that helped you to get your child back?
3. What thoughts or attitudes helped you to get your child back?
4. Can you tell me what success as a mother means to you?
5. Do others – whānau or social workers - see your success in the same way?
6. If not, what do you believe your whānau or social workers think success should look like?
7. What courses did you go to while you didn't have your child in your care?
8. Did you notice anything different about yourself after going to any of these courses?
9. What things were going on in your life that made it hard to get your child back?
10. What thoughts or attitudes did you have that made it hard to get your child back?
11. Can you share with me some of the darker moments you went through?
12. How did this journey feel to you mentally and physically?
13. How did this journey feel for you and your whānau?
14. How do you think this journey was for your child?
15. How would you describe your relationship with your child's carer?
16. How would you describe your relationship with Oranga Tamariki?
17. How would you describe your relationship with the community?
18. What support did you have to help get your child back?
19. How long do you think support is needed for?
20. Can you think of some support that you didn't get that might have helped you?
21. What advice would you give to mothers trying to get back custody of their child?

Mothers' Support Contacts

1. Need to Talk? Call or text 1737
2. Lifeline. Call 0800 543 354 or 0800 LIFELINE or free text 4357 (HELP)
3. Samaritans 0800 726 666
4. Depression Helpline. 0800 111 757 or text 4202
5. Suicide Crisis Helpline – Tautoko. Call 0508 828 865 or text 4357
6. ACC Sensitive Claims. Call 0800 735 566
7. Tautoko Mai Sexual Harm Support. Call 0800 277 233
8. Grief Support Services. Call Tauranga 07 578 4480
9. Te Rūnanga o Ngāti Ranginui Iwi. Call Tauranga 07 571 0934

Social Workers' Participant Information Sheet

Supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand.

My name is Sue Hadfield and I am doing a Master of Social Work Degree at Massey University. I invite you to participate in the research 'Supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand.' By agreeing to take part in this study you would help to discover better pathways, support, and outcomes for mothers and their children separated with one of the factors being the mother's substance use.

Purpose Of This Research

This research investigates family reunification difficulties experienced by mothers who have lost custody of their child where alcohol or other drug (AOD) dependence is a factor. It aims to explore what support services empower them and the duration of services required to establish healthy families. The research hopes to contribute useful knowledge to mothers, professionals, support groups, and social service agencies.

How Were You Chosen For This Invitation?

You have been invited to participate in the research as you are a registered social worker, with experience of supporting family reunification of clients where one of the factors for the child being removed was substance use.

What I Would Like You To Do

I would like to interview you about this topic. This can occur either in-person (depending on your location) or online. I have included the interview questions below to give you an idea of what we will talk about in the interview. The interview will be voice recorded and you can make adjustments to the interview transcript before the information is used. Your information will be kept confidential and anything identifying you, your family, your workplace or place of study, or your location, will be anonymised in the research report.

How You Can Participate

Please contact me (details below) and feel free to ask any questions about the research.

If You Participate, What Are Your Rights?

You are under no obligation to accept this invitation. You have the right to ask any questions about the study, decline to answer any question, or withdraw from the study at any time up until you sign the consent form to use your interview transcript, all without any negative consequences from the researcher.

How Will Your Data Be Managed And Stored?

The interview recording will be transcribed and once you have viewed the transcription for comment the recording will be destroyed. All information that identifies you will be made anonymous in the research report. This transcript and anonymised data will be stored securely in password protected electronic files and will be destroyed following examination of the thesis.

Who Else Is Involved In This Research?

From Massey University, my research supervisors are Dr Vincent Wijeysingha and Dr Nicky Stanley-Clarke from the School of Social Work, College of Health.

If You Participate, What Do You Do If You Have Concerns About The Research?

If you have any concerns, please contact me, or either of my supervisors:

Dr Vincent Wijeysingha	Dr Nicky Stanley-Clarke
Senior Lecturer	Senior Lecturer
School of Social Work	School of Social Work
College of Health	College of Health
Massey University	Massey University
v.wijeysingha@massey.ac.nz	n.stanley-clarke@massey.ac.nz

06 951 6503	06 951 6515

Who Should You Contact About Further Information About The Research?

If you would like to participate in this research or if you have any questions, please contact me Sue.Hadfield.1@uni.massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 23/57. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ethics Ohu Matatika 2, email humanethics2@massey.ac.nz

Social Workers' Interview Questions

Potential interview questions may include:

1. Can you share with me your experience in supporting mothers, who have had their child removed with one of the factors being substance use, and the mother was working toward getting their child back?
2. What things did you do that helped working towards family reunification?
3. What attitudes or approaches of yours helped families to reunite?
4. What does success mean to you when working with whānau?
5. Do you think others – whānau or other agencies involved – share your view of success?
6. If not, how do you believe they view success in these cases?
7. What courses did your clients attend?
8. Did you notice anything different about your clients after completing these courses?
9. What things were going on for these whānau that made it hard for them to get their child back?
10. What does success mean to you when working with whānau?
11. What thoughts or attitudes did they have that made it hard for them to get their child back?
12. What were some of the experiences you observed mothers go through mentally and physically?
13. What were some of the experiences you observed mothers and their whānau go through?
14. What were some of the experiences you observed the children go through?
15. What was the relationship like between the mother and carer?
16. What was the relationship like between the mother and Oranga Tamariki?
17. What was the relationship like between the mother and her community?
18. What support did mothers receive to help with their experiences?
19. How long was this support needed for?
20. Is there support that you think might have helped, but was not offered or available to these mothers?
21. What advice would you give to mothers trying to get custody of their child back?

Social Workers' Support Contacts

- Need to Talk? Call or text 1737
- Oranga Tamariki. Call 0508 326 459 or 0508 FAMILY

Carers' Participant Information Sheet

Supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand.

My name is Sue Hadfield and I am doing a Master of Social Work Degree at Massey University. I invite you to participate in the research 'Supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand.' By agreeing to take part in this study you would help to discover better pathways, support, and outcomes for mothers and their children separated with one of the factors being the mother's substance use.

Purpose Of This Research

This research investigates family reunification difficulties experienced by mothers who have lost custody of their child where alcohol or other drug (AOD) dependence is a factor. It aims to explore what support services empower them and the duration of services required to establish healthy families. The research hopes to contribute useful knowledge to mothers, professionals, support groups, and social service agencies.

How Were You Chosen For This Invitation?

You have been invited to participate in the research as you have been a caregiver (kin carer or non-kin carer) of a child removed from their mother. In the mother's situation, substance use was a factor and she was working towards having her child returned to her custody.

What I Would Like You To Do

I would like to interview you about this topic. This can occur either in-person (depending on your location) or online. I have included the interview questions below to give you an idea of what we will talk about in the interview. The interview will be voice recorded and you can make adjustments to the interview transcript before the information is used. Your information will be kept confidential and anything identifying you, your family, your workplace or place of study, or your location, will be anonymised in the research report.

How You Can Participate

Please contact me (details below) and feel free to ask any questions about the research.

Time Involved

Taking everything into account total participation time will be about 2 hours:

- Before the interview: Read information sheet, ask any questions you have and arrange interview time. This takes 30 minutes
- The interview: the interview is about one hour. The interview is voice recorded
- After the interview: I send you a transcript of the interview for checking. You can add or remove anything you want included or excluded in the research then sign and return the Authority for Release of Transcript form. This takes 30 minutes

Possible Risks Of Being Involved

Recounting the process of giving a child back to their mother after bonding with the child could be distressing. Rest assured, if this occurs I will pause or stop the interview. You are welcome to bring a support person (however, I will not use anything they say in the research). I can provide details of support services to you.

Criminal Disclosure And Child Safety

Steps will be taken to avoid intentional or accidental criminal disclosure. Before your interview we discuss this, and if I sense that you are about to disclose incriminating or harmful information I will remind of this and ask the question again.

If criminal information is disclosed to me despite these precautions, the interview will be stopped. I will talk with my supervisors and if the information is thought to put you, others, or the wider community at risk, it will be handed over to the New Zealand Police. If information exposes a child in imminent risk of serious harm the interview will be stopped and my professional obligation will be to report this information. Contact for professional help will be provided to you.

If You Participate, What Are Your Rights?

You are under no obligation to accept this invitation. You have the right to ask any questions about the study, decline to answer any question, or withdraw from the study at any time up until you sign the consent form to use your interview transcript, all without any negative consequences from the researcher.

How Will Your Data Be Managed And Stored?

The interview recording will be transcribed and once you have viewed the transcription for comment the recording will be destroyed. All information that identifies you will be made anonymous in the research report. This transcript and anonymised data will be stored securely in password protected electronic files and will be destroyed following examination of the thesis.

Who Else Is Involved In This Research?

From Massey University, my research supervisors are senior lecturers Dr Vincent Wijeysingha and Dr Nicky Stanley-Clarke from the School of Social Work, College of Health.

If You Participate, What Do You Do If You Have Concerns About The Research?

If you have any concerns, please contact me, or either of my supervisors:

Dr Vincent Wijeysingha	Dr Nicky Stanley-Clarke
Senior Lecturer	Senior Lecturer
School of Social Work	School of Social Work
College of Health	College of Health
Massey University	Massey University
v.wijeysingha@massey.ac.nz	n.stanley-clarke@massey.ac.nz
06 951 6503	06 951 6515

Who Should You Contact About Further Information About The Research?

If you would like to participate in this research or if you have any questions, please contact me Sue.Hadfield.1@uni.massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 23/57. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ethics Ohu Matatika 2, email humanethics2@massey.ac.nz

Carers' Interview Questions

Potential interview questions may include:

1. Can you share with me your experience with caring for a child who was removed from their mother with one of the factors being substance use, while the mother was working toward getting her child back?
2. What things did the mother being do that helped her while working toward getting her child back?
3. What thoughts or attitudes did the mother have that helped towards her to getting her child back?
4. Can you tell me what success as a carer means to you in this journey with the child and their mother?
5. Do others – social workers and the child and their whānau – see success in the same way?
6. If not, what do you believe success looks like for them?
7. What training or courses did you attend to prepare you to care for the child?
8. Did you notice anything different about yourself after attending these courses?
9. What things were going on for the mother that made it hard for her to get her child back?
10. What thoughts or attitudes did the mother have that made it hard for her to get her child back?
11. How would you describe your relationship with the mother?
12. How would you describe your relationship with the social workers?
13. How did the child experience this journey through care?
14. How was the caregiving journey for you mentally and physically?
15. How was this journey for your whānau?
16. What support did you receive to help you with your experiences?
17. Is there support that might have helped, but was not offered or available to you?
18. What advice would you give to a carer supporting a child whose mother was working toward getting her child back?
19. What things are necessary for a child to be able to be returned to their mother?

Carers Support Contacts

- Need to Talk? Call or text 1737
- Depression Helpline. 0800 111 757 or text 4202
- Grief Support Services. Call Tauranga 07 578 4480
- Te Rūnanga o Ngāti Ranginui Iwi. Call Tauranga 07 571 0934
- Grandparents Raising Grandchildren. Call 0800 472 637 or 0800 GRANDS
- Open Home Foundation. Call Tauranga 07 579 2840 https://ohf.org.nz
- Oranga Tamariki. Call 0508 326 459 or 0508 FAMILY

Appendix 3: Original Letter to Organisations for Recruitment of Participants

Letter to Organisations for Recruitment of Participants.

Tēnā koe _____,

I am a student at Massey University doing my Master's in Social Work, and I am researching how to support AOD recovering mothers to regain custody of their children in Aotearoa New Zealand.

I am enquiring of mothers, caregivers and social workers about their experiences of mothers working to regain custody of their children, and in particular, when there has been a history of maternal alcohol or drug use. The information gathered will be analysed to understand difficulties in family reunification in Aotearoa. The findings may provide useful information on how better to support mothers and children through family reunification.

I would like your support in recruiting participants for my research. Could you please circulate my request for participants to your membership, and/or place the attached advertisement on your website. I have attached the Participant Information Sheet (which includes a list of questions to be asked) and Ethics Approval.

My research supervisors are:

Dr Vincent Wijeysingha Senior Lecturer School of Social Work College of Health Massey University v.wijeysingha@massey.ac.nz 06 951 6503	Dr Nicky Stanley-Clarke Senior Lecturer School of Social Work College of Health Massey University n.stanley-clarke@massey.ac.nz 06 951 6515

Please contact me by email if you have any questions about the research.
Sue.Hadfield.1@uni.massey.ac.nz

Thank you for your support.

Ngā mihi nui
Sue Hadfield

School of Social Work

Private Bag 11 222, Palmerston North 4442, New Zealand
+64 6 350 5701 | email: socialworkadmin@massey.ac.nz | http://www.massey.ac.nz/socialwork/

Appendix 4: Amended Letter of Recruitment

MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND
COLLEGE OF HEALTH

Letter to Organisations for Recruitment of Participants

Tēnā koe _____,

My name is Sue Hadfield and I am doing a Master of Social Work Degree at Massey University. I invite you to participate in the research 'Supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand.'

This research investigates family reunification difficulties experienced by mothers who have lost custody of their child where alcohol or other drug (AOD) dependence is a factor. It aims to explore what support services empower them and the duration of services required to establish healthy families. The research hopes to contribute useful knowledge to mothers, professionals, support groups, and social service agencies.

I would like your support in recruiting participants for my research. Could you please circulate my request for participants to your membership, and/or place the attached advertisement on your website. I have also attached the Participant Information Sheet (which includes a list of questions to be asked) and Ethics Approval.

My research supervisors are:

Dr Vincent Wijeysingha	Dr Nicky Stanley-Clarke
Senior Lecturer	Senior Lecturer
School of Social Work College of Health	School of Social Work College of Health
Massey University v.wijeysingha@massey.ac.nz	Massey University n.stanley-clarke@massey.ac.nz
06 951 6503	06 951 6515

Please contact me by email if you have any questions about the research. Sue.Hadfield.1@uni.massey.ac.nz

Thank you for your support.

Ngā mihi nui
Sue Hadfield

School of Social Work
Private Bag 11 222, Palmerston North 4442, New Zealand
+64 6 350 5701 | email: socialworkadmin@massey.ac.nz | http://www.massey.ac.nz/socialwork/

Appendix 5: Original Advertisements

MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND
COLLEGE OF HEALTH

Advertising for participants in the research project:

'How can mothers in Aotearoa New Zealand, who have lost custody of their child due to substance use and are now recovering, be supported to reunify with their child?'

Social Work Professional Association website

Title of Research:

How can mothers in Aotearoa New Zealand, who have lost custody of their child due to substance use and are now recovering, be supported to reunify with their child?

Brief Summary of Research (100 words)

This research is looking into the experiences of nine people, to explore how mothers who have lost custody of their children due to substance use and are in recovery, be supported to reunify with their tamariki. I would like to talk to three social workers who have successfully supported family reunification in these circumstances. Interviews will be one hour, voice recorded, then made anonymous. I will also be interviewing three mothers and three carers with experience in this topic. I will analyse this data to discover what processes, actions, and attitudes support mothers seeking the return of their children.

Participant Criteria

- All participants must be freely willing to participate.
- Social Workers who are not currently or previously employed by the researcher's employer, or know the researcher personally or professionally.
- They must be registered with Social Workers Registration Board New Zealand or had been registered at the time of their relevant work.
- They must have experience within the last three years of successfully supporting mothers to reunify with their child after losing custody largely due to substance use.
- They must be residing in New Zealand.

School of Social Work

Private Bag 11 222, Palmerston North 4442, New Zealand
+64 6 350 5701 | email: socialworkadmin@massey.ac.nz | http://www.massey.ac.nz/socialwork/

Start Date for Invitation: July 2024. Finish Date for Invitation: August 2024

Attachments:

1. Participant information sheet (with list of questions)
2. Ethical Approval.

Additional Comments: Project supervisors are:

Dr Vincent Wijeysingha Senior Lecturer School of Social Work College of Health Massey University v.wijeysingha@massey.ac.nz 06 951 6503	Dr Nicky Stanley-Clarke Senior Lecturer School of Social Work College of Health Massey University n.stanley-clarke@massey.ac.nz 06 951 6515

Please email me to find out more: Sue.Hadfield.1@uni.massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 23/57. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ethics Ohu Matatika 2, email humanethics2@massey.ac.nz

Social Media Websites (Mothers)

Have you lost custody of your child and worked hard to get them back?

I am looking for three mothers (aged over 16 years), who have lost custody of their child due to substance use and are in recovery and have now got custody of their child back, to interview about their experiences. This study is focused on finding what works to support family reunification and ways to help mothers in this situation. All your information will be strictly confidential, and you will not be identified in the research outcomes.

Please email me to find out more: Sue.Hadfield.1@uni.massey.ac.nz

Caring Families Aotearoa/Grandparents Raising Grandchildren websites (Carers)

Research

Have you cared for a child who was removed from their mother mainly due to her substance use? Is this child now back in their mother's care? Could you help me research this topic?

This research is solution focused and your agreement to take part in this study would contribute to discovering better pathways, support, and outcomes for mothers and their children separated primarily due to a history of the mother's substance use. I am looking for three caregivers (kin carers or non-kin carers) to interview for one hour about your experiences. Interviews will be voice recorded then transcribed. All your information will be strictly confidential, and you will not be identified in the research outcomes. I will also be interviewing three social workers and three mothers (over 16 years old) with experience in this topic. Please email me to find out more: Sue.Hadfield.1@uni.massey.ac.nz

School of Social Work

Private Bag 11 222, Palmerston North 4442, New Zealand
+64 6 350 5701 | email: socialworkadmin@massey.ac.nz | http://www.massey.ac.nz/socialwork/

Appendix 6: Amended Advertisements

Caring Families Aotearoa, Grandparents Raising Grandchildren, and Open Home Foundation Websites:

Research:

This research investigates family reunification difficulties experienced by mothers who have lost custody of their child where alcohol or other drug (AOD) dependence is a factor. It aims to explore what support services empower them and the duration of services required to establish healthy families. The research hopes to contribute useful knowledge to mothers, professionals, support groups, and social service agencies.

Have you cared for a child who was removed from their mother where one of the factors was her substance use? Can you share your experiences? All your information would be strictly confidential, and you would not be identified in the research outcomes. Please email me to find out more: Sue.Hadfield.1@uni.massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 23/57. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ethics Ohu Matatika 2, email humanethics2@massey.ac.nz

Open Home Foundation Socials:

Research:

Have you cared for a child who was removed from their mother where one of the factors was her substance use? Can you share your experiences? This research investigates family reunification difficulties experienced by mothers who have lost custody of their child where alcohol or other drug (AOD) dependence is a factor. It aims to explore what support services empower them and the duration of services required to establish healthy families. The research

hopes to contribute useful knowledge to mothers, professionals, support groups, and social service agencies. Please contact Sue if you can help Sue.Hadfield.1@uni.massey.ac.nz

Appendix 7: Original Interview Schedule

Mothers

Opening Statement:

Kia ora _____, I am so glad you could make the time to join me in this research into how mothers who have lost custody of their child largely due to substance use and are now recovering, be supported to reunify with their child. This interview will be for one hour, and I am starting the recording now. Shall we start with a karakia?

Opening Dialogue:

Remind mother that she can ask questions, pause the recording, or take a break during the interview. Advise the support person (if any) that their role is to support the interviewee and not to share their own insights/experiences during the interview, so as not to complicate the data with perspectives separate to the interview. Any criminal disclosures or child safety issues will be addressed as per the Participants Information Sheet – go over this clause in detail. Remind participant about the list of support services before the interview starts.

Questions

1. Can you share with me your experience of having your child removed from your care and getting them back?
2. What things did you do that helped you to get your child back?
3. What thoughts or attitudes helped you to get your child back?
4. Can you tell me what success as a mother means to you?
5. Do others – whānau or social workers - see your success in the same way?
6. If not, what do you believe your whānau or social workers think success should look like?

7. What courses did you go to while you didn't have your child in your care?
8. Did you notice anything different about yourself after going to any of these courses?
9. What things were going on in your life that made it hard to get your child back?
10. What thoughts or attitudes did you have that made it hard to get your child back?
11. Can you share with me some of the darker moments you went through?
12. How did this journey feel to you mentally and physically?
13. How did this journey feel for you and your whānau?
14. How do you think this journey was for your child?
15. How would you describe your relationship with your child's carer?
16. How would you describe your relationship with Oranga Tamariki?
17. How would you describe your relationship with the community?
18. What support did you have to help get your child back?
19. How long do you think support is needed for?
20. Can you think of some support that you didn't get that might have helped you?
21. What advice would you give to mothers trying to get back custody of their child?

Closing Remarks:

Conclude with a summary of what they've told you throughout the interview. Ask if there are any other ideas or information that they want to share. Thank them for being a part of this research. Give them the koha. Offer to close with karakia. Advise that recording is stopped.

Social Workers

Opening Statement:

Kia ora _____, I am so glad you could make the time to join me in this research into how mothers who have lost custody of their child with one of the factors being substance use and are now recovering, be supported to reunify with their child. This interview will be for one hour, and I am starting the recording now. Shall we start with a karakia?

Opening Dialogue:

Remind social worker that they can ask questions, pause the recording, or take a break during the interview. Advise the support person (if any) that their role is to support the interviewee and not to share their own insights/experiences during the interview, so as not to complicate the data with perspectives separate to the interview. Any criminal disclosures or child safety issues will be addressed as per the Participants Information Sheet – go over this clause in detail. Remind participant about the list of support services before the interview starts.

Questions

1. Can you share with me your experience in supporting mothers, who have had their child removed largely due to substance use, to get back custody of their child?
2. What things did you do that helped working towards family reunification?
3. What attitudes or approaches of yours helped families to reunite?
4. What does success mean to you when working with whānau?
5. Do you think others – whānau or other agencies involved – share your view of success?
6. If not, how do you believe they view success in these cases?
7. What courses did your clients attend?
8. Did you notice anything different about your clients after completing these courses?
9. What things were going on for these whānau that made it hard for them to get their child back?
10. What thoughts or attitudes did they have that made it hard for them to get their child back?
11. What were some of the experiences you observed mothers go through mentally and physically?
12. What were some of the experiences you observed mothers and their whānau go through?
13. What were some of the experiences you observed the children go through?
14. What was the relationship like between the mother and carer?
15. What was the relationship like between the mother and Oranga Tamariki?
16. What was the relationship like between the mother and her community?
17. What support did mothers receive to help with their experiences?
18. How long was this support needed for?

19. Is there support that you think might have helped, but was not offered or available to these mothers?
20. What advice would you give to mothers trying to get custody of their child back?

Closing Remarks:

Conclude with a summary of what they've told you throughout the interview. Ask if there are any other ideas or information that they want to share. Thank them for being a part of this research. Give them the koha. Offer to close with karakia. Advise that recording is stopped.

Carers

Opening statement:

Kia ora _____, I am so glad you could make the time to join me in this research into how mothers who have lost custody of their child with one of the factors being substance use and are now recovering, be supported to reunify with their child. This interview will be for one hour, and I am starting the recording now. Shall we start with a karakia?

Opening Dialogue:

Remind carer that they can ask questions, pause the recording, or take a break during the interview. Advise the support person (if any) that their role is to support the interviewee and not to share their own insights/experiences during the interview, so as not to complicate the data with perspectives separate to the interview. Any criminal disclosures or child safety issues will be addressed as per the Participants Information Sheet – go over this clause in detail. Remind the participant about the list of support services before the interview starts.

Questions

1. Can you share with me your experience with caring for a child who was removed from their mother with one of the factors being substance use, while the mother was working towards getting her child back?
2. What things did the mother do that helped her while working toward her child back?

3. What thoughts or attitudes did the mother have that helped towards her getting her child back?
4. Can you tell me what success as a carer means to you in this journey with the child and their mother?
5. Do others – social workers and the child and their whānau – see success in the same way?
6. If not, what do you believe success looks like for them?
7. What training or courses did you attend to prepare you to care for the child?
8. Did you notice anything different about yourself after attending these courses?
9. What things were going on for the mother that made it hard for her to get her child back?
10. What thoughts or attitudes did the mother have that made it hard for her to get her child back?
11. How would you describe your relationship with the mother?
12. How would you describe your relationship with the social workers?
13. How did the child experience this journey through care?
14. How was the caregiving journey for you mentally and physically?
15. How was this journey for your whānau?
16. What support did you receive to help you with your experiences?
17. Is there support that might have helped, but was not offered or available to you?
18. What advice would you give to a carer supporting a child whose mother was working towards getting her child back?
19. What things are necessary for a child to be able to be returned to their mother?

Closing Remarks:

Conclude with a summary of what they've told you throughout the interview. Ask if there are any other ideas or information that they want to share. Thank them for being a part of this research. Give them the koha. Offer to close with karakia. Advise that recording is stopped.

Appendix 8: New Interview Schedules - Mothers, Social Workers, and Carers

Mothers Interview Schedule

Opening Statement

Kia ora _____,

I am so glad you could make the time to join me in this research into supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand. This interview will be for one hour, and I am starting the recording now. Shall we start with a karakia?

Opening Dialogue

Remind mother that she can ask questions, pause the recording, or take a break during the interview. Advise the support person (if any) that their role is to support the interviewee and not to share their own insights/experiences during the interview, so as not to complicate the data with perspectives separate to the interview. Any criminal disclosures or child safety issues will be addressed as per the Participants Information Sheet – go over this clause in detail. Remind participant about the list of support services before the interview starts.

Questions

1. Can you share with me your experience of having your child removed from your care and getting them back?
2. What things did you do that helped you to get your child back?
3. What thoughts or attitudes helped you to get your child back?
4. Can you tell me what success as a mother means to you?
5. Do others – whānau or social workers - see your success in the same way?
6. If not, what do you believe your whānau or social workers think success should look like?
7. What courses did you go to while you didn't have your child in your care?
8. Did you notice anything different about yourself after going to any of these courses?

9. What things were going on in your life that made it hard to get your child back?
10. What thoughts or attitudes did you have that made it hard to get your child back?
11. Can you share with me some of the darker moments you went through?
12. How did this journey feel to you mentally and physically?
13. How did this journey feel for you and your whānau?
14. How do you think this journey was for your child?
15. How would you describe your relationship with your child's carer?
16. How would you describe your relationship with Oranga Tamariki?
17. How would you describe your relationship with the community?
18. What support did you have to help get your child back?
19. How long do you think support is needed for?
20. Can you think of some support that you didn't get that might have helped you?
21. What advice would you give to mothers trying to get back custody of their child?

Closing Remarks

Conclude with a summary of what they've told you throughout the interview. Ask if there are any other ideas or information that they want to share. Thank them for being a part of this research. Give them the koha. Offer to close with karakia. Advise that recording is stopped.

Social Workers Interview Schedule

Opening Statement

Kia ora _____,

I am so glad you could make the time to join me in this research into supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand. This interview will be for one hour, and I am starting the recording now. Shall we start with a karakia?

Opening Dialogue

Remind social worker that they can ask questions, pause the recording, or take a break during the interview. Remind participant about the list of support services before the interview starts.

Questions

1. Can you share with me your experience in supporting mothers, who have had their child removed with one of the factors being substance use, and the mother was working toward getting their child back?
2. What things did you do that helped working towards family reunification?
3. What attitudes or approaches of yours helped families to reunite?
4. What does success mean to you when working with whānau?
5. Do you think others – whānau or other agencies involved – share your view of success?
6. If not, how do you believe they view success in these cases?
7. What courses did your clients attend?
8. Did you notice anything different about your clients after completing these courses?
9. What things were going on for these whānau that made it hard for them to get their child back?
10. What does success mean to you when working with whānau?
11. What thoughts or attitudes did they have that made it hard for them to get their child back?

12. What were some of the experiences you observed mothers go through mentally and physically?
13. What were some of the experiences you observed mothers and their whānau go through?
14. What were some of the experiences you observed the children go through?
15. What was the relationship like between the mother and carer?
16. What was the relationship like between the mother and Oranga Tamariki?
17. What was the relationship like between the mother and her community?
18. What support did mothers receive to help with their experiences?
19. How long was this support needed for?
20. Is there support that you think might have helped, but was not offered or available to these mothers?
21. What advice would you give to mothers trying to get custody of their child back?

Closing Remarks

Conclude with a summary of what they've told you throughout the interview. Ask if there are any other ideas or information that they want to share. Thank them for being a part of this research. Give them the koha. Offer to close with karakia. Advise that recording is stopped.

Carers Interview Schedule

Opening Statement

Kia ora _____,

I am so glad you could make the time to join me in this research into supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand. This interview will be for one hour, and I am starting the recording now. Shall we start with a karakia?

Opening Dialogue

Remind carer that they can ask questions, pause the recording, or take a break during the interview. Advise the support person (if any) that their role is to support the interviewee and not to share their own insights/experiences during the interview, so as not to complicate the data with perspectives separate to the interview. Remind the participant about the list of support services before the interview starts.

Questions

1. Can you share with me your experience with caring for a child who was removed from their mother with one of the factors being substance use, while the mother was working toward getting her child back?
2. What things did the mother being do that helped her while working toward getting her child back?
3. What thoughts or attitudes did the mother have that helped towards her to getting her child back?
4. Can you tell me what success as a carer means to you in this journey with the child and their mother?
5. Do others – social workers and the child and their whānau – see success in the same way?
6. If not, what do you believe success looks like for them?
7. What training or courses did you attend to prepare you to care for the child?

8. Did you notice anything different about yourself after attending these courses?
9. What things were going on for the mother that made it hard for her to get her child back?
10. What thoughts or attitudes did the mother have that made it hard for her to get her child back?
11. How would you describe your relationship with the mother?
12. How would you describe your relationship with the social workers?
13. How did the child experience this journey through care?
14. How was the caregiving journey for you mentally and physically?
15. How was this journey for your whānau?
16. What support did you receive to help you with your experiences?
17. Is there support that might have helped, but was not offered or available to you?
18. What advice would you give to a carer supporting a child whose mother was working toward getting her child back?
19. What things are necessary for a child to be able to be returned to their mother?

Closing Remarks

Conclude with a summary of what they've told you throughout the interview. Ask if there are any other ideas or information that they want to share. Thank them for being a part of this research. Give them the koha. Offer to close with karakia. Advise that recording is stopped.

Appendix 9: Consent Form

Participant Consent Form

'Supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand.'

- I have read and I understand the Participant Information Sheet.
- I agree to participate in this study as set out in the Participant Information Sheet.
- I have had the chance to ask Sue Hadfield questions and be told more about the study.
- I agree to have my interview with Sue audio recorded and transcribed and that my permission will be obtained before the transcript may be used.
- I understand that if I disclose any information of a criminal nature, or that exposes a child in imminent risk of serious harm, the interviewer will act as set out in the Participant Information Sheet.

I _____ (name) agree to take part in this study.

Signature: _____ Date: _____

I would like Sue to get hold of me by: (Please tick one or more) Phone ☐ Email ☐ Post ☐

Phone Number: _____

Email Address: _____

Postal Address: _____

_____

_____

- I would like to be sent a short summary of the study findings when the study is over: Yes / No

Signature:
_____

- If **'Yes'**, I would like this sent to me by: Email ☐ Post ☐

Appendix 10: Authority for Release of Transcript

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

COLLEGE OF HEALTH
TE KURA HAUORA TANGATA

AUTHORITY FOR THE RELEASE OF TRANSCRIPT

Supporting mothers recovering from alcohol or other drug dependence to regain custody of their children in Aotearoa New Zealand.

I confirm that I have had the opportunity to read and amend the transcript of the interview conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature:		**Date:**	
Full Name - printed			

School of Social Work
Private Bag 11 222, Palmerston North 4442, New Zealand
+64 6 350 5701 | email: socialworkadmin@massey.ac.nz | http://www.massey.ac.nz/socialwork/

Appendix 11: Human Ethics Committee Approval

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

8/02/2024

Dear: Sue Hadfield Hadfield

Re: Ethics Application - OM2 23/57 - How can mothers in Aotearoa New Zealand, who have lost custody of their child due to substance use, and are now recovering, be supported in reunification?

Thank you for the above application that was considered by the Massey University Human Ethics Committee:

Ohu Matatika 2 at their meeting held on **Thursday, 23 November 2023**

On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Professor Tracy Riley,
Acting Chair, Research Ethics Chair's Committee

Appendix 12: Human Ethics Committee Amendments Approval

From: **Human Ethics** gmhumeth@massey.ac.nz
Subject: OM2 23/57 (amendment): Approved
Date: 7 January 2025 at 3:22 PM
To: Vincent Wijeysingha V.Wijeysingha@massey.ac.nz, Human Ethics gmhumeth@massey.ac.nz, Sue Hadfield sue.w.hadfield@gmail.com
Cc: Nicky Stanley-Clarke N.Stanley-Clarke@massey.ac.nz

HE

Minor Amendment to a previously approved application

Thank you for your email dated 18 December 2024 outlining the change(s) you wish to make to the above application.

The change(s) were approved and noted, as follows:

- To broaden the participant recruitment criteria for Social Workers, carers, and mothers by removing the '***last three years***' requirement.
- The Participant Information Sheet has been separated out into three. One for Mothers, one for Carers and one for Social Workers.
- Participant advertisement, recruitment letter, and interview schedule have revised to reflect the amendment.

If the nature, content, location, procedures, or personnel of your approved application change, please advise the Secretary of the Committee. If over time, more than one request to change the application is received, the Chair may request a new application.

Appendix 13: Support Contacts

Support Contacts

1. Need to Talk? Call or text 1737
2. Lifeline. Call 0800 543 354 or 0800 LIFELINE or free text 4357 (HELP)
3. Samaritans. Call 0800 726 666
4. Depression Helpline. Call 0800 111 757 or text 4202
5. Suicide Crisis Helpline – Tautoko. Call 0508 828 865 or text 4357
6. ACC Sensitive Claims. Call 0800 735 566
7. Tautoko Mai Sexual Harm Support. Call 0800 277 233
8. Grief Support Services. Call Tauranga 07 578 4480
9. Te Rūnanga o Ngāti Ranginui Iwi. Call Tauranga 07 571 0934
10. Grandparents Raising Grandchildren. Call 0800 472 637 or 0800 GRANDS
11. Open Home Foundation. Call Tauranga 07 579 2840 https://ohf.org.nz
12. Oranga Tamariki. Call 0508 326 459 or 0508 FAMILY