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Uncertainty and instability in social and health services impact well-being of mothers with lived and living history of substance use

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Abstract

Mothers who use substances often experience gender-based and structural inequities that can jeopardize maternal and family wellness. Instability in the availability of services, particularly during public health crises (e.g., COVID-19 pandemic), often results in changes in population health needs/funding/services, which may magnify experiences of disadvantage. Limited research has focused on times of change/crisis and its impact on maternal and family wellness. We examined the experiences of structural disadvantage, service access, and well-being among mothers who use or formerly used substances during the first year of the COVID-19 pandemic. Semi-structured interviews were conducted with 26 mothers with current or past engagement in outpatient substance use treatment programs for pregnant and parenting women in Ontario, Canada. Transcripts were analysed using reflexive thematic analysis, revealing that instability of services and decreased access to/quality of informal and formal relationships often magnified the mental and affective toll of stressors, both pre-existing and new. The impact on well-being appeared to be greater for families who were actively engaged with child protective services. Findings are discussed in relation to literature examining systemic and societal factors that perpetuate gender-based and structural inequities experienced by mothers with lived and living histories of substance use. The potential impact of changes in public health service delivery requires thoughtful and proactive attention for and by all stakeholders, including integrated attention across systems (e.g., health, social, education) that provide services to support maternal and family well-being.

KEYWORDS

child protective services, gender and health equity, maternal mental health service accessibility, maternal substance use, reflexive thematic analysis

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1 | “I’VE STRUGGLED MORE THAN I EVER HAVE”: UNCERTAINTY AND INSTABILITY IN HEALTH AND SOCIAL SERVICES IMPACT THE WELL-BEING OF MOTHERS WITH LIVED AND LIVING HISTORY OF SUBSTANCE USE

People who use substances experience numerous barriers to accessing health and social services. This pattern is often magnified for women or gender-diverse people, within unique and at times magnified barriers experienced by people who are pregnant and parenting (Barnett et al., 2021; Russell et al., 2021; Wolfson et al., 2021). Experiences of stigma and discrimination in relation to substance use are common and this, in addition to other often co-occurring stressors (e.g., physical and mental health challenges, poverty, interpersonal violence), can increase vulnerability to psychological distress (Adynski et al., 2019; Stengel, 2014; Stone, 2015). Maternal substance use is often considered a risk factor that contributes to child maltreatment risk and supports intervention by child protective service (CPS). Considerable research has documented the negative physical and mental health sequelae of impacts from CPS involvement for mothers (Tembo & Studsrød, 2019). These challenges may be compounded for mothers from marginalized groups that may already be experiencing disproportionate adverse consequences from the pandemic, because of enduring structural disadvantages and intergenerational trauma (Katikireddi et al., 2021; Rose et al., 2020). For example, Indigenous and Black children in Canada have been over-represented in the foster care system as a result of systemic racism and past and ongoing colonization, including the ‘60s scoop and residential school systems, which have lasting impacts on communities (OHRC Ontario Human Rights Commission, 2017; Statistics Canada, 2016). Lower rates of engagement in substance use treatment and other health and social services, coupled with concerns about substance use by pregnant and parenting women and associated harms for children led to the development of integrated treatment programs in the western world, including Canada. The province of Ontario has the greatest number of these programs in Canada, with 35 programs funded by the Ontario Ministry of Health. While the services provided vary by program, they are designed to be low-barrier and holistic in nature, addressing the substance use, mental health, physical health, and socio-economic needs of pregnant women and women parenting children under 6 years of age (Tarasoff et al., 2018).

Integrated programs are associated with longer periods of time in treatment (Le et al., 2019) and improved maternal mental health (Niccols et al., 2010). However, the health and social services landscape is dynamic with change an inevitable part of the service delivery fabric and it is important to understand how change impacts on these outcomes. The COVID-19 pandemic provides a unique opportunity to explore the impact of such change on mothers and their children, as well as factors that supported or hindered well-being. The onset of the COVID-19 pandemic (March 2020) occurred as North America was already challenged by the ongoing overdose crisis with record numbers of deaths because of opioid toxicity and an unregulated and toxic drug supply (Galarneau et al., 2021; Russell et al., 2021; Palis et al., 2022; Public Health Agency of Canada, 2023). While women

are proportionately at lower risk for opioid-related death than men, there has been an upward shift in these numbers (Gomes et al., 2021). COVID-19 also saw women experience increased rates of intimate partner violence and disproportionate employment disruptions (Alon et al., 2020; Bradbury-Jones & Isham, 2020; Connor et al., 2020) that can significantly impact on maternal well-being.

No known studies have explored the impact of instability in accessing health and social services associated with COVID-19 on the well-being of mothers with lived and living histories of substance use who had previous or current engagement with integrated treatment programs during the first year of the pandemic. An understanding of lived pandemic experiences may identify needs and gaps in services and ways in which the response of integrated programs and other health and social services (in addition to the broader public health response) supported or hindered maternal and child health. This may inform the development of equitable services and policies for future public health crises, and how to approach program and system transitions and changes more broadly.

2 | METHODS

2.1 | Social context

Data collection took place during COVID-19 prior to vaccines being widely available (October 2020–February 2021). While varied, the province of Ontario implemented some of the most stringent public health restrictions, including orders to stay home and closures of and transitions to remote care for health and social services and schools (Patrick et al., 2020; Spinelli et al., 2020), including substance use treatment centres for extended periods of time (Valeriotte & Milligan, 2022). Pregnant and parenting people were recruited through publicly funded outpatient integrated substance use treatment programs designed for pregnant and parenting women in Ontario, Canada (est. population in 2021, 14.8 million, Tarasoff et al., 2018). Services through these programs are provided free-of-charge services to Ontario residents, covered by government universal health insurance, and included counselling for substance use and mental health as well as varying supports for childcare, food, and housing. While these programs were initially designed for women and predominantly treat women, they are welcoming of transgender and gender-diverse people. General demographic information for clients of integrated programs in Ontario suggests that most participants identify as women and are heterosexual (74%, Tarasoff et al., 2018). Most commonly reported problem substances were alcohol, stimulants, opioids, or cannabis, endorsed by 30–45% of women as problem substance(s) (Urbanoski et al., submitted).

2.2 | Participants

We recruited from six of 35 integrated programs (purposively selected for a prior study to be geographically representative of Ontario,

including urban and rural areas). Two recruitment processes were used. Sixteen participants who participated in a previous study at the treatment agency (2017–2018) and a more recent online study (May 2020) with the Child & Family WISE lab at Toronto Metropolitan University were contacted with ten agreeing to participate. To increase our sample size, agencies emailed and/or posted a study poster and information sheet and women contacted our research coordinator if they were interested in participating. We recruited an additional 16 participants who were receiving substance use treatment.

2.3 | Procedure

Research team members, including academic and clinical researchers, graduate students in psychology and public health, and researchers with lived experience, collaborated on study design, data collection, analysis, and interpretation. Graduate students conducted the interviews (EN) and led the analysis (LD), with training and support provided by the study lead (KM).

The study coordinator made initial contact with prospective participants to describe the study and engage in an informed consent process. The participant provided consent on a Qualtrics survey and

TABLE 1 Descriptive statistics of participants.

Variable	Percent (n = 22)
Marital status	
Single	41%
Partnered	59%
Child age years	
Mean (SD)	26 months (19.10)
Range	5 to 84 months
Pregnancy status	
Pregnant	14%
Child access during COVID-19	
No access	18%
In-person supervised access	36%
Video conference or phone access	18%
Child is not in mothers care/mother has full/shared custody	27%
Number of weekly interactions with family or friends outside of home (i.e., text, social media, email, phone)	
1–2 times a week	17%
3–5 times a week	11%
Daily	72%
Experience financial worry about this resource some to all of the time	
Food	86%
Housing	59%
Utility	82%

Note: n = 22 (mothers who agreed to complete questionnaires as part of research), SD represents standard deviation.

then was presented with survey questions (demographic information, Table 1). To limit the length of time of the session, participants were given the choice of scheduling a separate meeting time for the interview by phone. Consent was reviewed and the interview asked if the participant if this was a good time (safe place, care for child, their well-being). Four participants also chose only to complete the interview and not complete the survey portion of the study. The interview guide and process was designed using trauma-informed guidelines (Drabble et al., 2016; Edwards & Holland, 2013; Miller, 2017). Reflexivity was central to all stages of the process, allowing for critical reflection of the research process and the role of the researchers in the interview and analysis (Braun & Clarke, 2019; Edwards & Holland, 2013). Interview questions were posed in an open-ended fashion (i.e., How have you been managing daily life during COVID-19? What has it been like being a mother during the pandemic? How has this time been for your child (ren)? Some families are involved with child welfare or have been in the past, has this impacted you during COVID-19 and in what ways?) Interviews were audio-recorded and transcribed, de-identified, and uploaded into Dedoose (Version 8.0.35). Following the interview, participants were invited to complete an online survey that captured information about their family (i.e., age of youngest child, number of children, and relationship status) and ratings of their experience of poverty-related stress, including food, housing, and utility insecurity on a 5-point Likert scale (Antwi-Boasiako et al., 2016). Four participants did not complete the online survey and could not be relocated to obtain the information. Participants received an honorarium of \$30 CAD for participation. The study was approved by the Research Ethics Boards at Toronto Metropolitan University (TMU) (2017–107) and the University of Victoria (20–0263).

2.4 | Analysis

We used Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2019) to examine transcripts and identify patterns of meaning in our data (Braun et al., 2014; Clarke & Braun, 2013). RTA uses an iterative, active and flexible approach to reflexively interact with data (Braun & Clarke, 2019) and examine and identify patterns of meaning (Braun & Clarke, 2012). We followed the six-step analytical process for RTA: 1) familiarization with the data; 2) code production; 3) theme generation; 4) theme review; 5) naming and defining themes; 6) report production (Braun & Clarke, 2019). We used a deductive approach to RTA (Braun & Clarke, 2019; Terry et al., 2017).

Data familiarization began with reading and reviewing transcribed interviews. Initial thoughts and impressions were noted and revealed women struggled with broad feelings of marginalization, disadvantage, and stigma. The code production phase consisted of finding emerging patterns across data and identifying segments of text that represented these patterns. Over several iterative phases, brief codes were generated and assigned to interview text, including: access and effectiveness of supports, access to informal social supports, maternal substance use, parenting stress, child welfare involvement, and

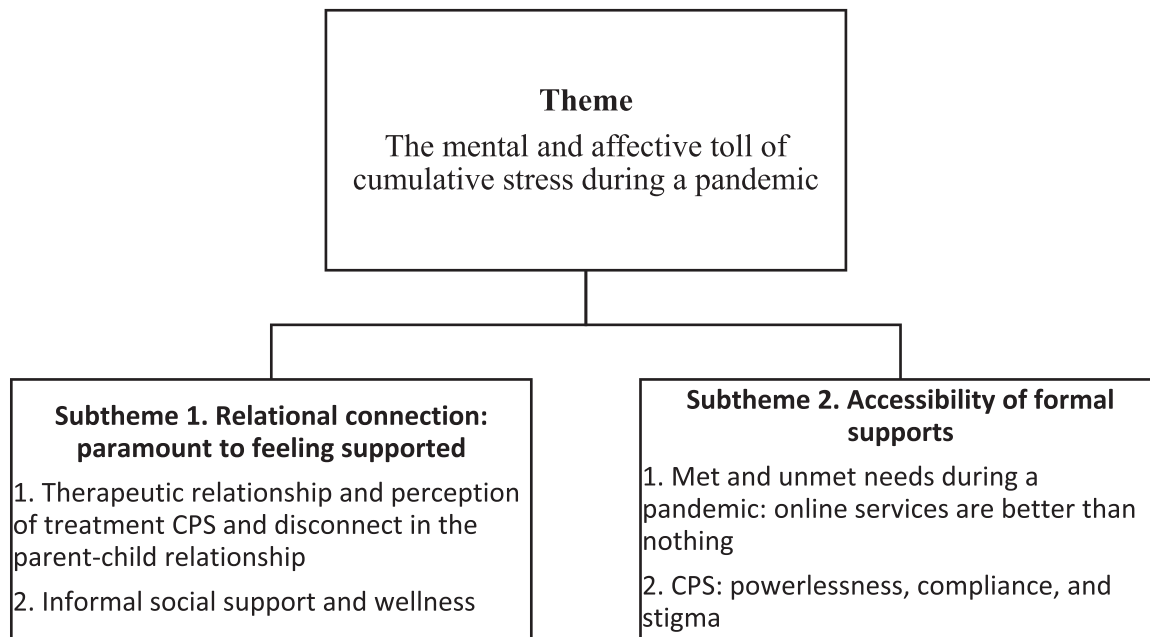


FIGURE 1 Note. Thematic analysis “mind” map of themes and subthemes related to maternal experiences during the pandemic, including subtheme discussion areas.

maternal mental health. All codes contributed to the final themes and no codes were discarded in the final thematic structure. Detailed notes about the text were recorded throughout the coding process, including researchers personal thoughts, reflections, and notions about potentially emerging themes. Outlying text, which expressly differed from other transcripts, was noted. Following, a broad review of codes was conducted to develop descriptive labels or short phrases, which captured the main idea of the coded text. Labels were chosen based on their ability to convey the overarching meaning of codes. Subsequently, potential themes were identified by grouping related labels together. A visual representation was created in the form of a mind map, as is commonplace in RTA, to illustrate connections and hierarchy of themes (Figure 1). Themes were reviewed, named, and defined alongside discussions with the research team. Across analysis, researchers considered and documented their own perspectives and experiences and how this may impact the interpretation of data. Given that RTA is an iterative process, researchers often moved between the data coding and theme development stages to refine and discuss their understanding of the interview text. Discussion among researchers was promoted to uncover differing perspectives, while placing emphasis on the narrative features of the interview text. Participants were assigned pseudonyms for analysis and reporting to ensure anonymity.

3 | RESULTS

Demographic characteristics of the 26 pregnant and parenting people are provided in Table 1. Factitious names are associated with quotes to maintain the anonymity of participants. As seen in Figure 1,

maternal accumulation of stress from a combination of prepandemic and pandemic stressors was identified as a central theme to which all themes related. The first subtheme highlighted maternal relational connections and the feeling of being supported. Three areas of discussion were identified under this theme: 1. Therapeutic relationship and perception of treatment, 2. CPS and disconnect in the parent-child relationship, 3. Informal social support and wellness. The second subtheme identified maternal accessibility to formal support during the pandemic and two areas of discussion were identified: 1. Online services are better than nothing, 2. CPS: Powerlessness, compliance, and stigma.

3.1 | Theme: the mental and affective toll of cumulative stress during a pandemic

The accumulation of stressors (including but not limited to socioeconomic status, stigma, single motherhood, restricted access to support, and CPS involvement) were described as having detrimental impacts on maternal mental health, compounding parenting stress and further restricting informal and formal social supports. “I feel like it’s been awful, especially struggling with other factors like mental health and trying to find positive ways to cope versus the non-positive ... I think this year I’ve struggled more than I probably ever have in my entire life” (Fran). Most maternal stories provided an illustrative picture of attempts to navigate the (mostly) negative impact of COVID-19 and associated public health measures alongside pre-existing and exacerbated structural disadvantages. “Exhausting, depressing, lonely ... on top of the kids and the mental illness, it hasn’t been easy ... us low-income people are stuck in these situations where there’s no way for

me to access any other money" (Jessica). Increased stress and mental health challenges made health promotion and self-care more challenging, "I need to get my head out of my ass and start working out and stop eating so much and take care of myself more." (Brenda).

3.2 | Subthemes

We identified two broad themes subsumed under the central organizing theme of mental and affective toll of cumulative stressors: 1) Relational connection: Paramount to feeling supported, and 2) Accessibility of formal supports: Met and unmet needs during a pandemic. CPS involvement was identified in the context of both subthemes.

3.2.1 | Subtheme 1. Relational connection: paramount to feeling supported

Participants described the importance of relationship connection, including experiences associated with formal therapeutic relationships and treatment and CPS involvement and informal social support networks, as impacting on their mental health and parenting stress during the pandemic.

Therapeutic relationship and perception of treatment

Maternal emotional and relational connection to support services influenced how mothers perceived their benefits. Mothers who perceived the support or service to be genuinely concerned with improving their well-being expressed a more positive therapeutic relationship. Mothers described that check-ins from service workers aided them in maintaining a sense of community and self-esteem, "She's [service provider] like, "Just wanted to tell you, I don't know if anyone told you this today, that you're beautiful and you're loved." She's [service provider] really awesome. [At] [agency-X] we are pretty much one big family" (Margaret).

This extended to interactions with CPS, with the perceived severity of the impact being moderated by a mother's perception of trust in their relationship with their CPS worker. A portion of the sample had CPS involvement during the first year of the COVID-19 pandemic ($n = 15$) which created an additional stressor. These mothers described CPS as an unwanted intrusion and burden upon their families, "I just wanted them to go away. Anybody who is involved with them, I feel really bad for them because they're horrible people. I don't want to be involved with them ever" (Ruth). One mother discussed how, in response to receiving a CPS report, the mother felt assured in her belief that her CPS worker would call her to check-in before taking any other action, "They have it written in my notes that if they get a call about me, they call me first ... because, sometimes they don't have to come out, they can just talk to me on the phone and close the case at intake" (Nora). In contrast, others described a poor relationship with CPS, and did not trust the intentions of CPS workers, "I had a worker before that was a real freaking pain in the ass. We clashed so

much she was so pushy ... I think she just wanted [to] take him [mother's child] or something. That's why I don't trust, they're tricky" (Maya). Others connected their poor relationship with CPS workers to substance-related stigma, particularly as it relates to parenting, "she acts as if I've been a drug user for years ... I feel like she's put kind of a label on me, which I can't seem to get past" (Jessica).

CPS and disconnect in the parent-child relationship

Mothers' experiences and perceptions of CPS differed depending on whether they currently had their children living with them versus in the care of CPS. Regarding the latter, mothers tended to express discontent, noting increased uncertainty, reduced visits with children and communication with CPS workers because of public health restrictions, "There's certain programming you're supposed to take, and it has extended everything that's been going on It took me longer to get that completed, so it slowed down the process [of reunification]" (Olivia). Mothers described that COVID-19 related changes to CPS processes (e.g., use of video or abolition of visits) magnified their emotional distress and shared worries that the process would result in a reduced connection with their child, "I had the fear of losing a connection with him, he was just a newborn, and I was afraid he wasn't going to know who I was because he was so young. Seeing me over video does nothing for him" (Olivia). "I couldn't even video-chat with [my newborn daughter]. All contact just got cut off" (Amanda). Worries about the quality of care and child health, safety and emotional needs being met were also shared. "I really struggled. Definitely, I couldn't sleep without her. I was just always worrying about her safety, especially during COVID, because I didn't know who these strangers [foster parents] were. I didn't know what precautions they took ... [and was worried about] her just getting sick" (Amanda). There were also changes to the CPS process for mothers who were caring for their child but in involved with CPS. Frequency of CPS home visit decreased and planned visits were delayed, "They didn't come here for months because of COVID" (Danielle).

Informal social support and wellness

Informal relationships (e.g., family, friends, neighbours) significantly impacted maternal mental wellness and ability to navigate stressors during the pandemic (e.g., financial insecurity, decreased access to services, keep treatment goals on track). Mothers who felt they could rely on their informal social network expressed more confidence in being able to manage challenges faced during the pandemic, "The struggle is real. But it's not too difficult because we have mommy and daddy here. We're 50/50 partners. That's the biggest help out of everything, is my partner." (Danielle). Another mother shared, "I do talk to my mom almost every day. I've got three or four friends that I talk to every day, and I actually work with my best friend. So, as a single parent, it's made things a little easier." (Margaret).

Those with fewer or less reliable access to informal social supports experienced greater parenting stress, "Now I have to do everything on the phone and have to try to schedule that around my kids being with my ex so that I can actually speak to resources without my

kids in the background screaming and causing chaos” (Margaret). Another mother noted that lacking in-person physical support was another challenge, “getting that hug from somebody, it just makes you feel connected, and you’re not alone. I need love and support. But that’s hard during the isolation” (Hilary). These experiences increased mental health challenge, “I find myself, when people do ask once in a while, I’ll be like, I’m fine. But I’m really not.” (Riley).

Changes in social connections associated with the pandemic were not always perceived as having a negative impact. Having to remain at home during periods of lockdown, limit social interactions and cues associated with substance use supported harm reduction efforts, “This is the most sober I’ve been since I was 13... COVID’s a really good excuse. I’ll be like, ‘Sorry, COVID!’... It’s a nice excuse instead of having to say, ‘I don’t want to be around you because you’re going to trigger me’” (Claire).

3.2.2 | Subtheme 2. Accessibility of formal supports: met and unmet needs during a pandemic

Many mothers described closures and reduction of frequency and type of services that they (and others close to them) relied on to support their goals around health,

“I just keep trying I guess to find maybe other supports that can help me because I am struggling. I’d say that would be the most challenging aspect of trying to cope during COVID, because we cannot really go anywhere or use our supports right now. Everyone is just expected to just be fine in their homes without other supports to kind of help. So, I think it’s been extremely isolating and demeaning almost”

(Maria).

Another mother shared, “My daughter’s dad, we almost lost him during COVID because of his addiction. Literally, there were no supports, no nothing” (Ava). They shared their perceptions of changes to service delivery, including online treatment services and interactions with CPS.

Online services are better than nothing

Perceptions of the feasibility and effectiveness of online services were mixed. Some mothers preferred online delivery: “like most things are going through Zoom and other resources, I actually prefer it, because I don’t want to go anywhere” (Jessica). Others perceived this change in service delivery more negatively, including being less personal: “I’m in recovery and couldn’t see my [service provider] face-to-face. I couldn’t do any of those things, which is part of my recovery. So, that was really rough” (Maria); and more isolating: “Not being connected, with me being an addict and... just feeling disconnected, isolate [ed] and it’s part of my depression...” (Jackie). Access to required technology was also an issue for some mothers, “I do have my support on Zoom. But, unfortunately, I’m going through a little bit of a financial

struggle, so ... Wi-Fi and that ... so, that also keeps me disconnected” (Carine).

CPS: powerlessness, compliance, and stigma

Mothers described feeling stigmatized by CPS for their substance use, which led them to feel an increased need to be compliant to avoid child apprehension “...it can feel like an intrusion on your life ... But I did everything they told me to. Cooperate with them and they’ll go away” (Nora). A sense of powerlessness often accompanied mothers’ compliance because of the fear of child removal or prolonged time to child reunification, “This year I was depressed. But, I was afraid to tell anybody because of the stigma around it, I was worried that somebody would call [CPS], like, ‘Oh, she’s depressed. I gotta take away her kids’” (Hilary).

There was an understanding among mothers that, “... mothering with substance use is one of the hardest things to do” (Farah), and mothers wished CPS workers understood more about substance use and how it impacts their life:

“... until you actually dive into it and understand why a person made that choice to try that substance and actually figure out what that story is and become educated on it ... the one thing that I always remember hearing is, “Oh, you do not love them enough,” you know? Like, the drugs were more important and all that. And just really how that has nothing to do with it. Like, you can love so much, But it’s how something really just completely takes over your better judgement”

(Jessica).

One mother expressed that she was able to take preventive action and manage the perceived threat of CPS involvement by reaching out prior to CPS formally entering the family’s life. “...I’ve been told that there’s been situations where people have had their child in the hospital and CAS has come ... there’s been issues on whether they keep the child or not ... I didn’t want that to happen to me, so that’s why I made that decision to deal with it before” (Natalie).

Although described by all mothers as intrusive, a few mothers did suggest that CPS helped them access supports and make changes to support their health and family well-being, “Sometimes it’s actually better when they’re taken into foster care, because then you have more of a motivating factor to like, ok, I have to do this” (Margaret).

4 | DISCUSSION

This study explored daily experiences of mothers who had current or previous engagement with an integrated substance use treatment program in Ontario, Canada during COVID-19, a time of significant change in public health restrictions and service provision. Overall, mothers shared experiences reflective of cumulative stressors magnified by uncertainty. This was reported to have a significant mental

and affective toll, including worsening mental health and, for some, increased desire for or use of substances as they attempted to cope with mounting stress. Mothers shared that relational connection and access to meaningful social support, as well as access to needed resources and services, promoted their well-being during the first year of COVID-19. Social support and relational connection and access to formal services and supports appeared to moderate maternal coping and well-being. Below, we integrate the current findings into the literature, emphasizing the impact of instability in services and access to social support has on maternal well-being. Finally, we discuss findings specific to mothers who were CPS-involved during the first year of COVID-19.

Mothers insightfully reflected on what helped them cope during the pandemic and supported their well-being. Relational connection was frequently reported as paramount. Social support has long been established as a protective factor for mental health, substance use, and parenting, particularly during times of crisis or transition (Phipps et al., 2019; Racine et al., 2018; Stokes et al., 2018; Vaezi et al., 2019). The quality of social interactions with family and friends was often reduced and limited to virtual communication vs. in-person support. Mothers with strong relational connections to a partner, family, friends, and peers reported that these helped to buffer against stress, delegate tasks, and share and manage parenting demands, financial burdens, treatment needs, and mental and physical health. Access to supports can mitigate the impacts of structural disadvantage (Offer, 2012). This was also seen in the COVID-19 pandemic, with social support moderating mental health outcomes in a community sample of mothers (Khoury et al., 2021). Service disruptions meant fewer opportunities for interactions with service providers and peers in the treatment setting. Women have previously shared with us that these relationships promote engagement, a sense of community and connection, and mental health and are important for promoting well-being, particularly in times of stress (Milligan et al., 2017; Tarasoff et al., 2018). In addition to the quality of relationships with service providers, just having access to needed services was associated with better well-being. At a population level, increased stress and mental health challenges during the pandemic experienced by mothers (Khoury et al., 2021), was associated with less rather than more access to services to address mental health needs (Masters et al., 2021).

Locating needed resources and services amid closures and reduced/changed service models was reported to be a significant challenge experienced by mothers. Many participants had benefited from the wrap-around models of care that integrated programs provide that simplify system navigation and increase access to varied supports (i.e., mental health, housing, food and income security, and childcare services) (Tarasoff et al., 2018). Lack of available services multiplied by lack of service navigation support magnified stress and posed significant barriers to accessing needed services.

The quality and modality of services also changed during COVID-19. Treatment services commonly moved to online delivery in response to public health orders designed to reduce the spread of COVID-19 (Oesterle et al., 2020). Similar to extant literature examining virtual service delivery (Cruden et al., 2021), mothers in our study

expressed mixed experiences engaging in virtual substance use treatment. Positive aspects included being exposed to fewer substance use cues and more flexibility to access varied services. Others described virtual programming as helpful but less effective and of lower quality than in-person support, a theme seen in other research (Bergman & Kelly, 2021). The therapeutic relationship may also have been hindered by the lack of in-person support services (Ghosh et al., 2022), which has been identified by mothers in substance use treatment as a key factor that promotes engagement and progress towards therapeutic goals (Milligan et al., 2017). Technological requirements of virtual service delivery also created inequities in accessing care in our sample mostly because of the financial cost of internet access.

While the derived mind-map of themes is applicable to CPS-involved and non-CPS-involved families, the severity of stress and impact on mental health appeared to be greatest for those mothers whose children were in the temporary care of CPS (foster care) or kinship care where access was limited. In-person supervised access visits were stopped abruptly as public health measures came into place, a process that magnified feelings of uncertainty and loss for mother and child. Research outside of COVID-19 speaks to the impact of forced and uncertain separation from primary caregivers on children (e.g., fear, grief, and ambiguous loss, Saini et al., 2012) and mothers (Tembo & Studsrød, 2019). Mothers' reports were consistent with reports from research examining the CPS system in Canada and elsewhere (Katz et al., 2022). Consistent with many countries in the world, Ontario did not designate CPS as an essential service during the early months of COVID-19 (Wilke et al., 2020). This resulted in reduced or eliminated face-to-face visits and magnified fear and mothers' sense of lack of control, particularly about child safety and the impact of the separation on their developing relationship and child's trust in the availability of their mother to support their safety and well-being (reflected in a secure attachment, Goldberg et al., 2021).

Foster care and CPS worries about COVID-19 and child well-being often led to further limitations. Longer foster care stays and CPS system changes (e.g., worker turnover) are associated with decreased likelihood of successful reunions (Barth et al., 2022; Goldberg et al., 2021). Mothers reporting amplified worry and concern for their child's well-being and magnified feelings of loss and powerlessness, experiences that have been well-documented in past research (Kenny, 2018; Kenny et al., 2015; Nixon et al., 2013; Wall-Wieler et al., 2018). Feelings of uncertainty and powerlessness can lead to defensive responding to limit exposure to potential threats, including maintaining a stance of distrust, asking for needed support, engaging in treatment and services. While this may limit some exposure to threat, the overall toll on the well-being of mothers and children can be increased, which can increase delays in the reunification process and CPS case closure (Goldberg et al., 2021). Uncertainty experienced by CPS caseworkers and foster families can concurrently and cumulatively increase the stress of the CPS process (Goldberg et al., 2021).

The powerlessness and stigmatization felt by parents involved with CPS have prompted a call for change in the language used to

describe this social institution. In the United States, scholar Dorothy Roberts coined the term “family policing” to reflect the powerlessness experienced by parents as the system focuses on surveillance, regulation and punishment rather than the provision of resources and services to support equitable experiences of family well-being. In Canada, family advocates are fighting to replace the name CPS with Child and Family Well-Being System, with a commensurate CPS system reform (Baobeid, 2022).

There are important limitations to the methods of this research that warrant attention. These findings are geographically specific as the experiences described relate to women who participated in substance use treatment programs in Ontario and experienced the COVID-19 public health response, in the same province. Public health measures associated with COVID-19 differed by province and country and as such, findings for other areas may differ. Findings were also limited to those who were willing to share their story and had access to a cell phone/internet required for data collection. While the sample was recruited from integrated programs that are geographically representative of Ontario, the participants may not reflect the diversity of the client population. Experiences may differ among mothers who did not access treatment, who were unable to participate (e.g., due to discomfort, not having the needed privacy or technology), or who lived outside of the province. We did not collect data on sex or gender in this study. We use the terminology of women and mothers throughout, as these are historically relevant to the study sites; however, we recognize the need for research that is able to represent the experiences of parenting people of all genders. We acknowledge that there may be participants who identify as transgender or gender-diverse (TGD) and their experiences may differ. Given that rates of substance use are higher in TGD people (Ruppert et al., 2021), this is important to include in future research. Diversity in research samples is vital to promoting health equity and may be improved with participatory research methods (Dodson & Schmalzbauer, 2005; Urbanoski et al., 2020). Finally, data collection for this study took place in the first year of the pandemic. It is possible that there were important changes, positive and negative, that occurred later that were not included and may inform future research, service, and policy directions.

In conclusion, this study gives voice to the experiences of mothers with lived or living histories of substance use during the COVID-19 pandemic in Ontario, Canada. Similar to other groups experiencing structural disadvantage, the themes identified are not unique to COVID-19. Rather, they are a familiar story of ongoing inequities and challenges presented in a magnified form. Lessons include the importance of CPS reform, as outlined in the Ontario Motherisk Commission report (Beaman, 2018). In times of public health uncertainty, the cumulative impact of multiple layers of uncertainty needs to be added to, including but not limited to equitable access to basic needs and required health and social services, the promotion of social support (broadly defined), and consideration of policies, procedures and service provider-client relationships in times of crisis. The extant literature (see Wolfson et al., 2021 for review) provides strategies for breaking down stigma-related barriers,

including peer programming, training and education for service providers, trauma-, gender-, and culturally-informed practice, cross-sector collaboration with multidisciplinary teams, and evidence-based policy development, which addresses the intersections of structural barriers with proper funding for programming. Such changes may correct current inequities that exist in our health and social service systems and promote the well-being of pregnant and parenting people and their families.

CONFLICT INTEREST STATEMENT

The authors declare they have no competing interests.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

REFERENCES

- Adynski, H., Zimmer, C., Thorp, J., & Santos, H. P. (2019). Predictors of psychological distress in low-income mothers over the first postpartum year. *Research in Nursing and Health*, 42(3), 205–216. <https://doi.org/10.1002/NUR.21943>
- Alon, T., Doepke, M., Olmstead-Rumsey, J., & Tertilt, M. (2020). The Impact of COVID-19 on Gender Equality. <https://doi.org/10.3386/W26947>
- Antwi-Boasiako, K., King, B., Black, B., Fallon, B., Trocmé, N., & Goodman, D. (2016). *Ethno-racial categories and child welfare decisions: Exploring the relationship with poverty*. Canadian Child Welfare Research Portal.
- Baobeid, I. (2022). The Power of Language: What do “Family Policing” and “Child and Family Well-Being” Mean? <https://policycommons.net/artifacts/3332966/the-power-of-language/4131814/>
- Barnett, E. R., Knight, E., Herman, R. J., Amarakaran, K., & Jankowski, M. K. (2021). Difficult binds: A systematic review of facilitators and barriers to treatment among mothers with substance use disorders. *Journal of Substance Abuse Treatment*, 126, 108341. <https://doi.org/10.1016/J.JSAT.2021.108341>
- Barth, R. P., Berrick, J. D., Garcia, A. R., Drake, B., Jonson-Reid, M., Gyourko, J. R., & Greeson, P. (2022). Research to consider while effectively re-designing child welfare services. *Research on Social Work Practice*, 32, 483–498. <https://doi.org/10.1177/10497315211050000>
- Beaman, J. C. (2018). Harmful impacts: the reliance on hair testing in child protection. Report of the Motherisk Commission. URL: <https://www.Attorneygeneral.Jus.Gov.on.ca/English/about/Pubs>
- Bergman, B. G., & Kelly, J. F. (2021). Online digital recovery support services: An overview of the science and their potential to help individuals with substance use disorder during COVID-19 and beyond. *Journal of Substance Abuse Treatment*, 120, 108152. <https://doi.org/10.1016/j.jsat.2020.108152>
- Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*, 29(13–14), 2047–2049. <https://doi.org/10.1111/JOCN.15296>
- Braun, V., & Clarke, V. (2012). Thematic analysis. In *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. <https://doi.org/10.1037/13620-004>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., Clarke, V., & Rance, N. (2014). How to use thematic analysis with interview data (process research).

- Clarke, V., & Braun, V. (2013). Successful Qualitative Research: A Practical Guide for Beginners.
- Connor, J., Madhavan, S., Mokashi, M., Amanuel, H., Johnson, N. R., Pace, L. E., & Bartz, D. (2020). Health risks and outcomes that disproportionately affect women during the Covid-19 pandemic: A review. *Social Science & Medicine* (1982), 266, 113364. <https://doi.org/10.1016/J.SOCSCIMED.2020.113364>
- Cruden, G., Campbell, M., & Saldana, L. (2021). Impact of COVID-19 on service delivery for an evidence-based behavioral treatment for families involved in the child welfare system. *Journal of Substance Abuse Treatment*, 129, 108388. <https://doi.org/10.1016/j.jsat.2021.108388>
- Dodson, L., & Schmalzbauer, L. (2005). Poor mothers and habits of hiding: Participatory methods in poverty research. *Journal of Marriage and Family*, 67, 949–959. <https://doi.org/10.1111/j.1741-3737.2005.00186.x>
- Drabble, L., Trocki, K. F., Salcedo, B., Walker, P. C., & Korcha, R. A. (2016). Conducting qualitative interviews by telephone: Lessons learned from a study of alcohol use among sexual minority and heterosexual women. *Qualitative Social Work*, 15(1), 118–133. <https://doi.org/10.1177/1473325015585613>
- Edwards, R., & Holland, J. (2013). *What is qualitative interviewing?* A&C Black.
- Federal, Provincial, and Territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. (2023). Opioid- and stimulant-related harms in Canada. Ottawa: Public Health Agency of Canada. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>
- Galarneau, L. R., Hilburt, J., O'Neill, Z. R., Buxton, J. A., Scheuermeyer, F. X., Dong, K., Kaczorowski, J., Orkin, A. M., Barbic, S. P., Bath, M., Moe, J., Miles, I., Tobin, D., Grier, S., Garrod, E., & Kestler, A. (2021). Experiences of people with opioid use disorder during the COVID-19 pandemic: A qualitative study. *PLoS ONE*, 16(7), e0255396. <https://doi.org/10.1371/JOURNAL.PONE.0255396>
- Ghosh, A., Mahintamani, T., Sharma, K., Singh, G. K., Pillai, R. R., Subodh, B. N., Basu, D., & Mattoo, S. K. (2022). The therapeutic relationships, empathy, and satisfaction in teleconsultation for substance use disorders: Better or worse than in-person consultation? *Indian Journal of Psychiatry*, 64(5), 457–465. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_704_21
- Goldberg, A. E., Brodzinsky, D., Singer, J., & Crozier, P. (2021). The impact of COVID-19 on child welfare-involved families: Implications for parent-child reunification and child welfare professionals. *Developmental Child Welfare*, 3(3), 203–224. <https://doi.org/10.1177/25161032211045257>
- Gomes, T., Murray, R., Kolla, G., Leece, P., Bansal, S., Besharah, J., Cahill, T., Campbell, T., Fritz, A., Munro, C., Toner, L., Watford, J., & on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2021). *Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic*. Ontario Drug Policy Research Network.
- Katikireddi, S. V., Hainey, K. J., & Beale, S. (2021). The impact of COVID-19 on different population subgroups: Ethnic, gender and age-related disadvantage. *The Journal of the Royal College of Physicians of Edinburgh*, 51(1_suppl), 40–46. <https://doi.org/10.4997/jrcpe.2021.240>
- Katz, I., Priolo-Filho, S., Katz, C., Andresen, S., Bérubé, A., Cohen, N., Connell, C. M., Collin-Vézina, D., Fallon, B., Fouche, A., Fujiwara, T., Haffeejee, S., Korbin, J. E., Maguire-Jack, K., Massarweh, N., Munoz, P., Tarabulsy, G. M., Tiwari, A., Truter, E., ... Yamaoka, Y. (2022). One year into COVID-19: What have we learned about child maltreatment reports and child protective service responses? *Child Abuse & Neglect*, 130, 105473. <https://doi.org/10.1016/J.CHIABU.2021.105473>
- Kenny, K. S. (2018). Mental health harm to mothers when a child is taken by child protective services: Health equity considerations. *The Canadian Journal of Psychiatry*, 63(5), 304–307. <https://doi.org/10.1177/0706743717748885>
- Kenny, K. S., Barrington, C., & Green, S. L. (2015). “I felt for a long time like everything beautiful in me had been taken out”: Women’s suffering, remembering, and survival following the loss of child custody. *International Journal of Drug Policy*, 26(11), 1158–1166. <https://doi.org/10.1016/j.drugpo.2015.05.024>
- Khoury, J. E., Atkinson, L., Bennett, T., Jack, S. M., & Gonzalez, A. (2021). COVID-19 and mental health during pregnancy: The importance of cognitive appraisal and social support. *Journal of Affective Disorders*, 282, 1161–1169. <https://doi.org/10.1016/j.jad.2021.01.027>
- Le, T. L., Kenaszchuk, C., Milligan, K., & Urbanoski, K. (2019). Levels and predictors of participation in integrated treatment programs for pregnant and parenting women with problematic substance use. *BMC Public Health*, 19(1), 154. <https://doi.org/10.1186/s12889-019-6455-4>
- Masters, G. A., Asipenko, E., Bergman, A. L., Person, S. D., Brenckle, L., Moore Simas, T. A., Ko, J. Y., Robbins, C. L., & Byatt, N. (2021). Impact of the COVID-19 pandemic on mental health, access to care, and health disparities in the perinatal period. *Journal of Psychiatric Research*, 137, 126–130. <https://doi.org/10.1016/j.jpsychires.2021.02.056>
- Miller, T. (2017). Telling the difficult things: Creating spaces for disclosure, rapport and ‘collusion’ in qualitative interviews. *Women’s Studies International Forum*, 61, 81–86. <https://doi.org/10.1016/j.wsif.2016.07.005>
- Milligan, K., Usher, A. M., & Urbanoski, K. A. (2017). Supporting pregnant and parenting women with substance-related problems by addressing emotion regulation and executive function needs. *Addiction Research & Theory*, 25(3), 251–261. <https://doi.org/10.1080/16066359.2016.1259617>
- Niccols, A., Milligan, K., Sword, W., Thabane, L., Henderson, J., Smith, A., Liu, J., & Jack, S. (2010). Maternal mental health and integrated programs for mothers with substance abuse issues. *Psychology of Addictive Behaviors*, 24(3), 466–474. <https://doi.org/10.1037/a0020139>
- Nixon, K. L., Radtke, H. L., & Tutty, L. M. (2013). “Every day it takes a piece of you away”: Experiences of grief and loss among abused mothers involved with child protective services. *Journal of Public Child Welfare*, 7(2), 172–193. <https://doi.org/10.1080/15548732.2012.715268>
- Oesterle, T. S., Kolla, B., Risma, C. J., Breiting, S. A., Rakocevic, D. B., Loukianova, L. L., Hall-Flavin, D. K., Gentry, M. T., Rummans, T. A., & Chauhan, M. (2020). Substance use disorders and telehealth in the COVID-19 pandemic era: A new outlook. *Mayo Clinic Proceedings*, 95(12), 2709–2718. <https://doi.org/10.1016/j.mayocp.2020.10.011>
- Offer, S. (2012). Barriers to social support among low-income mothers. *International Journal of Sociology and Social Policy*, 32(3/4), 120–133. <https://doi.org/10.1108/01443331211214712>
- OHRC Ontario Human Rights Commission. (2017). Under suspicion: Concerns about Child Welfare. <http://www.ohrc.on.ca/en/under-suspicion-concerns-about-child-welfare>
- Palis, H., Bélair, M. A., Hu, K., Tu, A., Buxton, J., & Slaunwhite, A. (2022). Overdose deaths and the COVID-19 pandemic in British Columbia, Canada. *Drug and Alcohol Review*, 41(4), 912–917. <https://doi.org/10.1111/DAR.13424>
- Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics*, 146(4), e2020016824. <https://doi.org/10.1542/peds.2020-016824>
- Phipps, M., Dalton, L., Maxwell, H., & Cleary, M. (2019). Women and homelessness, a complex multidimensional issue: Findings from a scoping review. *Journal of Social Distress and Homeless*, 28(1), 1–13. <https://doi.org/10.1080/10530789.2018.1534427>
- Racine, N., Madigan, S., Plamondon, A., Hetherington, E., McDonald, S., & Tough, S. (2018). Maternal adverse childhood experiences and

- antepartum risks: The moderating role of social support. *Archives of Women's Mental Health*, 21(6), 663–670. <https://doi.org/10.1007/s00737-018-0826-1>
- Rose, N., Manning, N., Bentall, R., Bhui, K., Burgess, R., Carr, S., Cornish, F., Devakumar, D., Dowd, J. B., & Ecks, S. (2020). The social underpinnings of mental distress in the time of COVID-19—time for urgent action. *Wellcome Open Research*, 5, 166. <https://doi.org/10.12688/wellcomeopenres.16123.1>
- Ruppert, R., Kattari, S. K., & Sussman, S. (2021). Review: Prevalence of addictions among transgender and gender diverse subgroups. *International Journal of Environmental Research and Public Health*, 18(16), 8843. <https://doi.org/10.3390/ijerph18168843>
- Russell, C., Ali, F., Nafeh, F., LeBlanc, S., Imtiaz, S., Elton-Marshall, T., & Rehm, J. (2021). A qualitative examination of substance use service needs among people who use drugs (PWUD) with treatment and service experience in Ontario, Canada. *BMC Public Health*, 21(1), 1–14. <https://doi.org/10.1186/S12889-021-12104-W/TABLES/2>
- Saini, M., van Wert, M., & Gofman, J. (2012). Parent-child supervised visitation within child welfare and custody dispute contexts: An exploratory comparison of two distinct models of practice. *Children and Youth Services Review*, 34(1), 163–168. <https://doi.org/10.1016/J.CHILDYOUTH.2011.09.011>
- Spinelli, M., Lionetti, F., Setti, A., & Fasolo, M. (2020). Parenting stress during the COVID-19 outbreak: Socioeconomic and environmental risk factors and implications for children emotion regulation. *Family Process*, 60(2), 639–653.
- Statistics Canada. (2016). Family Characteristics (22), Aboriginal Identity (9), Registered or Treaty Indian Status (3), Age (8A) and Sex (3) for the Population in Private Households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Cen. <https://www150.statcan.gc.ca/n1/daily-quotidien/220204/dq220204a-eng.html>
- Stengel, C. (2014). The risk of being 'too honest': Drug use, stigma and pregnancy. *Health, Risk & Society*, 16(1), 36–50. <https://doi.org/10.1080/13698575.2013.868408>
- Stokes, M., Schultz, P., & Alpaslan, A. (2018). Narrating the journey of sustained recovery from substance use disorder. *Substance Abuse Treatment, Prevention, and Policy*, 13(1), 35. <https://doi.org/10.1186/s13011-018-0167-0>
- Stone, R. (2015). Pregnant women and substance use: Fear, stigma, and barriers to care. *Health & Justice*, 3(1), 2. <https://doi.org/10.1186/s40352-015-0015-5>
- Tarasoff, L. A., Milligan, K., Le, T. L., Usher, A. M., & Urbanoski, K. (2018). Integrated treatment programs for pregnant and parenting women with problematic substance use: Service descriptions and client perceptions of care. *Journal of Substance Abuse Treatment*, 90, 9–18. <https://doi.org/10.1016/j.jsat.2018.04.008>
- Tembo, M. J., & Studsrød, I. (2019). Parents' emotional experiences of their contact with the child welfare services: A synthesis of previous research—a research review. *Nordic Social Work Research*, 9(2), 184–198. <https://doi.org/10.1080/2156857X.2018.1489885>
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). *Thematic analysis* (2nd ed.) (pp. 17–37). SAGE Publications. <https://uwe-repository.worktribe.com/output/888518>
- Urbanoski, K., Pauly, B., Inglis, D., Cameron, F., Haddad, T., Phillips, J., Phillips, P., Rosen, C., Schlotter, G., Hartney, E., & Wallace, B. (2020). Defining culturally safe primary care for people who use substances: A participatory concept mapping study. *BMC Health Services Research*, 20(1), 1060. <https://doi.org/10.1186/s12913-020-05915-x>
- Vaezi, A., Soojoodi, F., Banihashemi, A. T., & Nojomi, M. (2019). The association between social support and postpartum depression in women: A cross sectional study. *Women and Birth*, 32(2), e238–e242. <https://doi.org/10.1016/j.wombi.2018.07.014>
- Valeriotte, H., & Milligan, K. (2022). Lessons learned in COVID-19: Mothers with problematic substance use and involvement with child protective services need support to promote family well-being. *Community, Work & Family*, 25(1), 132–136. <https://doi.org/10.1080/13668803.2021.1975650>
- Wall-Wieler, E., Roos, L. L., Bolton, J., Brownell, M., Nickel, N., & Chateau, D. (2018). Maternal mental health after custody loss and death of a child: A retrospective cohort study using linkable administrative data. *The Canadian Journal of Psychiatry*, 63(5), 322–328. <https://doi.org/10.1177/0706743717738494>
- Wilke, N. G., Howard, A. H., & Pop, D. (2020). Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic. *Child Abuse & Neglect*, 110, 104642. <https://doi.org/10.1016/j.chiabu.2020.104642>
- Wolfson, L., Schmidt, R. A., Stinson, J., & Poole, N. (2021). Examining barriers to harm reduction and child welfare services for pregnant women and mothers who use substances using a stigma action framework. *Health & Social Care in the Community*, 29(3), 589–601. <https://doi.org/10.1111/hsc.13335>

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