Article

Exploring Support Services for Family Reunifications of Inpatient Parents in Substance Abuse Treatment Centres

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Abstract

Parents who receive treatment at substance abuse treatment centres are separated from their children and could therefore need family reunification support when they reintegrate into their families. Research indicates that available support for inpatient parents during aftercare or discharge planning may currently not be sufficient at substance abuse treatment centres. The aim of the study was therefore to explore formal and informal support available to inpatient parents at selected substance abuse treatment centres during the family reunification process. A descriptive qualitative design was implemented to conduct the study. Purposive sampling was used to recruit 28 participants at substance abuse treatment centres. Semi-structured interviews, focus-group discussions and collages were used to collect the data. The findings showed that inpatient parents want to improve their relationships with their children and would like to involve their children in the therapeutic programme. Social workers in treatment centres are providing inpatient parents with family therapy and parenting skills that could help them to reunify with their children. However, in general, aftercare planning does not prioritise family reunification services in substance abuse treatment programmes. In this study, we highlighted the importance of family reunification support for more sustainable outcomes for these parents and provided recommendations to include family reunification services for parents in substance abuse programmes.

Keywords: aftercare; family reunification; inpatient parent; parental substance abuse; substance abuse treatment centres

UNISA university of south africa PRESS
Southern African Journal of Social Work and Social Development
https://unisapressjournals.co.za/index.php/SWPR/index
Volume 34 | Number 2 | 2022 | #9110 | 18 pages
https://doi.org/10.25159/2708-9355/9110
ISSN 2708-9355 (Online)
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Introduction

Historically, the biopsychosocial model of addiction (Skewes and Gonzalez 2013) viewed substance abuse as a disease, with pharmacotherapy and psychosocial therapy as the prescribed interventions (Becoña 2018; Skewes and Gonzalez 2013). This would mean that the individual requiring inpatient treatment needs to be removed from their family to seek treatment. Family reunification is often associated with the child welfare sector, but comparatively the substance abuse field has a history of removing individuals from their families and community to receive treatment (O'Shaughnessy 2017; Potgieter and Hoosain 2018). Family reunification involves the transition of a family member back to their family after being separated for some time (Department of Social Development 2012; Lloyd 2018). In this article, we therefore shift the focus from the sobriety of the inpatient to family reunification while the parent is undergoing substance abuse treatment.

Family reunification may not be a priority in substance abuse treatment centres. According to Groenewald and Bhana (2018), inpatients have highlighted the lack of support when contacting families and reconnecting with their children after completing their treatment programme. In addition, Panchanadeswaran and Jayasundara (2012), DeGarmo et al. (2013) and Brook et al. (2015) indicated that inpatient parents at treatment centres do not spend sufficient time with their children during visitation as these parents feel isolated and stigmatised by their family members. Family reunification support may therefore be required to help with the transition of such parents back to the family home when treatment has been completed (Radel et al. 2018). Parents with children between 0 and 5 years need to have a connected relationship with their children to meet their children's developmental needs (Lambert and Andipatin 2014, 44). Family reunification activities at substance abuse treatment centres typically include parenting programmes, structured supervision during children's visitation hours, providing accommodation for children in inpatient treatment, family therapy, and community-based support services during and after reunification (Bosk, Van Alst, and Van Scoyoc 2017; Håkansson et al. 2018; Paris et al. 2015).

The benefits of family reunification as part of an inpatient treatment programme may include improved parenting, parents maintaining contact with their children, and support for parents when dealing with a child who displays challenging behaviour (Bosk, Van Alst, and Van Scoyoc 2017; Sauls and Esau 2015, 9). Potgieter and Hoosain (2018) and Nhedzi and Makofane (2015) viewed family reunification as a multifaceted process which takes into account all the family members and their needs, the children's cognitive ability, and the communication and flexibility among family members. Given this complexity, Chambers et al. (2018) postulated that support is significant during the process of family reunification. International and local literature on family reunification support reveals that the process of family reunification is failing, as there is a lack of commitment and support for parents while being separated from their children (Miller 2018; Mitchell 2019). Research indicates that substance abusers have lower levels of

reunification with their children once these patients have completed their inpatient treatment programmes (Balsells et al. 2016, 812; Brook et al. 2015, 35). In this study, we therefore explored family reunification support at substance abuse treatment centres.

Substance Abuse Inpatient Treatment in South Africa

In South African literature, the term substance abuse corresponds to the term addiction as used in international literature (Dada et al. 2015; Myers et al. 2014). Substance abuse is defined as

> the misuse and abuse of legal or licit substances such as nicotine, alcohol, over-the-counter and prescription medication, alcohol concoctions, indigenous plants, solvents and inhalants, as well as the use of illegal or illicit substances. (Department of Social Development 2013–2017, 19)

The term substance abuse is also defined in South Africa's Prevention of and Treatment for Substance Abuse Act (RSA 2008) and in the Minimum Norms and Standards for Inpatient Treatment Centres (Department of Social Development 2005) which regulate substance abuse services across four levels of intervention, namely, awareness creation, prevention and early intervention, statutory intervention, and reintegration and aftercare services.

According to the South African Community Epidemiology Network on Drug Use (SACENDU 2018), the number of people being admitted to treatment programmes increased from 8 787 in 2016 to 10 047 in 2018. South Africa has only aggregate statistics on patients who have been admitted to substance abuse treatment centres. No data are available on the number of parents admitted to such centres. Empirical literature by Myers et al. (2014) indicated that SACENDU only collects demographic and drug-use data on inpatients at substance abuse treatment centres. The literature provides evidence that inpatient parents usually make arrangements for other persons, such as their maternal or paternal grandparents, to take care of their children while they receive inpatient treatment (Gordon 2018; Taylor et al. 2017).

According to the South African Minimum Norms and Standards for Inpatient Treatment, a programme typically runs for three to six months (Department of Social Development 2005). Current support for patients at substance abuse treatment centres is facilitated by a multidisciplinary team consisting of inpatient social workers, psychiatrists, general practitioners, psychologists and occupational therapists (Isobell, Kamaloodien, and Savahl 2018; Magidson et al. 2018) who provide, among other things, psychoeducational therapy for individuals, groups and families (Kalam and Mthembu 2018; Myers et al. 2019). In general, external social workers are the first point of contact for most individuals and families affected by alcohol and drug abuse in South Africa (Vuza 2018). These external social workers refer clients for inpatient treatment services. They become the designated social workers with whom the social workers at

the substance abuse treatment centres need to coordinate aftercare and reunification services once the inpatient has completed the treatment programme (Mhangwa, Kasiram, and Zibane 2018). In South Africa, the designated social workers are mandated by the Guidelines on Reunification Services for Families (Department of Social Development 2012) to provide family reunification services pre- and post-treatment to individuals receiving inpatient treatment.

Family reunification in the context of substance abuse is the transition of the inpatient back into the family after completing their inpatient treatment programme and forms part of the aftercare planning. According to Radel et al. (2018) and Grant and Graham (2015), there is a lack of focus on family reunification in aftercare services at substance abuse treatment centres. Before the completion of the inpatient treatment programme, the inpatient social worker develops an aftercare plan for the client. It may involve services such as regular visitation, parenting programmes, and contact between the inpatient parents and children during the treatment programme (Brook et al. 2015, 35; Department of Social Development 2005). Aftercare services focus on linking the inpatient with community-based support services, support groups and follow-up sessions with a designated social worker post-treatment (Van der Westhuizen, De Jager, and Alpaslan 2013). Note that in South Africa, the term aftercare can refer to both the programme drawn up for parents upon being discharged from the treatment centre (Mhangwa, Kasiram, and Zibane 2018) and the discharge planning itself, as referred to in international literature (Englander et al. 2017).

The inpatient social workers at the substance abuse treatment centres act as case managers for inpatients and are usually responsible for developing the aftercare plans (Carelse 2018; Magidson et al. 2018). The designated social worker is responsible for providing family reunification and aftercare services post treatment (Department of Social Development 2005, 2012). Håkansson et al. (2018) and Bosk, Van Alst and Van Scoyoc (2017) believed substance abuse cannot be treated in isolation, as the inpatient parent and their family need to be taken into consideration during family reunification. Bronfenbrenner's ecological systems theory (EST) was therefore used to guide this study.

Theoretical Framework

The EST focuses on the person and their environment as there is an equal relationship between individuals and their environment (Greene 2017; McCormick et al. 2013). Bronfenbrenner (1979) viewed the EST as a set of nested systems, namely, the microsystem, mesosystem, exosystem and macrosystem. In the context of this study, these systems can be outlined as follows:

- Microsystem – the types of relationship (subsystem) that exist between the inpatient parent, partner or spouse and their children, family, peers, and the neighbourhood.

- Mesosystem – the reciprocal interaction between the various subsystems in the micro system, for example, among the inpatient parents, their children, family, peers and neighbourhood.
- The exosystem – the inpatient parents' employers, the inpatient and designated social workers, and support or social groups in the community.
- The macrosystem – policy and legislation, such as the South African Norms and Standards for Inpatient Treatment Centres (Department of Social Development 2005) and the Guidelines on Reunification Services for Families (Department of Social Development 2012), which provide a framework for service delivery in the context of substance abuse and family reunification.

These systems were important for the study as they delineated the kinds of support that the inpatient person had enjoyed before admission that could serve as meaningful resources for family reunification and support.

Rationale for the Study

Although there is a significant amount of literature on family reunification services in the child welfare sector (Hope and Van Wyk 2018), limited research has been undertaken on family reunification support for inpatient parents at substance abuse treatment centres in the Western Cape, South Africa (Groenewald and Bhana 2018; Kalam and Mthembu 2018). By providing effective family reunification support, inpatient parents may be able to reunite with their children once these parents have completed their treatment programmes (Balsells et al. 2016; Radel et al. 2018).

This study, therefore, aimed to explore family reunification support at substance abuse treatment centres by interviewing inpatient parents who have children between 0 and 5 years of age, and inpatient social workers. The age group of the children was chosen owing to their developmental needs which include developing a bond with their parents. In short, this study aimed to answer the following research question: What family reunification support is available in substance abuse treatment centres in the Western Cape? The findings of the study may lead to a stronger focus on family reunification services at substance abuse treatment centres.

Research Methodology

A qualitative research approach was chosen to answer the research question. This approach contributes to an understanding of human behaviour in different contexts (Bengtsson 2016). The researcher used a qualitative descriptive research design to investigate the phenomenon about which little is known in the context of this study (Englander 2020). The study described the available support for inpatient parents at substance abuse treatment centres during family reunification. In this study, insight was gained from inpatient parents and social workers regarding the support available for

such parents in order to help with family reunification. The inpatient social workers were the case managers of the inpatient parents at these treatment centres.

A total of 28 participants from five substance abuse treatment centres in the Western Cape participated in the study. To ensure that the participants were selected based on relevance to the study, purposive sampling was used to provide the researcher with a representative sample of the participants (Etikan, Musa, and Alkassim 2016). Inclusion criteria for inpatient parents included the following: they must have children aged between 0 and 5 years, and they must be in their third week of treatment. During the third week of inpatient treatment, the patients are sober and would be able to have a meaningful discussion on the topic of interest. Inclusion criteria for inpatient social workers included the following: they must have a minimum of six months' work experience at inpatient treatment centres. The sample size was determined by data saturation which was achieved after 15 semi-structured interviews with inpatient parents and three focus group discussions with 13 inpatient social workers. The study had limitations as participants were recruited from five substance abuse treatment centres in the Western Cape. The reason for the limitation is that several treatment centres were reluctant to give permission for the study. The results could therefore not be generalised for the rest of the treatment centres in South Africa but in concert with the qualitative studies the findings could be transferred to other similar contexts.

The use of a transcriber and a co-coder for the study was also approved by the ethics committee. Legal authorisation was received from the Department of Social Development of the selected province to conduct the study at its government inpatient treatment facility. Goodwill permission was obtained from four non-profit substance abuse treatment centres in the selected province. Voluntary informed consent was obtained from all the participants. To ensure privacy and confidentiality, the researcher made use of codes, for example, inpatient parent 001 or social worker 003, in order to identify them without using personal information (Rubin and Babbie 2011).

The researcher and a female field worker (social worker) collected the data. The female field worker conducted semi-structured interviews with female inpatient parents, and the researcher interviewed the male inpatient parent. This was to avoid any feeling of discomfort that might be caused by being interviewed by the male researcher. The data were collected through semi-structured interviews and the collages that were completed by the inpatient parents. The interview schedule covered six main questions and five demographic questions, which included the inpatient parent's age, marital status, number of children, and the caregiver with whom the children were placed at the time.

Nine male and six female inpatient parents participated in the study, with the youngest being 20 years old and the eldest 38 years of age. Seven of the participants (46%) were between 51 and 60 years, one (7%) was between 41 and 50 years, four (24%) were between 31 and 40 years, and three (23%) were between 21 and 30 years of age. A collage helped to generate information and map ideas during data collection. Simmons

and Daley (2013) explained that the use of collages is beneficial as they enable the participants to reflect more deeply on, among other things, their experience of family reunification in a substance abuse treatment centre. Each interview lasted between 60 and 90 minutes. The number of years of experience recorded among the inpatient social workers was as follows: five (38%) had two to five years of experience, two (7%) had nine to 10 years of experience, two (7%) had 11 to 15 years of experience, and four (30%) had more than 15 years of experience. The interviews and focus group discussions took place at the five selected substance abuse treatment centres in the Western Cape.

The first focus group consisted of six participants, the second group of four participants, and the third group of three participants. The focus-group sessions lasted between 110 and 160 minutes per group. All the interviews were audio recorded and stored on a password-protected laptop. This study was reviewed and ethically approved by the Research Ethics Committee of the North-West University (reference number NWU-00078-18-S1).

Braun and Clarke's (2013) thematic analysis assisted the researcher to identify, analyse and report patterns (themes) in the data. Firstly, the researcher familiarised himself with the data by listening to the audio recordings. An assistant transcribed the data. To ensure credibility and quality control, the researcher appointed an independent co-coder for this study who highlighted common themes in the transcripts and pointed out inconsistencies. Next, the researcher analysed the interview transcripts and focus-group transcripts separately before integrating the two sets of data. Information was sorted into broad categories to identify possible themes and subthemes. To ensure further trustworthiness of the data, the researcher applied credibility (referring to the method of data collection and the use of an independent coder), dependability (i.e. description of research methodology and data analysis), confirmability (i.e. method of interviewing and data recording), and transferability (i.e. literature control and method of sampling) throughout the research process (Rubin and Babbie 2011).

Discussion of Findings

The two themes and four subthemes extracted from the data will be discussed below. The findings will be illustrated with verbatim quotes of both inpatient parents and inpatient social workers.

Theme 1: The Effects on Family Life as a Primary Site for Reunification Services

The effects on the accommodation and lifestyle of especially young children represent the first subtheme. Kinship care by grandparents was also identified as a subtheme because they were the main kinship carers for the children of inpatient parents.

Subtheme 1.1: The Effects on the Continuum of Care

Accommodating children of inpatient parents at substance abuse treatment centres is not common in South Africa. In addition, owing to a lack of resources, substance abuse treatment centres in South Africa may be reluctant to do so in the future (Lebuso 2019). Nevertheless, providing accommodation to children (up to five years of age) can become the cornerstone of recovery for inpatient parents, as this could help them to successfully reunify with their children post treatment (Lambert and Andipatin 2014). Infants who require their mothers' emotional and nutritional support are particularly at risk (Kurzum, Holmes, and Schmidlin 2017).

Understandably then only one social worker who took part in the focus-group discussions said their substance abuse treatment facilities accommodate the children of inpatient families. The social worker shared the following: "We took the child into the treatment centre to be with his mom and also to see how the mom would interact with her child and how we can work on the relationship between mother and child" (SW:005). Another social worker shared that: "We need to create more happy times for the family. So, when families arrive, they can start practicing being a family again by start cooking a meal together. I think that will start the process or assist the process of reunification" (SW:13).

By not separating the child from the parent, Håkansson et al. (2018) and Paris et al. (2015) suggested that it may lead to benefits such as improved relationships with their children, learning new skills, and parents caring for their children. Inpatient parents may be able to reunite with their children after treatment using this method. Despite the advantages of accommodating children at treatment centres, having children between the ages of 3 and 5 stay with their parents could cause disruption in their daily routines. Resource-restrained facilities might also experience difficulty in providing this substantial service in accommodating young children in their centres. However, SW005 also showed that creating alternative options may also have a positive effect on the patient recovery and reunification process.

Subtheme 1.2: The Necessity of Kinship Care

Kinship care refers to a permanent or provisional arrangement that is informal, in which a family member has assumed full-time care of a child whose parents are unable to do so (Danzy and Jackson 2018). Contrary to literature on parents who abuse substances, this study's inpatient parents' children were never placed in statutory care.

Seven of the participants interviewed have placed their children in the care of their maternal parents. One inpatient parent explained: "My kids are with their mother and their grandparents. My children receive financial support by my father-in-law mostly" (IP:002). Another participant shared that her mother is the sole provider of her children: "My mom is taking care of my children on her own, because I am here, and my children need to be taken care of by me" (IP:008).

Responses from the participants affirmed that caregiving goes beyond providing emotional support. The grandparents also need to support the children financially. Research by Gordon (2018) and Taylor et al. (2017) confirmed that grandparents are finding it challenging to attend to the health, financial and trauma needs of their grandchildren while the parents are undergoing inpatient treatment. Furthermore, maternal grandparents may need support as inpatient parents may relapse. According to Gordon (2018) and Taylor et al. (2017), parents with alcohol and drug abuse often ignore parental responsibilities, with the grandparents taking on the burden of caregiving. Although kinship care may aid reunification, a parent who relapses may place their children at risk owing to the lack of formal court procedures.

Theme 2: Types of Service Assisting with Reunification

Overall, the outcomes of the study have shown that family reunification support is available for inpatient parents who are following an inpatient treatment programme. The findings illustrate a shift in the field of substance abuse by involving the family in the rehabilitation process of the parent. In the past, the biopsychosocial model of addiction asserted that an individual who abused substances needs to be removed from their family to receive inpatient treatment and therapy (Becoña 2018). At a micro level, in the EST, social workers regard family and children as important role players in the treatment process of the parent. Although support is available in inpatient treatment programmes, family reunification support may be needed once parents have completed their treatment (Balsells et al. 2016; Radel et al. 2018). Two subthemes emerged from the data, namely, formal and informal support.

Subtheme 2.1: Formal Services

The findings indicated that services are rendered according to the Minimum Norms and Standards for Inpatient Treatment Centres (Department of Social Development 2005). According to these norms and standards, formal support consists of therapeutic sessions facilitated by professional staff such as inpatient social workers, psychiatrists, medical staff and psychologists associated with the treatment centre. Formal support services were available at the Western Cape substance abuse treatment centres involved in this study. In this regard, two of the social workers commented:

> We will do sessions within a group session from a social point of view on relationships and parenting skills. (SW:001)

> We also do family group conferencing but what I do is let the mom first bond for 20 minutes with their children and often the child is very scared and it's an opportunity for parent to touch base the child because they haven't seen the parent in a while. (SW:012)

The participants' comments indicated that children play an important role in the recovery of the inpatient parents. When children play a role in the parent's treatment programme, they may help with family reunification post-treatment. When social workers regard the parent as part of an ecological system and as part of a family, they

can adapt their programmes to better accommodate the parent's needs. As a result, parenting programmes can be customised to help inpatient parents to connect with their children. According to the social workers, the centres also provide psychoeducation and therapy to individuals to deal with their alcohol and drug abuse. Family reunification is largely dependent on the inpatients' ability to commit to the reunification process and the child's willingness to engage with the parent.

Balsells et al. (2016) and Lewandowski and Hill (2009) believed there is a lack of support for inpatient parents at substance abuse treatment centres. At the same time, researchers such as Barlow et al. (2019) and Neger and Prinz (2015) confirmed that parenting programmes at substance abuse treatment centres do improve relationships and sobriety outcomes post-treatment. Indeed, in this study all the inpatient participants received support with parenting skills. Two inpatient parents commented:

> I also learned to improve the relationship with your children and I never had a relationship with my children. I have learned to communicate better." (IP:002)

> Yes, they provided information on how to be with your children and the activities that you can do, like playing games and to let them feel the fatherly love and care and also build a relationship with your children by asking them how their day was. (IP:001)

Research has shown that parenting skills lay the foundation for attachment and cognitive stimulation and create an environment that is conducive to effective communication between parents and their children (Gould and Ward 2015; Lander, Howsare, and Byrne 2013). By acquiring parenting skills, inpatient parents will be able to take care of their children when treatment is completed, making the conditions for family reunification favourable.

Two inpatient parents indicated that a commitment was made by their designated social worker to provide aftercare and family support service post treatment. They shared the following:

> My social worker who referred me here and brought me to the treatment centre informed me that he will continue to provide counselling and family support once I have completed my programme. The social worker will be linking us with other families in our community that can act as a support system. This will include my wife and my children. (IP:001)

> Aftercare comes in six months for me. It has already been arranged by my social worker and who will be taking care of my children while I attend aftercare. (IP:014)

The participants indicated that a commitment was made by the designated social worker to provide aftercare service post-treatment. Although the participants may depend on the promise of the designated social worker, research points to a lack of aftercare services (Grant and Graham 2015; Radel et al. 2018). Aftercare services strengthen the

family reunification process as they include family support services (Magidson et al. 2018; Mhangwa, Kasiram, and Zibane 2018).

Subtheme 2.2: Informal Services

According to Balsells et al. (2016), informal support services include visitation from friends, neighbours and relatives, and engaging in spiritual activities or religious practices. These services are facilitated in the substance abuse treatment centre to create a safety network once treatment has been completed. The findings indicated that eight participants received informal support from their families through weekly visitations and telephonic contact during treatment. The other seven inpatient parents only had telephonic contact with their families. Two parents said the following in this regard:

> My child also came with my family to come visit me at the treatment centre. What was heart-breaking for me is when I had to ask my children for forgiveness. When you're on drugs you don't give a damn. (IP:010)

> No, I decided they [children] shouldn't come because I don't know how I would handle it to see them drive off because I already saw here when the family leaves to go home after visiting and they watch the vehicle from behind then it is as if I can cry. My mom will say hello and how is it going but then she will give the phone to the children, and the one can speak now. He says 'mama' already. (IP:011)

Based on the responses, the participants experienced visits and regular contact with their children as both positive and negative. Although the involvement of families and children advances the family reunification process, some patients may be distressed by seeing their families and be reminded of the effects of their substance use on the well-being of their family. However, substance abuse treatment centres do not only focus on the individual's alcohol and drug abuse but also view the family as a system that needs support (Groenewald and Bhana 2018). Researchers such as Andersson et al. (2018) and Potgieter and Hoosain (2018) believed that, for parents to reunify with their children, regular contact is required. Interaction between the inpatient parents and their families and children at a micro level may be an untapped resource in helping parents on their journey towards recovery.

One participant shared that "It's not going to be easy to improve the relationship. I will be making use of NA and AA that will provide support to our family" (IP:006). The participant appeared to be concerned about his relationship with his family. He indicated that support will be needed once treatment is completed to aid family reunification. This corresponds to the studies by Jedwab, Chatterjee and Shaw (2018) and Deane et al. (2018) that the family reunification process does require a significant amount of input and time in order for it to be successful. The comments by the inpatient parents confirm that family reunification can be complex as it requires the willingness and involvement of family members (Nhedzi and Makofane 2015; Potgieter and Hoosain 2018). The

findings also suggest that although formal and informal forms of support are available, these do not always include the family of the inpatient.

Conclusion

The two themes explored the effects of inpatient substances abuse treatment on family life and the care of young children. Social workers at the selected substance abuse treatment centres are providing formal and informal supportive services to inpatient parents to help with family reunification. This study also revealed only two treatment centres that provide accommodation for the family and children of inpatients at the treatment centre, should this be required. Inpatient parents received regular visits from their children and families, which support family reunification. The participants reported that this was not always positively viewed because of the levels of stress of bidding farewell to their children. In this study, the caregiving was mostly provided by grandparents, a common occurrence in South Africa.

The research revealed that inpatient parents wanted to improve their relationship with their children and therefore found the parenting programmes valuable. The findings indicated that although inpatient parents are receiving both informal and formal support services, there is minimal support available for their children and families. Supporting the children and families of inpatients is important for successful family reunification.

Recommendations

The following recommendations could help inpatient parents with aftercare planning and family reunification once they leave the substance abuse treatment centre:

- Social workers and inpatient parents should collaboratively draft a reunification plan, which includes the identification of community-based formal and informal support services.
- Inpatient social workers should map community-based support services for inpatient parents and develop a database of such services.
- Social workers should compile a family development plan that will form part of the inpatient parent-family reunification and aftercare plan.
- Policymakers need to avail funding for structural changes to treatment centres in order to accommodate inpatient parents and their children.

Lastly, it is recommended that policy documents pertaining to substance abuse emphasise the provision of support services for family reunifications and structured parenting programmes at substance abuse treatment centres. This will help to equip parents with the skills required to rebuild their relationships with their children. Importantly, this may prevent further disintegration of families during reunification.

Acknowledgements

A special thanks to the facility managers and directors of the facilities where this research was undertaken. Thank you also to the participants for their contributions and for the North-West University for the postgraduate research bursary.

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