# CHILD WELFARE & PLANNING FOR SAFETY: A COLLABORATIVE APPROACH FOR FAMILIES WITH PARENTAL SUBSTANCE USE DISORDERS AND CHILD WELFARE INVOLVEMENT

National Center on Substance Abuse and Child Welfare

Assessing child safety and risk for families affected by parental substance use and co-occurring mental health challenges and involved with child welfare is complex, requiring coordination with families, their supports and the systems that serve families. Working with families to identify safety and risk concerns helps develop a collaborative safety planning approach that supports child safety and promotes family well-being.

For more information on identification of safety risks and protective capacities, please download ***Identifying Safety and Protective Capacity for Families Affected by Substance Use Disorders and Child Welfare***.

## ASSESSING FOR ONGOING SAFETY

When there is concern about a parent's substance use and child safety, consider the following factors related to child safety:

| | |
|---|---|
| **Parental ability to engage in a conversation** | **Discussion points** |
| | • *Have there been any changes since I saw you last or since our last phone contact (e.g., treatment, providers, support system, status in recovery)?* |
| | • *Have there been any changes with your children since I saw you last or since our last phone contact?* |
| | **Considerations for observations** |
| | • **Speech:** Can the parent maintain conversation coherently? Are there changes in speech (e.g., slurred speech, more rapid or defensive than usual)? |
| | • **Communication:** Does the parent appear excessively fatigued or have difficulty staying alert? Do they avoid certain topics or redirect the conversation to avoid specific questions? |
| | • **Physical condition:** Has the parent's physical condition deteriorated or changed over time (e.g., disheveled appearance, significant weight change, bruises, needle marks, poor hygiene, sores on face)? |

| | Discussion points |
|---|---|
| **Level of insight** | • *Do you have any concerns about your children, your health, or supports (e.g., childcare, food, transportation)?*<br>• *Do you have family supports nearby or in the home? Who are they? When was the last time you saw them? Have they been involved since I last saw you? How often?*<br>• *When do your children eat their meals? What foods do they often eat?*<br>• *Have you ever had trouble providing your children with food, clothing, or a place to live? Do you have trouble getting them to school? If so, tell me more. What are the barriers?*<br>• *Where are your children when you use alcohol or drugs?*<br>• *Have you ever worried you would not be able to take care of your children while using alcohol or drugs?*<br>• *Has anyone ever told you they were worried about your drug use or alcohol consumption? Has anyone ever told you they were worried about how you are taking care of your children because of your alcohol or drug use?*<br>• *Have you ever sought treatment for substance use or mental health challenges? Did you ever achieve a period of time you were not using drugs or alcohol? If so, how long? What worked well to support your recovery? Are you using skills or supports that you've used in the past to support recovery? If so, what are they?*<br>• *Are there any other agencies involved with your family because of concerns about your children?* |
| | **Considerations for observations** |
| **Behaviors in the home** | During all home visits, consider the following observations of behavior:<br>• Are there changes in behavior or interactions that don't align with how the parent has acted in the past?<br>• Does the parent show signs of impairment (e.g., difficulties with balance, a physical tic that was not present before, picking or scratching skin frequently, exhibiting paranoia)?<br>• Does the child show signs of fear or anxiety (e.g., reports of bedwetting or accidents after they are fully potty trained, avoiding a specific parent, scaring or jumping easily, verbalizing worries, acting irritable or inconsolable)?<br>• Does the child communicate in a developmentally and age-appropriate manner?<br>• Does the parent assign the child age-appropriate responsibilities? Do older children take on more of the parental responsibilities or exhibit a parent/child role reversal?<br>• Does the child have an observable bond with the parent? |
| | **Considerations for observations** |
| **Home environment***<br><br>**Assessment should occur at every visit.* | • Has the home environment changed over time?<br>• Is the child dressed appropriately? Do they appear to have their hygienic needs met?<br>• Are safe sleep practices being followed?<br>• Are controlled substances stored safely away from children?<br>• Is there drug paraphernalia in the home?<br>• Are there other safety hazards (e.g., needles, syringes, tourniquets, razor blades, unusual smells or chemical odors)? |

## PLANNING FOR SAFETY

Throughout the life of a case, child welfare workers revisit and update safety plans frequently, particularly at critical case junctions (e.g., bringing home a new baby, transitioning out of residential treatment, changes in household composition, children returning from out-of-home care, a decrease in child welfare supervision, following a mental health episode and stabilization, and after a return to substance use).

Safety plans are agreements, written by the child welfare worker in collaboration with the family, to help promote children's safety and well-being. They outline the services and supports that serve to build protective capacities and support families.[1]

When working with families affected by parental substance use disorders (SUDs) and co-occurring mental health concerns, consider the following safety plan provisions and considerations:

| Safety Plan Components | Provisions and Considerations |
|---|---|
| **Family supports** | Child welfare workers can ensure individuals who are acting as a family support understand their role in the safety plan by<br>• Talking directly to the individual<br>• Reviewing terms of the plan with the individual and answering any questions they have<br>• Including the individual's signature on the plan<br>• Providing the individual with information to help them recognize signs of return to use and how to communicate it with child welfare |
| **Access to treatment** | Quick access to treatment once substance use is identified is critical—particularly when a parent is willing to seek help. Providers can determine if a return to use episode occurs or additional mental health challenges are present. In treatment, parents gain insight into their challenges and triggers while developing new coping skills. To support treatment participation and progress<br>• Discuss treatment progression for additional reflection and accountability<br>• Include identified triggers, healthy coping skills, and other supports |
| **Alternative living arrangements** | Workers can support the parent/child relationship through a creative approach to alternative living arrangements by asking<br>• Can the parent and child move in with a family member?<br>• Would a supportive person be able to move in with the family?<br>• If residential treatment services are needed, are parent/child programs available?<br>• Are there other accommodations to help the parent and child stay together? |
| **Formal and informal supports** | Formal and informal supports are important in the recovery process. Workers can include both by<br>• Connecting parents to peer support services offered by a community-based provider<br>• Fostering the development of informal family supports before case closure to prevent reentry into child welfare |
| **Role of children in safety planning** | A child's age and development should determine whether they may participate in safety plans. When feasible, child welfare workers can help by<br>• Speaking directly with children/youths about terms of the plan and who to talk to if they have concerns. Children may have difficulty providing feedback on their parent due to fears of getting in trouble or simply feeling guilty. An alternative strategy is to help the child identify a trusted family support to whom they can report concerns.<br>• Ensuring children know where they should go in case of emergency or what to do if they feel unsafe at home.<br>• Helping the parent and child develop an emergency contact list. Listing names and phone numbers on the refrigerator for younger children and assuring they have access to a home or cell phone. For older youth, ensure they have a phone for personal use—complete with emergency contacts. |

## SAFETY DURING FAMILY TIME

Family time plays an important role in maintaining the parent/child bond, reunification, and family recovery. Whether it's an informal safety plan with supports monitoring family time, or a dependency case with court-ordered supervision, selecting an effective individual to supervise family time is critical. All individuals have their own personal experiences and biases that can lead to their own perceptions. It is important this is discussed prior to their involvement in family time. The individual supervising visits should also understand their responsibilities and expectations. For example, are they a silent observer or should they intervene if they see opportunities to model or reinforce positive parenting behavior?

***Clear expectations should be communicated before the first visit and routinely reviewed.***

**The individual supervising family time needs to:**

- Understand the circumstances, safety and risk factors that led to the family's child welfare involvement
- Understand SUDs and recognize the signs of substance use
- Remain aware of any personal bias around substance use
- Understand what information should be communicated with child welfare
- Know the best way to reach the child welfare worker and what constitutes an emergency

## BUILDING PROTECTIVE FACTORS AND CAPACITIES

While family or friends may supervise family time, it can be challenging to care for and set boundaries for a loved one's children. Frequent check-ins are imperative; these discussions ideally involve compassion, empathy, and reflection.

**Discussion points include:**

- *I realize it's extremely difficult to be in your position as a grandma. How are things going?*
- *Have you noticed any changes? What has improved?*
- *What can I do to support you?*

While intervention strategies aim to mitigate the risk or threat of immediate harm to a child, prevention strategies—such as protective factors—serve as a buffer to support families and promote well-being. Protective factors strengthen families and serve as a part of safety planning. Protective capacities are a caregiver's behavioral, emotional, and cognitive characteristics directly related to child safety.[2]

Here are child welfare strategies to increase protective capacities/factors for families:

Protective factors are qualities that individuals, families, communities, and the larger society possess to support the well-being of children and families while promoting healthy development.[2] For more information about protective factors, see the Child Welfare Information Gateway's brief: ***Protective Factors Approaches in Child Welfare***.

Use parent education (workshops, lending libraries) and family-centered services as opportunities to share information on how a strong parent-child bond enhances brain development and supports positive behavior in young children.

Share available resources from child welfare, treatment providers and other supports throughout the community on how parents can nurture and connect with their children at every age.

Engage and include all important adults in a child's life, including fathers, grandparents, and extended family, as part of a child's "nurturing network." One of the most concrete forms of protection for children who live in homes with substance use is their access to support systems and relationships that support social and emotional development in children.

Acknowledge differences in how parents and children show affection as well as how individuals access treatment and support.

As a parent enters recovery, relationships within the family can evolve. The parent may need additional support if a child does not initially show a positive response (e.g., due to an emotional, developmental, or behavioral disability).[3,4]

## COLLABORATION SUPPORTS CHILD SAFETY

Families affected by SUDs are often involved with multiple systems, requiring a coordinated, collaborative approach across services providers to meet the needs of both parents and children. Collaboration assures everyone has a comprehensive understanding of the family strengths and needs. Consider the following practice strategies to improve collaboration:

- Connect with treatment providers as collaborative partners and identify treatment recommendations moving forward. (How do providers describe progress? Is the parent participating in services? What is the treatment plan? What additional services are necessary?)
- Utilize family team meetings or case staffings to include providers working with the family and their identified supports. Discuss how information will be shared between all providers working with the family. There must also be an appropriate release of information in place for cross-systems communication.

For more information on building partnerships with providers, see ***Building Collaborative Capacity series, Module 3: How to Develop Cross-Systems Teams and Implement Collaborative Practice***.

Consistently collaborating across systems and working together with families: 1) emphasize participation and retention in services, 2) ensure child safety and family stability, 3) promote recovery, and 4) encourage service continuation even after family members complete their case plan requirements. A coordinated approach across systems supports families to overcome barriers to child safety and permanency and facilitates family recovery.

## LEARN MORE

The National Center on Substance Abuse and Child Welfare (NCSACW) developed this tool as part of a series of tip sheets for child welfare workers. For more information and practice tips on working with families affected by SUDs and child welfare, read:

***Understanding Substance Use Disorders – What Child Welfare Staff Need to Know***

***Understanding Screening and Assessment of Substance Use Disorders – Child Welfare Practice Tips***

***Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips***

***Identifying Safety and Protective Capacities for Families With Parental Substance Use Disorders and Child Welfare Involvement***

The NCSACW provides **web-based training** resources to: 1) help child welfare workers increase their knowledge and skills to work with families affected by SUDs, and 2) build cross-systems collaboration across the various agencies serving these families.

***Protective Factors Approaches in Child Welfare*** from the Child Welfare Information Gateway (CWIG) provides an overview of protective factors approaches to prevent child abuse and neglect. It is designed to help child welfare professionals, administrators, service providers, policymakers, and other interested individuals understand the concepts of protective and risk factors in families and communities and learn ways in which building protective factors can help lower the risk of child abuse and neglect now and in the future.

CWIG's factsheet ***Promoting Protective Factors for In-Risk Families and Youth: A Guide for Practitioners*** includes a model framework for organizing and applying protective factors and strategies for practitioners, parents, guardians, and others can contribute to the well-being of youth.

***Promoting Protective Factors for Victims of Child Abuse and Neglect: A Guide for Practitioners*** from CWIG includes individual skills and capacities that can improve the well-being of children who have been abused or neglected, additional resources, and strategies for practitioners, parents, guardians, friends, and other adults can contribute to the well-being of the children and youth they support.

***Helping Caregivers Foster Secure Attachment in Young Children*** describes interventions designed to help parents better identify behaviors that may contribute to insecure attachment and increase the quantity and quality of nurturing behaviors.

***Building Resilience in Troubled Times: A Guide for Parents*** from the Center for the Study of Social Policy discusses ways for parents to build a better support system during difficult times and continue to support healthy development.

***Collaborating Between Child Welfare and Mental Health*** from CWIG is a podcast designed for professionals to support understanding while discussing shared outcomes for children and families, developing a common language to care, understanding each systems particular needs, and learning how to recognize and assess signs and symptoms of potential mental health disorders.

The **Substance Abuse and Mental Health Services Administration** and the **National Institute on Drug Abuse** websites offers comprehensive information about treatment for SUDs, mental health, and treatment location services.

## ENDNOTES


[1]Child Welfare Information Gateway. (2022). *Safety planning in child protection*.

[2]Capacity Building Center for States. (2016). *Protective factors and protective capacities: Common ground for protecting children and strengthening families [infographic]*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

[3]Center for the Study of Social Policy. (2013). *Parental resilience: Protective & promotive factors* [action sheet].

[4]Child Welfare Information Gateway. (2020). 2019/2020 *Prevention resource guide*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

# CONTACT US


Email NCSACW at
*ncsacw@cffutures.org*

Visit the website at
*https://ncsacw.acf.hhs.gov*

Call toll-free at
*866.493.2758*



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SAMHSA Substance Abuse and Mental Health Services Administration