National Center on Substance Abuse and Child Welfare

TIP SHEET 3 OF 3

Harm Reduction in the Context of Child Well-Being:

Practice Recommendations for Child Welfare Workers

TIP SHEET #1	TIP SHEET #2	TIP SHEET #3
An Overview for Serving Families Affected by Substance Use Disorders: Defines harm reduction and frames the discussion within a child and family perspective to ensure child safety and well-being.	**Key Considerations for Policy-Makers:** Offers system-level policy examples necessary to implement practice changes that improve outcomes for children, parents, and family members.	**Practice Recommendations for Child Welfare Workers:** Provides practice-level strategies to improve recovery, safety, stability, and well-being outcom es.

The premise of harm reduction is to promote the well-being of and improve the quality of life for individuals and their family members. With the help of robust policies, child welfare workers can incorporate effective harm reduction practices to meet the needs of children, parents, and family members affected by substance use disorders (SUDs).

Harm Reduction in Child Welfare

Child welfare workers reduce the harms associated with parental substance use by working in partnership with families to develop safety plans that consider child risk and safety, while ensuring parental capacities and protective factors contribute to family well-being. These efforts often align with the principles of harm reduction as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA)[1]:

- Respect autonomy
- Practice acceptance and hospitality
- Provide support
- Connect family (biological or chosen)
- Provide many pathways to well-being across the continuum of health and social care
- Cultivate relationships
- Value practice-based evidence and on-the-ground experience
- Assist, not direct
- Promote safety
- Engage first
- Prioritize listening
- Work toward systems change

Some child welfare agencies are already applying harm reduction strategies, though perhaps not labeled as such, to meet the needs of families affected by SUDs. These include:

- Carrying naloxone*
- Providing lockboxes
- Providing access to treatment services
- Connecting children to age-appropriate therapeutic and mental health services
- Teaching positive parenting skills
- Removing children from the home when they are in immediate danger
- Incorporating healthy family routines to aid in reunification and recovery

* Naloxone is an opioid antagonist medication that is used to reverse an opioid overdose. Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone

While opportunities may exist for communities to apply harm reduction strategies with families in the child welfare system, it is important to keep children's safety at the forefront. The ways in which harm reduction approaches and practices apply in the context of child welfare will vary across jurisdictions. *Tip Sheet #2* provides discussion questions for leaders to consider as they develop and implement policies that include harm reduction strategies.

Practice Strategies and Innovations

Given the importance of early attachment—and the known harms of separating children from their parents and families—it remains critical to meet the needs of parents, children, and family members affected by SUDs.[2] Implementing innovative and effective strategies in the following selected areas as described in the *Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement* can contribute to positive outcomes.

The following strategies provide opportunities for applying elements of harm reduction:

EARLY IDENTIFICATION OF FAMILIES IN NEED OF SERVICES:

One of the most integral steps to keep families safely together and prevent out-of-home placement is the early identification of parents who need SUD and mental health treatment through universal screening practices:

- **Build trust with families:** This requires child welfare workers to acknowledge and respect that individuals may have a definition of recovery for themselves. While considering the person's identified needs and goals, child welfare workers can ensure the case plan is based on assessed needs to establish that children have safe, nurturing, and permanent homes. One strategy is to engage parents in shared decision making on service delivery and goal setting. Depending on how the individual perceives their substance use in relation to adverse consequences they may be experiencing, child welfare workers may need to implement different engagement strategies. Using recovery support services—and working alongside peers with lived experience—can prove effective in facilitating early engagement.
- **Screen all families for substance use:** Child welfare workers can screen for substance use to promote child safety by improving early identification of parental substance use and generating prompt referrals to assessment and service initiation. A universal screening approach has the potential to eliminate bias by removing the influence of race in the decision to screen for risk of substance use.[3] *Screening for Substance Use in Child Welfare Using the UNCOPE* is an example of how a screening tool can be incorporated in child welfare practice.
- **Develop a safety plan in collaboration with the family:** Safety plans are agreements that outline the services, supports, and steps to reduce harm while promoting child and parent safety and well-being. As part of safety planning, child welfare workers can collaborate with parents to ensure they safely store controlled substances and other safety hazards (e.g., needles, syringes, razor blades) away from children.

EQUITABLE AND TIMELY ACCESS TO ASSESSMENT AND TREATMENT SERVICES:

This component remains critical to an effective system of care since a parent's successful engagement in both treatment and transition to recovery is essential to positive child welfare and court outcomes. To advance equity, practitioners can take the following concrete steps that align with one of the six pillars of harm reduction (i.e., harm reduction promotes equity, rights, and reparative social justice):

- **Reduce stigma:** Stigma regarding substance use can steer parents away from seeking help and create barriers to service access. Child welfare workers, in addition to using a strengths-based perspective, may use person-first, strengths-based language when interacting with families to reduce stigma (e.g., "person or parent with a SUD" instead of terms such as "addict" or "drug abuser" that have a negative connotation). *Disrupting Stigma: How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders* provides additional information on how to engage parents and help them make progress in their treatment and recovery.
- **Facilitate access to treatment:** While some treatment programs with a low-barrier approach to access resources such as minimizing requirements for admission that may limit service access—particularly those in which abstinence is not the treatment goal—may not be suitable options for families involved in the child welfare system, child welfare workers must aim to reduce treatment access barriers for parents and family members. When serving families affected by SUDs, child welfare workers can act collaboratively with community partners for a seamless transition from assessment to treatment services. The *Building Collaborative Capacity Series* provides states and communities with strategies to create cross-systems collaborative teams, communication protocols, and practice innovations. Child welfare workers can also connect with local harm reduction organizations to enact strategies to engage families and increase access to treatment while ensuring children are safe.
- **Enter data consistently:** Child welfare workers enter essential data in a timely and consistent manner to help maintain quality data collection. These efforts will help monitor child, parent, and family outcomes and identify whether families are disproportionally identified or there are disparities related to access to treatment for families of diverse racial and ethnic backgrounds or those with other key demographic characteristics (e.g., age, gender). Child welfare workers can also help track data on the extent to which enrollment in treatment has resulted from current harm reduction efforts. Having a clear understanding of the data and how the data are being used can help improve data entry accuracy.

FAMILY-CENTERED APPROACH:

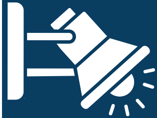
Remaining family-centered in a harm reduction approach involves ensuring the delivery of a comprehensive array of clinical treatment and related services to meet the needs of the children and each member in the family—not only the parent with the SUD:

- **Refer families to a comprehensive array of services to meet the needs of all family members:** Responding to the family's unique needs through the provision of family-centered, culturally appropriate, and trauma-informed care helps improve overall family well-being.[4] Child welfare workers are encouraged to partner with the family to develop a case plan reflective of the family's culture, strengths, and needs while ensuring the safety of children.

> Examples of family-centered services include parenting education, evidence-based parent-child programs, children's services, individual and family therapy, and wraparound support. This can also include linkages to care such as family health clinics or testing for HIV, viral hepatitis, and other infectious diseases. See the *Implementing a Family-Centered Approach Series* for more information.

- **Focus on prevention:** Child welfare workers, in addition to providing ongoing recovery support, can also engage in prevention efforts. For overdose prevention, they can connect families to overdose education and distribute opioid overdose reversal medications, such as naloxone.[5] Ensuring substance use education and prevention services for children remains necessary since children of parents with SUDs are at higher risk of developing a SUD of their own.[6,7]

- **Maintain open communication with partners:** Ongoing communication with partners is essential to implementing a family-centered approach. To ensure child safety, child welfare workers need to share information on the family's progress toward meeting the goals developed in the case plan. This includes information such as details about the parent's recovery, the family's engagement in services, and indicators of safety and stability for the children.
- **Participate in training and education opportunities:** Child welfare workers need ongoing cross-system training to increase shared knowledge of families' needs, family-centered best practices, and effective harm reduction strategies.



Spotlight on Naloxone[3] Administration

There are various opportunities to expand the availability of naloxone and other forms of overdose prevention and treatment. For example, caregiver families, including kinship caregivers, in the foster care system can receive training on, and carry, naloxone. In addition, community leaders can strategically install vending machines containing naloxone and fentanyl test strips to advance harm reduction efforts. The Maternal Overdose Matters (MOMs) Initiative, a program under the Naloxone Project (with chapters in 12 states), seeks to ensure that labor and delivery units in all hospitals distribute naloxone to patients at risk of overdose prior to their discharge from the hospital.

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Acknowledgments: This resource is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).