

IDENTIFYING SAFETY AND PROTECTIVE CAPACITIES FOR FAMILIES WITH PARENTAL SUBSTANCE USE DISORDERS AND CHILD WELFARE INVOLVEMENT



National Center on Substance Abuse and Child Welfare



There are unique safety and risk factors associated with parental substance use disorders (SUDs) and co-occurring mental health challenges for parents in the child welfare system. Assessing these factors, along with parental capacities and protective factors, helps identify the need for treatment and supports designed to engage families and promote child well-being and both parent and family recovery.

SAFETY AND RISK CONSIDERATIONS OF PARENTAL SUBSTANCE USE

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

Factors	Considerations
Age of the child	Each developmental stage presents a challenge related to parental SUDs. For example, younger children are more dependent on their parents to meet their basic needs while infants lack the capacity to meet their own needs. Although older children have more ability to keep themselves safe and get help if needed, they also have the potential to place themselves in unsafe or risky scenarios (e.g., engaging in delinquent behavior, using substances).
Child’s visibility in the community	When there is higher visibility in the community there are opportunities for adults to identify any safety or risk concerns. Gather information about the child’s involvement in childcare, school, or other community-based programs. Identify neighbors, friends or other community members nearby that the family and child maintain contact with.
Special needs of the child	Children with special needs may be more at risk. Assessing each child’s development, awareness, and understanding of what is happening around them is crucial, as is the parent’s understanding of their child’s unique needs when considering the severity of the safety factor. Infants with prenatal substance exposure (IPSE) may have special needs requiring additional care, medical, and developmental services.
Parent/child interaction	Observations of the parent/child interaction can provide additional context for safety planning to improve protective capacities within the family. Examples of observations include the parent’s display of back-and-forth interactions, communication, and/or play with their child. Observe the child’s attempts to seek advice or comfort from their parent when they’re upset, angry or hurt. Note the roles and responsibilities older children have within the home that may indicate a child accepting more of the parental responsibilities or exhibiting behaviors indicative of a parent/child role reversal.

WORKING WITH FAMILIES USING PROTECTIVE FACTORS

Responding to safety and risk factors requires examining a family's strengths. These strengths or **protective factors** include whether an individual and their surroundings help them develop the necessary coping and adaptation skills to manage challenging situations and transitions. **Protective capacities** are caregiver characteristics directly related to child safety.¹

A **protective factors approach** focuses on positive ways to work with families, emphasizes the individual strengths of each family, helps to utilize family strengths to support engagement, and holistically assesses harm and imminent harm.

When there is concern about a parent's substance use and a child's safety, the following includes considerations related to family strengths and protective factors:



Engagement in treatment fosters parental resilience and recovery while offering insight on possible return to use. Treatment can also help identify potential triggers and other needs for individuals with a co-occurring mental health disorder—such as coping skills and the ability to manage daily stressors—while providing opportunities to develop a support network.

Discussion points for parents/caregivers:

- *What would you like to change?*
- *What do you think needs to change to keep your children safe?*
- *Have you thought about people or programs that can help you make those changes? What are your thoughts about treatment?*

Discussion points for parents currently enrolled in treatment services:

- *How often do you attend treatment sessions/recovery meetings?*
- *How have the services been helpful to your recovery so far?*
- *Have you experienced any challenges (e.g., accessing the meetings, transportation, securing available appointments, childcare, motivation to attend)?*
- *Has your provider given any other recommendations (e.g., a specific level of care like an outpatient program, co-occurring services, medication assisted treatment (MAT), or medications for a co-occurring disorder)?*
- *What steps have you taken toward those provider recommendations?*



Communication with treatment providers can help child welfare workers recognize the extent of additional challenges (e.g., co-occurring disorders) that may decrease parenting capacity and include collateral information to determine progress throughout the life of a case.

Discussion points for communicating with treatment providers:

- *Do parents consistently attend treatment sessions?*
- *Is the parent making progress on their treatment plan? How would they describe the progress?*
- *What, if any, additional needs have been identified and referred for services/treatment beyond the providers' scope of practice?*



Past recovery time and a history of seeking help can both influence a parent's confidence and motivation to accept supportive services, enter treatment, and use strategies previously identified to support recovery. If a parent's history of prior treatment was not positive, conversations about prior treatment—specific to barriers and current concerns—can provide workers with information they need:

Discussion points for parents/caregivers:

- Have you ever been in recovery or 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?
- Tell me about your previous experiences with treatment and receiving supports.
- Were there parts of the services that you found to be especially helpful?
- What experiences led you to seek/accept treatment?
- What were your goals when you received supports/treatment before? What, if anything, are you hoping to change?



Parental insight is a parent's recognition of problematic substance use, mental health challenges, and behaviors that create safety risks or unsafe environments. Insight serves as the foundation for change and supports a parent's ability to accept the need for supports.

Considerations for parental insight:

- Does the parent acknowledge their challenges?
- Is the parent able to identify stressors? Have they identified alternative coping strategies?
- Does the parent understand the effect their substance use or mental health has on their day-to-day functioning, their family, and ability to respond to their child's needs?



A strong support system is one of the most concrete forms of protection for children who live in homes with substance use. Support systems can help monitor child safety and provide accessible childcare to support the parent attending treatment.

Considerations for support systems:

- Are there family/friends willing to do check-ins to help monitor child safety?
- Is there accessible and consistent childcare?



A supportive caregiver in the home can help assess and respond to threats of harm to the child. For some, a supportive caregiver can assist with the child's basic needs, share parenting responsibilities, and help mitigate daily stressors.

Considerations for caregivers:

- Does the supportive caregiver have insight into risk factors present in the home?
- Does the supportive caregiver have insight into the parent's need for treatment and behaviors that need to change? Do they recognize [signs](#) of return to use?
- Do the parent and supportive caregiver display effective communication?
- Does the supportive caregiver enable the parent's substance use?

ENGAGEMENT AND ASSESSMENT THROUGH AN EQUITY LENS

Respecting and responding to the cultural identities and needs of families are important ways to improve their participation in services and supports. Not only can child welfare workers reduce stigma, they can also build strong trusting relationships with families by acknowledging and respecting the cultural influences of race, ethnicity, religion, geography, and customs. Consider the following practice strategies to support families of diverse racial and ethnic backgrounds in a culturally responsive way:

- **Culturally sensitive assessments** incorporate relevant cultural and linguistic factors into the assessment process and avoid a “one-size-fits-all” approach. A **culturally sensitive approach** is one that recognizes cultural factors—while also matching services to meet the unique needs of families—with the goal of increased engagement and improved outcomes.^{2,3,4} For example: Are the available programs, practices, and interventions tailored to fit the culture, history, and values of the parent/family? Are the available providers trained to assess cultural needs? (For more information on applying an equity lens in collaborative practice, read [*Key Considerations for Applying an Equity Lens to Collaborative Practice*](#).)
- Prompt referrals help support engagement in services, maintain motivation for change, and remain essential due to the timeframes stipulated in child welfare laws for children entering out-of-home placement. Support equitable access to resources by identifying available options in a format conducive to the family needs, preferred language, and other obligations (e.g., treatment options meeting the linguistic needs of the individual, appropriate [**translation and interpretation services**](#), virtual and evening appointments). To learn more, read NCSACW’s companion resource to the [**online tutorial: *Disproportionalities and Disparities in Child Welfare***](#).

Substance use, mental health disorders, and child neglect/abuse are three of the most highly stigmatized conditions in our society.⁵ Implicit biases may also influence our understanding of who is affected by SUDs, their needs, and potential barriers to services. Bias and stigma create barriers for parents seeking help and exacerbate existing disparities in treatment services and outcomes.⁶ To learn more about strategies to fight stigma and facilitate engagement with parents and families affected by SUDs, read [*Disrupting Stigma: How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders*](#).

Once safety factors and protective capacities are determined, and interventions are implemented, child welfare regularly assesses family strengths and needs throughout the life of a case. This comprehensive process ensures families are consistently screened for SUDs, co-occurring disorders, and other related issues to best support safety outcomes, and family resilience. For more information on planning for safety, read the companion piece to this tip sheet, [*Child Welfare and Planning for Safety: A Collaborative Approach for Families Affected by Substance Use Disorders and Child Welfare*](#).

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*](#)

[*Child Welfare and Planning for Safety: A Collaborative Approach 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.

[*Infants With Prenatal Substance Exposure and Their Families: Five Points of Family Intervention*](#) is for collaborative teams to identify major points in time for families when agencies can improve outcomes for infants with prenatal substance exposure, pregnant and parenting women with SUDs, and their families. The tool provides examples of policy and practice strategies at each of the intervention points that child welfare, substance use treatment, health care, and other community agencies can employ to effectively serve this population.

[*Decision-Making in Child Welfare for Improved Safety Outcomes*](#) from the Capacity Building Center for the States provides an overview of relevant child welfare safety assessment tools, decision-making theories, and frameworks to expand agency knowledge on safety decision-making issues. It illustrates influences and factors that affect child safety decision-making and describes the relationship between decision-making influences and decision-making tools commonly used to support child welfare agencies to improve safety outcomes.

[*Protective Factors and Protective Capacities: Common Ground for Protecting Children and Strengthening Families*](#) from the Capacity Building Center for the States describes the protective capacities framework and the protective factors framework, both of which are used by child welfare practitioners to assess, intervene, and serve families, as well as explores the common ground the frameworks share to help strengthen consistency in services for families.

[*Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points*](#) from the NCSACW provides practice considerations to help child welfare workers implement drug testing into their daily practice.

The Child Welfare Information Gateway's (CWIG) factsheet, [*Motivational Interviewing: A Primer for Child Welfare Professionals*](#) provides child welfare professionals with an overview of motivational interviewing, describes circumstances when it could be applied, and highlights the basics of the method. It also provides links to additional resources.

The Child Welfare Capacity Building Collaborative's page on [strategic planning in child welfare](#) includes resources that can help align federal and internal agency processes, including the Child and Family Services Plan/Annual Progress and Services Report (CFSP/APSAR), Child and Family Services Review Program Improvement Plan (CFSR PIP), and internal agency continuous quality improvement (CQI) work. The site also provides practical guidance related to CFSP development, including the meaningful involvement of families, youth, and other community partners.

[*The Use of Safety and Risk Assessment in Child Protection Cases*](#) from CWIG discusses state laws and policies that provide guidance to caseworkers for conducting safety and risk assessments of families and children who are the subjects of child abuse and neglect reports. Other issues discussed include safety planning, assessments of family strengths and needs, ongoing assessments over the life of the case, and assessments required for reunification or case closure.

[*Safety Outcomes and Decision-Making Approaches*](#) from the Capacity Building Center for States includes highlights, approaches, and examples for targeting safety outcomes. Approaches include using decision-making models, such as the ACTION for Child Protection Safety Assessment Family Evaluation Model (SAFE Model) and Structured Decision Making (SDM); using practice models that incorporate safety assessments to support decision-making (such as the Signs of Safety practice model); teaming during different decision-making points; and using existing data to engage in predictive analytics.

SAMHSA's resource guide on [*Reducing Discriminatory Practice in Clinical Settings*](#) offers additional links and training resources for individuals on mitigating stigma through the delivery of treatment and recovery services.

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, [equitable services](#), and [treatment location services](#).

ENDNOTES

¹Capacity 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. <https://capacity.childwelfare.gov/states/resources/protecting-children-strengthening-families-infographic>

²Substance Abuse and Mental Health Services Administration. *Improving Cultural Competency*. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>

³Health Research & Educational Trust. (2013, June). *Becoming a culturally competent health care organization*. Chicago, IL: Illinois. Health Research & Educational Trust Accessed at www.hpoe.org

⁴National Technical Assistance and Evaluation Center for Systems of Care. (2009). *A closer look: Cultural competency*. <https://www.childwelfare.gov/pubs/acloserlook/culturalcompetency/culturalcompetency2/#:~:text=The%20Child%20Welfare%20League%20of%20America%20defines%20cultural,Welfare%20League%20of%20America%2C%202001%2C%20Cultural%20Competence%20Defined%29>

⁵Center for the Study of Social Policy. (2013). *Parental resilience: Protective & promotive factors [action sheet]*. <https://cssp.org/wp-content/uploads/2018/08/ProtectiveFactorsActionSheets.pdf>

⁶National Alliance on Mental Illness. (2022). *StigmaFree me*. <https://nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me>

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