

# Harm Reduction in the Context of Child Well-Being: Key Considerations for Policymakers



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

The 2021 National Survey on Drug Use and Health (NSDUH) found that an estimated 94% of people 12 and older with a substance use disorder (SUD) did not receive any treatment.<sup>1</sup> Harm reduction is recognized for its potential connection to treatment services.<sup>2</sup> As leaders explore ways to include harm reduction in their communities, it is important to do so in the context of parents, children, and their family members. This tip sheet provides: 1) discussion questions for leaders and their cross-system partners to consider as they develop and implement policies, including harm reduction; and 2) an overview of the policies necessary to implement practice changes that improve outcomes for children, parents, and family members.

## A Collaborative Approach to Harm Reduction

Many communities grapple with effectively responding to parental SUDs and their associated risk to safety, health, and well-being of children and other family members. A single agency is unlikely to provide all the services a family needs; thus, collaborative partnerships remain the foundation of an effective system of care for families affected by SUDs. This is especially true when considering a harm reduction approach that seeks to engage persons affected by SUDs in the context of enhancing parental capacity ([Tip Sheet #1](#) provides an overview of harm reduction). Public agencies and community partners can gain valuable insights from families and individuals with lived experience as they weave harm reduction into policy efforts that promote safe parenting within child welfare or other family-serving systems.

## System-Level Policy Efforts

A collaborative team’s willingness to have difficult conversations about harm reduction can be a measure of its strength. Partners committed to active participation on a cross-system team bring a range of values and experiences since the ability to share differences of opinion is the first step to strong collaboration. Policymakers can use the discussion questions under the selected system-level areas. These areas, outlined in the [Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement](#) help collaborative teams: 1) have critical policy discussions with child welfare workers, SUD treatment providers, courts, and other community partners about the potential effects of harm reduction on parents and children; and 2) develop initial action steps.



## COMMITMENT TO SHARED MISSION, VISION, AND GOALS:

Building a strong partnership requires agencies to agree on the mission, vision, and outcomes they want to accomplish together. Partners may ask:

- If harm reduction remains heavily oriented to individuals who use substances, what is its significance to children and family policy within the child welfare and family-centered SUD prevention and treatment systems?
- Does the concept of harm reduction contradict child welfare's message of building on protective factors, parental capacities, and family strengths? If so, are there ways to integrate both?
- How can partners reconcile risk and safety policies in child welfare with harm reduction? What has the child welfare agency response been in states and localities that have moved more widely toward harm reduction?
- What harm reduction approaches (e.g., lockboxes, naloxone, safety planning) are relevant when children are involved?

One county convened a team of frontline staff, managers, and executive leadership representing multiple systems—including child welfare, SUD treatment, and hospitals—to discuss: 1) what harm reduction means to them, 2) how it fits with their personal and professional values, and 3) how to overcome challenges related to including harm reduction in their practice. While some viewed this practice as enabling behaviors and preventing individuals from reaching their full potential, others acknowledged it as an approach to engage individuals and their families.



## EFFICIENT CROSS-SYSTEM COMMUNICATION:

Collaborative partnerships require effective communication and timely information sharing to gauge the progress made toward achieving their shared goals:

- How can staff integrate harm reduction practices into safety and case plans? How will providers describe progress?
- How are partnering agencies communicating to enhance parental capacity and family protective factors?
- What information do providers and agencies working with families share with each other—and when? [\*Module 3: Setting the Collaborative Foundation: Establishing Practice-Level Communication Pathways and Information Sharing Protocols\*](#) describes how to develop communication pathways and information-sharing agreements to guide the sharing of important information across the system.

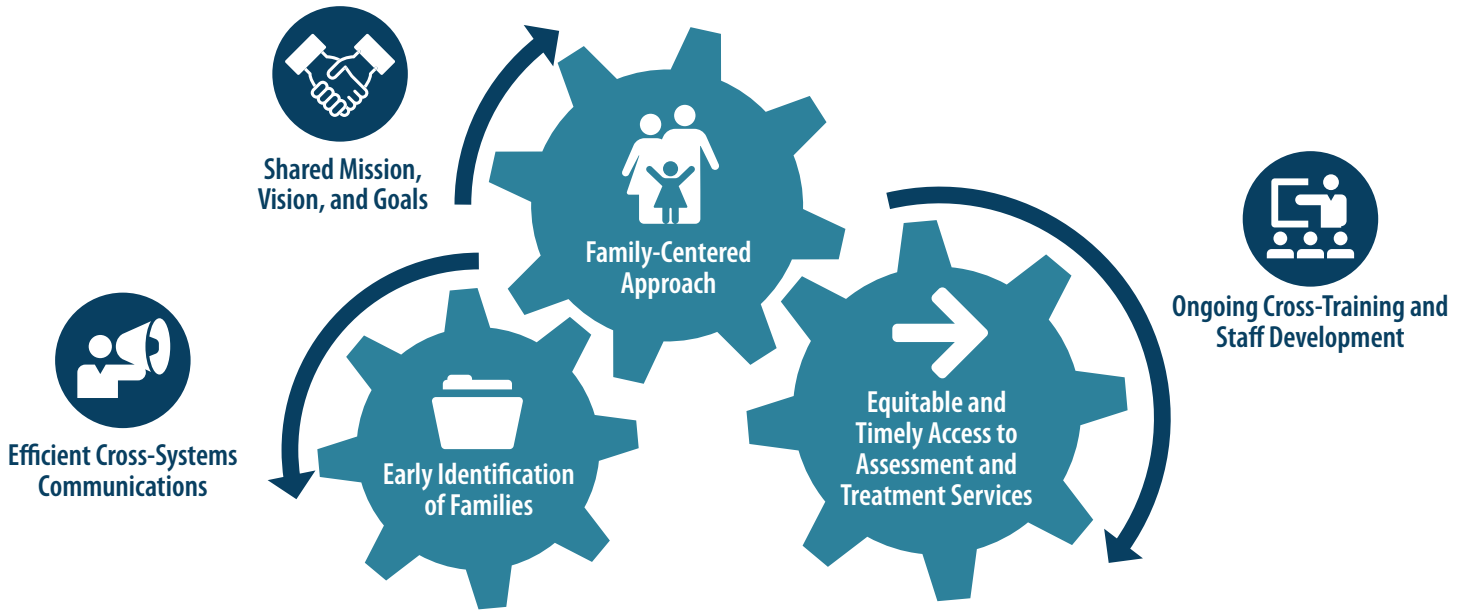


## ONGOING CROSS-TRAINING AND STAFF DEVELOPMENT:


Training and staff development across systems and at all levels—administrative, management, frontline staff—are crucial for developing, implementing, and sustaining cross-system initiatives. Questions include:



- How is harm reduction defined across the partnering organizations? What does harm reduction look like in practice, and does it consider state laws?
- What cross-training initiatives exist for the different systems working with families? Do SUD treatment providers understand child risk and safety concerns? Do child welfare workers understand SUD and effective engagement strategies?
- If harm reduction can be a connection to treatment services, what does the available data say about the extent of enrollment of individuals in treatment with this approach?

These policy efforts help implement effective harm reduction practices that meet the needs of families affected by SUDs (see graphic below).



The following table includes examples of policies to better ensure that families in need of services receive: 1) early identification, 2) equitable and timely access to assessment and treatment services, and 3) service through a family-centered approach as found in [Tip Sheet #3](#). Many of these policies represent ways for any collaborative team—including those seeking to apply a harm reduction approach—to improve services for children, parents, and family members.

|  | Early Identification of Families in Need of Services  | Equitable and Timely Access to Assessment and Treatment Services   | Family-Centered Approach  |
|--|---|--|---|
| <br>Commitment to Shared Mission, Vision, and Goals | <ul style="list-style-type: none"> <li>▪ Institute a universal screening approach to improve identification of parental substance use</li> <li>▪ Establish referral pathways for parents and children who need services</li> <li>▪ Integrate recovery support services into service delivery</li> </ul> | <ul style="list-style-type: none"> <li>▪ Have slots in treatment and other services set aside for families involved with child welfare</li> <li>▪ Commit to reducing stigma connected to parents, children, and family members affected by SUDs</li> </ul> | <ul style="list-style-type: none"> <li>▪ Prioritize a family-centered approach to ensure that resources go toward services that meet the needs of each family member, not only the individual affected by SUD</li> <li>▪ Implement a family-centered assessment to identify the needs of each member in the family</li> <li>▪ Build connections with community agencies serving parents, children, and family members to reduce service gaps</li> </ul> |

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|  <p>Efficient Cross-Systems Communication</p>        | <ul style="list-style-type: none"> <li>Develop a formal memorandum of understanding (MOU) among partners</li> </ul>        | <ul style="list-style-type: none"> <li>Establish a process for collecting and reviewing data among partners to: 1) monitor family outcomes, 2) identify whether disproportionality or disparities exist and implement measures to eliminate them, and 3) document progress on the extent to which harm reduction efforts increase treatment access</li> </ul> | <ul style="list-style-type: none"> <li>Implement communication methods that make information about parents, children, and family members readily available to all partnering agencies</li> </ul>                             |
|  <p>Ongoing Cross-Training and Staff Development</p> | <ul style="list-style-type: none"> <li>Provide comprehensive staff training on screening and referral processes</li> </ul> | <ul style="list-style-type: none"> <li>Arrange for cross-training between child welfare systems, SUD treatment, and the courts</li> </ul>   | <ul style="list-style-type: none"> <li>Organize a training and education plan for staff that includes harm reduction strategies; as well as trauma-informed, culturally responsive, and family-centered practices</li> </ul> |

## REFERENCES

- Substance Abuse and Mental Health Services Administration. (2023). *SAMHSA announces National Survey on Drug Use and Health (NSDUH) results detailing mental illness and substance use levels in 2021*. <https://www.samhsa.gov/newsroom/press-announcements/20230104/samhsa-announces-nsduh-results-detailing-mental-illness-substance-use-levels-2021>
- Substance Abuse and Mental Health Services Administration. (2022). *Harm reduction*. <https://www.samhsa.gov/find-help/harm-reduction>

## CONTACT US

Email NCSACW at [ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)

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

Call toll-free at (866) 493-2758

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