



STRENGTHENING FAMILIES: COLLABORATING WITH FAMILIES OF YOUNG CHILDREN IN ASSESSMENT AND SAFETY PLANNING LEARNING COLLABORATIVE

OCTOBER 2025 SUBSTANCE USE OF CAREGIVER AND UTILIZING A SUPPORT NETWORK

Supporting parents with young children who are facing substance use challenges requires a compassionate, strength-based approach that prioritizes child safety while recognizing the importance of long-term family well-being. In safety assessments, the primary focus is determining whether a parent's condition threatens a child's safety and identifying the critical times and circumstances that require intervention to shield that child from the identified danger. Sufficient support begins with understanding the unique needs of each family.

CPS professionals play a critical role in connecting families to substance use resources that promote stability and resilience. By approaching these concerns in a collaborative, nonjudgmental way, CPS professionals can help parents access the support they need to create a safer home environment and foster positive outcomes for their children.

Assessing the Impact on Children Birth to Five

Prenatal Exposure to Substances May Cause:

Physical deformities, heart defects, and problems with growth and development.

Babies with prenatal exposure have a higher risk of SIDS (Sudden Infant Death Syndrome).

Postnatal Exposure to Substances May Cause:

Increased risk of SUIDS (Sudden Unexpected Infant Death), which includes SIDS. SUIDS rates increase in situations of parental substance use combined with environmental factors such as secondhand smoke and unsafe sleep practices.

Children who are birth to five can have significant delays in developmental milestones as well as behavioral complications. Children may have a more difficult time forming a secure attachment to their parent/caregiver if the caregiver's substance use renders them emotionally unavailable, providing irregular supervision or inconsistency in needs being met.

Parental substance use disorder is the leading driver of involvement of child welfare for families with infants and young children. There is an increased risk of abuse and neglect when substances create conditions of erratic behavior, unsafe living environments, and/or inconsistent caregiving.



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Assessment of Parent/Caregiver Substance Use and the Impact on Children Birth to Five

It is the existence of substances and the impact on child safety that is the focus of the assessment and planning process. The following are tips for opening nonjudgmental conversation about both aspects.

UNCOPE

The free tool titled “Uncope” an acronym for the 6 assessment questions, is specifically designed for usage by child welfare professionals. A score of two or more “yes” answers indicates the individual should be referred for a formal substance use assessment.

- U** **Unintended use:** Have you continued to use alcohol or drugs longer than you intended?
- N** **Neglected responsibilities:** Have you neglected responsibilities because of your use?
- C** **Cut down:** Have you wanted to cut down on your use but found you couldn't?
- O** **Objections:** Has anyone objected to your alcohol or drug use?
- P** **Preoccupation:** Have you found yourself preoccupied with thoughts of using?
- E** **Emotional discomfort:** Have you used alcohol or drugs to relieve emotional discomfort?





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Questions designed to discuss the potential impact substances have on a parent/caregivers' ability to provide safety:

- Do you have any concerns about caring for your child when you use alcohol or other substances?
- What have your family and friends noticed about how you care for your children when you drink or use substances?
- How do you know when substance use might be affecting your parenting?
- In what ways do you think your alcohol or substance use affects your child?
- How do you make sure your child stays safe when you use substances?
- Have you ever received support or treatment for alcohol or drug use? What was that experience like for you? What do you need for support to focus on treatment while also parenting?
- Have you been in recovery before? How long did it last, and what helped you the most? How were you able to manage recovery and parenting simultaneously?
- How do you feel about getting a substance use assessment or exploring treatment options? (often a conflict because of balancing parenting)
- What's your plan for keeping medications and other substances safe at home?

Resources for Harm Reduction

Depending on the severity and immediacy of the dangers regarding substance use, CPS should be prepared to have discussions about a multitude of responses. To prevent overdose and support recovery, resources may include Narcan (naloxone), Suboxone, and Methadone.

Assessment and planning should incorporate informal support (friends, family, and community resources) whenever possible. Having open discussions using family group conferencing or team meetings can not only be used in safety planning but are also critical for support plans for the parent/caregiver. Safety response providers need assistance from CPS as well. Providers may need support practicing or planning for a crisis before it happens. They need clarity on roles and responsibilities and be a part of regular conversation about what may need adjustments as the parent progresses in recovery.



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Reflection on Content

When thinking about infants and young children living in homes with parent/caregiver substance use, what stands out to you about how daily experiences, such as feeding, soothing, play, and safety, might be disrupted?

Action Item

What questions do you ask that help to support your understanding of how substance use uniquely impacts the parent/caregiver and vulnerable children in the home? Are there additional questions you could add to open dialogue about substance use in the home?