Best Practice Guidance: Parents with Children Living in Recovery Housing

Ohio Recovery Housing

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Introduction

There is a universal need for safe, affordable housing that can support recovery. People looking for recovery housing often travel across the state to find safe, affordable housing options. Parents in recovery seeking housing that is supportive of their unique needs face even more limited options. Increased focus on the impact of parental substance use on Ohio's child welfare, education, and health care system have increased commitment from Ohio's communities to ensure that there is a full continuum of services and supports available for parents with substance use disorders seeking to live in long-term recovery. Recovery housing is a critical component of this continuum of care. Recovery housing operators are seeking best practice guidance on how to provide high-quality services including:

- Ensuring a physically and emotionally safe environment for both parents and children
- Assisting parents with navigating a complicated service system to connect parents and children to services and supports that are available in the community
- Developing administrative capacity to address legal issues, insurance, and other operational considerations
- Creating a culture of recovery and peer support in a home that serves families and their children

This best practice guide seeks to provide accurate information and best practice guidance. This guide is not intended to replace the advice of legal counsel. All recovery housing operators should consult with an attorney concerning their program and any questions about landlord tenant law, fair housing rights, or other legal matters.

Impact of Recovery Housing for Parents with Children

Research on recovery homes demonstrates documented positive effects for both children and families. Researchers found that homes where children were allowed to live in the recovery residence with their parent, a positive effect was reported for residents on both substance use and recovery measures (Kim, Davis, Jason & Ferarri, 2006). Researchers also found that children being present in the home had a positive impact, not only on the parents of the children, but also for other residents who did not have children living with them (d'Arlach, Olson, Ferrari, 2006). In a study that specifically examined men, researchers found that men who lived in recovery homes with children present had higher rates of long-term recovery, as compared to men who lived in recovery homes where children were not present (Ortiz, Alvarez, Jason, Ferrai & Groh, 2009).

Allowing families to be together in recovery housing not only benefits the parents, but also is a benefit to children. One study of the Oxford House model (which is very similar to a peer-run, Level I, recovery home) found that two years after entering the home, over 30% of the women who had lost custody of their children had regained custody of their children, compared to only 12.8% of women in a control group (Jason & Ferrari, 2010); reducing the impact of trauma associated with separation for both parents and their children. Mineau, Hunter, Callahan, Gelfman and Bustos (2017) found that recovery housing can provide a safe, supportive, and stable environment for both parents and children.

Many of these positive outcomes have been attributed to the family-like environment that is created within the recovery home (Heslin, Hamilton, Singzon, 2010). In this type of environment, all residents feel a responsibility to create a positive environment when children are present in the home. A study of Oxford House residents found that 38% indicated that having children present in the home was a motivation to stay sober, and 24% believed that the children being present in the home led to an increased sense of personal growth (Legler, Chiaramonte, Patterson, Allis, Runion & Jason, 2012). Additionally, allowing children to live with their parents reduces trauma and negative impact on children from being separated from their parents.

Recovery Housing for Parents with Children

There are administrative, procedural and environmental best practices that quality recovery housing operators can implement to ensure that they are meeting the needs of parents and children and providing an environment supportive of the long-term recovery of all residents.

This best practice guidance is intended to be reviewed in coordination with the other quality standards and best practice recommendations that have been made by the National Alliance of Recovery Residences (NARR) and Ohio Recovery Housing, the Ohio state affiliate of NARR. The response to many of the considerations below will depend on the Level of recovery housing (peer-run, monitored, or supervised). As with all recovery residences, the recovery home should be clear about the level of support and services available in the recovery home to all potential residents, current residents and community members.

This best practice guidance is also intended to be used in coordination with, not replacement of, any requirements for a particular funding source.

Administrative and Operational Capacity

Recovery housing that serves parents and their children have additional administrative and operational concerns. The following are best practice recommendations with regards to basic administration and operations of the recovery home that will serve parents and their children.

- **Clear policies on what ages and genders of children will be accepted –** Many considerations that follow will depend on what ages and genders of children will be permitted to live in recovery housing. Recovery housing should have clear policies in place that describe:
    - The occupancy of the recovery home and how this may impact how many children may live with parents
    - How old children may be
    - If children of a different gender than the target population may live in the recovery house
    - Operators should consult an attorney to ensure compliance with federal fair housing law when creating these policies and procedures
- **Budgeting –** Ensure your budget considers additional items that children may need. When parents first enter recovery housing, they may not be able to provide these items for their children:
    - Food
    - Diapers
    - Furniture
    - Additional cleaning/ laundry supplies
    - Toys
    - Child safety equipment
    - Transportation for children
    - Car seats for children

- **Home maintenance –** Homes with children also experience greater wear and tear throughout the residence including carpets, walls, furniture and appliances. Ensure the long-term budget considers increased costs of home maintenance.
- **House occupancy –** Consult with your local health, safety, and building code officials to ensure that your home has an appropriate occupancy limit. The parent and any children living in the house count as occupants for occupancy purposes.
- **Bedroom space –** in addition to your total house occupancy, be sure that the bedrooms are large enough for the total number of occupants. If parents and children are sharing a bedroom be sure that there is enough storage space for personal items for both parents and children.
- **Insurance –** Check with your property and business insurance carrier to ensure that you have an appropriate amount of coverage for a home that serves parents and children.
- **Background checks –** Consult with a legal expert about any legally required background checks that should be performed on all staff, volunteers, residents or others who will have regular contact with child residents. Develop a policy on background checks that is compliant with these laws. This policy should include
    - What background checks need to be performed
    - How the organization will use the results (for example, what offenses prohibit someone from employment or residency in the house)
    - How often the organization will perform checks on current employees, volunteers, or residents

    - How you will inform residents about the background check policy
- **Mandatory Reporter –** check with a legal expert about any legally required mandatory reporter training for any staff or volunteers. Develop a policy that ensures that this training is performed and documented.

Navigation of Complex Services and Systems in the Community

Parents in recovery often struggle to navigate a complex system to gain access to the services and supports that they need to live in recovery and provide for their children. A recovery house needs to not only assist the parent in navigation of this complex system, but also be able to assist in ensuring that children are connected to the services that they need. The following are best practices that operators can implement to ensure that residents and families are well connected to existing services.

- **Have a specific strategy in place to ensure that the needs of children are met –** in addition to connecting residents to treatment, recovery supports, and other social services to residents, you also need to ensure that you have a process in place to ensure that children are connected to the resources they need. These strategies may vary depending on the level of support available in your home, but can include
    - Having a dedicated children's case manager, whose role in the house is to specifically perform a needs assessment of children and work to address the identified needs independent of their parent
    - Ensuring that children have a case manager or other provider in the community who can serve in this role, and develop a relationship with that person
    - Regularly checking in with families to specifically address any needs of children and connecting children to the appropriate resources
- **Develop a relationship with your local child protective services –** Many parents in recovery may have open cases with child protective services. It is best practice that you develop a relationship with the child's case worker. The case worker will help you understand what you need to do to help the parent manage custody and visitation and what rules and policies apply specifically to the individual child.
- **Connect to prevention resources –** Even if a child does not have an open case with child protective services, the child will still need connection to preventative services and supports, such as child guidance.
- **Daycare services –** Finding affordable daycare services in the community can be challenging, but access to appropriate daycare services is essential for many families to achieve recovery, employment, and educational goals. You may contact your county board of job and family services to inquire about any programs that may help with daycare. However, many of these programs are stringent, and residents may not be eligible. Check for resources that may exist in your local community to help you connect residents to appropriate daycare supports and services.
- **Youth programming and development –** Youth living in recovery housing need access to appropriate youth development programs and activities. You should work with families to ensure that youth are engaged with youth development and programming that meets their individual needs and interests.
- **Develop positive relationships with schools –** Children living in recovery housing may be of school age and need to attend school. If the parent identifies a need, your organization should develop a positive relationship with their school to ensure that you are able to support the parent in their efforts to participate in their child's education. Parents may also need your

support as they ensure that the child is able to get to school and participate in all educational activities.

- **Material Opioid Misuse (MOM)s program connection –** some areas have regional MOM's programs. These programs serve women who are currently pregnant. If you have women in your home who are pregnant, you should connect them to the MOM's program in your area. (http://momsohio.org/about/)

Creation of a Culture of Recovery and Peer Support

One of the defining characteristics of recovery housing is the family-like environment and culture of peer support. Operators often find that having children in the home naturally helps to create more opportunities for informal interaction, family activities and opportunities for residents to support each other and creates a positive environment that helps both the parents and their children.

- **Develop a Family Like Environment** – Just like in an adult only recovery house, it is important to create a family like environment among residents. Having children living in the home creates more opportunities to create a functional family environment, with shared meals, informal activities, and opportunities for peer support.
- **Positive Parenting Culture** – Having parents live together in a communal setting can create challenges when parents practice different parenting styles.
    - Ensure that parents who are identified as needing formal parenting classes are connected to such resources
    - Have clear rules about what behaviors are acceptable or unacceptable when children are present, including rules about what media is appropriate for children
    - Have clear rules about activities that are appropriate for children to participate in and what are not
    - Have clear guidance on how other adults in the house should address behavior of children. Residents should be encouraged to talk to the parent first, and then with staff, and not attempt to address potential issues concerning a child's behavior with the child directly.
    - Allow residents to participate in positive parenting classes or other activities together
- **Provide staff with training –** Staff may need additional training to work with families and children. Training options include
    - First Aid Training for children
    - CPR training for children or babies
    - Home safety training
    - Training on the impact of substance use disorders on children
    - Trauma informed care and responses
    - Children and youth substance use prevention
    - Other workshops, conferences and events with other child caring agencies

Ensuring a physically and emotionally safe environment

Allowing parents to have their children live with them in the recovery home creates additional considerations when it comes to creating an environment that is both physically and emotionally safe. Each recovery housing operator can implement strategies to help keep families and their children safe.

- **Relapse Planning and Prevention –** Recovery houses that serve children need to be especially mindful of what were to happen if a parent were to experience a relapse and have robust policies that prevent relapse and appropriately address relapse. Engage with each parent and ensure that there is an appropriate plan in place should the parent experience a relapse. Ensure that plans include a safe and supportive environment for the children, as well as the parents, to enter should the parent need to exit the program due to a relapse.
- **Medications storage and handling –** Ensure that all resident medications including Medication Assisted Treatment medications as well as other prescription and over the counter medications are kept in locations that are locked and secure. Ensure lockboxes containing medication are out of reach of children. Parents of children who need medications should be provided with a lockbox for the child's medication. Operators should have a detailed process for keeping track of all medications in the house. See best practices for Medication Assistance Treatment for further guidance on medication safe storage and handling.
- **Develop policies concerning watching children –** Residents of recovery housing may not be aware of the criminal history or health status of other residents living in the home. Therefore, it is best practice to prohibit residents from having other residents watch children while their parents are not present in the home.
- **Prohibit children from being alone in the home –** The house should have a written and enforced policy that prohibits children from being alone in the home.
- **Prohibit children from being alone with any staff member –** Consider open door policies or policies where two staff members must be present at all times to ensure the safety of children
- **Be aware of family privacy** – A challenge of recovery housing for families is providing space for families to have privacy when needed. Each family should have their own room, even if space would allow for more residents. If possible, consider allowing older children to have their own room that is located near their parents.
- **Allow for family bonding time** – ensure that families have time to be together and bond as unit separate from the house.
- **Emergency and disaster plans contain needs of children –** All recovery homes, regardless of population served, should have clear emergency and disaster plans. Additional considerations and best practices for recovery housing serving families with children includes:
    - Ensure that parents understand that they are responsible for their own children in the event of an emergency.
    - Explain emergency plans to children in an age appropriate manner.
    - Connect with your local fire department and ask about fire safety drills and protocols for homes with children. They may have materials or tools that you can use and provide.
    - Connect with your local Red Cross. Some locations will come to recovery homes and do emergency disaster training for your residents and staff.
    - Ensure that there is always someone at the home who is trained on how to respond in case of an emergency.
- **Smoking/ Tobacco policies –** All recovery homes should ensure the indoor environment is smoke-free for both health and fire safety reasons. In addition, homes that serve families and their children should consider:

    - Requirements that all residents store cigarettes, lighters and other tobacco products out of the reach of children
    - Purchase of cigarette disposal containers for the outdoors that prevent children from possibly handling used cigarette butts
- **Incident reporting-** All recovery homes should have an incident policy that ensures that incidents are reported and responded to appropriately. Mandatory reporting requirements apply to many professions. Ensure that all staff are aware of their mandatory reporting requirements related to their profession and credentials and consult with legal and other experts to ensure that your incident review and reporting policies are in compliance with these requirements.
- **Trauma Informed Environment –** Review all organizational policies, procedures and practices to ensure that the entire organization is trauma informed and appropriately responsive

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Contact us:

Ohio Recovery Housing
info@ohiorecoveryhousing.org
(614) 453-5133

Literature Review

Baker, P.L. & Carson, A., (1999). "I take care of my kids": Mothering practices of substance-abusing women. *Gender and Society*, 13(3), 347-36.

This piece explores the lives of mothers in recovery from substance misuse disorders through the context of a residential substance-misuse treatment program for women with children and pregnant women. Seventeen women are interviewed and observed, between the ages of 20-41 y/o. This would be an excellent resource from a resident-perspective of what does and does not work in residential programs for women with families.

Bassuk, E.L., Buckner, J.C., Perloff, J.N., & Bassuk, S.S. (1998). Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *American Journal of Psychiatry, 155*, 1561-1564.

Although informative, this focuses on homeless and low-income housed mothers who also have substance misuse disorders and does not inform us on the practices involved in specific housing programs for this population.

Bassuk, E.L., Weinreb, L.F., Buckner, J.C., Browne, A., Salomon, A., & Bassuk, S.S., (1996). *The characteristics and needs of sheltered homeless and low-income housed mothers.* Journal of the American Medical Association, 276, 640-646.

Bassuk et.al. details the lacking social and economic resources available to homeless and low-income mothers while simultaneously outlining the overwhelming presence of substance use disorders. This research could inform the reader more about co-occurring conditions faced by mothers with substance use disorders.

Brady, K.T., & Randall, C.L. (1999). Gender differences in substance use disorders. Psychiatric Clinics of North America 22(2):241-252

This piece will be very helpful in understanding the prevalence of co-occurring conditions in women with substance use disorders. While there is not a direct connection to mothers, there is the indication that women's personal decision to seek treatment can be more difficult when faced with the wider responsibility of caretaking.

Brady, T.M., & Ashley, O.S., eds. (2005). *Women in Substance Abuse Treatment: Results From the Alcohol and Drug Services Study (ADSS).* DHHS Publication Np. (SMA) 04-3968. Analytic Series A-26. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

This report is large and completely comprehensive of the gender differences in substance use disorders. Chapter two outlines treatment programming for women with specific sections on child care and prenatal care. Chapter five looks at the characteristics of substance misuse treatment facilities, outlining the comparisons and differences between women-only and mixed-gender facilities as well as between facilities with and without child care services.

Center for Substance Abuse Treatment. (2004). *Substance abuse treatment and family therapy. Treatment Improvement Protocol (TIP) Series*, No. 39. HHS Publication No (SMA) 15-4219. Rockville MD: Substance Abuse and Mental Health Services Administration.

This piece examines the complex role of families in treatment, while calling combined services for the whole family as a pathway to improving treatment effectiveness. While this piece has a strong focus on family therapy for substance use disorders, it can be used as a rough outline in understanding how various family structures fit into a recovery housing environment.

Child Welfare Information Gateway. (2014, October). *Parental substance use and the child welfare system.* Retrieved from http.//www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf

This report outlines the effect of parental substance misuse on children. The most relevant parts of this piece are the sections on Service Delivery Challenges and Innovative Prevention and Treatment Approaches. This child-specific report gives many positive examples of innovative programming for children with parents in recovery.

Conners, N.A., Bradley, R.H., Mansell, L.W., Liu, J.Y., Roberts, T.J., & Burgdorf, K. (2004). Children of mothers with serious substance abuse problems: An accumulation of risks. *American Journal of Drug and Alcohol Abuse* 30(1):85-100

This study looks at the consequences of parental substance misuse on children, indicating that children whose parents have had substance use disorders have a high vulnerability for physical, academic, and social emotional problems and will need long-term supportive services.

CSAT (Center for Substance Abuse and Treatment) (2001). *Telling Their Stories: Reflections of the 11 Original Grantees That Piloted Residential Treatment for Women and Children for CSAT.* DHHS Publication No. (SMA) 01-3529. Rockville MD: Substance Abuse and Mental Health Services Administration.

This report outlines the lives of substance misusing women with children in special treatment programs for women in this population. Chapter two informs the reader on the adaptations of treatment models for this group while chapter four examines the administrative processes such as staffing, staff training, and retention.

Kroll, B., & Taylor, A. (2003) *Parental Substance Misuse and Child Welfare*. London: Jessica Kingsley.

This piece is effective in outlining both a parental and child perspective of parenting and substance use disorders. A considerable amount of research has been included concerning parenting techniques and child psychology.

Lander, L. Janie Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Soc Work Public Health*, 28(0), 194-205.

This report looks at the family context in substance use disorder development and the factors that positively and negatively influence treatment. More specifically, this piece examines the long-term outcomes that result from familial substance misuse. Includes insightful data tables that show the impact of SUDs on family life cycle stages.

Lundgren, L.M., Schilling, R.F., Fitzgerald, T, Davis, K., & Amodeo, M (2003). *Parental status of women injection drug users and entry to methadone maintenance.* Substance Use & Misuse 38(8): 1109-1131, 2003.

This article gives a special emphasis on the differences in parental status for methadone maintenance treatment entry, finding that women living with their children were significantly more likely to enter treatment than women who did not live with their children.

McMahon, T.J., Winkel, J.D., Suchman, N.E., & Luther, S.S. (2002). Drug dependence, parenting responsibilities and treatment history: Why doesn't mom go for help? *Drug and Alcohol Dependence, 65,* 105-114.

This study examines the likelihood of women with children pursuing treatment and the effectiveness of treatment for women with children.

Murphy, S., & Rosenbaum, M. (1999). *Pregnant women on drugs: Combating stereotypes and stigma*. New Brunswick, NJ: Rutgers University Press.

This book addresses the struggles faced by pregnant women with substance use disorders by framing out their lives prior to pregnancy. They examine the societal pressures faced by women in planning out the "correct" timeline for life events, such as pregnancy, the ambivalent feelings about having and keeping their children, and how these impact the severity of substance misuse.

National Organization on Fetal Alcohol Syndrome. (2016). *FASD: What the foster care system should know PDF*. Retried from https://www.nofas.org/wp-content/uploads/2013/10/FASD-What-the-Foster-Care-System-Should-Know_2013.pdf

This fact sheet gives information on what the foster care system should know about Fetal Alcohol Spectrum Disorders and how this complicates the foster care system's traditional approach to children in foster care.

Office on Child Abuse and Neglect. (2008). Protecting children in families affected by substance use disorders PDF. Retrieved from https://www.childwelfare.gov/pubPDFs/substanceuse.pdf

This packet better informs the reader on the role of child protective services in supporting parents in treatment and recovery and supporting children of parents with substance use disorders. Chapter eight of this packet may give better perspective of how recovery housing might collaborate with child protective services.

Raynor, P.A. (2013). An exploration of the factors influencing parental self-efficacy for parents recovering from substance use disorders using the social ecological frameworks. *Journal of Addictions Nursing,* 24(2) 91-99.

This piece examines the vital role that parental self-efficacy plays in familial outcomes, concluding that appropriate recovery and social supports are integral to successful familial outcomes.

Smith, D.K., Johnson, A.B., Pears, K.C., Fisher, P.A., & DeGarmo, D.S. (2007). Child maltreatment and foster care: Unpacking the effects of prenatal and postnatal parental substance use, *Child Maltreatment*, 12, 150-160.

This study analyzes the effects of prenatal and postnatal substance misuse on child maltreatment and foster care placement transitions. This study is a bit different than many of the previous studies, but remains a useful resource to its readers.

Suchman, N.E. & Luher, S.S. (2000). Maternal addiction, child maladjustment, and socio-demographic risks: Implications for parenting behaviors. Addiction, 95(5), 1417-1428.

This piece examines how the potential determinants of maternal addiction, low socioeconomic status, and mother's perceptions of their children's maladjustment correlate to their parenting. This should be good for recovery housing operators to understand the complex relationship between parenting and maintaining recovery.

Suchman, N.E., Pajulo, M., DeCoste, C., & Mayes, L., (2006). Parenting interventions for drug-dependent mothers and their young children: The case for an attachment-based approach. Family Relations 55(2), 211-226.

This study looks at effective parenting styles for mothers with substance use disorders and their children. This would be a good piece to give guidance on potential programming in familial recovery housing.

Werner, D., Young, N.K., Dennis, K., & Amatetti, S. (2007). *Family-centered treatment for women with substance use disorders: History, key elements and challenges*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

This paper discuss the challenges and advantages of a family-centered treatment approach for women with substance use disorders, outlining the importance that relationships play for women in treatment and recovery. This paper is essential guidance for anyone working with women and families with a history of substance misuse.

Wilke, D.J., Kamata, A., & Cash, S.J. (2005). Modeling treatment motivation in substance-abusing women with children. *Child Abuse and Neglect*, 29(11), 1313-1323.

This study looks at children as a motivation to go to treatment for mothers. Unlike other studies, this one found that it should not be assumed that children serve as a primary motivation for mothers seeking treatment as the negative influence of having to leave children behind or having children placed in foster care to attend treatment. This would obviously mean that familial recovery housing could have a special motivation for women who do not want to leave their children behind to maintain their recovery.

Wobie, K., Eyler, F.D., Conlon, M., Clarke, L., & Behnke, M. (1997). Women and children in residential treatment: Outcomes for mothers and their infants. *Journal of Drug Issues.* 27(3), 585-606.

This paper looks at the relationship between living arrangements for mothers and babies in residential treatment centers. It found that the earlier a mother and baby can be united in a treatment center, the better long-term outcomes exist for the both of them. One could assume similar outcomes in a recovery housing environment, making this study essential to recovery housing operators.

Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. (2006). *Screening and assessment for family engagement, retention, and recovery (SAFERR).* (HHS Publication No. SMA 08-4261). Rockville, MD: Substance Abuse and Mental Health Services Administration.

This resource breaks down the roles and responsibilities of the different systems involved in substance misuse and childcare while providing a long list of useful resources that recovery housing operators can use within their own houses.

Zlotnick, C., Franchino, K., St. Claire, N., Cox, K., & St. John, M. (1996). The impact of outpatient drug services on abstinence among pregnant and parenting women. Journal of Substance Abuse Treatment 13(3), 195-202.

This study evaluated the service components more effective for pregnant and parenting women, finding that drug-abstinent women were more likely to receive more services overall than those women who were not drug-abstinent.