

A child's first 1000 days: the impact of alcohol and other drugs



A BASW Pocket Guide for Social Workers

April 2019

Purpose of the guide

This guide aims to support social workers in their practice with parents and carers whose use of alcohol and other drugs is problematic. It focusses on a child's first 1000 days – from conception to aged two.

It highlights potential harm to children from parental alcohol and other drug use during this period. It offers some guidance on how to support children, parents and carers. This guide may also be relevant to other social care and health professionals. Information in this pocket guide should be supplemented by other learning.

Note: *The term 'substance' relates to both alcohol and other drugs.*

First 1000 days – definition

The first 1000 days relates to the approximate time between conception and a child's second birthday. The care given to a child in the first 1000 days plays a significant role in their health and development and is likely to impact on their life course. It is the period within which we see the most rapid phase of brain growth which sets the foundation for physical, social and emotional development.

Why the first 1000 days matter

The human brain adapts and changes throughout life. However, the most rapid development occurs in the first 1000 days of life. It is a critical window for essential learning – seeing, talking, walking and thinking. Although we now have a greater understanding of the opportunities that come from the brain's ability to



relearn (plasticity) at all stages of life, some of the best opportunities for brain learning are in the last 3 months of pregnancy and up to 2 years of age. Although it is possible to lessen the impact of early deficits in later life, it is far better to protect the brain from the start.

In utero exposure to substances may impact negatively on the ability to develop key motor and cognitive skills. Consuming alcohol increases the risk of foetal alcohol spectrum disorders (FASD), including foetal alcohol syndrome (FAS). The more alcohol consumed, the greater the risk, but there is no proven safe amount of alcohol in pregnancy. Neonatal abstinence disorder (NAS) can also develop in babies whose mothers use other drugs or have been prescribed substitute drugs, for example, methadone.



Parental substance use following the child's birth can also have a negative impact on their development through lack of: appropriate care, stimulation, supervision/ safety and emotional availability.

Other factors that can affect a child's health and wellbeing during the first 1000 days include; poor nutrition, parental smoking, poor parental mental health, domestic abuse and poor living conditions.

Role of the social worker

The role of the social worker in supporting parents using substances, and their children, is vitally important because of social workers' core skills in engagement, observation, analysis and holistic bio-psycho-social assessment with a focus on individual history, relationships and context.

Key messages

- 1 Do not** be judgemental
Women do not use substances in pregnancy because they want to harm their baby.
 - They may not be aware that they are pregnant.
 - They may not know the most current advice.
 - They may be under pressure socially or from others, including partners.
 - They may be coping with difficult life experiences and stressors.
- 2 Do** integrate care and support for parents and children from different services – multi-agency working is essential.
- 3 Do** ask questions at the earliest possibility about the parents' substance use and **RECORD** this. It might later be key to giving the insight needed for an FASD diagnosis.
- 4 Do** be aware of fathers/partners who may use substances in a harmful way and the impact this may have on the mother and child.
- 5 Do** be aware of the protective and resilience factors that could support positive parental behaviour in relation to substance use. They should not be overlooked.

Alcohol & pregnancy



There are still a lot of unknowns about the impact of alcohol on pregnancy. Not all women who drink problematically will damage their unborn child but there is no reliable way of knowing who will be affected and who won't. What is known is that harm is

likely to vary during different stages of pregnancy and that heavy or binge drinking on a regular basis can increase the risk of a baby being born with FASD.

The evidence suggests that risks are higher when the drinking is frequent but that it is always better to stop at any point in the pregnancy to keep the risks to a minimum. Further guidance is available here:

www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

Alcohol can impact on the way a baby grows in the womb, including the way the baby's brain develops. It can increase the risk of: premature labour, stillbirth, illness in infancy, childhood, and as an adult. FASD is a leading cause of neuro-developmental disability and it is preventable.

Current advice on drinking alcohol in pregnancy

The Chief Medical Officer (CMO) for the UK recommends that pregnant women, or those planning to become pregnant, should **avoid drinking any alcohol at all to keep risks to a minimum.**

The CMO's advice is if a woman drank alcohol before knowing she was pregnant, or in early pregnancy, it is unlikely that the baby will be affected but that she should speak to her midwife/GP about it.

However, many people underestimate their alcohol intake. For more information on how alcohol is measured see:

www.drinkaware.co.uk/alcohol-facts/alcoholic-drinks-units/what-is-an-alcohol-unit



Foetal Alcohol Spectrum Disorders (FASD)



FASD is an umbrella term that covers foetal alcohol syndrome (FAS), alcohol-related neuro-developmental disorders (ARND), alcohol-related birth defects (ARBD), foetal alcohol effects (FAE) and partial foetal alcohol syndrome (PFAS).

The effects of alcohol exposure are not always apparent at birth. Therefore, if a child is identified as having FASD signs and symptoms, it is important to assess any other children in the family.

FASD is sometimes intergenerational – if you suspect a birth mother might have FASD it is critical to help her get appropriate support for both herself and the child.

The first UK study to estimate screening prevalence of FASD, published in 2018, suggests that most FASD studies are likely to underestimate the prevalence of FASD. In its analysis of existing data, it showed estimates of between 6% and 17% of children born with FASD depending on the methods used. It highlighted how the UK is one of the countries with the highest level of pre-natal exposure to alcohol and that future

studies need to use more robust methods to assess prevalence.

www.sciencedirect.com/science/article/pii/S0091743518303323?via%3Dihub

There is no cure for FASD, but it is possible to get help for specific problems.

The 'golden 1000 days' is a key time to intervene and lessen the potential impact of any problems.

FASD – How does it present?

Babies with FASD may present with one or more of the following problems:

- Appear irritable, nervous, or sensitive to sound and light.
- Cry often.
- Be very quiet and not very responsive.
- Low birth weight.
- Small head size.
- Face and mouth deformities.
- Flat shape of the face.
- Specific facial features may include a thin upper lip, flatness under nose, and smaller eyes.

Neo-natal abstinence syndrome

Neonatal abstinence syndrome (NAS) is a group of withdrawal symptoms seen in new-born babies caused by a sudden withdrawal of substances at birth. The effects are like those experienced by an adult who suddenly stops taking substances. Infants are at increased risk from mothers who have taken drugs (during pregnancy) such as heroin, methadone, subutex, amphetamines, cocaine, codeine, alcohol, benzodiazepines, LSD and some anti-depressants.

NAS – How does it present?

A child affected by NAS presents with symptoms that range from mild to moderate and severe. They may need more specialised medical care and perhaps medication too. Signs and symptoms of NAS can be different for every baby. Most happen within 3 days (72 hours) of birth, but some may happen right after birth or not until a few weeks after birth. They can last from 1 week to 6 months after birth.

NAS – Signs and symptoms

Signs and symptoms may include:

- Body shakes (tremors), seizures (convulsions), overactive reflexes (twitching) and tight muscles
- Excessive crying or having a high-pitched cry
- Poor feeding or sucking or slow weight gain

- Breathing problems, including fast breathing
- Fever, sweating or blotchy skin
- Trouble sleeping and lots of yawning
- Diarrhoea or vomiting
- Stuffy nose or sneezing

Do remember that most babies with NAS who get treatment get better in 5 to 30 days once they have withdrawn from the substance.

Into infancy



Babies developing into infancy are inherently vulnerable and dependent. Those requiring increased care, because of the impact of parental/carer substance use, may be more at risk of harm because of the additional demands their care places on their parents/carers.

Note: It's important **NOT** to assume there are always parenting issues. Parents can be sent off to parenting classes, when in fact their child has organic brain damage that has not been diagnosed. It can take years before this is properly understood.

Multi-agency working, risk assessment and a clear picture of whether a child is meeting key child development landmarks, is crucial.

Do's and Don'ts

- 1 Do** approach every interaction with parents with empathy, respect and an understanding of substance use in a wider context. This is key to removing the stigma many parents fear.
- 2 DO** remember that a respectful, helping conversation that effects positive behaviour change can happen in just a few minutes.
- 3 Do** work in partnership with parents, families and key agencies throughout the first 1000 days.
- 4 Do** ask questions about substance use during the first 1000 days. You can't assume that others will.
- 5 Do** ask parents what role substances play in their lives and note this in the parents and baby's file.
- 6 Don't** assume it is an automatic risk to good enough parenting.
- 7 Do** prepare robust plans and review how parents are coping where a baby has been born with NAS or FASD/FAS is suspected.
- 8 Do** undertake joint assessments and reviews with partner agencies.
- 9 Do** be prepared to advocate for the parents/ carers. Social workers can help parents to understand the decisions they need to make.
- 10 Do** help parents arrange care for other children when Mum is in hospital.

Why fathers matter



Fathers' attitudes and behaviours can impact significantly on mothers and babies during pregnancy and birth. It is important to remember that during the first two years of babies' lives, most fathers are around.

Expectant and new mothers rely on their partner above anyone else and are more likely to receive support from him or her than from any other person, including medical staff. Mothers feel more capable and confident about breastfeeding when their partner is supportive. Sensitive and supportive father involvement following the birth relates to a range of positive outcomes in babies and toddlers.

Disengaged father-child interactions, as early as the third month of life, have been found to predict behaviour problems in children when they are older. The influence of fathers on infant language development is equal to that of mothers, so the role of father's in ensuring babies and toddlers have the best environment to develop and flourish, is crucial.

Working with fathers

- **Do** remember that men are motivated by the desire to be a good father. A good starting point for engagement is to ask them, "What does it mean to be a good father?"
- **Do** try and get the father's details for every initial assessment you do and interview the father for every core assessment done.
- **Do** give fathers clear information. Research shows that often they do not see a defined role for themselves in plans and will assume "parent" in reality, means "mother".
- **Do** be mindful that fathers are perceptive of expectations of them. If a social worker has low expectations, they may live down to them.



Social work intervention

Intervention is focused on maintaining parents/ partners in substance use services and supporting positive parenting skills and strategies.

It is important to be very clear about the factors that offer protection to children from parental substance use and identify a trusted adult in the family support network, who can model good parenting and provide some practical/emotional support.

These measures can have a positive impact in reducing parental stress and promoting the best environment for a child's development and well-being to flourish. A summary of key interventions is below:

Brief interventions – Uses motivational interviewing techniques to facilitate behaviour change. Among pregnant women, brief interventions have been shown to modestly improve rates of alcohol abstinence. However, few studies have examined the effect of brief interventions in response to illicit drug use during pregnancy or in the postpartum period.

See <https://motivationalinterviewing.org>

Motivational Interviewing (MI)

One of the most important reasons that many parents make positive changes to their substance use, is pregnancy and child-birth. MI is used by suitably trained social workers to guide parents/carers in making positive behaviour change, either pre or post birth. The earlier that positive behaviour change happens, the better the long-term outcomes for a baby.



**Motivational interviewing is a collaborative conversational style for strengthening a person's own motivation and commitment to change".
(Miller and Rollnick 2013)**

Empathy, compassion and collaboration are key for motivational interviewing practitioners. At its simplest, MI is a helping conversation about change, one in which social workers regularly engage.

In a social worker/service user relationship, this is achieved through arranging a conversation, so that the service user effectively talks themselves into change, by resolving ambivalence and finding their own important reasons for change.

Making Every Contact Count (MECC)

Encourages conversations based on behaviour change methodologies ranging from Alcohol Brief Interventions (ABIs), to more advanced behaviour change techniques which empowers healthier lifestyle choices.

Gro-Brain – Brain-based parenting for long-term emotional health

Gro-brain interventions are targeted at the key first 1000 days in a child's life to increase the opportunities for optimal health and neuro development across the life-span. The Gro-Brain parenting course can be undertaken pre or postnatally. It can be delivered as a group or as a one to one with parents or carers. The tools and resources are visual and interactive and suitable for a variety of learning styles. The course can be delivered by anyone.

Parents Under Pressure (PUP)

Aims to support parents who are on a substance treatment programme. The PUP programme helps parents to: build their strengths as a parent, develop a safe and caring relationship with their baby, feel calm and in control, and learn practical parenting tips and life skills, like financial management.

Further contacts/Useful organisations

Adfam

National charity supporting families, friends and carers of people with substance problems. It provides information and resources to support those affected by another's substance use. Adfam seeks to amplify their voices to ensure they have a say in the issues that affect them.

www.adfam.org.uk/help-for-families/useful-organisations

NOFAS-UK (The National Organisation for Foetal* Alcohol Syndrome-UK)

NOFAS-UK is dedicated to supporting people affected by Foetal Alcohol Spectrum Disorders (FASD), their families and communities.

www.nofas-uk.org

FASD UK Alliance

This is a coalition of groups and individuals from across the UK who are united together for positive social change for those affected by Foetal Alcohol Spectrum Disorders (FASD). Affiliates include small local, regional and virtual groups as well as some of the country's longest standing national organisations.

<https://fasd-uk.net>

Al-Anon

Al-Anon Family Groups provide support to anyone whose life is, or has been, affected by someone else's drinking, regardless of whether that person is still drinking or not. For some members, their family member or friend may no longer be a part of their lives or may have died.

www.al-anonuk.org.uk

UK-EU Birth Mother Network – FASD

This is a network of women who may have a child or children with Foetal Alcohol Spectrum Disorders (FASD).

www.eurobmsn.org

Drugscience UK

Drugscience UK is the leading independent scientific body on drugs in the UK, providing evidence-based information without political or commercial interference.

www.drugscience.org.uk

Talk to Frank

Talk to Frank is a national drug education service aimed mainly at teenagers/adolescents, educating on potential effects of drugs.

www.talktofrank.com

Family Lives

Family Lives supports families in a professional, non-judgemental way that all members of the family can freely access. They provide this through a helpline, extensive advice on their website, befriending services, and parenting/relationship support groups. Nearly all of their services are accessible at no charge to parents and you can contact them 365 days a year.

www.familylives.org.uk

NIHR

National Institute for Health and Care Excellence provides a database of evidence.

www.evidence.nhs.uk/search?q=neonatal%20abstinence

Screening Tools

This is a link to alcohol screening tools:

www.gov.uk/government/publications/alcohol-use-screening-tests

The following link is to a list of alcohol and drug screening tools provided on the SMART charity website:

<https://smartcjs.org.uk/professionals/gps/screening-tools>

Written on behalf of the BASW Special Interest Group in Alcohol and Other Drugs by Allison Hulmes, BASW Cymru. Edited by Sarah Galvani.

To cite this guide:

Hulmes, A. and Galvani, S. (2019) *A child's first 1000 days: the impact of alcohol and other drugs. A BASW Pocket Guide for Social Workers*. Birmingham: BASW

© BASW 2019

BASW

**The professional association for
social work and social workers**

www.basw.co.uk