

Risk & Response

Update Number 3: 0–4 The ‘Sure Start’ Years

1. Introduction

This issue examines some of the risk and protective factors, issues and interventions for children aged 0 to 4 years, and in particular looks at how Sure Start schemes and related activities may be used to reduce the risk of children developing substance use and other associated problematic behaviours later in life.

1.1 Child Development

The first few years of a child’s life are the most formative in its motor and sensory development. Although children do not all develop at the same rate, motor developmental stages occur in the same order: roll over; bear weight on legs; sit without support; stand holding on; crawl; walk holding on; stand alone; walk alone. Sensory development – vision, hearing, taste and smell – occurs from birth and by 3 months infants have also developed a good memory capacity.

1.1.1 Cognitive Development

Language and intellect develops during the first two to three years of life and deprivation during this time of language, intellectual stimulation and or emotional stimulation can lead to a child being seriously behind in these capacities by school age, to the extent that they may never reach capacity consistent with their chronological age.

There is some evidence that neuro-cognitive deficits at an early age might be linked to problematic behaviours in later life – the majority of research concerning this has concentrated on offending behaviour and the links between cognition and criminal careers. However, given the links between problematic behaviours in general and substance use, a lack of direct evidence for a link between neuro-cognitive deficits and substance use, does not suggest that it should not be a focus. Support for children during the first three years of life to aid their cognition, may be protective against later development of problematic behaviour.

1.1.2 Attachment Theory

One of the most important aspects of an infant’s development is the attachment it develops with its main carer*; it is the level of attachment which enables an infant to explore its environment whilst feeling secure. The development of a high-level (good) attachment leads to better problem-solving ability, social interaction and participation and initiation of social activity in early childhood and onwards. Infants who have poor attachment with their main carer are more likely to face social isolation in later childhood.

1.2 Risk & Protective Factors

During infancy the risk and protective factors for the future development of problematic behaviours, including drug use, are mainly those determined by the family and social environment, rather than the individual themselves, with the exception of cognitive development as described above.

RISK	Parental Drug Use
	Poor Family Interaction
	Poor Neighbourhood
	Chaotic Parental Lifestyle
	Poor Cognitive Development

PROTECTIVE	Good Attachment
	Good Network of Carers
	High Level of Family Interaction
	Play between Infant and Carer
	High Socio-economic Background

*The term ‘carer’ is used throughout this update as it is recognised that it may not be only biological parents who are the main guardians for a child and this term allows the inclusion of parents’ partners, siblings and other family members.

2. Issues & Interventions

There are numerous issues for such young children relating to later development of substance use, many of which are concerned with their social environment and factors that may impact on cognitive and social development. For the sake of brevity, this section will examine carer drug use, a risk factor that may have a significant impact, not only on children's development and environment, but also on their carer's parenting ability. The issue of carer drug use can be divided in two strands:

- i) the drug use itself and interventions for carers;
- ii) the effects of the drug use on the child's environment.

3.1 Parental Drug Use and Interventions

We need to consider that the impact of drug use on parenting is complex; different substances have different effects, and heavy stimulant use or poly drug use for example, can be more problematic in terms of parenting ability and violence than stable heroin use or recreational drug use. Nor should the carer's substance use be looked at in isolation, ideally substance use by any family members who have regular contact with the child should be considered, as should carer's friends influence on their ability to stabilise their substance use.

3.1.1 Issues

The most pertinent issue for many substance-using carers is hiding their substance use and paraphernalia from children. However, children are often aware of their carer's substance use, either through the carer's behaviour or drug-related transactions taking place in their presence whether at home or elsewhere. For very young children, there is the danger that this behaviour and environment will become normalised.

Carer drug use can also impact on: a carer's ability to attend drug agency appointments with their child; willingness to disclose drug use for fear of children being taken into care; and their ability to establish a stable routine for themselves, and consequently, their child.

3.1.2 Interventions

- ▶ Access to drugs agency at times which fit round childcare
- ▶ Opportunity to attend sessions with drugs worker away from the drugs agency
- ▶ Separate and safe waiting area and supervised area for child to wait whilst client attends appointment
- ▶ Access to support for all types of drug use, not only opiate or needle exchange based

3.2 Effects of Drug Use on Child's Environment

3.2.1 Issues

The ability of the carer to organise themselves sufficiently to spend time with, and provide for, the child can have huge implications for the child's welfare and social development: time spent with young children allows them to develop emotional attachment and provides a consistency and routine which allows children to feel secure. Substance use can affect the carer's moods and the way they interact with the child and this in turn affects how the child learns to interact with others. Carers who are aware of when they are unable to cope and ask extended family to intervene to give emotional and physical respite are often acting to the benefit of the child.

3.2.2 Interventions

- ▶ Awareness amongst children's and generic agencies of the signs of parental drug use
- ▶ Support for caring for the child and practical advice to help carers organise their lives
- ▶ Practical advice for carers re: stabilising and managing drug use
- ▶ Opportunity for carer to access drugs services away from drugs agency to minimise labeling of them as a 'drug user' and subsequent labeling of the child

3.3 Additional Interventions Relating to Identified Risk Factors

- ▶ Regular developmental checks and outreach to ensure that these occur
- ▶ Support and guidance re: parenting skills, both practical and to aid child development
- ▶ Playgroups to provide respite for carers and social interaction for the child
- ▶ Toy and book loan schemes, again to aid child development

4. Sure Start

Sure Start is a Government initiative to prevent social exclusion by targeting children aged between 0 and 4 years and their families in disadvantaged areas. To date, over 200 Sure Start schemes have been approved, and by 2004, there should be approximately 500 across England. The government has, and will, invest £580 million in Sure Start schemes for the period from April 2001 to March 2004.

4.1 Aim & Objectives

Aim:

To work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those that are disadvantaged- so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children.

Objectives:

- i) Improving social and emotional development
- ii) Improving health
- iii) Improving children's ability to learn
- iv) Strengthening families and communities

4.2 The Basis

The initiative stems from the recognition that the early years of child development are crucial for children and that the consequences of disadvantage and risk factors can have potentially serious repercussions throughout a child's life, including the development of substance use. Sure Start is an example of the Government's attempt to 'join up' services and provide useful interventions in a more holistic way than previous piecemeal child welfare interventions. In this initiative health, education and welfare services should work together to promote the development of children in Sure Start areas.

Sure Start is based on the Healthy Start scheme, which has been running successfully for a number of years in the United States. Evaluations of long-term Healthy Start schemes show its effectiveness in reducing risk factors for the development of substance use.

4.2.1 Sure Start Services

The scheme works on a local basis often developing or enhancing existing schemes to ensure that core services provision includes:

- Outreach and home visiting
- Support to parents and families
- Supporting good-quality play, learning and childcare experiences
- Primary and community health and social care
- Support for people with special needs

Sure Start also has a sister scheme, Sure Start Plus, which works specifically with teenage parents of children under 4, to support both child development and welfare, and the well-being of the parent(s).

4.2.2 Sure Start & Substance Use

Although there is no specific directive to work with either substance using parents or families at risk of substance use in the Sure Start, a small number of Sure Start schemes have included either a direct substance use worker within their remit or links into local substance use agencies. However, given the focus of Sure Start on encouraging healthy child development, all schemes can have the potential to have an impact on the future (non-) development of substance use and other problematic behaviours, even where they do not include specific substance use components.

CASE STUDY: SURE START HATTERSLEY, TAMESIDE

Hattersley Sure Start have been developing services since January 2001 and aim to work closely with local initiatives and services, to enhance existing provision and bridge gaps with new services. They provide a range of support services to families with children under 4 years of age. These include:

Health Team

Health visiting & post natal depression support
child ailments, sexual health and nutritional guidance
Speech and language, motor skills guidance
Happy parenting courses and baby massage,
Cook and eat sessions
Ante- and post-natal group

Early Years Team

Play sessions in the home
Creche provision
Childcare training
Bookstart Plus library and reading scheme
Parent and toddler groups
Playgroups

In addition to the above services Hattersley also employ a full-time Substance Misuse Worker who has been in the post since June 2001. The worker works with substance using parents and potential parents, providing support and advice; advocacy with generic and childrens agencies; and liaison between the parents and the statutory drugs service. Referrals are taken within the Hattersley area from GPs, Health Visitors, Social Services and parents themselves.

** It is the intention of the case studies simply to illustrate current work. Additional case studies will be used for the final project report & suggestions for these are welcomed. Please contact Paul or Karen at the address below.*

5. Conclusion

The risk and protective factors for children under the age of four mainly relate, with the exception of cognitive development, to significant others and/or the environment. There are a number of interventions that support the development of the child and its relationship with its main carers, and indeed the interventions which are available to minimise risk stemming from the social environment can, and should, be applied to all children from deprived backgrounds and neighbourhoods, not just those whose carers are substance users.

Further Reading

F. Harbin & M. Murphy (eds) 2000 'Substance Misuse and Childcare' RH Publishing
C. Mahoney & S. MacKenchnie (eds) 2001 'In a Different World. Parental Drug & Alcohol Use: A Consultation into its Effects on Children and Families in Liverpool' Liverpool DAAT

6. Update Number Four

The next Update will be sent out to you in February and will focus upon risk and protective factors and interventions for children aged 5 to 11 years and also briefly describe the role of the Children's Fund Preventative monies. If you have any comments to make in relation to these or any other issue, please contact us, we would be happy to hear from you.

7. Contact Details

Risk and Response is being carried out by the Research Department of Lifeline Projects. The key staff currently working on the project are:

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