research in practice

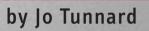## Parental problem drinking and its impact on children

by Jo Tunnard

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This pamphlet is provided free of charge to our Partners and Members and is also available to them in full on the Partners' and Members' pages of our website www.rip.org.uk. Others may purchase copies (£5 including p&p) through our website or our Dartington office. This series is an example of a wider range of activities that together support the adoption and implementation of research findings. More information about **research** *in* **practice** can be found on the cover and on the website.

Other titles in the series:
The Education of Children in Need: a research overview
Ruth Sinclair, 1998
ISBN 0-9541834-3-6

Children and Domestic Violence: a research overview of the impact on children
Catherine Humphreys and Audrey Mullender, 2000
ISBN 0-9541834-2-8

Commissioning and managing external research: a guide for child care agencies
edited by Jo Tunnard, 2001
ISBN 0-9541834-1-X

about this pamphlet

One of the main ambitions of research in practice is to make it easier for local authorities and voluntary organisations to access reliable research, distilled and translated with a particular audience in mind. This series of occasional pamphlets covers key practice areas, identified by practitioners, and key research strategy issues, identified by planners and policy makers. The work and methods of research in practice chime well with the developing national agenda to build more effective, comparable services for children, in part by creating and using reliable research evidence.

The topic for this research review emerged from discussions with practitioners and their managers over a number of years. While there is often a good deal of research information available on the impact on the person with a particular problem – as there is indeed in the case of alcohol use – there tends to be little on the impact of the problem on those who live close to the problem. And yet this is the very area in which social care workers are charged with making life-changing assessments.

Much of what is written on the subject of this pamphlet is covered under the title of substance misuse, where potential problems and services discussed relate to both drugs and alcohol. More often than not the main emphasis is on drugs other than alcohol. Yet social care workers tell us that the more common issue confronting parents continues to be problem drinking rather than problem drug use. As a response to these concerns we have commissioned two, linked, reviews of the impact on children – this first on parental problem drinking and the other (in 2002) on parental drug misuse.

The first three publications in this series have been well received and we now have the opportunity to increase reader confidence in their reliability by making provision for peer review. This review has been scrutinised by a range of academics based in both universities and service agencies, practitioners and those seeking to assist the development of evidence based practice. We are very grateful to them all for their robust comments, their pointers to good data and their generosity in giving their time to this work: Liz Brown, RTB; Elizabeth Cooke, research in practice; Diane Hart, Camden SSD; Karen Elliott, Somerset SSD; Janet Gadsby, Derbyshire SSD; Stuart Gallimore, East Sussex SSD; Roy Gopaul, Lambeth SSD; Rose Hunt, research in practice; Becky Jones, Coventry SSD; Hugh McLaughlin, University of Salford; Tony Newman, Barnardo's; Chris Rainey, West Sussex SCS; John Randall, research in practice; Wendy Robinson, NSPCC; Mary Ryan, RTB, Tim Stafford, Somerset SSD, and Richard Velleman, University of Bath.

Celia Atherton
Director of research in practice

contents

introduction

why this review?

- Problem drinking by parents is disruptive to children and families.
- The problem is widespread, with just under a million children estimated to be living in a family with a problem drinking parent.
- Overall, the children of problem drinkers have higher levels of behavioural problems, school-related problems and emotional disturbance than children in other families.
- But children can be protected by positive influences in their life, and do not necessarily have negative outcomes as adults.
- The small but growing body of research evidence about problem drinking by parents documents well the social and emotional turmoil in families and offers some messages for practice – about enabling people to talk openly, getting help to reduce both the drinking and any related problems, attending to the needs of all family members, and responding in a co-ordinated fashion.

This review of the available research will address the definition and extent of parental problem drinking, its impact across important dimensions of children's lives, the impact on children as they become adults, and some messages for practice, including a suggested service specification. The research focus is mainly on UK studies published in the last two decades, supplemented by research from other countries, especially the USA, Australia and Europe.

The review is aimed primarily at front-line social care workers and their managers, to enable them to draw on research findings in their daily work either assessing the need for services or delivering appropriate services to children and their families. The review is also intended for use by planners and those conducting service reviews, in single or multi-agency work.

why focus just on alcohol?

Many reports deal with the impact of alcohol and other drug taking together, under the general heading of substance misuse. Even though there are some similarities to be drawn between the impact of both on children and families, this review considers the two as separate issues and focuses solely on the impact of alcohol. This is because of some important differences between alcohol and other drugs. Alcohol is a legal substance. It is widely available and not prohibitively expensive. Its use is not only condoned by most communities, but regarded as an important feature of family and social life. Its misuse affects more families than substance misuse. Research shows that alcohol services are less likely than other drug services to be part of a co-ordinated statutory response and that there are few protocols or procedures for collaborative work at a local level (E1)*. For all these reasons it seems

* For an explanation of this referencing system, see p10 (the nature of the evidence)

important to tease out what we can about the specific impact of problem drinking. The task is difficult, as research samples often include both alcohol and other drug problems without drawing separate conclusions about each. This review focuses on information that relates clearly to alcohol. A forthcoming **research in practice** review will deal with the impact of parents misusing other drugs.

what is meant by 'problem drinking'?

Different studies use different words, including 'heavy drinking', 'alcohol dependence', 'alcohol misuse' and 'alcohol abuse' as well as 'problem drinking'. The terms frequently overlap in the literature, with no common definition used by studies and – usually – no explanation either of the criteria used in particular studies to measure the level of drinking that gives rise to concern. There does, however, seem to be consensus that what is being described and studied is the consumption of alcoholic drink that warrants attention because it seriously and repeatedly affects the drinker's behaviour.

There are various definitions about alcohol use and misuse, ranging from those that are more physiologically based to those that are socially based.

• one definition relates to the quantity of alcohol consumed

UK government guidelines used to distinguish between 'safe', 'hazardous' and 'dangerous' levels of drinking, each expressed as maximum units of consumption per week (where a unit is half a pint of beer or a glass of wine or a shot of spirits). The current guidelines (E2) focus on 'sensible' levels of drinking, expressed in daily rather than weekly terms. It is recommended that men should drink no more than three to four units per day and women no more than two to three units per day. Above those levels people are exposed to increased risk of both ill health and alcohol dependency. Even at those levels, people are advised to have one or two alcohol-free days each week. For pregnant women, the recommended 'sensible' limit is one or two units once or twice a week.

This definition has limited value for family work since quantity alone is not a sufficient indicator of problem behaviour – people have different reactions to amounts consumed, the way in which the drinking is spread over time is relevant, and sometimes drinking at even below the recommended levels has been reported as having an adverse impact on home life.

• another definition focuses on symptoms

The international classification by the American Psychiatric Association (A1) describes alcohol 'abuse' as a maladaptive pattern of use leading to clinically significant impairment or distress, characterised by the display at any time during a one-year period of

one or more of a specified set of symptoms. Two of these symptoms are of particular relevance to children and family work – one is the failure to fulfil major role obligations at work, school or home; the other is the continued use of alcohol despite recurrent social or interpersonal problems caused or exacerbated by the drinking.

- **a third classification distinguishes between different patterns of drinking**

One study has identified the main variations in parental drinking patterns in order to provide a framework against which to consider their impact on the children (B1). Four types of parental drinking emerged – constant opportunistic drinking (daily, and at any time); binge drinking (where periods of sobriety are punctuated by bouts of drinking lasting days or weeks and where gaps become shorter as drinking worsens); nightly drinking (daily, but limited to evenings only); and routine heavy drinking (where there is a settled routine of drinking only at the weekend or only on week days). The first two patterns were found to be more problematic for families because they took least account of children's routines, whereas the nightly or routine drinkers tried to prevent their drinking interfering with their availability to their children.

- **a fourth definition in the literature is about the need for intervention from both child care and alcohol specialists**

Though included in a report about the misuse of drugs other than alcohol, this has relevance to problem drinking also. The need to intervene is deemed to exist if the parent's drinking habits and style of parenting exaggerate parenting problems, in circumstances where there is a high level of demand on the parent for parenting and few other resources to help supplement what they can offer (E3).

For the purpose of this review we are concerned with drinking by parents which professionals or family members consider is having an adverse impact, not just on the behaviour of parents, but on the lives of their children also. We refer to this as 'problem drinking'.

what is the extent of the problem?

It has long been accepted that problem drinkers cause problems to themselves and their families. But it is hard to assess accurately the size of the problem. For a start, data on drinking habits are usually related to how much adults, rather than parents, drink. As a result, figures for the numbers of children affected are estimates only. There are no estimates for the number of children who live with both parents with a drink problem.

It is also difficult, in a society where most communities view alcohol consumption as not only an acceptable part of life but also a valuable social lubricant, to draw the boundary between social and problem drinking. Moreover, the children and families of problem drinkers are

not an homogenous group. People react differently, and problems perceived by some would not be viewed similarly by others.

In addition, problem drinking tends to be kept secret within families. Children and adults seeking help for other reasons may shy away from mentioning it, and workers may be reluctant to ask about it or may miss the clues, so assessment and recording is likely to underestimate the extent of the problem.

Another constraint is that our knowledge about this subject is limited. Whilst it is clear from research that there is some association between parental drinking and disturbance in children when they are young, we cannot yet describe the exact relationship between problem drinking and other family problems. What we can say, based on information from self-report surveys, is that an estimated 38% of men and 15% of women in the UK have a hazardous drinking pattern (E4). And just under one million children – or an average of one in eleven – live in a family with alcohol problems (E5).

the nature of the evidence

Books and articles about alcohol misuse tend to end with a long list of detailed references, often rather different from those listed in other texts on the same topic, making it difficult for hard-pressed practitioners to know which to pursue. Moreover, many texts on the subject of alcohol are not explicit in defining their research criteria: where, how and why the research was undertaken and who is included in the study sample. This makes extrapolation to local populations difficult, leaving the reader unable to gauge the relevance of the study to their particular interest or concern.

This review aims to reduce such problems. References have been grouped according to the type of study or work described, and most references include a brief summary of what the work is about. There is some overlap between the groups, and one or two references appear in more than one group. Reference has also been made to some texts which are secondary, rather than primary, sources of data, because the summary of the study found in the secondary source has been judged – for this review – to be sufficient, and because the secondary source is likely to be accessed more easily by busy social care workers.

The starting point for the review was a database search – using the categories 'children' and 'families' – of national organisations concerned with alcohol. Books and journal articles identified in these searches were read, as were additional articles referred to in the publications. Other leads came from social work and health journals and organisations, book bibliographies and recommendations from academics and practitioners with expertise in the subject matter.

References and other material relied on have been clustered in the following way:

A research and literature reviews

These tend to be chapters in books or reports in professional journals. They describe and summarise the state of knowledge about a particular aspect of problem drinking, often as a preliminary to describing the author's own study into that aspect. Since they are more likely than other texts to have been peer reviewed, their findings and conclusions are more likely to be reliable and have general application.

B single studies

These are reports (either journal articles or books) of either quantitative (numerical) studies which seek to identify the relationship between selected aspects of problem drinking or qualitative (descriptive) accounts seeking to understand the impact of problem drinking on both the drinker and their family members. Many studies use a combination of both quantitative and qualitative approaches, guided more by the nature of the problem and the questions to be answered than methodological purity. Some single studies focus on children currently living with a drinking parent while others explore the views of young adults who grew up in a family where there were alcohol problems. Some – though few – studies include a comparison or control group, so that the experiences of children of drinking parents can be compared to those of other children.

C case study material

These publications are, or include, case studies or interviews with children or adults affected by problem drinking. The number of cases in each is small, and they are not intended to be representative but, taken together, they provide insights into the experiences and views of people of different age, gender, ethnicity, religion and family circumstances.

D opportunistic data from helplines

These reports describe and analyse the information recorded when children or adults ring a national or local telephone helpline. Relatively few calls are made specifically about alcohol misuse, but many of the queries about other difficulties indicate that problem drinking by parents is a contributory factor. Helpline referrals are likely to be an underestimate of the extent of difficulties since they are beyond the reach of very young children who may be vulnerable to parental problem drinking and are not easy for many others to access.

E practice and policy documents

These are not research studies, but they all draw on evidence that may have relevance for work with problem drinkers and their children. Some are reports, articles and training materials that draw on the practice wisdom gained from work with children and families. Some

are reports of data about children and families in touch with social services and other agencies. Others are reports from organisations that specialise in, or have concerned themselves with, problem drinking.

It is hoped that this way of describing and grouping source material will enable busy practitioners and managers to identify the most useful references to pursue for particular aspects of their work. References are listed in the order in which they appear in the text. A second list sets out the references alphabetically by author.

But a note of caution is needed. Research studies do not provide precise maps with clearly defined routes to follow in particular cases. Rather, they provide evidence which should be considered alongside other information. This seems particularly important to stress in relation to research about alcohol misuse, given the methodological weaknesses of many studies. The weaknesses include the following:

- Children of all ages tend to be grouped together, as if forming one homogenous group, and it has proved difficult to find studies about pre-school children.
- Other differences have been little explored either. There is more focus on the drinking habits of men than women. There is little differentiation of the impact of drinking by mothers rather than fathers, or of drinking by one parent rather than two. Studies are generally silent about the ethnicity of family members in their sample and few have focused on the diverse experiences of children from black and other minority ethnic communities.
- Study samples tend to be drawn from parents who are receiving treatment rather than from those who are not. That makes it difficult to know whether the findings relate only to the sort of people who are likely to attend for treatment or who have asked for help or been referred for help.
- Few studies use comparison groups, and so fail to control for other possible explanations for children's difficulties besides the drinking problem – such as poverty, poor family relationships, the severity of drinking and the child's age at onset, the child's gender, and the lack of support in the family or community.
- There are few longitudinal studies – those that track children over time – so the focus is on the difficulties children experience when young, not on whether problems in childhood persist into adult life.
- Some studies are retrospective, with respondents relating events that occurred when they were children. A problem with this type of research is that the recall of childhood and family functioning tends to be affected by forgetfulness, defensiveness and social desirability. Looking back on childhood from the relative safety of adulthood might be very different from the way children felt at the time. There are few prospective studies – those which take a group of children and follow their life as it unfolds.

- Studies take a problem-orientated approach, focusing exclusively on the disruptive implications for family life, rather than exploring other aspects of life including the possibility of some beneficial outcomes from adverse circumstances. This may overestimate the place of alcohol in the child's life. A linked concern is that much of the research interest in the USA derives from the strongly-held belief that the children of parental alcohol abusers are doomed to experience long-term negative consequences of their parents' failure.
- The lack of definition of problem drinking in some studies, and the variation in definitions used by the rest, makes comparisons between studies difficult.

However, there are examples of research studies which overcome some of these weaknesses and this review will draw most heavily on those sources.

the impact of parental problem drinking on the lives of children and families

summary

Whilst acknowledging the research weaknesses outlined in the previous section, reviewers point to a remarkably consistent picture. Problem drinking by parents can be a source of considerable turmoil for children and families. It can bring a lot of short-term distress during childhood, and across a wide range of areas. The levels of behavioural problems, school-related problems and emotional difficulties are higher than in other children, including those whose parents have other mental or physical health problems. This is the overall message of studies from North America, Australia, the UK and other European countries over the past twenty years.

In this section we explore these potential difficulties across the main dimensions of family life – of people's living situation, their family and social relationships, and their behaviour, health and education. We comment, too, on how parents' needs in some of these areas may impact on their children.

But the messages from research and practice are not wholly negative. In particular, the studies that describe the experiences and views of family members remind us that family circumstances vary enormously, as do levels and patterns of drinking and the reactions of individuals, including children. In addition, although problem drinking can have a pervasive influence across family life, it is not the only feature of life, and it may not be the most worrying. The death of a close relative, family illness or some other traumatic event may be more upsetting for children.

Another consistent message is that problem drinking is not always associated with negative outcomes – there are many reminders in the research about the children who do well academically and socially, about those who are strengthened by adverse circumstances, and about those who remain loyal to their parents and continue to love them, though desperate for the drinking and associated behaviour to stop.

It is important not to stereotype children, and to bear in mind the positives about their parents. There are messages about parents' genuine concern for their children, about their insights into children's distress, their remorse, their struggle to provide well for children in adverse circumstances, and their attempts to shield children from the impact of adult drinking.

Finally, just as children of problem drinkers are not all doomed to lead difficult and unsatisfactory lives, neither will they

necessarily go on to repeat their parent's lifestyle when they grow up. The last section summarises what is known about the longer-term impact as these children become adults themselves.

impact on living situation

Money spent on alcohol is money not available for other things. Children speak of the shortage of cash, of money used for drink rather than clothes, food and other bills, of broken promises when money is no longer available for anticipated outings and meals, and of their own money being borrowed to fund their parent's habit. They worry about family finances, including what will happen should their parent lose their job. They fear losing their home, either through homelessness or from being removed from their family. A particular fear is that parental conflict may end in separation, with consequent changes to normal routines and the potential loss of one of their parents (B1, C1, D1).

Parents' fears are similar. Money is described as a major concern. This is not just about the struggle to budget on a reduced income. It is more about the arguments over rising debts and loans and the use of credit cards, and about the loss of the family home through rent or mortgage default (B1).

impact on family and social relationships

Problem drinking can affect all aspects of family functioning, but the strong thread that runs through the literature is of its impact on relationships, both within and outside the family.

parental conflict

Conflict between parents may trigger, or be triggered by, problem drinking. And the consequences of parental conflict can be serious. Alcohol problems double the risk of divorce or separation, and over a third of problem drinkers receiving treatment cite marital conflict as one of the main problems caused by their drinking. But while the causation is unclear, the possible impact on children is not in dispute. They fear that one or other parent will leave home because of the tensions caused by alcohol abuse, and they worry about the loneliness of an abandoned parent who seeks solace in drink (A1, B1).

Arguments between parents is something children comment on consistently. In Cork's study of 115 children, 98 of them said fighting and quarrelling between parents was their main concern (B3). The disputes are remembered by the adult children of problem drinkers when interviewed about their childhood. In studies with comparison groups of non-drinking parents, higher levels of adult conflict emerge in drinking families. In one such study, children of drinking parents were found to be five times more likely than other children to report being drawn into arguments between parents, and were more than three times more likely to side with one parent by keeping secrets from the other (B2).

relationship difficulties between children and parents

Relationships between children and parents may also be affected, marked by greater levels of conflict than in other families. Difficulties with the drinking parent may be linked to the shame and embarrassment the drinking causes, or to the fact that the parent is regularly or occasionally unavailable to them. Tensions with the other parent may stem from their lack of time and energy for the children, or from the fact that they are left to enforce discipline more than the other parent, or from their angry reactions to their partner. For these reasons children may end up blaming a non-drinking parent as much as the other. Or their loyalty may be torn, or guilt generated. Some studies report children blaming themselves for the drink problem or thinking they might have prevented it happening (D1, C2), but interviews with children in another study found this not to be the case (B1).

A tense family atmosphere can result in overt arguments or can leave people unwilling or unable to talk to one another. Either way, there is a strong chance that children may conclude that their feelings are denied or ignored. Studies highlight the fact that communication can be disrupted either by what is said or by what is not said – people may be unwilling to talk about the problem, or drink may come to dominate the conversation and the rest of family life (B1, B2, B4, C3). They show, too, the importance of keeping communication going. Children often know about parental drinking earlier than parents think they do. If parents acknowledge their drinking it can leave children feeling less guilty. If they can help their children speak out, that in turn can help the non-drinker cope better (C1, C2).

distorted roles

Some degree of role reversal is commonly found in families affected by alcohol abuse. A study of the childhood memories of young adults raised in drinking families showed them three times more likely than others to be involved in age-inappropriate activities (C1). Drinking can affect the social, emotional and practical roles within families, with children feeling and acting as if responsible for the well being and safety of both parents and siblings. They can assume various roles: that of carer – of parents when drunk; of protector – of one parent against the other: of mediator – negotiating between parents in conflict; of confidant – acting the role of an adult partner; and of ally – with or against the drinking parent. Role reversal can be particularly embarrassing and burdensome for children if they have to attend to their parents' personal care needs. And the burden may be greater where children live with a lone father who drinks, or where the mother has the drink problem, because more caring responsibilities may be left unattended (B1).

reduced social life

Family gatherings and other activities that are seen as normal parts of family life may be affected by problem drinking. They may be disrupted or abandoned because the drinking parent is either not present or spoils the occasion by being there. There may be repercussions in the family's social life outside the home. Attempts to keep the problem drinking a secret can increase the family's isolation as invitations to socialise are not taken up or offered, and activities outside the family are kept strictly separate from those at home (D1, B1, B3). Children report being less able to make friends, less able to talk to their peers, and unwilling to bring friends home. Some young people cope with the situation by drawing a clear line between their home and social life, such that the two never meet (B2). But here, too, the message is not wholly negative. A consistent finding in the studies reviewed is of more positive interactions between siblings of problem drinkers compared with children in the control groups (B2, A2).

impact on behaviour

In a research review of five studies in the USA, all but one found an association between parental drinking and children's anti-social behaviour such as conduct disorder, aggression and temper tantrums in young children and truancy and delinquency in older ones. The children of problem drinkers were consistently seen to have these behaviour difficulties. But the researchers sound a note of caution, given the lack of comparison groups in the studies (A3).

One Australian study of young children did include a control group. It studied three-year-old sons in families with one parent who was alcohol dependent. The children in the control group had parents without a drinking problem. Various cognitive and behavioural variables were tested for. There were no differences in the children's IQ or developmental age, but children from the drinking environments were more impulsive and more likely to fall within the extreme range for behaviour problems (A2).

The message that emerges from researchers is that children's behaviour is affected by the unpredictable adult behaviour associated with problem drinking, and with the inconsistency that is strongly linked to this unpredictable behaviour. It is hard, in these circumstances, for parents to stick to routines or plan activities. Monitoring and supervision of children may be poor and attention to children's needs erratic.

Parents are not necessarily unaware of these difficulties. In a UK study of parents in treatment, predominantly for alcohol abuse, over half the parents thought the children were affected by their drinking, and a quarter considered that the children were showing signs of disturbed behaviour (B5).

Children describe different ways of coping. They may tackle the drinking and their reactions to it by avoidance mechanisms, either external or internal. Or they may fail to develop socially acceptable coping mechanisms. Some react by causing problems to themselves or others, including law breaking. Older children talk of wanting to escape from home, and of expressing their anger through anti-social behaviour. Parents may attribute this to their own failure to supervise the children properly or to something about their child's personality, rather than to the child's reaction to parental drinking (B1). Older girls seem more likely than boys to stay at home, worrying and confiding in friends. The support of parent and other relatives, siblings and friends is described as being particularly important for them (B1).

impact on health

mental health

Almost all studies find a strong link between parental drinking problems and children's emotional well being. A New Zealand longitudinal study of a birth cohort of 1,265 children studied the children each year, using interviews with children, parents and teachers and case records (B6). At age 15 there was clear evidence that teenagers with at least one problem drinking parent were more likely to experience psychiatric problems, including mood disorders, depression, anxiety, substance use, and behaviour problems. The prevalence of psychiatric disorders in the teenagers was between two and four times higher than that of the other children, and over half the children of problem drinkers had been affected by at least one of the disorders tested for. The results did not provide evidence of clear gender differences in responses to parental problem drinking, though there was a slightly higher risk of girls having anxiety disorders.

In a review of US studies (A3), three indicated a greater risk of depression in children of problem drinkers and two of these reported lower self-esteem also. Some of the studies explored the link between the emotional well being of the children and the gender of children and parents. Two of these found a strong association between alcohol dependency in mothers and eating disorders in young women. The researchers suggest that this might be the result of mothers using guilt as a preferred method of disciplining children. Another study concluded that young women with a father with a drink problem were more likely to be self-deprecating than those with a mother with problem drinking. They also found that young men with a father with a drink problem showed greater independence and autonomy than the sons from non-drinking homes.

Evidence of the heightened risk of emotional and psychological problems comes also from children's accounts of family disruption. The difficulties seem to stem from the increased risk of their experiencing parental separation or death, as well as from the stress

associated with the heavy drinking itself. Callers to helplines describe feeling helpless, irritable, nervous, depressed, lonely and anxious. A particular anxiety is that nothing will change and that – in time – they will behave in the same way as their drinking parent (B1, D1).

Children's worries about their parents' emotional or mental health difficulties may be well founded. In adults, alcohol is associated with depression, anxiety and other psychiatric problems. At the extreme is suicide – between 20 and 60% more common among people with drink problems or who have been drinking (E6). The non-drinking parent may be under severe psychological strain from coping with their partner's excessive drinking. The loss of a partner can trigger problem drinking in the other parent (D1). When it does, there is a risk of two particular impacts on children: first, their own loss may be overlooked or set aside, and second, they may fear the loss of their surviving parent (D1, C3).

physical health

Physical health may also be affected. For older children, a significant link was found in three out of five studies between physical health problems – including headaches and sleep problems – and parental problem drinking (A3), though the significance is less than for the psychological problems mentioned above.

In relation to parental health the concern is that alcohol is a drug with a strong addictive potential: many find it very difficult to cut down or give up even when they realise the scale of the problems which alcohol is causing. As a toxic substance, it brings many associated medical problems for drinkers, including disorders of the stomach, liver and brain (A4). Drinking over 35 units per week reduces fertility in women and is thought to lower the sperm count in men (E7).

Women who drink during pregnancy faced added risks. Studies suggest a doubling of the risk of miscarriage in women drinking between 7 and 14 units a week. Women who drink more than ten units a week in the first three months of pregnancy are significantly more likely to have a baby with a congenital abnormality of some sort. Ten units a week during pregnancy doubles the risk of a baby with low birth weight (E7).

At the extreme end, heavy drinking throughout pregnancy carries the risk of giving birth to a baby with foetal alcohol syndrome (FAS). There are no reliable UK figures for the prevalence of FAS but estimates – based on US data – suggest approximately 200 affected babies born in the UK each year. While the likelihood of having such a baby are therefore low, the ill-health of affected babies can be severe. Physical problems include poor growth before and after birth; heart, kidney, skeletal and facial abnormalities; and other signs of brain dysfunction including clumsiness, tremors and epilepsy. Research studies show that problems continue into childhood and beyond – delayed

neurological development, disturbed behaviour, poor school performance and a high rate of eating, speech and attachment disorders are some of the long-term effects of FAS (E6).

impact on education

The most common theme of a group of older children interviewed about their experiences was educational failure. Young people feel they have done less well at school as a result of parental drinking. They speak of regularly arriving late or missing school, of parents not showing interest in their work or abilities, of family separation leading to change of school (B1).

A similar message comes through the reports from telephone helplines. One in ten calls from children where alcohol was involved spoke of suffering problems at school. They describe missing school because of being kept at home to care for parents or younger siblings or to conceal drinking problems. They talk of being unable to concentrate because of feeling tired, brought on by practical demands and lack of routines. They worry about what is happening at home or what will await them on their return. They describe being bullied for their shabby appearance or their parent's behaviour (D1).

These findings echo those from larger studies. Knop's study of all children born in Copenhagen between 1959 and 1961 compared 233 boys with an 'alcoholic' father with a group of 107 control boys without an alcoholic father, using measures derived from school reports and teacher ratings from the school that the boys last attended. The children of drinking fathers had significantly more often repeated a school year, been referred to a school psychologist and changed school, and were significantly more likely to be rated impulsive-restless and to be less verbally proficient than the control group (A7).

A similar study in Sweden in the same period, by Nylander, compared 229 children with an 'alcoholic' father with 163 control children. Besides showing more frequent signs of mental ill-health and stress symptoms, the children of the fathers with problem drinking were causing significantly more concern at school. Forty-eight per cent of the school-aged children (versus 10% of the control children) were considered by teachers to be problem children, with as many as 74% of them showing difficulty in adjustment (A7).

Of nine studies of children's IQ, reviewed by US researchers in the mid-80s, all but two found significantly lower scores for children of problem drinkers. Five out of six other studies, where the focus was academic performance, also reported significantly lower results for children of parents with a drink problem (A3).

More recent studies paint a similar picture. A 1993 longitudinal study of New Zealand children found that, at age 9, children from families where parents had severe alcohol problems were more likely than other children to be reported by teachers as having behaviour difficulties at

school. By age 13, however, the school behaviour was no more problematic than other children's, although parents reported higher levels of problems at home (B7).

The overall message is of an association between parental drinking and reduced school performance. But, as with the other dimensions described, the lack of comparison groups in many of the studies makes it difficult to say whether the findings are more common among children of problem drinkers than among those affected by other tensions and difficulties unrelated to alcohol misuse.

implications for children in need of protection

What evidence can we draw on about the possible link between problem drinking and harm to children and others in the family, especially mothers?

Crime statistics provide one source of information. The BMA reported in 1989 that alcohol was a factor in half the assaults or fights in the family home (E8). The British Crime Survey in 2000 revealed that 44% of domestic violence incidents involved people who had been drinking. This is an increase from 33% in the previous Survey, conducted two years earlier (E9).

The experiences of mothers and children add to the picture. Accounts by women of their life with a problem drinker describe children seeing and experiencing violence at home (C1). Children in the Scottish study (B1) talked of witnessing violence towards their mother and of seeing outbursts of aggression towards home and furniture. They were scared and upset by both aspects of their father's behaviour, but did not talk of violence directed at themselves. Alcohol was mentioned by approximately one in ten of the callers to the NSPCC helpline: a quarter (23%) of the calls about suspected neglect mentioned drinking by parents, as did 13% of calls about emotional abuse, 10% about physical abuse and 5% about sexual abuse (D2). Half the children calling ChildLine did so because of an assault on themselves. This was physical assault for 41% of these children and sexual assault for the other 9%. Almost all the assaults were by a drinking parent or other adult carer (D1).

The other main source of information is agency records. For the past two decades social work departments have reported occasionally on the incidence of alcohol and other drug problems in families referred for child protection concerns. The figures tend to be difficult to unravel, for various reasons. First, the data on alcohol is usually aggregated with that on other drugs, under the general heading of substance misuse. Reports indicate that substance misuse features in about a fifth of new referrals, rising to a third of cases of children added to the child protection register and two thirds of those involved in care proceedings (A5, A6). Second, the recording tends to be general: it does not, for instance, distinguish between families with

one and two parents with a drink problem, or between mothers and fathers with drink problems, or between different types of neglect or harm – physical, emotional, and sexual. And third, the data describes only the incidence of substance misuse, or the administrative processes triggered (referral, child protection registration, children looked after, referral to court) rather than the nature and severity of need that has arisen.

Some recent audits of need have attempted to tease out this association. The Matching Needs and Services methodology (E10) uses case records to identify salient information across all dimensions of a child's life. Practitioners and managers then use this information to identify the pattern of need in the chosen sample – generally those newly referred for service or those newly looked after. Typically, in a sample of 200 cases, a cluster of about a dozen different pressing needs emerges. One is the need to reduce parental alcohol misuse because of its adverse impact on the child. Some cases where parents have drink problems are likely to end up in other 'need' clusters because other needs are deemed more pressing – for example, the need to reduce adult conflict, or improve relationships between child and parent, or address children's difficult behaviour. In audits of children newly referred for services, parental drinking was identified as the most pressing need in five to 10% cent of cases and, in audits at the higher threshold level of children newly looked after, in 15 to 35% of cases.

And what can be gleaned from more robust studies? Studies of young adults raised by drinking parents report that they recall receiving physical abuse more often than other children (Jones and Houts 1992, in A7), most often from fathers but also from other family members (Black 1986, in A7). In both these studies child sexual abuse was more often recalled by those with a drinking parent. Note that this finding is at odds with the information from the current UK helplines, mentioned earlier, where very few of the children calling about sexual abuse mentioned parental problem drinking.

Another study commonly cited in the literature as indicative of a strong link between parental alcohol misuse and child maltreatment (and other substance misuse and sexual abuse) is the work of Famularo and colleagues in the USA (B8). It is worth noting that the researchers sound caution about their findings. They looked at case files only, and only cases where the court was asked to remove parental rights because of severe maltreatment by one of the child's parents. Alcohol (or other substance misuse) featured in two thirds of the cases and this abuse was significantly related to physical maltreatment. But this does not mean that the misuse caused the maltreatment, and the finding cannot be generalised to cases where court intervention is not deemed necessary.

Of relevance here is the nature of a child's attachment to their drinking parent. Threats to a child's well being may stem from the

perceived loss – physical, emotional or psychological – of their parent. A special dilemma can arise for the children of heavy drinkers, where family life has become chaotic and crisis ridden. Uncertainties about the parent's ability or willingness to provide care and protection cause the child to be anxious. Since the person causing the distress is the one to whom the child would normally turn for comfort and understanding, such distress places children at increased risk of negative developmental consequences. Young children may find it difficult to make sense of relationships. Older children may end up caring anxiously for their parent whilst denying their own emotional needs and at the same time losing trust in others as a source of care or protection (E11).

While there is consensus that problem drinking can and often does result in children experiencing abuse or neglect, research reviewers are generally cautious about the conclusions to be drawn. Heavy drinking does not necessarily result in child abuse or neglect and, of course, both can and do occur in the absence of problem drinking. Where neglect or abuse do occur, alcohol is not usually the sole factor. Two studies of children placed away from home showed that child abuse had occurred for twice as many of the children of drinking parents than non-drinking parents. But the children of drinking parents also had a higher incidence of maternal psychiatric illness, parental discord and divorce, financial problems and the imprisonment of a parent. The relative impact of these emotional and relationship disturbances was not separated from that of parental problem drinking (A3).

The above may be a disappointing read for practitioners looking for more definite answers – it is important to acknowledge how little is known from research studies about these issues that have been taxing society for so long. The most recent journal article concludes that findings in this area remain inconsistent (A8).

However, one area offering perhaps greater certainty relates to the impact of protective factors on children. The literature about which children are likely to cope well despite adverse circumstances, including parental problem drinking, points in the same direction (A3, A7). Researchers highlight the importance of identifying, and promoting, the following key factors:

- a stable relationship with a non-drinking parent or other adult
- nurturing from others within the family
- active use of an informal network outside the family for advice and assistance
- parents providing structure and control, including a united and caring front, family activities, and time and attention
- positive influences at school
- the maintenance of self-esteem and coping skills in the child, including an acquired sense of meaning and faith about life.

longer-term impact: when children are adults

What is the longer-term impact on children growing up in a problem drinking environment? Are they at risk of continuing to experience difficulties when they become adults? These questions have long taxed researchers on both sides of the Atlantic, albeit with much of the early work conducted in the United States.

By the late 1980s accumulated research in the USA was pointing to a strong link between childhood experiences and later difficulties. But the basis of these findings has been questioned, mainly because the focus of attention was on those who already had negative outcomes as adults following the experience of growing up with problem drinking parents. In response to this criticism, attempts were made to widen the sample populations, to avoid undue focus on people with poor outcomes which could have been influenced by poverty, poor nutrition, parental psychopathology and other problems.

One example of this move to a wider sample was a 33-year longitudinal population study. In this, the adult male children of problem drinkers were found to be less well adjusted than their male peers, but at no greater risk of personality disorders. It was not problem drinking itself that made future problems more likely. Rather, it was the combination of children having a drinking father and a poor relationship with their mother. Where the mother was able to counter the effects of parental drinking, the outcomes were more positive (A3).

A review of four later US studies found no link between childhood experiences and adult problems on tests for self-esteem, conflict and lack of cohesion. As in the earlier study, there was no increased risk of personality disorder (A3).

The latest study of the continuities between childhood and adult life comes from the UK (B2). It examines the experiences of 250 young adults (aged 16 to 35) who were interviewed for an average of six hours about their childhood experiences. Almost all were interviewed for a second time a year later. The sample included a comparison group of young adults who had grown up with parents without a drink problem. The groups were matched for gender and for age across different bands. They were also drawn from the same source – a mixture of clinics, agencies and community advertising schemes.

In marked contrast to the comparison group, the children of problem drinkers recalled growing up in negative and difficult circumstances. However, the researchers found no significant differences between the two groups in terms of current self-esteem, life satisfaction, anxiety, depression and delinquency. There were some who were less well adjusted – these tended to be those where both parents had had a drink problem or where the problem drinking had taken place at home. But it was the presence of conflict and disruption during childhood that was identified as a more important precursor of difficulty in adult life than parental drinking itself.

some messages for practice

breaking through the silence

One of the strongest themes in the literature reviewed earlier is the silence and fear that surround problem drinking. Parents fear they may lose their children if they speak openly about their difficulties (C1, C2). Children may cover for parents, fearful that they may lose one or both parents if tensions lead to separation, or excessive drinking leads to ill health, or help is sought from teachers and other adults. Children are afraid of appearing different from others, and of naming the drink problem that renders times in their life miserable (B1, C2). Families suffer in silence because of the shame and embarrassment of acknowledging problem drinking, even in a society where the use of alcohol is generally condoned. In communities where alcohol is forbidden the difficulties can be even more acute (E12). People may be consumed by guilt if they contravene religious restrictions and this can impact on whether and how they seek help (C4).

Yet the problem of parental drinking is widespread. It produces stresses similar to those caused by other family difficulties. And many parents, including those with a drinking problem, provide well for their children. We need to find ways of making it more possible to talk openly about the problems that exist, to acknowledge that they are common to many families, and to boost the support already offered to children.

Linked to this is the need to improve communication and problem solving in the family. Given the messages from research about both the adverse consequences of family conflict and poor parent/child relationships, and the difficulty of speaking out about alcohol misuse, it is likely to be particularly fruitful to find ways of encouraging discussion between family members.

This is not an issue for families only. Professionals, too, may be wary of bringing the issue into the open. They may feel they lack knowledge about definitions of problem drinking or about the effect of drinking. Some agencies may be reluctant to pass information to social services in case it triggers a child protection response. If professionals do not expect to see certain groups of people needing or using alcohol services they may miss the opportunity to direct parents to possible sources of help – in one area social services accounted for the lowest proportion of referrals to a counselling service for Asian women with problem drinking (C5).

helping all family members

Another theme in the literature is that everyone, including the problem drinker, is likely to have needs that should be addressed.

The problem drinker may not be in contact with services or, if so, may be getting attention for the drinking problem only. Their specific

needs, some of which may have led to the difficulties, require attention also. These might include health and emotional problems, past and current relationship difficulties, domestic violence and other anti-social behaviour both in and out of the home, and employment and money problems. In the research studies, the partners and children of problem drinkers were clear about the help needed. The children wanted their parent to be the person he or she was when not drinking (B1). The partners wanted attention to the underlying problems that they thought were at the heart of the excessive drinking. They wanted change not blame (A2, A4, C5).

Partners, relatives and close friends of the problem drinker are likely to be under stress as the drinking, and the related problems of the person doing the drinking, will be leading to difficulties for them also. They will usually want the problem drinker to behave differently and they may be able to play a crucial role in influencing the outcome of treatment for the drinker. Their supportive presence can be an important protective factor for children. All this makes it important that they, too, get help. Some of the key aspects of support seem to be about listening to what friends and relatives say about the family's life and circumstances and responding in a non-judgemental and reassuring way, providing information about alcohol problems and how change can be achieved, and exploring alternative ways of managing stressful events and times in the family (E13, E14, E15). The message from these studies, about working with those close to the problem drinker, is consistent with the experience of projects working with black families – when relatives and partners are engaged with, the outcomes are better and quicker (C5).

These latter projects suggest other ways of engaging successfully with families. The principles have relevance for many other families also. For example, an understanding of the role faith plays in the life of a person can open the way for using aspects of the faith positively to help people rebuild their life. Outreach work is also seen as important, as is flexibility about the venue and timing of appointments, and making good use of faith leaders, community plays and videos to encourage more awareness and understanding of the extent and nature of alcohol misuse. Mother tongue counselling, and separate services for women, are also recommended (C5, A9).

And for older children, too, clear messages emerge from the literature. Children want information about problem drinking that gives a clear standard against which to gauge their own experiences, to help them identify the behaviour and circumstances that are problems rather than something to be regarded as ordinary. They want someone else, besides themselves, to identify the problems, partly to validate their own feelings, and partly as a way of getting outside help (C1).

School is seen as a positive source of help, because of it being a safe place and one where help can be given without parents being involved.

Drop-in centres have been suggested for similar reasons, especially if they can offer brief respite for children when coping with parents becomes too difficult. Opportunities for talking about home life, either singly or in groups, are also valued. Existing groups – for both primary and secondary aged children – aim to convey a common message. The focus is on changing hopelessness into hope. This is about not taking responsibility for parental behaviour and avoiding confronting or protecting parents. It is about finding ways of putting structure and routine into their life, and working on their own strengths and aspirations. Support programmes highlight the importance of developing strategies for coping with the hard times and using family members and outside befrienders as and when necessary (C1, E16, E17, E18).

Good assessment of people's needs is a prerequisite for responding well to those needs. The approach referred to earlier, for parents misusing drugs (E3), has much to offer when considering the child's developmental needs, parenting capacity, and family and environmental factors, as envisaged in the Assessment Framework (E19).

In the drug misuse model, four questions are explored in turn. First comes an understanding of the place of alcohol in the life of the parent – questions such as how much alcohol, when, with whom, in what circumstances? Second comes an examination of the effects of alcohol on the parent – on their availability as parents and on their expression of affection, control and discipline. Third comes an assessment of the effects on the child of this style of parenting – how well is the child's need for basic care, protection, stimulation and love being met? The fourth question is whether the parent has to provide for all the child's needs – are others available to share this responsibility?

Implicit in this approach is the importance of guarding against making assumptions about the impact of parental problem drinking, and of not generalising about people's circumstances. The key is to seek to understand their situation by asking them about it. A booklet for families (E20) includes some useful prompts for discussion with parents and children alike, including the following questions:

- Have you ever missed taking the children to nursery or school because you slept late after drinking the night before?
- Have you ever thought the children were missing out because you were under the weather after the previous night's drinking?
- Have you ever felt embarrassed about being drunk in front of the children?
- Have you ever said hurtful things to your children or hit them when you've had too much to drink?
- Have the children ever had to go without because they money has been spent on drink?
- Have you ever cried in front of your children when you've had too much to drink?

- Have you ever worried that you would not have been able to deal with an emergency because you've had too much to drink?

resisting a fragmented response

A third theme in the literature is that problem drinking is – but should not be – viewed and treated in isolation. Too often there is an unhelpful split in the response to families: the parent drinker may have their own social worker who is deemed to minimise child protection concerns, whilst the children's social worker is deemed unsympathetic to the parent's needs. Work with adult drinkers must recognise their needs as parents, too, and work with children in need should acknowledge the possible contribution of parental alcohol misuse to family difficulties.

Responses have to bridge the divide between, on the one hand, social workers' lack of understanding of alcohol problems and, on the other, alcohol specialists' lack of understanding of children and family issues. Both groups need to find ways of reducing repeat assessments and referrals (A1, E1). Joint training, and clarity of roles and expectations, are also worth pursuing – with the sort of multi-agency guidelines already developed by some local and health authorities (E21). Another challenge ahead is for workers to be more willing to work alongside colleagues, rather than refer problems to specialists, so that children and adults can choose or continue to get help from people they know and trust.

a specimen service specification for families with parental problem drinking

Services for alcohol misuse, like those designed to respond to other family difficulties, need to be specific and focused. In particular, services should set out clearly the needs of different family members, the extent and severity of need, how and what it will be possible to achieve, and the way in which success will be measured.

The service specification that follows was designed for a multi-agency response to a local Matching Needs and Services (MNS) audit (see page 22 and E10) which found that a quarter of the children being newly looked after in a twelve-month period were from families where practitioners and managers deemed parental alcohol misuse to be the most pressing need. The specification has been adapted for use by other local and health authorities.

The specification draws on the MNS format – working through the linked concepts of need for a service, threshold or severity of need, realistic outcomes to be pursued, and services in response. The five need and outcome dimensions incorporate the dimensions in the Assessment Framework (E19) and – like the Assessment Framework – the specification adopts a holistic approach to identifying and responding to need.

Other service specifications are available for this need group. Of particular relevance are those developed by the Alcohol Recovery Project and the NSPCC (E22) and those described by EACH (C5).

service specification

description of the need group

Parents need to control or stop their alcohol consumption so that it does not interfere with their ability to parent their children well. There are some needs around poor parenting and poor parent/child relationships, but alcohol misuse is the central feature.

Some of the young children appear unaffected by parental behaviour, whilst others lack a stable and safe base and need attention to boundaries and routines. Older children display emotional and behavioural difficulties. Some need opportunities for socialisation and relief from caring responsibilities. Others need to catch up with lost time at school and academic development.

In the locality in the coming year there are likely to be about 40 children with these needs being referred to social services (by families or other agencies) and likely to become otherwise looked after by the local authority.

evidence of need in the locality

This is the largest need group of children accommodated in the locality, accounting for a quarter of the audit sample.

Half the children are under four years, with almost all the rest of primary school age. Sixteen per cent are of mixed heritage (white/African Caribbean or white/Asian), the rest white/UK. Sibling groups of two, three and four children account for two-thirds of the sample. Over three-quarters of the children live with a lone parent, all but two of them mothers. Some have supportive grandparents living nearby.

Children display high levels of developmental delay (29% of the need group compared with 13% for the full sample of all children newly looked after) and behaviour problems (35% v 15%). They are more likely to be statemented (29% v 16%) and to be truanting (24% v 14%).

Serious harm by parents is not higher than in the full sample, but minor harm by mothers and/or fathers is very high (mother 49% v 5% and father 30% v 7%). The harm is due to poor parenting (72% v 36%) and neglect (46% v 9%).

Domestic violence features in 29% of cases (a little less than the incidence of 34% for the full sample). A fifth (20%) of the children are deemed to have no significant adult (high, against the norm of 11%). Chronic mental health problems in adults is also high (41% v 24%). Low income and poor accommodation are higher than the norm for the sample (low income 96% v 75%, accommodation problems 10% v 2%).

outcomes to be achieved

time

Changes in this group will be hard won over an extended period. Continued investment will be required to sustain improvements in the parent and child's situation. Commitment to change will be sought within 6 months from the point of referral, with follow up to monitor for actual and sustained change at 18 months.

living situation

- 75% of the children will have a stable placement within their family, with half remaining at home with a parent or other relative (and together with any siblings) throughout the 18-month period, and half living at home at the end of the 18-month period, after some periods away from home other than planned respite.

family & social relationships

- For those children who remain separated from their family, 90% remain in contact with parents at the 18-month point.

- All children remain safe (from parental behaviour and accidental contact with alcohol) throughout the follow-up period.
- Relationships between parent and child improve in 75% of cases.
- All children have another source of support who assumes the role of significant adult.

social and anti-social behaviour

- Parents can identify boundaries at follow up and can recognise parental responses likely to achieve the maintenance of boundaries.
- Behaviour of children is within reasonable boundaries at home.
- Children are not taking on the parenting role for themselves/other children.

physical and mental health

- There is a decrease, for 50% of parents, in their dependency on alcohol.
- Parental depression is reduced and parental self-esteem increased.
- Children are reaching their developmental milestones.
- Children's anxiety and uncertainty is reduced.
- Older children understand the dangers of problem drinking and have not copied parental misuse.

education and employment

- Children have improved attendance and behaviour in day care/school.
- Children have benefited from at least one educational or vocational opportunity that would not have been available had there not been a referral.
- Parents report greater involvement in their child's schooling.

The priority outcomes are parental health, children's development, family and social relationships, and education.

the service to be offered

type

This is an intensive service to reduce the number of children looked after over a period of 18 months because of parental dependency on alcohol.

background

The service will provide a consistent response regardless of whether the referral comes from social services, health, education, the voluntary sector or direct from families. In particular, it will provide a

co-ordinated response so that adult problem drinkers are seen as parents as well as individuals, and services for children and adults take account of the impact on children's health and development of parental dependency.

It will seek to establish a range of creative ways of engaging positively with family members, to overcome the barriers for both parents and children in this need group in making use of services. This will require an acknowledgement of parental anxiety that their children may be removed, an emphasis on support for parents as well as concern for children, and the mobilisation of wider networks to provide support in working for change.

service

Agencies will introduce parents to the project co-ordinator or, if that is not possible, alert parents that they will be invited to use the new service. Parents can choose a professional of their choice to act as their mentor and be their link person to the co-ordinator.

A package of services will be agreed for individual families within two weeks of referral. This will address their health, child-related and social needs and will include some or all of the following:

health needs

- information about, and the opportunity to discuss, the alcohol misuse difficulties (and, where relevant, mental health concerns) that affect them, and their possible impact on children's development
- information about, and the opportunity to discuss, the range of problem drinking interventions and the best option for them
- a named health worker to provide ongoing medical care
- for pre-school children, home-based help for parents around developmental delay – including play, stimulation and parenting
- practical help attending appointments, getting day or hospital treatment, and understanding/coping with any change in the help offered
- a creative alternative to hospitalisation, such as a safe house for parents and children together

child-related needs

- the identification of relatives, or a resource family, backed by financial support, to provide continuity in care such as occasional or planned respite periods or care during an emergency
- home-based help – to establish routines and boundaries, provide respite from parenting tasks, and advise/advocate on housing and income problems
- home-based individual cognitive behaviour work (in

combination with group programmes) to address the parenting and relationship difficulties with young children
- individual and family counselling to help parents and older children understand their difficulties and work for positive change
- practical help in the home, to reduce the burden on children of adult responsibilities
- a volunteer befriender for school-age children and a recreational activity so that they can enjoy and benefit from normal activities
- for children, the opportunity to join a group of children whose parents have a health problem (not necessarily mental health) in order to give them the chance to have time for themselves, discuss their fears, learn coping strategies for dealing with stigma and embarrassment, enjoy normal activities, and socialise

social needs
- advice/advocacy on issues that trigger or exacerbate problem drinking, such as housing, income, discrimination and significant life events
- a recreational activity to increase competency while having fun doing normal activities
- individual or group work with children and parents, to develop coping strategies

The co-ordinator will ensure that a pro-active style of work is conducted in each case. This assertive outreach work will include follow-up visits if parents do not engage with the service initially, or miss appointments, or have returned home from a treatment programme.

Parents, older children and other family members will be given an emergency contact card which they can use to get 24-hour advice and support, including – where necessary – link to a psychiatrist or self-referral for treatment. A named worker will respond without fail to telephone messages.

thresholds for intervention

These are children whose impairment is significant or likely to become so without provision of a service. The impairment is emotional and social.

process 1 – ensuring the child is in this need group

Questions to be asked at referral to ensure the child is in the need group and so eligible for this service:

1 Is parental problem drinking adversely affecting their parenting? (yes)

2   Is the child living at home? (yes)
3   Are parents acknowledging their use of alcohol (though not necessarily its impact on their child)? (yes)
4   Do professionals judge there to be potential for the child to remain safely at home over an 18-month period (including spells of respite or other care)? (yes)

process 2 – ensuring the family gets the service

1   All referrals to meet all process thresholds above.
2   Co-ordinator invites parent to use the service and, with help of mentor, clarifies outcomes to work on and package of services needed.

evaluation

Evaluation can be costly and difficult. Nevertheless, some attempt must be made to determine whether or not the service is making a difference. The most robust means of evaluating effectiveness of this service is by randomised control, with similar families allocated randomly to either the new service or an existing service and the outcomes measured for each group. An alternative is for families receiving the new service to be matched with similar families who are receiving a different service in a different geographical area. Either approach needs careful attention to the precise nature of the service to be offered, how similar families are to be identified, and how progress is to measured.

The main outcomes to be measured are:
- parental control of problem drinking
- parent/child relationships
- improved parenting and developmental progress for young children
- parental and child self-esteem
- pre-school and school attendance and behaviour.

references

A   research and literature reviews

A1

Eurocare (1998) *Alcohol problems in the family: a report to the European Union*. Eurocare.
A 1998 report to the European Union, setting out the scale and nature of the problem and service responses in different member states. It draws heavily on the work of Velleman (A7).

A2

Barber, J.G. and Crisp, B.R. (1994) The effects of alcohol abuse on children and the partner's capacity to initiate change. *Drug and Alcohol Review*, **13**, 409-416.
A paper that identifies the social, psychological and cognitive effects of parental alcohol misuse on children across the lifecycle. It concludes that the evidence on cognitive effects is mixed, but that there are negative effects in respect of developmental outcomes. A range of interventions with the partners of problem drinkers is described.

A3

West, M. and Prinz, R. (1987) Parental alcoholism and childhood psychopathology. *Psychological Bulletin*, **102**, 204-218.
A review of 46 USA studies published between 1975 and 1985.

A4

Velleman, R. (1993) *Alcohol and the family*. Institute of Alcohol Studies.
A paper that describes and references the problems associated with problem drinking and examines the effects on family members, in particular the children and spouses of problem drinkers.

A5

Simpson, M., Williams, B. and Kendrick, A. (1993) *Social work responses to the misuse of alcohol*. The Scottish Office Central Research Unit.
A report that includes a chapter reviewing the impact of alcohol on social work with children and families. It describes the literature under the headings of child protection, mothers, young drinkers and services to families.

A6

Cleaver, H., Unell, I. and Aldgate, J. (1999) *Children's Needs – Parenting Capacity. The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. The Stationery Office.
A report that explores the messages that emerge from the DH's child

protection studies and other sources. There is a focus on the impact of the problems on a parent's capacity to care for children of different ages.

A7

Velleman, R. and Orford, J. (1999) What was already known: a review of previous research. A chapter in their book *Risk and Resilience: adults who were the children of problem drinkers*, pp. 21-95, Harwood Academic Publishers.

This book chapter provides a comprehensive review of research findings. It covers the range of experiences to which children of problem drinkers might be exposed, the possible harms while children are still young, the longer-term effects on children as adults, the explanations put forward to account for these immediate and longer-term effects, and the wider literature on the impact on children of parental discord, family separation, abuse and economic depression. It draws on material from the authors' earlier published reviews. And see B2.

A8

Widom, C.S. and Hiller-Sturmhofel, S. (2001) Alcohol abuse as a risk factor for and consequence of child abuse. *Alcohol Research and Health*, **25**, no.1, 52-57.

A brief review of recent US studies about two aspects of the relationship between child abuse and the use or abuse of alcohol. First, some findings have indicated that parental alcohol abuse may be associated with the physical or sexual abuse of children. Research findings in this area remain inconsistent, however. Second, the experience of being abused as a child may increase a person's risk for alcohol-related problems as an adult. This relationship has best been demonstrated in women who had been abused as children.

A9

Alcohol Concern in association with Newham Alcohol Advisory Service (1995) *Alcohol and the Asian, African and Caribbean Communities – research and practice*. Alcohol Concern.

A booklet that summarises the research into alcohol use in the black community, with a section on cultural attitudes to alcohol, and information on national and local services working with black groups. The publication acknowledges the limited research in this area, including that about women and families.

B   single studies

B1

Laybourn, A., Brown, J. and Hill, M. (1996) *Hurting on the inside: Children's experiences of parental alcohol misuse.* Avebury.
Country – Scotland
A survey of 20 Scottish children and young adults (aged 5 to 28 years) in 14 families in which one or both parents had an identified drinking problem. The focus of the study was on children's experiences of living with parental heavy drinking, as revealed in their first-hand accounts and in the second-hand accounts of their parents. Participants were interviewed once during a six-month period from late 1994. The study was funded by the Health Education Board for Scotland and Barnardo's Scotland.

B2

Velleman, R. and Orford, J. (1999) *Risk and Resilience: adults who were the children of problem drinkers.* Harwood Academic Publishers.
Country – UK
A study of 160 young adults (aged 16 to 35 years) who grew up in families where one or both parents had problems with their drinking. All participants were interviewed once, for an average of six hours, and almost all were interviewed again a year later. There was a control group of 80 comparable young adults who were not children of drinking parents. And see A7.

B3

Cork, M. (1969) *The Forgotten Children: A study of children with alcoholic parents.* Alcoholism and Drug Research Foundation of Ontario. Toronto.
Country – Canada

B4

Christensen, E. (1997) Aspects of a Preventive Approach to Support Children of Alcoholics, *Child Abuse Review*, **6**, 24-34.
Country – Denmark
A survey of the experiences of 32 Danish children (aged 5 to 16 years) from 20 families in contact with an alcohol treatment centre because one or both parents had alcohol problems. Children and parents were interviewed. The study was conducted in 1992 and reported in 1997.

B5

Thompson, A.E. and Blennerhassett, R. (1996) Mental health needs for children of parents seeking help for substance abuse, *Psychiatric Bulletin*, **20**, 137-139.
Country – UK
A survey of 101 new attenders at a regional drug and alcohol service in the north east of England in 1996. Three quarters had alcohol, or alcohol and other drug, problems. The study reported the views of the 46 adults with children at home – 88 children in total.

B6

Lynskey, M.T., Fergusson, D.M. and Horwood, L.J. (1994) The effect of parental alcohol problems on rates of adolescent psychiatric disorders. *Addiction*, **89**, 1277-1286.
Country – New Zealand
A report that describes a study to explore the relationship between parental alcohol problems and risks of psychiatric disorders in children, using a birth cohort of New Zealand children studied to age 15.

B7

Connolly, G., Casswell, S., Stewart, J., Silva, P. and O'Brien, M. (1993) The effects of parents' alcohol problems on children's behaviour as reported by parents and by teachers. *Addiction*, **88**, 1383-90.
Country – New Zealand

B8

Famularo, R., Kinscherff, R. and Fenton, T. (1992) Parental substance abuse and the nature of child maltreatment. *Child Abuse & Neglect*, **16**, 475-483.
Country – USA
A review of 190 records from the case load of a large juvenile court in Boston in order to explore the possible association of physical abuse and neglect with alcohol and other substance misuse by parents.

C   case study material

C1

Velleman, R., Copello, A. and Maslin, J. (eds) (1998) *Living with drink. Women who live with problem drinkers.* Longman.
Country – UK
The stories of six women who live with men with alcohol problems. The book describes how the women came to be in a difficult relationship and how they cope. It includes material about the impact of the problem drinking on their children. There are chapters from six experts who, from a variety of theoretical and practical perspectives, comment on the women's accounts of their life.

C2

Livingston, J. (1998) *Alcohol and Motherhood: A qualitative study of the experiences of eight young women whose mothers have an alcohol problem.* MSc dissertation, Robert Gordon University.
Country – Scotland
A report of interview material collected by a social worker based in an alcohol service in Aberdeen. The young women, aged 12 –24, came from four families and all had contacted the agency because of their mother's drink problem. Interview questions covered their memories

of the drinking, the pattern and reasons for it, how they and their mother dealt with it, and the impact on their life and aspirations.

C3

Brisby, T., Baker, S. and Hedderwick, T. (1997) *Under the influence: coping with parents who drink too much. A report on the needs of the children of problem drinking parents.* Alcohol Concern.
Country – UK
This report includes a section that describes and analyses material from extensive interviews with three children and several case studies. Other sections draw on research and current practice in agencies, to explore the needs of the children of problem drinkers and the services that are available and needed.

C4

Shaikh, Z. and Naz, F. (2000) *A Cultural Cocktail – Asian women and alcohol misuse*, EACH.
County – UK
A report about how Asian women who are problem drinkers view their problem and how alcohol services can cater better for their needs. It includes three case studies – of a Sikh East African Asian woman, a Hindu Indian woman and a British Asian woman – that explain their situation, the factors leading to their drinking, the support they are receiving and the services wanted.

C5

Shaikh, Z. and Reading, J. (1999) *Between two cultures*, EACH.
Country – UK
The main focus of the book is how counselling can be used to address the specific needs of Asian and other minority ethnic people who have mental health and addiction problems. It describes ten local services and includes interviews with four service users, including an Asian mother coping with her husband's problem drinking. EACH (Ethnic Alcohol Counselling in Hounslow – but also operating in other London boroughs) produces a service development strategy each year.

D   opportunistic data from helplines

D1

Houston, A., Kork, S. with MacLeod, M. (1997) *Beyond the limit: children who live with parental alcohol misuse*, ChildLine.
Country – UK
This report is an analysis of statistics and case note records from the 5% of calls (3,255 out of 90,000) made in the year 1995-96 by children who mentioned alcohol as a factor in the problem they rang about. Most of the children did not ring specifically about alcohol misuse. Fathers were the problem drinkers in just over half the cases, and mothers in about a third. The report draws on other ChildLine

studies of children's experiences as well as on direct calls to the helpline.

D2

NSPCC press office (1997) *NSPCC calls for New Year's resolution on drinking.*
Country – UK
This press release contains brief statistics from 2,234 calls to the national helpline during 1995 and 1996. They were analysed to see how often parental alcohol misuse was mentioned and press released in order to call for a reduction in excessive drinking during 1998.

E   practice and policy documents

E1

Kearney, P., Levin, E. and Rosen, G. (2000) *Alcohol, Drug and Mental Health Problems: Working with Families.* National Institute for Social Work.
A DH and NISW report that looks at the interface within and between services for families where a parent has persistent mental health, alcohol or drug problems. The findings are based on data from 105 social services departments in England and Wales.

E2

Department of Health (1995) *Sensible Drinking – The report of an Inter-Departmental Working Group.* HMSO.

E3

Harbin, F. and Murphy, M. (eds) (2001) *Substance Misuse and Child Care – How to understand, assist and intervene when drugs affect parenting.* Russell House Publishing.
A book that outlines and explores the extent of the impact of substance misuse (not alcohol) on parenting, issues arising from inter-agency work, and possible professional responses that can help children and their families.

E4

Alcohol Concern (2001) Over 1 in 4 drink to excess. *Straight Talk – The Alcohol Concern Quarterly Magazine,* 16 (3).

E5

Alcohol Concern (2001) *Alcohol and the Family.* Information bulletin, 3 May.

E6

(1995) Problem drinking by parents. In *Alcohol and the Young. Report of a joint working party of the Royal College of Physicians and the British Paediatric Association.* The Royal College of Physicians.

E7

Health Education Authority (1994) *Alcohol - Intervening in Primary Care. Report of the second one-day conference 'Interventions skills: alcohol - reducing the risk' organised by the HEA and the Royal College of General Practitioners on 7 December 1993.* HEA.

E8

British Medical Association (1989) *BMA guide to alcohol and accidents.* London: BMA.

E9

Home Office Research, Development and Statistics Directorate (2000) *The 2000 British Crime Survey – England and Wales.* Home Office.
This is a large survey, conducted every two years, of people's experiences and perceptions of crime. It measures, for 1999, crime against people living in private households.

E10

Dartington Social Research Unit (2001). *Matching Needs and Services* (3rd ed.). A Dartington-i practice tool/Dartington Academic Press.

E11

For a description of attachment theory – with limited reference to problem drinking – see Howe, D. (2001) Attachment. In *The Child's World – Assessing Children in Need* (Horwath, J. ed.) Jessica Kingsley.

E12

Subhra, G. and Chauhan, V. (1999) *Developing Black Services.* Alcohol Concern.
An independent evaluation of services for black clients with alcohol problems, commissioned by Alcohol Concern, to examine the success of a grants programme which concentrated on services for minority ethnic groups.

E13

Orford, J. (1994) Empowering family and friends: a new approach to the secondary prevention of addiction, *Drug and Alcohol Review*, **13**, 417-429.
A paper that describes how relatives and friends of parents who misuse alcohol (and other substances) react and respond to the difficulties surrounding the addiction, and offers suggestions for how primary health care workers might help close relatives to find the best coping methods for their particular circumstances.

E14

Copello, A., Orford, J., Velleman, R., Templeton, L. and Krishnan, M. (2000) Methods for reducing alcohol and drug related family harm in non-specialised settings. *Journal of Mental Health*, **9**, 329-343.

E15

Copello, A., Templeton, L., Krishnan, M., Orford, J. and Velleman, R. (2000) A treatment package to improve primary care services for the relatives of people with alcohol and drug problems: feasibility and preliminary evaluation. *Addiction Research*, **8,** 471-484.

E16

Robinson, W. and Dunne, M. (1999) *Alcohol, Child Care and Parenting – A Handbook for Practitioners.* NSPCC.
A collection of materials – including exercises, activities and presentations – that have been developed at the NSPCC's Kilburn Family Support Project for work with children and families where alcohol misuse is a family problem.

E17

McKellor, S. and Coggans, N. (1997) Responding to Family Problems, Alcohol and Substance Misuse – A survey of Service Provision in the Glasgow Area. *Children & Society*, **11**, 53-59.
A report about a project to assess the extent to which workers felt able to address the behavioural problems of children of parents who abuse alcohol (and other substances) and suggestions for locally based befrienders to provide low-key support and socialisation in a structured and safe environment.

E18

Traynor, T. (1999) *Hopscotch is a Good Friend – An Evaluation of the Befriending Service at the Barnardo's Hopscotch Project in Arbroath.* Barnardo's.

E19

Department of Health, Department for Education and Employment, Home Office (2000) *Framework for the Assessment of Children in Need and their Families.* The Stationery Office.

E20

Page, A. (2001) *Putting the children first – Helping families to deal with the effects of a parent's heavy drinking on family life.* National Family and Parenting Institute and Alcohol Concern.

E21

Camden Area Child Protection Committee & Islington Area Child Protection Committee (1999) *Policy, Procedure and Guidance for Working with Drug & Alcohol Misusing Parents.* Camden Council and Islington Council.

E22

Robinson, W. and Hassle, J. (2001) *Alcohol Problems and the Family – From Stigma to Solution.* ARP (Alcohol Recovery Project)/NSPCC.
This report of a feasibility study presents the arguments for the need

for family-focused interventions, gives brief information about some existing family services, and describes a pilot alcohol family service to be launched early in 2002.

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The code at the end of each reference refers to place in list above, which contains short abstracts for most of the texts.

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Alcohol Concern (2001) *Alcohol and the Family*. Information bulletin, 3 May. E5

Alcohol Concern in association with Newham Alcohol Advisory Service (1995) *Alcohol and the Asian, African and Caribbean Communities – research and practice*. Alcohol Concern. A9

Barber, J.G. and Crisp, B.R. (1994) The effects of alcohol abuse on children and the partner's capacity to initiate change. *Drug and Alcohol Review*, **13**, 409-416. A2

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Christensen, E. (1997) Aspects of a Preventive Approach to Support Children of Alcoholics, *Child Abuse Review*, **6**, 24-34. B4

Cleaver, H., Unell, I. and Aldgate, J. (1999) *Children's Needs – Parenting Capacity. The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. The Stationery Office. A6

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about the author

Jo Tunnard works as an independent researcher, writer and editor for a range of statutory and non-governmental organisations, including both adult and children's divisions of the Department of Health. She is a founder member of RTB (ryantunnardbrown – working with agencies to develop services for children in need). She also has twenty years' experience of working in NGOs concerned with advising families about their rights to welfare benefits and enabling families to have a voice in decisions made by social services departments and the courts about their children and young relatives.